



# **Board of Directors Meeting**

**Thursday, 2 December 2021  
at 1pm**

**Boardroom  
University Hospital of North Tees**

25 November 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 2 December 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



**Professor Derek Bell, OBE**  
**Joint Chair**

### **Agenda**

		<b>Led by</b>
1. (1.00pm)	Apologies for Absence	Chair
2. (1.00pm)	Declaration of Interest	Chair
3. (1.05pm)	Patient Story (verbal)	L Robertson
4. (1.30pm)	Minutes of the meeting held on, 28 October 2021 <b>(enclosed)</b>	Chair
5. (1.35pm)	Matters Arising and Action Log <b>(enclosed)</b>	Chair

### **Items for Information**

6. (1.45pm)	Report of the Joint Chair <b>(enclosed)</b> and Vice Chair Update (verbal)	Chair
7. (1.55pm)	Report of the Chief Executive <b>(enclosed)</b>	J Gillon

### **Strategic Management**

8. (2.15pm)	Corporate Strategy Update <b>(enclosed)</b>	B Bright
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### **Performance Management**

9. (2.25pm)	Integrated Compliance and Performance Report <b>(enclosed)</b>	L Hunter, L Robertson, N Atkinson & T Squires
10. (2.40pm)	Elective Recovery Position <b>(enclosed)</b>	L Buckley

## Items to Receive

- |              |  |           |
|--------------|--|-----------|
| 11. (2.50pm) | Research and Development Annual Report 2020/21 <b>(enclosed)</b>                 | J Erskine |
| 12. (3.00pm) | Board of Directors and Council of Governors Meeting Dates 2022 <b>(enclosed)</b> | B Bright  |
| 13. (3.00pm) | Any Other Business   | Chair     |

Date of next meeting

(Thursday, 27 January 2022, 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, 2 December 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 -

Professor Derek Bell, Joint Chair*	Joint Chair
Steve Hall, Vice-Chair/Non-Executive Director*	Vice Chair
Ann Baxter, Non-Executive Director* <i>[via video link]</i>	AB
Philip Craig, Non-Executive Director* <i>[via video link]</i>	PC
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Rita Taylor, Non-Executive Director* <i>[via video link]</i>	RT
Julie Gillon, Chief Executive*	CE
Neil Atkinson, Director of Finance*	DoF
Levi Buckley, Chief Operating Officer*	COO
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Graham Evans, Chief Information and Technology Officer <i>[via video link]</i>	CITO
Lindsey Wallace, Deputy Director of Performance and Planning <i>[via video link]</i>	DDoP&P
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Tracy Squires, Deputy Chief People Officer <i>[via video link]</i>	DCPO
Chris Tulloch, Deputy Medical Director <i>[via video link]</i>	DMD

#### In attendance: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton *[via video link]*  
Margaret Docherty, Elected Governor for Stockton *[via video link]*  
John Edwards, Elected Governor for Stockton *[via video link]*  
Ian Simpson, Elected Governor for Hartlepool *[via video link]*  
Alan Smith, Elected Governor for Hartlepool *[via video link]*  
Angela Seward, Lead Governor, South Tees Hospitals NHS FT *[via video link]*  
Posmyk Boleslaw, Chair, Tees Valley CCG *[via video link]*  
Emily Craigie, Demographic Reporter – Teesside Live *[via video link]*  
Ruth Dalton, Head of Communications and Marketing *[via video link]*  
Samantha Sharp, Personal Assistant (note taker)

#### BoD/4662 Apologies for Absence / Welcome

Apologies for absence were noted from Deepak Dwarakanath, Linda Hunter and Alan Sheppard.

#### BoD/4663 Declaration of Interests

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

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\* voting member

## **BoD/4664 Patient Story**

Unfortunately, due to technical difficulties experienced at the meeting, the patient story video was unable to be shown and a link would be circulated following the meeting to attendees.

**Resolved:** that, the link to the patient story be circulated to those in attendance.

## **BoD/4665 Minutes of the meeting held on, Thursday, 28 October 2021**

**Resolved:** that, the minutes of the meeting held on, Thursday, 28 October 2021 be confirmed as an accurate record.

## **BoD/4666 Matters Arising and Action Log**

### **a. BoD/4595 Community Diagnostic Hub**

Community Diagnostic Hub model and corresponding financial implications to be revisited at a Board Seminar in January following the comprehensive spending review.

**Resolved:** (i) that, the verbal updates be noted; and  
(ii) that, the Community Diagnostic Hub model and financial implications be revisited at a Board Seminar following the comprehensive spending review.

## **BoD/4667 Report of the Joint Chair and Vice Chair Update**

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

The Company Secretary read a statement in respect to recent concerns raised around potential developments affecting both the Trust and South Tees Hospitals NHS FT following a series of meetings with the Vice Chairs, Non-Executive directors, Lead Governors, local authorities and councillors. To take the concerns forward, there was a need to ensure due process and adherence to governance requirements in line with statutory requirement with plans being developed to enable these matters to be progressed over the coming weeks.

Focus remained on the importance of 'levelling up' for the Tees Valley and North Yorkshire with focus remaining on providing the best quality health and care delivery for the populations served.

It was noted that an urgent meeting of the Council of Governors was planned and would take place as soon as possible. An updated statement for the Governors would be issued today.

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

## **BoD/4668 Report of the Chief Executive**

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

- As of the previous day, there were 43 confirmed COVID-19 cases within the Trust, seven within ITU, five mechanically ventilated. A slight reduction in the number of cases was noted over the past seven days and were now below the North East and England average. An exponential rise in reporting of the new variant, Omicron, was noted across the country and staff were being supported around the new guidance in respect to infection prevention and control procedures. The Trust had received a commendation from the Getting It Right First Time team in response to its handling of the COVID-19 pandemic;
- Pressure continued within urgent and emergency care with an enhanced support program

of improvement in place for the department. There had been an increase in staff to manage the high acuity of patients and to support improvements in patient care and safety. A multi-agency Tees Valley winter summit had been held in assessing the challenges and developing rapid improvements to manage as winter approaches. Proposals would be considered and implemented through the local A&E Delivery Board;

- The Trust continued to deliver its ambitious recovery plan and despite an increase in referrals, the Trust had maintained a positive downward trajectory on over 52 week waits with no patients waiting over 104 weeks;
- NHSE had a 10 year strategy to develop human resource and organisational development functions within the NHS with the Trust reviewing and preparing an assessment;
- Focus continued on the health and wellbeing of staff with several initiatives in place. Collaborative work continued to ensure that the variety of wellbeing offers were coordinated with support from psychology, chaplaincy, occupational health and the People Development Team. The October wellbeing focus was the 'Menopause' recognising the importance of support for those experiencing menopausal symptoms and the impact on their lives. Recognise, Engage, Actively listen, Check risk and Talk (REACT) would be launched in December promoting mental health awareness. The Palliative Care team had been awarded a Bright Ideas in Health Award for developing creative writing for wellbeing workshops. The joint flu and COVID-19 vaccination campaign continued with 52.2% of staff having the COVID-19 booster vaccine and 50.6% their flu vaccination. Vaccination clinics hours had been extended to accommodate additional demand from recent national directives. Work continued to support and encourage those unvaccinated to become fully vaccinated. 54% of staff had responded to the national NHS staff survey above the national average and the Trust 2020/21 response rate.
- The Trust recruited 889 patients to the RECOVERY study and remained the second highest recruiting Trust in the country.
- The Trust is working in partnership with South Tees Hospitals NHS FT to establish Community Diagnostic Hubs following the successful early adopter programme bid.
- The Faculty for Leadership and Improvement team supports the 100 Leaders Programme and will share a video showcase of the learning experience from the Pack Leaders;
- Discussion at the NENC Population Health and Prevention Board centred around the approach for the NENC to tackle personalised care with a presentation delivered by Claire Braid, Personalised Care Programme Manager. In addition, Jane Hartley, Lead for the Voluntary Organisations Network North East shared a proposal from third sector partners regarding organisations working together to tackle health inequalities;
- The fourth meeting of the Joint Management Executive Group was held on 9 November where discussion centred around the draft ICB consultation along with a paper outlining proposed arrangements with regard to working with Place Based Partnerships;
- Sam Allen had been appointed as Chief Executive of the ICB for the NENC ICS, taking up her role at the end of January 2021;
- The CE delivered a masterclass to existing and aspirant Clinical Leads and Directors around the structure and function of the ICS/ICP and how as an organisation this supported collaborative working across the region;
- Volunteer driver, Colin Ogden had received the prestigious Volunteer of the Year award at this year's Unsung Hero Awards for non-clinical NHS staff and volunteers across the UK. Colin had volunteered with the Trust for the past eight years.

In response to a comment made by JE, the CE highlighted that the Trust had a duty of care to look after its staff and in doing so improve the morale of staff to tackle challenges. Noted that it was the role of line managers to recognise and support staff with coping strategies to face challenges.

In response to a query from KR, the CE acknowledged that it was essential that the Trust collaborate in acute service provision and work with primary and social care colleagues to provide the best services to patients by developing a health system fit for the future.

The Joint Chair asked JE to update on the Schwartz rounds in relation to involving community staff. JE noted a community Schwartz round was being arranged with community staff who help to keep patients out of hospital when appropriate, noting pressures had been exacerbated during the pandemic with more acutely unwell patients. JE extended an invite for the Board to attend Schwartz Rounds, space permitting. The Joint Chair requested that Schwartz rounds and their role be presented at a future Board Seminar.

The Joint Chair placed on record his thanks to all Trust volunteers and the vital role they play in delivering services for patients, particularly during the current challenges.

- 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, an update on Schwartz Rounds be presented at a future Board Seminar.

### **BoD/4669 Corporate Strategy Update**

The DoCA&CoS provided an update on progress against the Corporate Strategy measures and metrics. The DoCA&CoS outlined the measures and metrics highlighting steps to be taken to illustrate improvement in the Trust's corporate performance. Measures would be reviewed on a quarterly basis to ensure that the indicators remained relevant to the strategic direction of the Trust and would, where appropriate, be revised and amended with potential for additional, alternative measures depending on the needs of the Trust at that time.

JE highlighted the positive work undertaken in respect to the 'Green Plan' highlighting the need for investment. The DoCA&CoS responded that all business cases developed needed to articulate its response to sustainability and the 'Green' agenda. The Trust were ensuring it was in a position to bid for funding for sustainability projects and also working with its partners across the Tees Valley to review the benefits of joint working to secure funding.

- Resolved:** that, the content of the report and progress to date in progressing performance against the metrics be noted.

### **BoD/4670 Integrated Compliance and Performance Report**

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

Key points included:-

- **Single Oversight Framework:** Compliance against cancer standards had improved with the Trust achieving all but the 62 day referral to treatment standard. Noted that the number of two week rule referrals reported above pre-COVID-19 levels. A month on month reduction to those waiting over 52 weeks was noted with no patients waiting over 104 weeks. Recovery against the diagnostic standard had improved with a reduction in patients waiting over six weeks compared to the previous month;
- **Operational Efficiency and Productivity Standards:** Bed occupancy remained high and this was supported through a flexible bed base. Ambulance handover delays were evident, with protracted waits in A&E, reflecting pressures across the Trust and region.
- **Safety and Quality:** The Trust continued to perform well against the majority of quality and safety metrics, including HSMR/SHMI, complaints and infection control measures. The number of complaints showed a decrease across all stages compared to the previous month. The number received and themes continued to be closely monitored. A slight increase in the overall number of falls in October was reported with the majority resulting



in no harm. All four categories of pressure ulcers fall within the control limits. Nursing fill rates continued to be challenging due to continued vacancies, staff sickness absence and low fill rate from temporary staff. The registered nurse vacancy level had significantly reduced in October due to newly registered nurses joining the Trust with a further cohort of new nurses taking up their positions from January 2022. Although staff fill rates were below target, safe staffing had been maintained;

- Workforce: Sickness absence continued to increase, reporting at 6.45% in September, 0.68% attributable to COVID-19. 'Anxiety/stress/depression' remained the top sickness reason accounting for 30% of all sickness absence during the month. Appraisal compliance reported at 85% against the 95% standard, an increase of 1% when compared to the previous month. Overall compliance for mandatory training was 87%, remaining unchanged from the previous month. Staff turnover reported at 10.45%, an increase of 0.25% from the previous month;
- Finance: At Month 7, the Trust had delivered an in-month deficit of £318k and a year to date surplus of £4,242m, both ahead of plan. The year to date contributions from both Optimus and the LLP were ahead of plan. The Group cash position for Month 7 was £69.1m, ahead of plan. Month 7 capital expenditure was £6.1m against a year to date plan of £5.5m, showing a month on month improvement.

The Board congratulated Lindsey Wallace on her appointment as Deputy Director of Planning and Performance.

Following clarification sought by KR, the COO reported that the Trust continued to 'field test' against the proposed new A&E standards highlighting that these had not yet been finalised. The COO provided a synopsis of the proposed new standards highlighting the focus was on doing what was right for the patient on their individual pathway. There had been some deterioration in the Trust's performance against the proposed new standards over the past year noting that although activity had not increased when compared to 2019/20, patient acuity had. The CE noted that longer delays in ED were associated with poorer outcomes and this should be considered within the new system standards. The new standards included system metrics not just within A&E and would come into effect in April 2022.

JE noted that the Trust had achieved 8 out of 9 cancer standards and sought to understand the barriers preventing the Trust from achieving the 62 day cancer standard. The DDoP&P responded that complex pathways often prevent the Trust in achieving this standard. There had been an increase in 2 week rule referrals with patients choosing to delay appointments/treatments also contributing to the reported position.

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

## **BoD/4671 Elective Recovery Position**

The COO provided an overview of the current elective recovery position within the Trust and steps being taken to maximise elective capacity and provide support at a system level.

There continued to be challenges with increasing referrals. Steps were being taken to ensure proactive planning of elective capacity on a weekly basis and that theatre utilisation was optimised. General surgery, urology and orthopaedics were seeing the main areas of increased referrals.

Key challenges for the Trust and the wider system continued to relate to workforce with plans to address recruitment and retention challenges in place.

The COO reported the Trust remained in a strong position in terms of elective recovery with clear plans to deliver the recovery trajectories. Opportunities exist to support both the internal waiting lists and the wider system recovery by ensuring the system 'levels up' through collaborative demand planning, forecasting, managing combined waiting lists and clinical pathways.

In response to the Joint Chair, the COO provided an update on the range of activity undertaken at the University Hospital of Hartlepool emphasising its importance at system level and noted that additional activity would be funded via the Elective recovery Fund.

RT highlighted she was pleased the Trust were reporting fewer 52 week waits compared to many Trusts with no over 104 week waits and were able to support the wider system, however raised concern around staff health and wellbeing and funding. The COO explained that funding was via the Elective Recovery Fund highlighting the successful bids submitted via the Targeted Investment Fund. The COO also explained that the Trust continued to use insourcing and was not fully reliant on its staff to undertake additional shifts.

**Resolved:** that, the content of the report is noted.

#### **BoD/4672 Research and Development Annual Report 2020/21**

The MD/DCE presented the 2020/21 Research and Development Annual Report highlighting that the Durham Tees Valley Research Alliance (DTVRA) was the key vehicle to deliver on the Trust's strategic aims, ensuring stability of workforce and growth in research activity and income.

Two trials were very successful in terms of recruitment; Novovax and RECOVERY. Trials requiring significant Pharmacy support and plans were being explored to pump prime additional staff to reopen and create new studies to re-establish a healthy portfolio of commercial drug trials.

The Trust saw the highest number of patients recruited to participate in NIHR portfolio research with 3215 patients. This compares favourably with other Trusts of a similar size nationally.

The Joint Chair emphasised the importance of research benefits for patients and the positive impact on staff recruitment and thank the research team for their significant efforts.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the 2020/21 Research and Development Annual Report be received.

#### **BoD/4673 Board of Directors and Council of Governors' Meetings Dates 2022**

The Board and Council of Governors' meetings 2022 schedule was included for information

**Resolved:** that, the schedule of meetings for 2022 be noted.

#### **BoD/4674 Any Other Business**


There was no any other business reported.

#### **BoD/4675 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on Thursday, 27 January 2022 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 2:30 pm.

Signed:



Date: 27 January 2022

BoD Public						
Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
25 March 2021	BoD/4461	<b>NHS Regulation Bill – White Paper: Integration and Innovation – Working together to improve health and social care for all</b> 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/4537	<b>NHS Resolution Clinical Negligence Scheme for Trusts (CNST)</b> 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
23 September 2021	BoD/4595	<b>Community Diagnostic Hub</b> 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
28 October 2021	BoD/4628	<b>Report of the Chief Executive</b> Schwartz Round to be facilitated for community staff	T. Squires J. Erskine			The Schwartz Round for community staff is in the process of being planned however the date is yet to be confirmed.
28 October 2021	BoD/4631	<b>Integrated Compliance and Performance Report</b> CN/DoPS&Q to provide an update regarding the investigation to understand the current position between hospital and community acquired infections	L. Robertson			The scoping of the investigation has been undertaken to review hospital and community acquired infections. An update will be provided in due course.
28 October 2021	BoD/4635	<b>Data Protection and Cyber Assurance Year-End SIRO Report 2020/21</b> Joint cyber security training to be arranged for both Boards	B. Bright G. Evans			A revised date is being explored for early 2022.

## Board of Directors

Title of report:	Joint Chair's Report										
Date:	2 December 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:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• NHS pressures;</li> <li>• Joint Partnership Board Update;</li> <li>• Department and site visits;</li> <li>• North East and Yorkshire Elective Recovery Event;</li> <li>• Integrated Care System Chief Executive Recruitment;</li> <li>• New Respiratory Support Unit;</li> <li>• Council of Governors Meeting Update</li> </ul>											
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**

**2 December 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 NHS Pressures**

The Trust continues to face operational pressures across its services with sicker patients being admitted to hospital and the continued management of COVID-19 infection rates, as well as increased bed occupancy, which is reflective of wider pressures across primary and social care. Despite these challenges, the Trust continues to deliver good safe care for its patients, which is testament to the dedication and commitment of our staff and I would like to personally thank all of our staff on behalf of the Board for their excellent work.

##### **2.2 Joint Partnership Board Update**

The Joint Partnership Board (formerly the Joint Strategic Board) continues to progress areas of commonality between the Trust and South Tees Hospitals NHS Foundation Trust for the optimisation of patient care and wider benefits to the population of the Tees Valley and North Yorkshire.

##### **2.3 Department and site visits**

A programme of departmental visits have continued across the Trust's sites. These have included the Frailty pathway, Patient Flow, and the Dementia Suite at the University Hospital of North Tees, and the Single Point of Access, Integrated Discharge Team, Elective Operating Services, Outpatients Department and the Rowan Maternity Hub at the University Hospital of Hartlepool.

A visit has also been scheduled to Peterlee Community Hospital on 12 January 2022.

##### **2.4 North East and North Cumbria Elective Recovery Event**

A further regional elective recovery event for the North East and North Cumbria Integrated Care System is scheduled for 3 December 2021 to review progress against the agreed short term and long term objectives that were set at the meeting on 30 September 2021 to reduce the number of long length waits and to transform service provision across the region.

##### **2.5 Integrated Care System Chief Executive Recruitment**

The recruitment process has concluded for a new Chief Executive of the North East and North Cumbria Integrated Care System with the appointment of Sam Allen, who will commence in January 2022 in preparation for the new Integrated Care Board arrangements beginning on 1 April 2022. Sam is replacing Alan Foster who has been in post since the inception of the ICS structure.

Sam was previously the Chief Executive of Sussex Partnership NHS Foundation Trust where she had been in post since 2017 and had been a board member since 2013 in a number of other roles. Sam has exclusively worked in mental health both in provider and commissioning organisations throughout her NHS career.

## **2.6 New Respiratory Support Unit**

A brand new state of the art respiratory support unit at the University Hospital of North Tees opened earlier this month, which will provide improved infection control and isolation facilities, as well as new bed spaces to support patient observation, an improved oxygen supply and ventilation system.

I would like to thank the Estates team and other staff involved in the completion of this project which will be of huge benefit to our patients.

## **2.7 Council of Governors Meeting Update**

The final Council of Governors meeting for 2021 took place on 18 November. It was a positive meeting which featured a poignant poem from a member of staff about their experiences of working during the pandemic. The meeting also included presentations from our lead Stroke Clinician and the matron from our Special Care Baby Unit as part of a development session.

The presentations really highlighted the excellent work being carried out by our staff to continuously improve the services being provided for patients, and ensuring that the Trust remains at the forefront of developments.

## **3. Recommendation**

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

**Professor Derek Bell**  
**Joint Chair**

## Board of Directors

Title of report:	Chief Executive Report										
Date:	2 December 2021										
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs/Chief of Staff Donna Fairhurst, Personal Assistant										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance			Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People		X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> <li>• COVID-19 current position and continued recovery</li> <li>• 2021/22 Planning Guidance: October to March 2022</li> <li>• National Plan to Modernise NHS Human Resources Function</li> <li>• Staff Health and Wellbeing</li> <li>• Research and Development</li> <li>• Human Tissue Authority (HTA) guidance</li> <li>• Community Diagnostic Hubs</li> <li>• Faculty for Leadership and Improvement</li> <li>• Population Health and Prevention Board</li> <li>• Joint Management Executive Group</li> <li>• Integrated Care Board</li> <li>• NHS Providers Conference</li> <li>• North East and Yorkshire Regional Stocktake Meeting</li> <li>• Clinical Directors Enhanced Masterclass</li> <li>• Shining Stars Awards – 25 October 2021</li> <li>• Consultant Appointments</li> <li>• Trust volunteer has been recognised with a national award</li> <li>• Trust staff pen moving poetry book about working through COVID-19</li> </ul>											
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**

**2 December 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 24 November 2021, the Trust is caring for 38 COVID-19 positive patients, eight of which require critical care intervention. The numbers of COVID-19 positive patients within the organisation has varied between 38-53 over recent weeks indicating the continued prevalence of COVID-19 in the local communities.

Stockton positive cases of 420 infections per 100,000 population and Hartlepool positive cases of 371 (pillar 1 and 2 positive tests per 100,000 population for tests results up to 18 November 2021). Hartlepool has a similar rate to the North East and North Cumbria rate of 373 with Stockton cases higher than the England rate of 402.

The opening of the Respiratory Support Unit in November coincides with slight increases in adult respiratory and influenza rates in the region. There has been a greater increase in paediatric respiratory illness which has placed pressure on regional services.

The Trust continues to support staff and clinical services with clear Infection Prevention Control (IPC) standards. This includes reviewing clinical guidance from NHS England and UK Health and Security Agency (UKHSA), previously Public Health England. As previously reported to the Board, it is clear that the existing infection control procedures within the NHS will remain in place for the foreseeable future. The importance of communicating to staff and visitors the need for continued adherence to IPC measures remains a priority.

###### **2.1.1.2 Hospital Activity and Operational Pressures**

The health and social care system across the North East and North Cumbria (NENC) remains under pressure with Emergency Departments, Urgent Care and Community services continuing to care for patients with increased acuity. The continued management of COVID-19, elective recovery, and constrained capacity for care packages in the community has resulted in increased bed occupancy with a consequential impact on pathways. The impact on partners, including the ambulance service, primary care and social care is a continued focus on collaborative working to ensure that the local health and care system maximises timely and safe interventions to keep people out of hospital and safely supported in community settings.

The national and regional pressures on ambulance services including ambulance handover delays remains a key concern. Although the Trust maintains the lowest number of ambulance handover delays in the NENC it is vital that time lost to handover delays is minimised. The Trust has improvement plans in place to minimise delays in ambulance handovers and reports directly to the Executive Team in respect of quality, safety and patient outcomes and effectiveness of improvement plans.



The continued delivery of safe and effective services during the challenges ahead remains the key operational priority within the organisation. With that in mind the Trust initiated a multi-agency Tees Valley Winter Summit on 4 November 2021 to bring together all partners in assessing the challenges and developing rapid improvements to manage as winter approaches. The event has identified a number of proposals which will be implemented through the Local A&E Delivery Board.

The Trust continues to deliver its ambitious recovery plans with weekly monitoring across all points of delivery. Despite a continued increase in referrals, the Trust has maintained a positive downward trajectory of >52 week waits and zero >104 week waits. Over 52 week waits have reduced to 82 with a high degree of confidence of delivering zero >52 waits by March 2022. The Trust has maintained a zero >104 week waiting position and is currently providing additional capacity to treat >52 and >104 week waits for providers within the Tees Valley.

#### **2.1.1.3 2021/22 Planning Guidance; October to March 2022**

As reported to the Board in October, the Trust has submitted proposals for the Targeted Investment Fund (TIF) identified within the H2 Planning Guidance. Sixteen schemes were submitted with a particular focus on transformation to accelerate the recovery of elective activity, transforming community and urgent and emergency care to reduce pressure on emergency departments; and system collaboration. Several schemes directly support elective pathways developed through the Tees Valley Clinical Services Strategy with an emphasis on addressing system >52 week waits and increasing baseline elective capacity.

As at 19 November 13 schemes had been approved with a final round of prioritisation and approval awaited by NHS England/Improvement (NHSEI). As the TIF scheme funding was only available in the 2021/22 financial year there remain challenges in terms of procurement, estate reconfiguration and future revenue implications which will inform the current financial allocations and contract negotiation process.

#### **2.1.1.4 National Plan to Modernise NHS Human Resources Function**

NHSE has set out a 10 year strategy to develop human resource and organisational development functions in the NHS. The Trust is reviewing and preparing an assessment welcoming the opportunity to supplement the Trust's focus on development and creating a clear alignment of resources infrastructure

#### **2.1.2 Staff Health and Wellbeing**

In October the focus on wellbeing was 'Menopause,' as an organisation that has a larger amount of female staff it is important that support is provided for those experiencing menopause symptoms which can impact on their working lives. Sessions were provided face to face across both sites, supplemented by virtual sessions.

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 Health and Wellbeing Advisory group has been relaunched with greater representation and the newly launched wellbeing sponsors increasing in numbers, with ambitions to go further to provide improved and targeted access to wellbeing.

The beginning of December will see the launch of Recognise, Engage, Actively listen, Check risk and Talk (REACT) conversations to enable staff to have conversations relating to mental health.

The Better Health at Work Award (BHAWA) has been submitted with the presentation session taking place at the beginning of December, with the objective being to achieve the Maintaining Excellence Award.

Preparations are underway to complete the newly refreshed Health and Wellbeing Framework which has been released by NHS England. This is timely as it links to the Health and Wellbeing strategy to be reviewed in 2022.

### **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. To date, there have been 2,858 COVID booster vaccinations (50.5%) and 2,752 flu vaccines administered to staff (48.6%). The ambition is to achieve 100% offer and surpass the 81% frontline health care worker delivery achieved in 2020.

It has been confirmed that there will be an extension of clinics beyond the original planned timeline of mid-November in order to accommodate additional demand from recent national directives including immunising a cohort of severely immunosuppressed patients and those who participated in the Novavax clinical trials. The Trust also continues to provide an 'evergreen' offer to staff who wish to take up their first/second doses as appropriate. This is more important than ever in light of the recent announcement that all patient facing NHS staff in England will be required to be fully vaccinated against COVID-19 by April 2022. Work continues to support and encourage those unvaccinated employees to become fully vaccinated.

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

#### **2.1.4.1 NOVAVAX Trial**

The North Tees vaccination hub and NOVAVAX trial centre were offered as a vanguard site to pilot the process for trial participants for their vaccinations. This process was developed quickly and efficiently and was shared with the national team for wider distribution to all NOVAVAX sites. This is a fantastic example of collaboration resulting in an efficient set up resulting in our participants being the first in the country to benefit from this opportunity. The "End of study" visits for all remaining participants are currently being conducted and will end mid-December, after which all activity on the trial will cease.

NOVAVAX have submitted their application to the MHRA for licensing of the vaccine and the Board of Directors will be updated of any further developments.

#### **2.1.4.2 RECOVERY Trial**

The Trust has 889 patients recruited to the RECOVERY study to date and remains the second highest recruiting Trust in the country (in terms of percentage of COVID patients recruited) with all treatment aims available. This Trust is the highest recruiter in NENC in terms of absolute patients recruited.

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 that have re-opened.

### **2.1.5 Human Tissue Authority (HTA) guidance**

NHSEI requested that Boards of organisations with either a mortuary or body store ensure they are compliant with Existing Human Tissue Authority (HTA) guidance and take additional steps as advised in recent correspondence.

The Trust has been licenced by HTA since 2007 and was recently inspected in June 2021. The focus of the recent request centres on post mortem facilities and security arrangements. In reviewing the guidance the Trust has completed a full assessment of the requirements and can provide assurance against the minimum standards required. Additional equipment and checks are being implemented to support the Trust in exceeding the minimum requirements.

Confirmation of compliance with the standards was submitted to NHSEI by the deadline of 16 November 2021.

### **2.1.6 Community Diagnostic Hubs (CDH)**

The Trust continues to work in partnership with South Tees Hospitals NHS Foundation Trust to establish community diagnostic hubs following a successful bid to the national early adopter programme. The focus of the year one submission is to sustainably maintain increased capacity with a collaborative hub and spoke arrangement, enhancing diagnostic capabilities at existing sites. The investment in equipment, facilities and workforce will support recovery and a longer term enhanced diagnostic offer.

Capital and revenue funding has been received and next steps will be to operationalise the plans focusing on procurement, building work, workforce, systems and processes in the first instance. This has been supported by the appointment of a dedicated Programme Director, who will provide direction, oversight and assurance on the service delivery. This is a major move in the Trust's strategic direction to operationalise the population health and prevention agenda and to take on Health on the High Street for local communities.

## **2.2 Strategic Objective: Valuing our People**

### **2.2.1 Faculty for Leadership and Improvement**

The Faculty Support Team continues to support the 100 Leaders programme and will shortly be sharing a video showcase of the learning experience from the Pack Leaders. Work continues with the Pack Leaders and Listening into Action (LiA) to package the learning from cohort one and develop the programme for future cycles.

Reflections and feedback of Pack Leaders have been used to support the development of a standardised and sustainable approach to improvement and leadership development. This simple delivery framework will build improvement capacity and capability across the organisation and has been shared for wider implementation. The delivery framework will be under continuous review to ensure effectiveness and applicability.

The Faculty shared its vision and delivery framework at the most recent Journey to Excellence meeting, which highlights the role the Faculty will play in supporting the organisation on its continuous improvement journey.

### **2.2.2 Population Health and Prevention Board**

Discussion at the NENC Population Health and Prevention Board centred around the approach for the NENC to tackle personalised care with a presentation delivered by Claire Braid, Personalised Care Programme Manager in addition to, Jane Hartley, Lead for the Voluntary Organisations Network North East sharing a proposal from third sector partners regarding organisations working together to tackle Health Inequalities. As Senior Responsible Officer, I will be taking this forward for further discussion at the Health Inequalities Advisory Group.

### **2.2.3 Joint Management Executive Group (JMEG) of the NENC ICS**

The fourth meeting of the JMEG was held on the 9 November 2021. Discussion centered around the draft ICB consultation along with a paper outlining proposed arrangements with regard to working with Place Based Partnerships.

### **2.2.4 Integrated Care Board (ICB)**

Professor Sir Liam Donaldson, Chair NENC Integrated Care System recently wrote to NHS Foundation Trusts to confirm Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust has been appointed to the post of Chief Executive of the (ICB) for the NENC Integrated Care System and it is anticipated she will take up her role at the end of January 2022.

### **2.2.5 NHS Providers Conference**

The key focus of the Conference for 2021 on the work NHS Trusts are doing to deliver integration as well as embracing new opportunities across the health and social care system to create a sustainable NHS fit for the 21st century. Key note speakers at the event included Sajid Javid, Secretary of State for Health and Social Care and Amanda Pritchard, Chief Executive of the NHS.

During the conference NHS Providers launched two new reports, firstly State of the Provider Sector report which highlights concerns about the combined impact of increased demand for emergency care, growing waiting lists, significant and sustained staff shortages, potential staff burnout, the extra resource needed for vital vaccination campaigns and the prospect of high levels of COVID-19, flu and other respiratory viruses. It also shines a spotlight on some of the achievements and innovations trusts and their partners in local systems have led so successfully over the past year.

Secondly, the Providers Deliver: Recruiting, retaining and sustaining the NHS workforce report shows how trusts are adapting and innovating to support their staff in the face of severe workforce pressures. The report showcases innovative work by trusts to implement the NHS People Plan and improve staff experience, while dealing with a range of challenges including the continuing threat from COVID-19, severe pressures on urgent and emergency care and mental health services, and the need to address the care backlog. It also highlights the extraordinary hard work, commitment and resilience shown by the NHS workforce.

### **2.2.6 North East and Yorkshire Regional Stocktake Meeting**

I had the opportunity to attend the North East and North Yorkshire Health Inequalities Improvement Delivery meeting on the 22 November led by Dr Bola Owolabi the National Director for Health Inequalities. The purpose of the event was to allow Regional Teams to comment on the stock take decisions made earlier this year and to facilitate further dialogue with the national team in addition to providing a forum to share ICS progress on delivering on the strategic priorities for health inequalities.

### **2.2.7 Clinical Directors Enhanced Masterclass**

I had the opportunity to deliver a masterclass to existing and aspirant Clinical Directors on Friday, 19 November 2021 around the structure and function of the ICS/ICP, what this means for our population and how as an organisation we can support collaborative working across the region

### **2.2.8 Shining Stars Event – 25 October 2021**

The event was held virtually for a second year and both Steve Hall and myself were fortunate enough to visit and present recipients personally with their awards. The importance of this event cannot be underestimated also the recognition it affords to staff, and to celebrate outstanding work. I would like to take this opportunity to congratulate all winners and all those nominated for their outstanding contribution to performance, safety, quality, patient experience and overall service delivery.

### **2.2.9 Consultant Appointments**

Since the last meeting held on 28 October 2021, the Trust has appointed to the following into Consultant posts:

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

Consultant Paediatrician - Dr Predheeba Muthusamy

### **2.2.10 Trust volunteer has been recognised with a national award.**

Volunteer driver Colin Ogden from Hartlepool received the prestigious Volunteer of the Year award at this year's Unsung Hero Awards for non-clinical NHS staff and volunteers across the UK. Colin has volunteered for the Trust for over eight years helping patients get to and from their hospital

appointments, collecting medication for them and even delivering Trust donations to local foodbanks. Colin was nominated by the volunteer team at the Trust for continually going above and beyond expectations and for his endless dedication in developing the volunteer driver service.

#### **2.2.11 Trust staff pen moving poetry book about working through COVID-19**

A new book featuring poetry from Teesside NHS staff about the pandemic has now been published. The Creative Writing Handbook for Healthcare Workers features moving poetry from 19 members of staff at the Trust, all about the struggles of working through the COVID-19 pandemic. The book is the result of a collaboration between the Open University and the Trust. The two organisations recently joined forces on a series of pilot creative writing workshops to establish whether poetry could reduce stress and improve mental wellbeing in healthcare workers during the pandemic.

### **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.

## Meeting of the Board of Directors

Title:	Corporate Strategy Update										
Date:	2 December 2021										
Prepared by:	Hilton Heslop, Head of Strategy & Corporate Affairs										
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Purpose of the report	The aim of this paper is to provide the Board of Directors with an update on progress against the Corporate Strategy measures and metrics.										
Action required:	Approve		Assurance		X	Discuss		X	Information		X
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing People		X	Transforming our Services		X	Health and Wellbeing		X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The Trust reviewed its Corporate Strategy in 2018/19. This strategy was based predominantly on a directorate and specialty led set of metrics which had an operational focus that largely echoed the operational performance of the Trust. Following a complete refresh of the strategy the resulting document 'You Matter, We Care' set out a series of high level strategic measures aligned with the NHS Long Term Plan.</p> <p>The Trust developed a suite of measures with associated metrics as follows:</p> <ul style="list-style-type: none"> <li>• Personalised Care – Outpatients</li> <li>• People</li> <li>• Technology and Digital</li> <li>• Population Health and Wellbeing</li> <li>• Sustainability</li> <li>• Volunteering in the NHS</li> </ul> <p>This report provides the Board of Directors with a review of the measures and metrics and highlights the steps that will be taken throughout the period to illustrate improvement in the Trust's corporate performance. The measures listed above will be review on a quarterly basis to ensure that the indicators remain relevant to the strategic direction of the Trust and will, where appropriate, be revised and amended with potential for additional, alternative measures depending on the needs of the Trust at that time.</p>											
How this report impacts on current risks or highlights new risks:											
Any risks identified as part of the Corporate Strategy and metrics will be included within the appropriate sections of the Board Assurance Framework or logged on the Corporate Risk Register.											

Committees/groups where this item has been discussed	Executive Team.
Recommendation	The Board of Directors is asked to note the content of the report and progress to date in progressing performance against the metrics.

# **North Tees and Hartlepool NHS Foundation Trust**

## **Meeting of the Board of Directors**

**2 December 2021**

### **Corporate Strategy Update**

#### **Report of the Director of Corporate Affairs and Chief of Staff**

## **1. Purpose**

- 1.1 The purpose of the report is to provide a progress update on performance against the Corporate Strategy measures and metrics.

## **2. Background**

- 2.1 The Trust reviewed its Corporate Strategy in 2018/19. This strategy was based predominantly on a directorate and specialty led set of metrics which had an operational focus that largely echoed the operational performance of the Trust. Following a complete refresh of the strategy the resulting document 'You Matter, We Care' set out a series of high level strategic measures aligned with the NHS Long Term Plan.

## **3. Corporate Strategy Metrics**

- 3.1 The Trust developed a suite of measures as follows:

- Personalised Care – Outpatients
- People
- Technology and Digital
- Population Health and Wellbeing
- Sustainability
- Volunteering in the NHS

### **3.2. Personalised Care – Outpatients**

- 3.3 The NHS Long Term Plan set an ambition to avoid 'up to one third of face to face Outpatients appointments over the next five years'. This was based on evaluation studies within the Long Term Plan which suggested that:

- 28% of doctors believed that 10-20% of their follow-up patients could have been seen using an alternative to face-to-face consultation;
- 35% of Outpatient clinics provide an alternative to face-to-face appointments;
- 57% of Outpatients clinics finish late every clinic or at least once week;
- 25% of doctors say that 10-20% of their new patients didn't need to come in to an Outpatients clinic at all.

- 3.4 In response to the studies, the Corporate Strategy set out to focus on reducing inappropriate referrals from Primary Care, embracing digital solutions, valuing our patients' time, and offering choice about the care that is delivered.

- 3.5 The team within Outpatients explored digital engagement and how this could improve clinic attendance, waiting times and through flow, as well as remote monitoring/patient portal/digital resources. A programme of 'Virtual Clinics' was offered as an alternative with telephone and/or video access and this contributed to a system approach to



outpatient care alongside robust clinical triage and advice and guidance to support primary care.

- 3.6 The team projected a 40% reduction in face to face appointments over a five year period through a combination of an increase in video consultations and a reduction in telephone consultations with a view of reviewing the position at the end of year 1.
- 3.7 In 2019/20 the Trust achieved a 3% reduction in face-to-face consultations, rising to 17% in 2020/21 with a further reduction of 23% up to May 2021. This figure is likely to rise and therefore should show an overall reduction of over 30% by the end of the year. Whilst an initial target of 40% reduction had been set in the strategy, advice from NHS Improvement and national guidelines suggested that 25% was a more realistic target, although national healthcare media outlets suggested that as a result of the pandemic a figure of 25% was deemed too low.
- 3.8 The team will set out to clarify what the platform of choice will be over the next few years and will aim to better understand what our local population want, ensuring that those who are digitally excluded are not disadvantaged.

### **3.9 People**

- 3.10 One key strand of the Trust's People Plan is to focus on 'making the Trust a great place to work'. Acknowledging that fairness, equality and diversity play a key part in the delivery of our day-to-day activities, along with understanding how staff feel and what they perceive to be barriers within the workplace is important and needs to be reflected and acted upon by leaders within the organisation.

The key areas of focus for this measure was set at:

- Engagement
- Quality
- Leadership

- 3.11 Initially, the Workforce/People directorate were keen to establish a sustainable plan to improve the overall staff engagement score by 2025 based on a plan to develop new roles and workforce models with a core focus on influencing and encouraging education and continuing professional development. Developing a greater voice of the workforce (therefore the Trust) was seen as critically important to the future of the organisation with the acknowledgement that working collaboratively internally and externally would return dividends for the organisation particularly through investment in innovation and technology.
- 3.12 The results from the 2019 and 2020 national staff surveys were gathered and compiled to provide average scores across all indicators, which will be used as the benchmark in terms of improvement trajectories over the next few years. There is a clear and obvious focus on safety, quality and staff engagement demonstrated during 2020 on issues relating to COVID, infection control and staff communications.
- 3.13 The results of the 2021 staff survey have yet to be compiled and published and the impact of the pandemic on the engagement, quality and leadership aspects of staff groupings is yet to be determined. Therefore this measure and associated metrics will be reviewed again in 3 months to establish the position 'post-2020' whilst being mindful that many of the COVID-19 protocols, policies and activities are still in place.

### **3.14 Technology and Digital**

- 3.15 The Trust is already in a very strong position as a digital leader amongst Foundation Trusts in the country. The Trust was awarded Global Digital Exemplar Fast Follower (GDEFF) status in 2017. To build on this we will extend and accelerate the position as a 'digitally mature' Trust by prioritising key aspects of work in areas such as Infrastructure, integration and interoperability, Workforce and Personalisation.
- 3.16 The Corporate Strategy metric was set in 2019/20 with the aim to achieve HIMMS 6 accreditation on the path to full digital maturity (DMA Index) by 2025, full digital maturity would require HIMMS 7 accreditation – the maximum level achievable by any Trust.
- 3.17 In order to advance towards the final two stages of digital maturity there are some significant programmes of work to be completed as set out in the Trust's Digital Road Map incorporating a HIMMS 6 gap analysis, GNCR patient engagement platform, Trakcare upgrade and Imprivata roll-out, accreditation for Cyber Essentials, whilst making progress towards EDM roll-out longer term. However, much of this work is a longer term prospect and it was identified that progress would be measured over a five year period to 2025.
- 3.18 In 2021, the Technology and Digital team achieved many of the essential elements including Trakcare T2020 upgrade, Imprivata roll-out and Electronic Prescribing and Medicines Administration (EPMA) in theatres, and was awarded National Digital Leader accreditation.
- 3.19 As a result of the strong performance during 2019-2021, the immediate aim is to achieve level 6 of the Digital Maturity Assessment (DMA) index within the next 12 months.

### **3.20 Population Health and Wellbeing**

- 3.21 The Trust set out an aspiration to ensure its contribution to reducing health inequalities within the population is targeted towards specific conditions within specific parts of society by working with partners and stakeholders on the wider prevention of health inequalities in public health by 'making every contact count' for those who use our services.
- 3.22 With an aim to 'narrow the focus' to what is more achievable given the scarce resources available whilst maintaining delivery of our core business, the Trust set out to balance the organisational/system needs and personal interests/skills by ensuring a 'better conversation' with patients and partners alike.
- 3.23 Following the appointment of a Consultant in Public Health supported by a Public Health Registrar, the team have worked to develop a Population Health Outlook (strategy) with the aim of improving healthy lifestyles within communities; giving newborn babies the best possible start in life; and ensuring a smoke, alcohol and substance-free hospital environment for the population.
- 3.24 In order to provide a strategic focus for this measure the Population Health Outlook focused on a number of aims:
- Support the adoption of healthy behaviours
  - Improve motivation to self-manage – increasing patient activation
  - Improve patient & staff satisfaction

- Systematically upskill our workforce to understand and adopt this approach
- Health coaching/motivational interviewing

- 3.25 A prevention board was established to give oversight to the population health projects and those programmes that focused on improving healthy lifestyles including the development of a Trust alcohol care team (ACT), establishing a tobacco treatment service across acute and strengthening the maternity offer, embedding the Making Every Contact Count (MECC) strategy (starting within Outpatients i.e. any patient that attends for an appointment regarding lifestyle/risky behaviours adopting a data collection process to capture relevant information to help signpost patients to additional and alternative help), and reviewing the osteoporosis pathway.
- 3.26 One of the key features of this measure was the development of the Trust becoming an 'Active hospital' with funding from Public Health England, Sport England, National Lottery and NHS Transformation Unit to help patients understand the benefits of physical activity whether inpatients during recovery, or outpatients in relation to longer term health benefits.
- 3.27 The programme is now 'live' across MSK and paediatrics outpatient pathways and has established an active hospital dashboard on Yellowfin with systems in place that are scalable across the organisation to collect meaningful physical activity data. A digital solution with healthcall to capture long term physical activity behaviour has been put in place to help the Active Hospital team predict what type of activity people are likely to engage with. Further roll out to other wards is expected by the end of the calendar year.
- 3.28 In the short period that the Active Hospital has been operational, the team has signposted the following by 'making every contact count':
- **522** Brief advice and information leaflets given about the benefits of physical activity;
  - **17** Direct referrals to Hartlepool Exercise for Life (local authority run groups in Hartlepool);
  - **51** Direct referrals to Tees Active (local authority run groups in Stockton);
  - **50** Patients signposted to the MECC gateway where physical activity opportunities are available;
  - **250** People signposted to the trust's 'Live Well' website;
  - **150** Referrals to the trust's Movement is Medicine group.

### **3.29 Volunteering in the NHS**

- 3.30 Volunteers contribute across a range of NHS roles, from first responders and care companions to trust governors and transport volunteers. They enable staff to deliver high-quality care that goes above and beyond core services and make a direct contribution to the delivery of excellent healthcare services.
- 3.31 The Volunteering Programme commenced during 2015/16 and the programme started with an intake of 35 volunteers. During the next three years the Volunteer programme increased steadily with 164 volunteers at the end 2019/20. However, in 2020, the pandemic sadly affected all healthcare situations, and at this point over 140 volunteers chose not to participate during COVID placing significant strain on the volunteer service in response to requests for internal support and assistance, alongside requirements from with the wider community. Participation of volunteers slowly and steadily increased during 2021.

- 3.32 The NHS Long Term Plan commits Trusts to 'double the number of NHS volunteers over the next three years'. Following 'post-2020' volunteer numbers have returned and steadily increased with over 210 volunteers on site. The team have set a challenging target to increase the numbers year on year with the aim of achieving 400 volunteers by March 2023.
- 3.33 The team will look to re-frame the Volunteering Programme in a strategic plan and:
- Set achievable milestones
  - Establish Trust Volunteering Steering Group
  - Develop fundraising position to support the work of the Trust
  - Re-design improved menu of opportunities for volunteers
  - Link with schools/six form/colleges to attract a younger network of volunteers 16–25
  - Maximise output through new developments at University Hospital of Hartlepool e.g. training, social enterprise, upskilling
- 3.34 The Trust will continue to grow the volunteering service in both our hospitals and will:
- Link in with the sustainability agenda
  - Focus on developing a youth development volunteer aspect
  - Develop the link between volunteering and work
  - Explore a more social entrepreneurial side of volunteering for those who wish to progress into the world of work through discussions with key agencies e.g Jobcentre Plus

### **3.35 Sustainability**

- 3.36 The Trust has embarked on a journey that focuses on sustainability and climate change adaptation encompassed in a 'Green Plan' which was approved by Board earlier this year, and this approach is aligned with the ICS Sustainability plans which aim is to focus on practical actions that will reduce the Trust carbon footprint and reduce carbon emissions to zero by 2040.
- 3.37 As part of the Corporate Strategy refresh in 2019/20, the Trust signalled a commitment to climate change and established a high level steering group to co-ordinate and direct the agenda by enabling and empowering staff to develop practical actions to contribute to the sustainability agenda. The aim is to ensure all changes and improvements to the capital estate at both hospital sites are in line with sustainable development regulations and policy.
- 3.38 At the start of 2019/20, the Trust annual target (and therefore annual achievement) of carbon reduction within the Trust was 2%. Calculations based on recent energy data revealed that a 2% reduction year on year would not enable the Trust to reach net zero carbon emissions by 2030. Therefore, a stretch target of 5% reduction per year was agreed which will bring the Trust closer to achieving net zero carbon emissions plans. The Trust achieved a carbon reduction of 5.1% in 2020/21 and is on track to achieve and maintain the necessary reduction in its carbon footprint.
- 3.39 The Trust currently has nine Work Streams involving clinicians, care group, LLP and corporate staff as part of the 'Green Plan' and Climate Adaptation Plan which was launched and published in 2021. A commitment to the climate change agenda through launch of Trust 'Green Day' on 1 November and recruitment of Green Champions is part of an on-going push across both hospitals to maintain sustainability high on the agenda.

#### **4. Next Steps and Review**

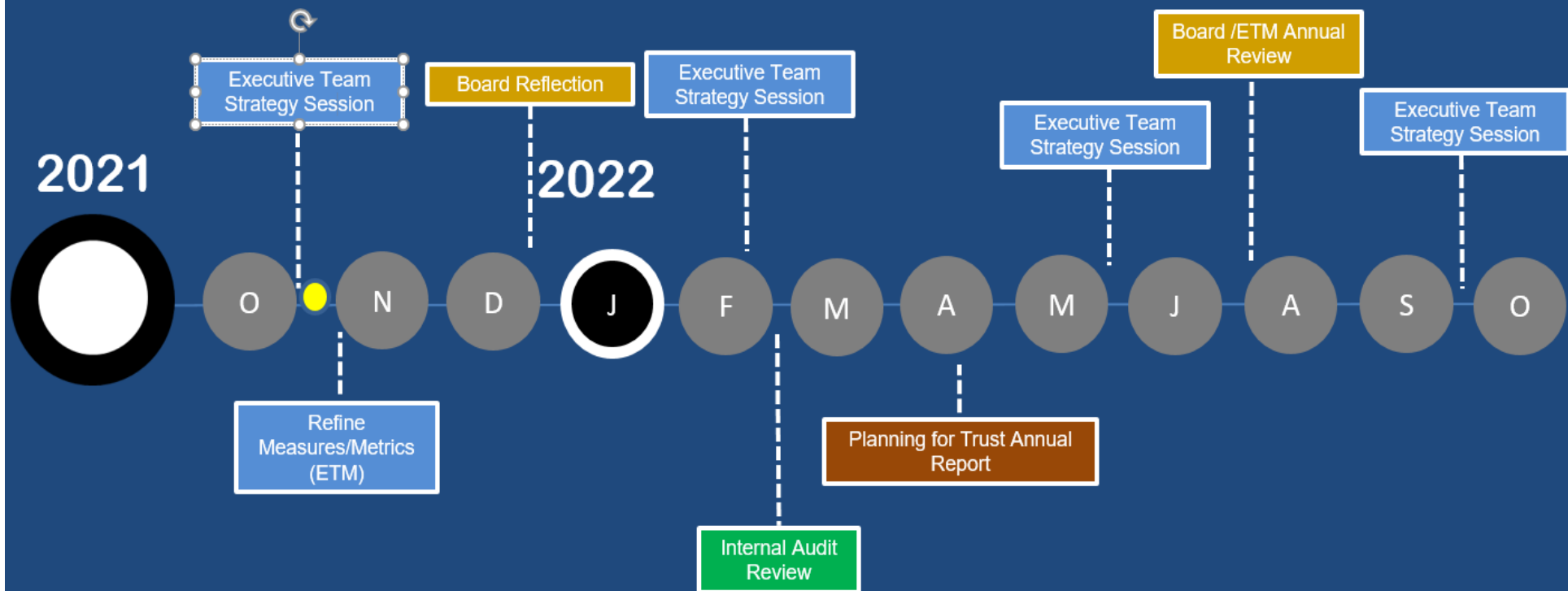
- 4.1 Appendix 1 contains a timeline for Corporate Strategy review over the next 12 months by the Executive Team and Board of Directors.

#### **5. Recommendations**

- 5.1 The Board of Directors is asked to note the content of the report, progress to date in progressing performance against the metrics and the timeline for further updates.

**Prepared by:** Hilton Heslop, Head of Strategy & Corporate Affairs  
**Sponsored by:** Barbara Bright, Director of Corporate Affairs and Chief of Staff

# Measuring our success – Next 12 months



# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors

Title:	Integrated Compliance and Performance Report									
Date:	2 December 2021									
Prepared by:	Lindsey Wallace, Head of Performance and Planning									
Executive Sponsor:	Linda Hunter, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief People Officer Neil Atkinson, Director of Finance									
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our population First	x	Valuing People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report outlines the Trust's compliance against key access standards in October including quality, workforce and finance.</p> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>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-COVID levels of emergency care activity, alongside the elective recovery programme. Elective recovery has been reinstated with Insourcing of resources to support weekend lists.</li> <li>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.</li> <li>The diagnostic recovery is reporting an improved position, with the overall waiting list and number of patients waiting more than 6 weeks decreasing.</li> <li>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.</li> <li>A flexible bed base continues to be adapted accordingly.</li> <li>Staff sickness remains a key challenge, however with additional support in place to manage staff health and wellbeing.</li> <li>The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures.</li> <li>Work continues to review recruitment and retention rates, including alternative workforce models to meet current organisational pressures.</li> <li>The Trust delivered a H1 surplus of £4.559m against a planned surplus of £3m, which supports the ICP and wider ICS to achieve financial balance.</li> <li>The Trust is forecasting to deliver an overall breakeven position for 2021/22. This is explained by a £4.559m surplus in H1 and a matched deficit of £4.559m in H2. At Month</li> </ul>										

7, the Trust is reporting an in-month deficit of £0.318m against a planned deficit of £0.75m, which is £0.433m ahead of plan.	
How this report impacts on current risks or highlights new risks:	
<p>Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing COVID-19 pressures, recovery, winter and staffing resource.</p> <p>Associated risks are outlined within the Board Assurance Framework and monitored through the Planning, Performance and Compliance Committee.</p>	
Committees/groups where this item has been discussed	<p>Executive Team Meeting</p> <p>Audit Committee</p> <p>Planning, Performance and Compliance Committee</p>
Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> <li>• the performance against the key operational, quality and workforce standards; and</li> <li>• 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.</li> </ul>



# Integrated Corporate Report



*November 2021*

# Responsible Directors

**Linda Hunter**

Interim 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



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 October 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 are always 2 Standard Deviations from the *mean*.



# Contextual Information



North Tees and Hartlepool  
NHS Foundation Trust

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Operational pressures continued throughout October across the Trust affecting 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 staffing resource on a daily basis. The Trust saw escalation up to OPEL 3, which was a similar scenario across the region. Winter resilience plans remain in place as the Trust moves into winter. Redeployed staff have now returned to their substantive posts to maintain elective capacity activity based on patient's clinical need and bed availability.

The latest 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. 'Looking after staff over this period will be crucial as Trusts strive to keep up the momentum on recovering services and managing backlogs'.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## SOF and Efficiency & Productivity

### Key Messages

The Trust has maintained a focus on elective recovery.

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. This is seeing a positive impact on waiting times with plans to continue over November/ December.

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 89.87 (September 2020 to August 2021) which has increased from the previous unreported value of 89.50 (August 2020 to July 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.

The number of level one, level two and level three complaints have decreased compared to last month, however, the number of complaints received this month continues to support the return to the pre-Covid status.



# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

The development of a specific training programme on the effective management of sickness absence is underway with the aim of ensuring cases are managed appropriately and consistently across the Trust. This will support the implementation of the revised attendance management policy when ratified.

Informal discussions continue with some registered staff in non-clinical roles regarding working clinically, where appropriate, to support the Trust, maintain their clinical skills and support on-going registration.

The main health and wellbeing focus at the moment is the campaign to vaccinate staff against both Covid-19 and Flu. As well as the continuous sessions being held in the Spirituality Centre at UHNT, pop up clinics and 'walkarounds' are also taking place to boost uptake and ensure all staff are able to access the vaccines including at UHH.

The broader 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 October topic was 'Menopause'. Over 80% of Trust staff are female and of these a significant number are of an age where there is the possibility they would experience related symptoms. Drop-in sessions were held in wellbeing rooms at both sites and further information delivered to staff through virtual channels. Content was also shared with our wellbeing sponsors, with them signposting staff to relevant support available.

As at 31 October, the number of active volunteers is 210, an increase of 12 on the previous month. This is due to the exercise to reintroduce existing volunteers back into the Trust with COVID restrictions being sufficiently safe and manageable for them to return. There remains a huge interest in volunteering particularly from younger age people. There are currently 70 applications in progress and recruitment continues on an on-going basis. Interest in joining the Trust remains high with a further 79 expressions of interest waiting to be processed. Strong relationships with local Colleges ensures a pipeline for interested parties to become involved in volunteering.

The volunteer service continues to work with areas across the Trust to place volunteers in both clinical and non-clinical areas, whilst working on new developments and programmes to support and maximise benefits and enhance the volunteer offer. In particular, supporting the new transport hub, the expansion of the end of life companion provision and the reintroduction of volunteers into the Emergency Departments.

## Finance

For H1, the Trust delivered a H1 surplus of £4.559m against a planned surplus of £3m, which supports the ICP and wider ICS to achieve financial balance.

The Trust is forecasting to deliver an overall breakeven position for 2021/22. This is explained by a £4.559m surplus in H1 and a matched deficit of £4.559m in H2.

At Month 7, the Trust is reporting an in-month deficit of £0.318m against a planned deficit of £0.75m, which is £0.433m ahead of plan.

The Trust is reporting a year to date surplus of £4.242m against a plan of £3.75m (based on the planned breakeven position).

Total Group income in Month 7 is £30.369m (including donated asset income and ERF income).

Month 7 pay expenditure totalled £20.015m (including ERF) of which £0.151m is additional spend relating to the Covid-19 response and includes costs associated with Covid-19 testing.

Month 7 non-pay expenditure totalled £10.672m (including ERF) of which £0.174m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

The month 7 YTD net contribution from Optimus is £0.164m against a plan of £0.064m (£0.1m ahead of plan) and the YTD net contribution from the LLP is £1.477m against a plan of £1.118m (£0.359m ahead of plan).

At Month 7, the Group cash balance is £69.1m, compared to a plan of £35.6m.

As at Month 7, the Trust has spent £6.1m against a year-to-date plan of £5.5m, therefore ahead of plan by £0.6m and continues to build on the positive position reported at M6 (ahead of plan by £0.1m).

At Month 7, key risks relate to: the identification and under-delivery of recurrent efficiency savings; the impact of the reduction in the useful economic life of Trust buildings and the uncertainty relating to funding arrangements for 2022/23.

# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
New Cancer Two Week Rule	✓ Sep-21	93.99%	93.00%		<p><b>Cancer</b></p> <p>Pressures continue to impact on the delivery of 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.</p> <p>Whilst the number of patients waiting over 62 days has seen an increase, so too has the number of two week rule referrals, with numbers above those seen pre covid. This undoubtedly creates additional pressures across the system with increased outpatient and diagnostic appointments needed.</p> <p>Despite these pressures, the Trust achieved against 8 of the 9 cancer standards, however the impact was felt the greatest against the 62-day Referral to Treatment Standard reporting at 58.33% for September (38.5/66 patients treated within the 62-day timescale). Breaches were due to elective capacity and complex diagnostic pathways. The regional average for September also saw a decrease in performance reporting at 63.94% with a range of 50.98% to 79.92%. No Trust achieved the required 85% highlighting the sustained challenges facing the region.</p> <p>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.</p>
Breast Symptomatic Two Week Rule	✓ Sep-21	98.02%	93.00%		
28-day Faster Diagnosis	✓ Sep-21	76.99%	75.00%		
New Cancer 31 Days	✓ Sep-21	96.61%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓ Sep-21	98.36%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✓ Sep-21	94.74%	94.00%		
New Cancer 62 Days	✗ Sep-21	58.33%	85.00%		
New Cancer 62 Days (Screening)	✓ Sep-21	92.86%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✓ Sep-21	100.00%	85.00%		

# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved					Narrative
		Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✗	Oct-21	85.87%	92.00%		<b>RTT</b>  The elective recovery programme continues across the system. The most recent national benchmark position (September 2021), indicates no trust in the region is reporting above the 92% standard with a regional average reporting at 74.76% (range 63.30% to 88.04%) and the Trust ranks 2 <sup>nd</sup> .  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' which the Trust is on target to achieve. In comparison to September 2021 the Trust reported a 0.64% (n=104) reduction to the overall waiting list and a month on month reduction to those waiting over 52 weeks (n=85). Regionally there are 10,358 patients waiting over 52 weeks with a range of 29 to 5113.
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓	Oct-21	23.73	28.00		
Incomplete Pathways Wait (Median)	✗	Oct-21	7.57	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✗	Oct-21	85	0		
Diagnostic Waiting Times and Activity	✗	Oct-21	86.40%	99.00%		<b>Diagnostics</b>  The Trust report a relatively positive benchmark position, with 85.87% of patients treated within 18 weeks. Median waits saw a marginal increase to 7.57% against the 7.20% standard.  Good recovery within the Diagnostic standard is noted with a 32% (n=445) reduction in the number of patients waiting more than 6 weeks (in comparison to last month). Key areas of pressures continue to be Endoscopy, MRI, Ultrasound and Cardiology. In September, the regional average was 72.8% with a range of 46.65% - 98.12% with the Trust ranking in 3 <sup>rd</sup> position.
Community Information Dataset - Referral Information	✓	Sep-21	100.00%	50.00%		
Community Information Dataset- Referral to Treatment Information	✓	Sep-21	97.27%	50.00%		
Community Information Dataset - Treatment Activity Information	✓	Sep-21	100.00%	50.00%		
Community Information Dataset - End of Life	✓	Sep-21	79.67%	50.00%		



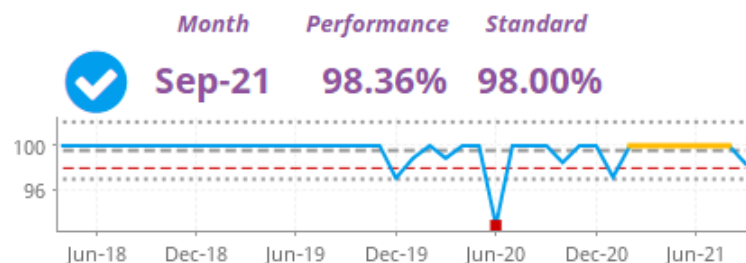
# Single Oversight Framework



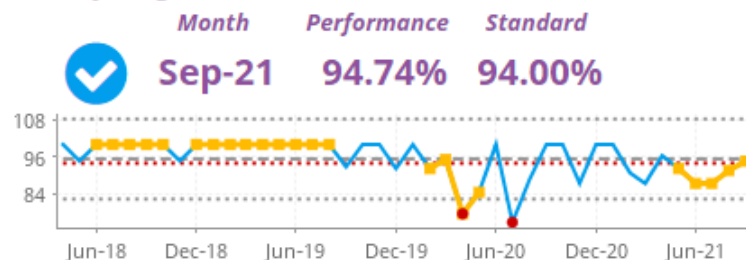
North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

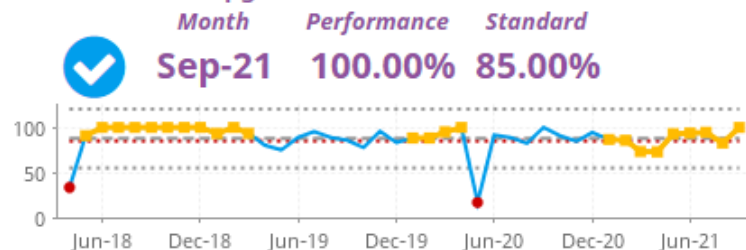
### Cancer - 31 Day Drug Treatment



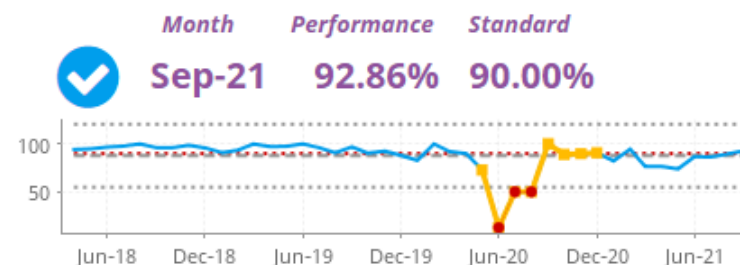
### Cancer - 31 Day Surgical Treatment



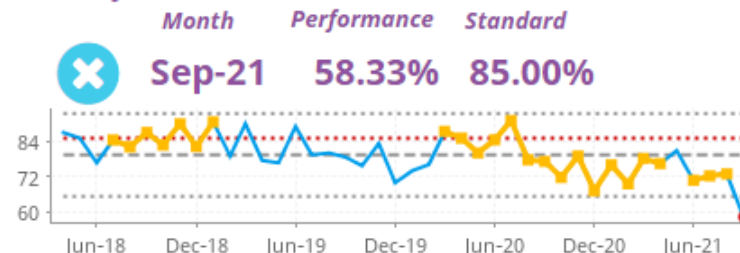
### Cancer - 62 Consultant Upgrade



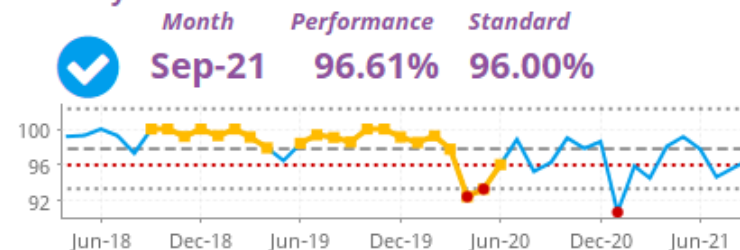
### Cancer - 62 Days Screening



### Cancer - 62 Days



### Cancer - 31 Days



# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

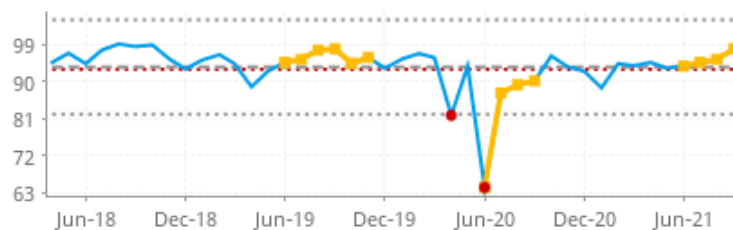
### Cancer - 2 Week Rule

Month **Sep-21** Performance **93.99%** Standard **93.00%**



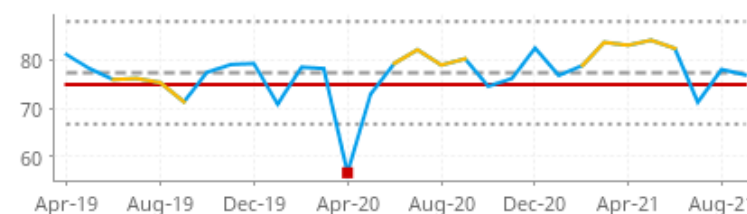
### Cancer - Breast Symptomatic

Month **Sep-21** Performance **98.02%** Standard **93.00%**



### Cancer - 28day Faster Diagnosis

Month **Sep-21** Performance **76.99%** Standard **75.00%**



### Diagnostic Waiting Times

Month **Sep-21** Performance **81.71%** Standard **99.00%**



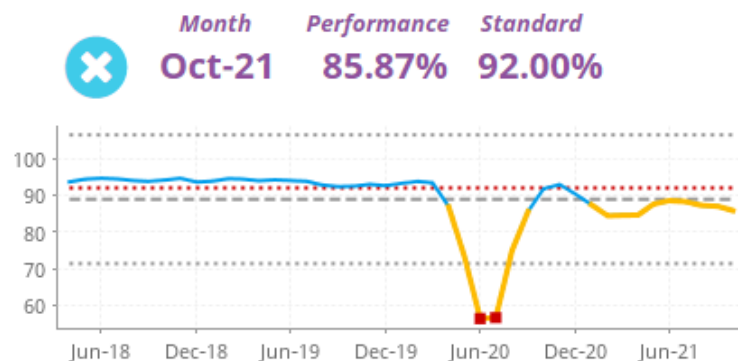
# Single Oversight Framework



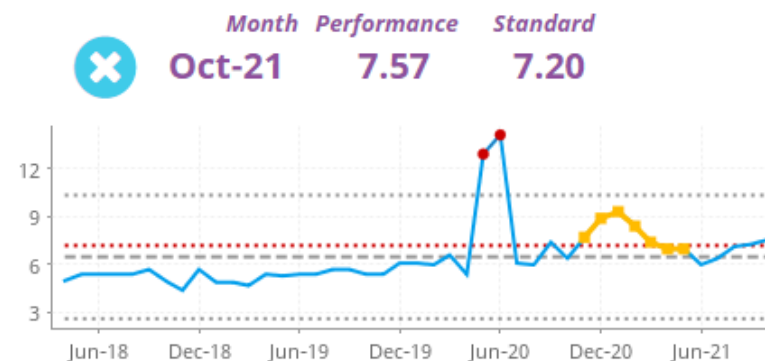
North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

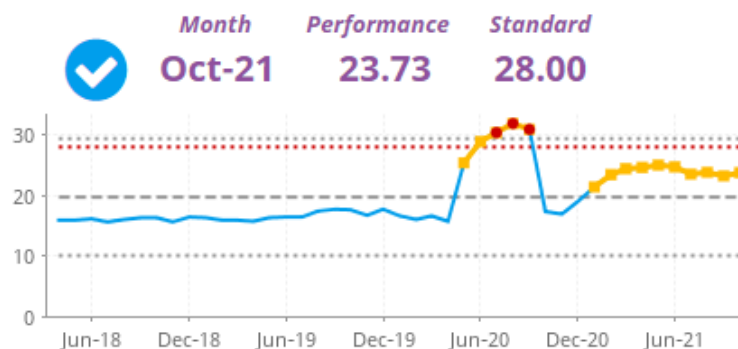
Referral To Treatment- Incomplete Pathways Wait (92%)



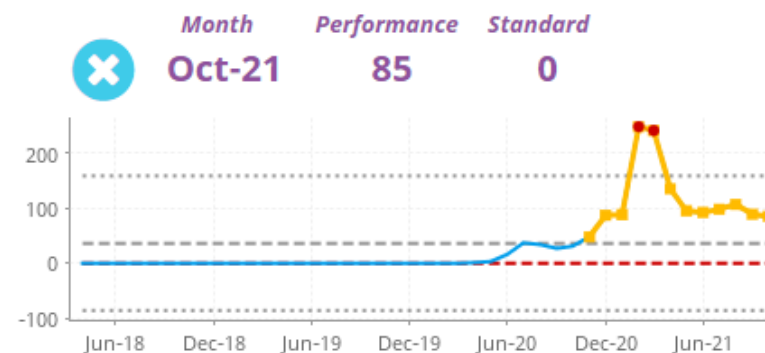
Referral To Treatment - Incomplete Pathways Wait (Median)



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



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



# Single Oversight Framework 12

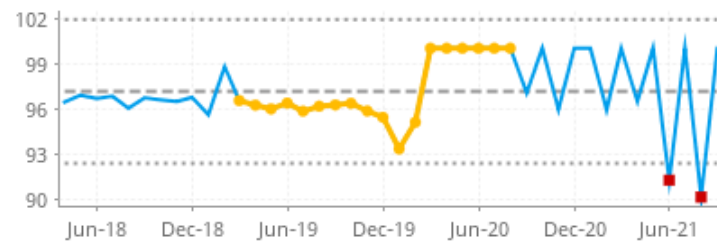


North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

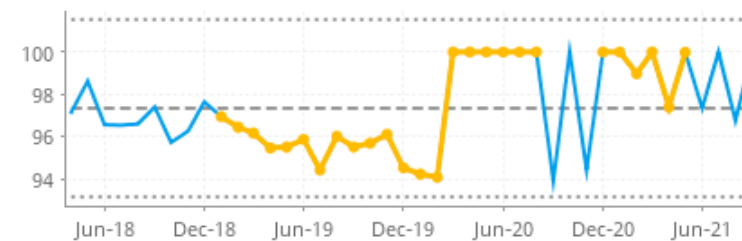
### Community Information Dataset - Referral Information

Month Performance Standard  
✓ Sep-21 100.00% 50.00%



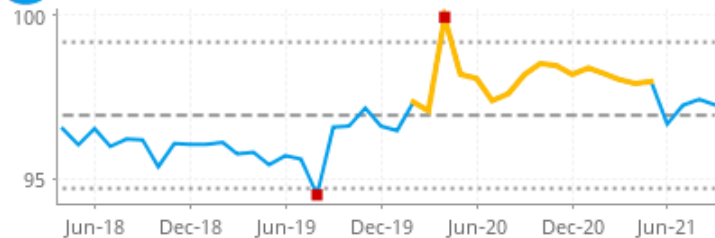
### Community Information Dataset - Treatment Activity Information

Month Performance Standard  
✓ Sep-21 100.00% 50.00%



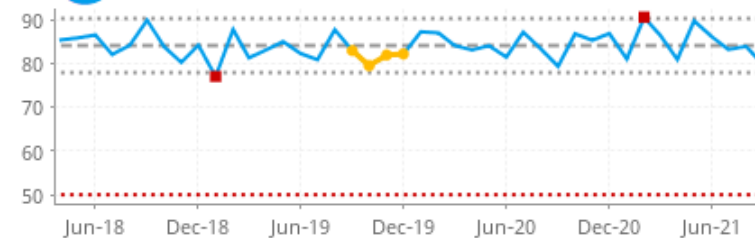
### Community Information Dataset - Referral to Treatment Information

Month Performance Standard  
✓ Sep-21 97.27% 50.00%



### Community Information Dataset - End of Life

Month Performance Standard  
✓ Sep-21 79.67% 50.00%



# Efficiency & Productivity



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✗ Oct-21	8.89%	7.20%		<b>Efficiencies</b> Despite operational pressures impacting on key performance standards the Trust has effectively maintained both efficiency and productivity. DNA rates are seeing an increase trend over the past few months as lockdown restrictions have lifted and people return to work. In addition to this, some technical issues led to a small number of patients not receiving their appointment letter and reminders that has since been resolved and all patients contacted via telephone.
Outpatient Did Not Attend (Review)	✓ Oct-21	8.87%	9.00%		
Average Depth of Coding	✓ Sep-21	6.37	3.01		
Length of Stay - Elective	✓ Oct-21	2.02	3.14		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).  <b>Bed Occupancy</b> 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. An increase in covid patients has been noted over the past month with circa 45-55 beds occupied per day.
Length of Stay - Emergency	✓ Oct-21	2.74	3.35		
Day Case Rate	✓ Oct-21	86.61%	75.00%		
Pre-op Stays	✓ Oct-21	1.65%	4.50%		Occupancy ranged from 86.84% – 98.26% throughout the month of October.  <b>Readmissions</b> 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.
Trust Occupancy	✗ Oct-21	93.87%	85.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✗ Aug-21	9.93%	7.70%		

# Efficiency & Productivity



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✗ Oct-21	89.56%	95.00%		<p><b>Trolley Waits (over 12 hours)</b></p> <p>The significant pressures across the organisation resulted in a small number of 12-hour trolley waits during October linked to extended bed waits. All patients were managed appropriately in A&amp;E during the extended waits, with a full RCA carried out on each. An additional pressure within ED is the increased number of mutual aid requests, diverts and deflections from other Trusts with a total of 19 patients received (13 in September and an increase from 7 compared to the same time last year).</p> <p><b>Ambulance handover</b></p> <p>Increased pressures across the emergency care pathway have continued with some ambulance handover delays noted, however kept to a minimum wherever possible.</p> <p>NEAS monthly handover report indicates circa 1776 (30-60 minute) ambulance handover delays across North East and Cumbria providers in October with 988 over 60 minutes.</p> <p>NEAS reported the Trust at 42.6% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 35.7% with performance ranging between 28.9% and 47.4%.</p>
Cesarean -Section Rates	✓ Oct-21	14.35%	15.60%		
Trolley Waits (over 12 hours)	✗ Oct-21	4	0		
Time to Initial Assessment (mean) Type 1 & 3	✓ Oct-21	13.91	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✗ Oct-21	17	0		
Number of Ambulance Handovers waiting more than 60 Mins	✗ Oct-21	10	0		
Super Stranded	✓ Oct-21	53	61		



# Efficiency & Productivity



North Tees and Hartlepool

NHS Foundation Trust

## Standard

## Standard Achieved

## Narrative

Month Performance Standard 2 Year Trend

Touch Time Utilisation



Oct-21

70.75%

80.00%



Overrun Sessions



Oct-21

27.24%

36.00%



Session Utilisation



Oct-21

73.61%

92.50%



Cancelled on Day of Operation %



Oct-21

10.00%

8.80%



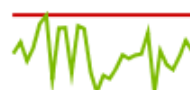
Cancelled procedure - Non medical



Oct-21

0.57%

0.80%



Not reappointed within 28days



Oct-21

2

0



### Theatre

Performance against the theatre standards continue to be affected by the 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 has been impacted upon by the increase in covid admissions, with a number of procedures postponed and staff redeployed to ward areas to support emergency pressures in October though business as usual has been resumed.

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. 'Insourcing' of resources for some surgical lists with additional weekend lists, targeting cancers and long waits continues.

Two patients could not be reappointed within 28 days due to theatre capacity.

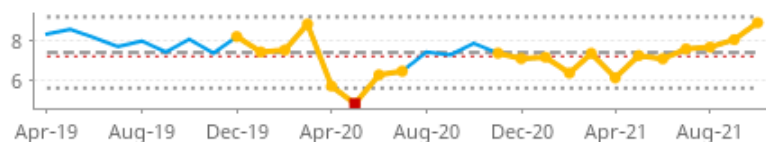
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

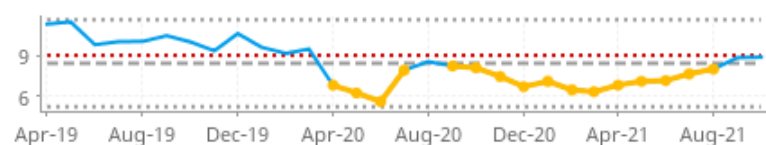
Outpatient Did not Attend (New)

Month Performance Standard  
 **Oct-21** **8.89%** **7.20%**



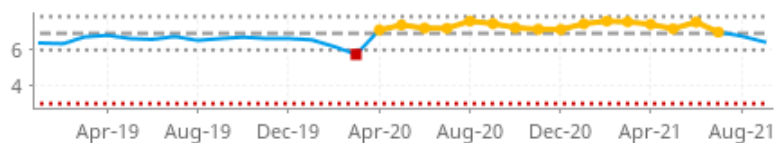
Outpatient Did Not Attend (Review)

Month Performance Standard  
 **Oct-21** **8.87%** **9.00%**




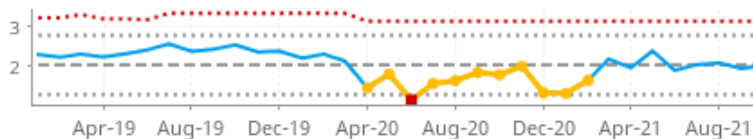
Average Depth of Coding

Month Performance Standard  
 **Sep-21** **6.37** **3.01**



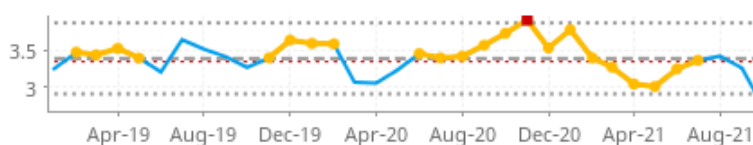
Length of Stay - Elective

Month Performance Standard  
 **Oct-21** **2.02** **3.14**



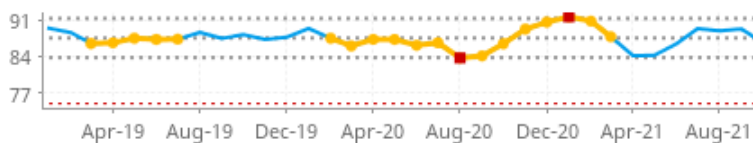
Length of Stay - Emergency

Month Performance Standard  
 **Oct-21** **2.74** **3.35**



Day Case Rate

Month Performance Standard  
 **Oct-21** **86.61%** **75.00%**





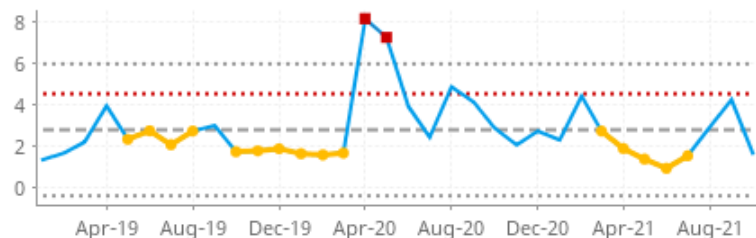
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

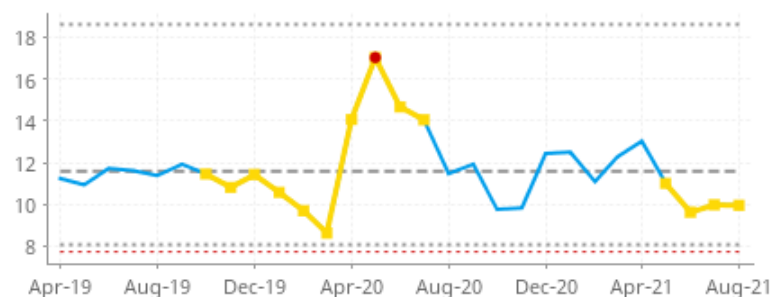
### Pre-op Stays

Month **Oct-21** Performance **1.65%** Standard **4.50%**



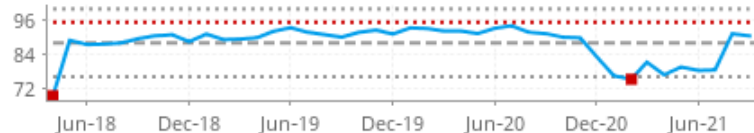
### Re-admissions Rate 30 Days (Elective and Emergency Admission)

Month **Aug-21** Performance **9.93%** Standard **7.70%**



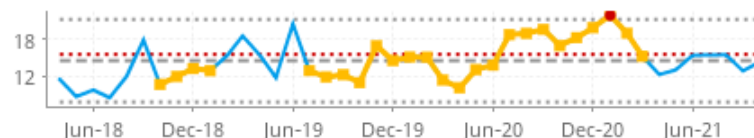
### Electronic Discharge Summaries

Month **Oct-21** Performance **95.00%** Standard **95.00%**



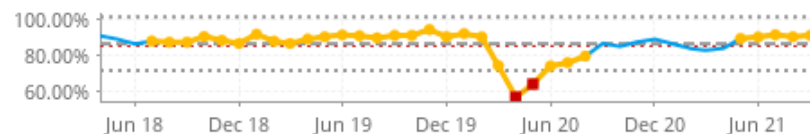
### Cesarean-Section Rates

Month **Oct-21** Performance **14.35%** Standard **15.60%**



### Trust Occupancy

Month **Oct-21** Performance **93.87%** Standard **85.00%**

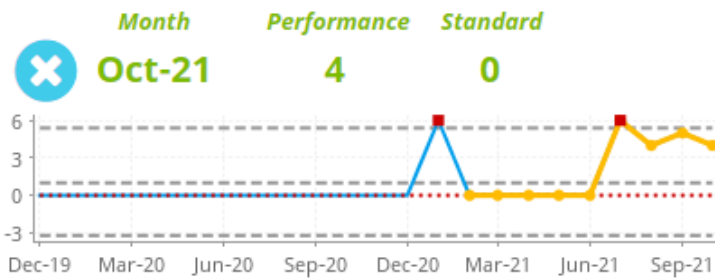


# Efficiency & Productivity

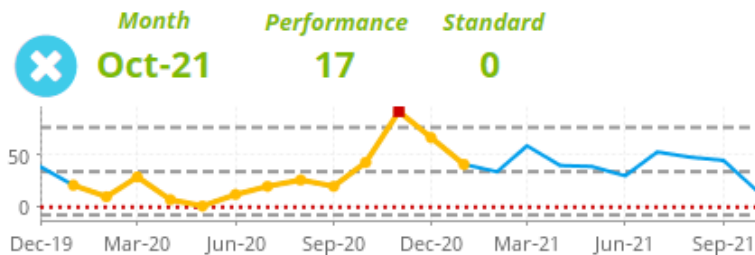


## Statistical Process Control (SPC) Charts

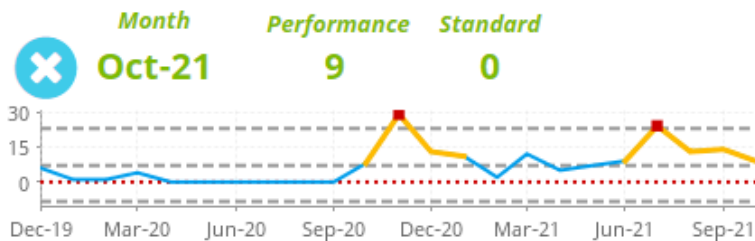
Trolley Waits over 12 hours



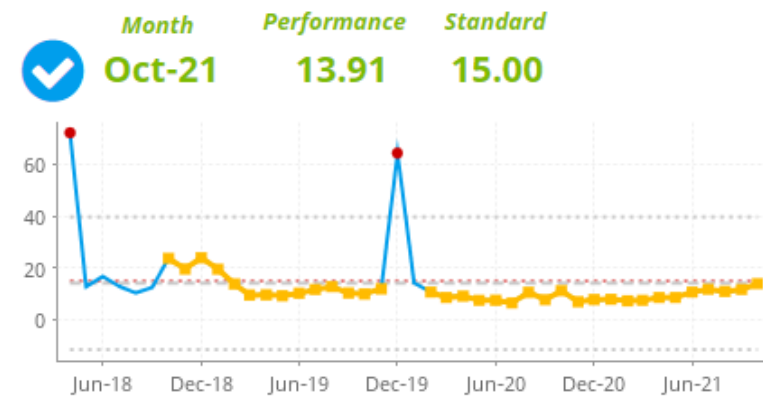
Number of Ambulance Handovers waiting more than 30 mins



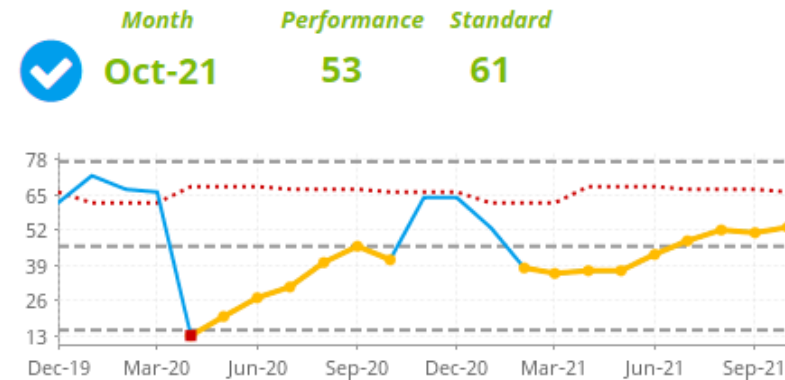
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

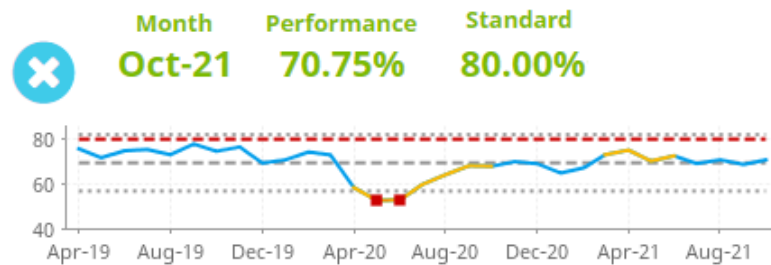


# Efficiency & Productivity

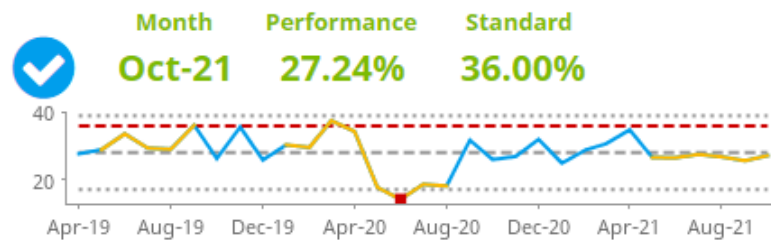


## Statistical Process Control (SPC) Charts

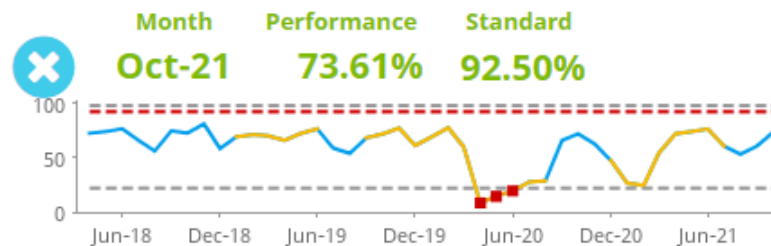
### Touch Time Utilisation



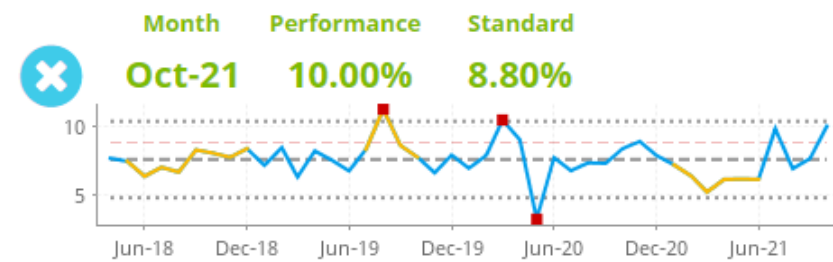
### Overrun Sessions



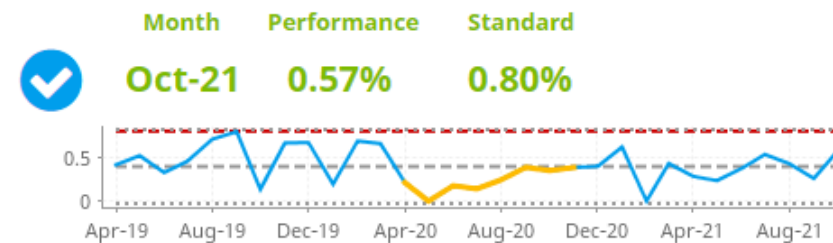
### Sessions Utilisation



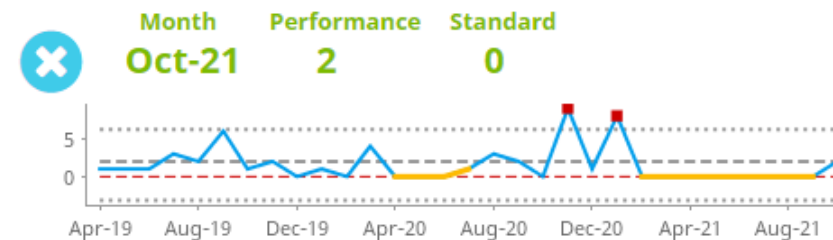
### Cancelled on Day of Operation %



### Cancelled Procedure - Non Medical



### Not reappointed within 28days



# Efficiency & Productivity



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	✓ Oct-21	95.90%	93.50%		<b>TCS Standards</b>  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.
TCS35b - % of Wheelchair referrals completed within 18 weeks	✗ Oct-21	70.24%	90.00%		
Diabetic Retinopathy Screening	✓ Oct-21	98.24%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✓ Oct-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓ Oct-21	6.00	18.30		

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

## Standard

## Standard Achieved

## Narrative

	Month	Performance	Standard	2 year Trend
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	Sep-21	120.00	96.88	
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Sep-21	14.46	13.24	
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Sep-21	46.50	55.18	
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	Sep-21	50.06	14.25	
Stroke admissions - 90% of time spent on dedicated stroke unit.	Oct-21	92.00%	80.00%	
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	Oct-21	78.57%	75.00%	

### 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 year on year improvement is monitored against these indicators as a measure of avoidable admissions.

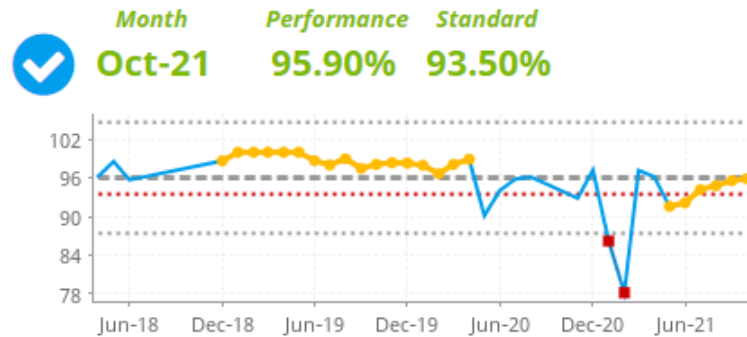
Unplanned hospitalisation for respiratory tract infections in under 19 year olds has seen an increase compared to the same period last year with main reasons being acute Bronchiolitis and for those emergency admissions for acute conditions in the main a result of various condition.

# Efficiency & Productivity

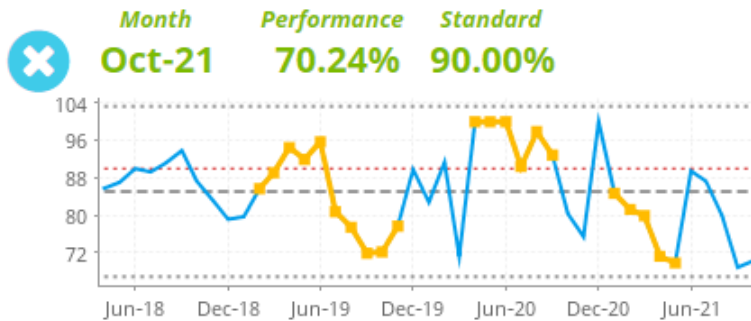


## Statistical Process Control (SPC) Charts

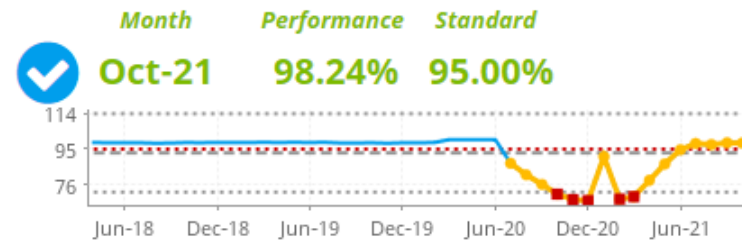
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



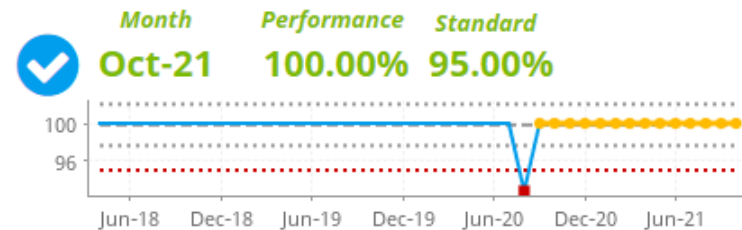
TCS35b - % of Wheelchair referrals completed within 18 weeks



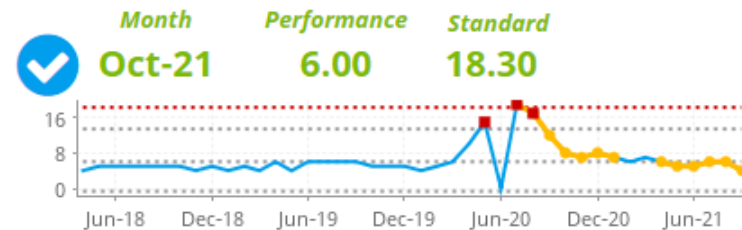
Diabetic Retinopathy Screening



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



Audiology non-admitted wait (92nd Percentile)



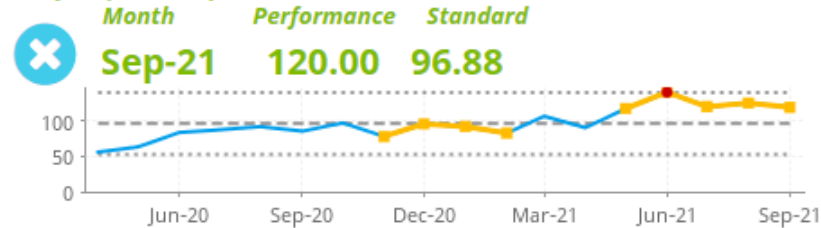


# Efficiency & Productivity

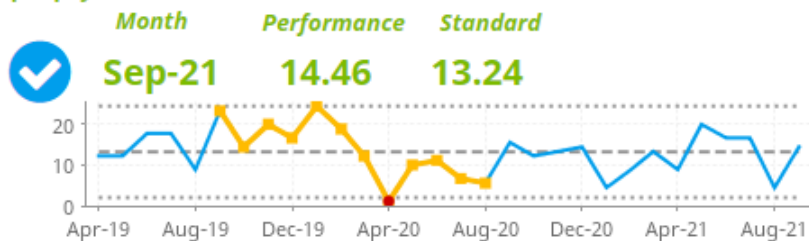


## Statistical Process Control (SPC) Charts

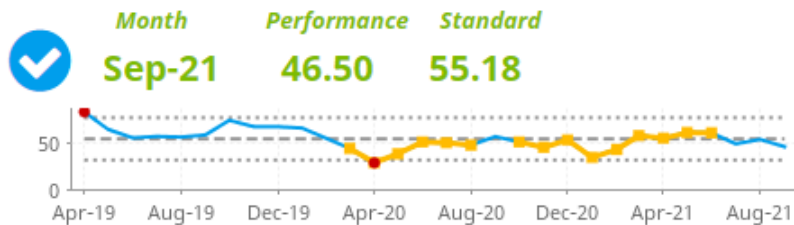
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



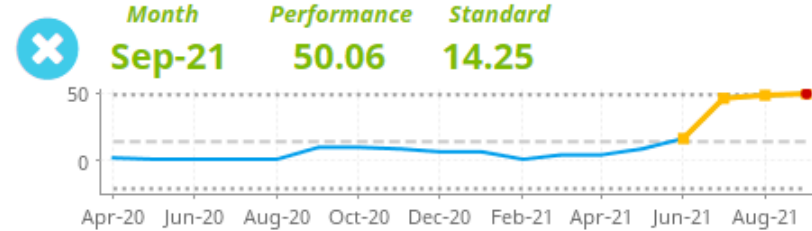
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s



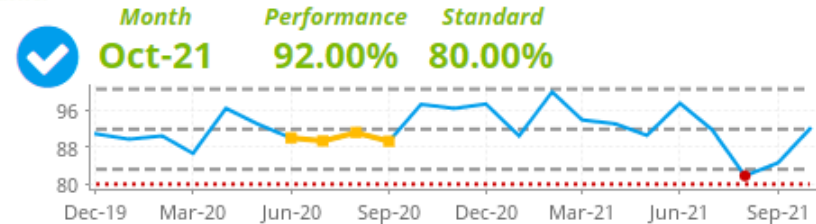
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



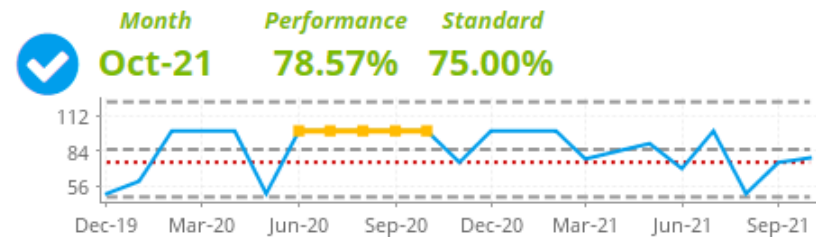
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



Stroke admissions - 90% of time spent on dedicated stroke unit.



High Risk Trans Ischaemic Attack assessed and treated within 24hrs



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

## Standard

## Standard Achieved

## Narrative

		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Sep 20 - Aug 21	89.87	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	May 20 - Apr 21	99.90	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Oct-21	98	88	
Stage 2 Complaint	✗	Oct-21	11	5	
Stage 3 Complaint	✓	Oct-21	10	12	
Compliments	✓	Oct-21	386	237	

### Mortality

The latest HSMR value is currently reporting at 89.87 (September 2020 to August 2021) which has increased from the previous unreported value of 89.50 (August 2020 to July 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 decreased compared to last month, however, the number of complaints received this month continues to support 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 meetings 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 October 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 October 2021 the number of compliments received is 386, consistently higher than complaints. The recent recording of compliments has previously seen a month on month decrease

It is recognised that work still needs to be done to increase the recording of compliments across the Trust.



# Safety & Quality



Standard	Standard Achieved				Narrative
		Month	Performance	Standard	
Red Risks	✓	Oct-21	2	4	<p><b>Venous Thromboembolism Compliance %</b></p> <p>The Trust is reporting that 95.75% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during October 2021; this is above the National Standard of 95.00%.</p> <p>The recent re-invigoration of the VTE process for chasing up on those assessments not completed on admission is proving to be successful.</p> <p>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.</p> <p><b>Falls</b></p> <p>There has been a slight increase in the overall number of falls in October with the majority resulting in no harm. There has been a reduction of 7 in the number of low harm resulting in 13 incidents. There are 3 falls categorised as moderate harm which include 2 fractured neck of femurs and 1 head injury. These are all currently being investigated at the appropriate level and may subsequently be amended on completion of the investigation.</p> <p>Work is on-going with ward areas in terms of promoting risk mitigation strategies and providing appropriate education and support. The falls group has recently agreed a guidance for the use of non-slip slipper socks which has been disseminated to all ward areas and departments. This will provide a standardised approach.</p> <p>The digital team continue to develop the falls documentation as well as the bed rails assessment. Improvements have recently been agreed by the working group. Digital solutions are also supporting the improvement work of lying and standing blood pressures.</p>
Never Events	✗	Oct-21	1	0	
VTE %	✓	Oct-21	95.75%	95.00%	
Fall No Harm	✗	Oct-21	86	76	
Fall Low Harm	✓	Oct-21	13	17	
Fall Moderate Harm	✗	Oct-21	3	1	
Fall Severe Harm	✓	Oct-21	0	0	

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	✓ Sep-21	5	6		<b>Pressure Ulcers</b> In the September 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.
Pressure Category 2 (inpatient)	✓ Sep-21	20	22		
Pressure Category 3 (inpatient)	✓ Sep-21	0	2		
Pressure Category 4 (inpatient)	✓ Sep-21	0	0		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

## Standard

## Standard Achieved

## Narrative

		Month	Performance	Standard	Trend
Hand Hygiene	✓	Oct-21	99%	95%	
Clostridium difficile	✓	Oct-21	5	5	
MRSA	✓	Oct-21	0	0	
MSSA	✗	Oct-21	3	2	
Ecoli	✓	Oct-21	7	10	
Klebsiella	✓	Oct-21	2	2	
Pseudomonas	✓	Oct-21	1	1	
CAUTI	✓	Oct-21	16	25	

### Hand Hygiene

The overall Trust compliance score for hand hygiene is 99% for October 2021; this has increased from the previous reporting period, and 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.

A focus on effective hand hygiene and ensuring all steps are completed as well as meeting the 5 moments of Hand Hygiene

### Infections

For October 2021, the Trust is reporting 5 Trust attributed cases of Clostridium difficile infection (2 Hospital-onset Healthcare Associated and 3 Community-onset Healthcare Associated). The 5 cases for October 2021 is the same as the national monthly target for the Trust at 5 cases.

For MSSA, the Trust is reporting 3 cases for October 2021, this is higher than the national monthly target of 2. For Pseudomonas, a decrease in cases in October 2021, is reassuring after targeting work in critical care.

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 CPE (Carbapenemase Producing Enterobacteriaceae) which is being closely monitored by IPC team. Increased cleaning and effective Hand Hygiene is being closely monitored.

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

## Standard

## Standard Achieved

## Narrative

		Month	Performance	Standard	Trend
Friends and Family Test (FFT) - Emergency	✓	Oct-21	75.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	✓	Oct-21	88.00%	75.00%	
Friends and Family Test (FFT) - Maternity	✓	Oct-21	100.00%	75.00%	
UNIFY - RN Day	✗	Oct-21	78.61%	>=80% and <=109.99%	
UNIFY - RN Night	✓	Oct-21	87.30%	>=80% and <=109.99%	
UNIFY - HCA Day	✗	Oct-21	77.99%	>=80% and <=109.99%	
UNIFY - HCA Night	✓	Oct-21	120.16%	>=110% and <=125.99%	

### Friends and Family Test

For October 2021 the Trust received 1,147 FFT returns, this is in line with the previous months returns with a Very Good or Good response of 87.97%.

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 nursing fill rates presented in October 2021 show that these pressures are still evident. Enhanced rate of pay shift continue to be offered to incentive staff for working additional hours to further support the safe staffing of the clinical areas.

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

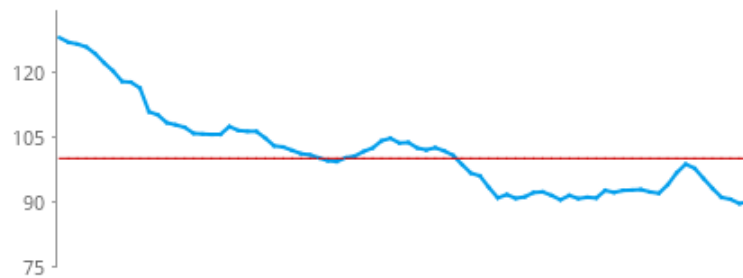
The registered nurse vacancy level has reduced significantly in October 2021, due to newly registered nurses joining the trust with a further cohort of new nurses taking up their positions from January 2022.

International recruitment is currently being planned which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level from the Summer 2022.

## Additional Detail Charts

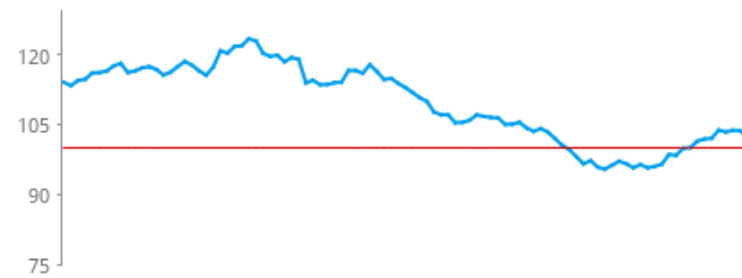
### Hospital Standardised Mortality Ratio

✓ *Month* Sep 20 - Aug 21 *Performance* 89.87



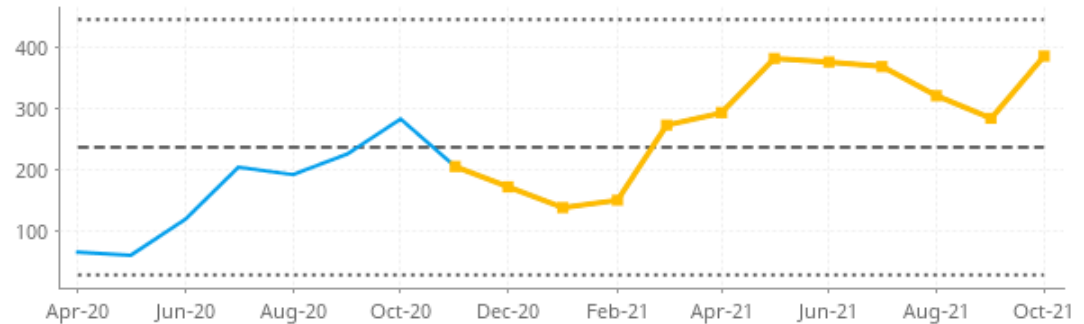
### Summary Hospital-Level Mortality Indicator

✓ *Month* May 20 - Apr 21 *Performance* 99.90



### Compliments

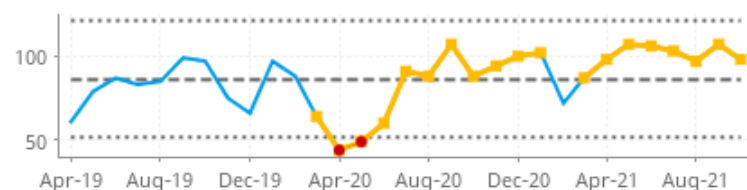
✓ *Month* Oct-21 *Performance* 386 *Standard* 237



## Statistical Process Control (SPC) Charts

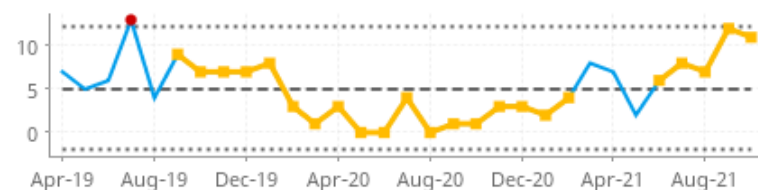
Stage 1 - Informal Month Performance Standard

✗ Oct-21 98 88



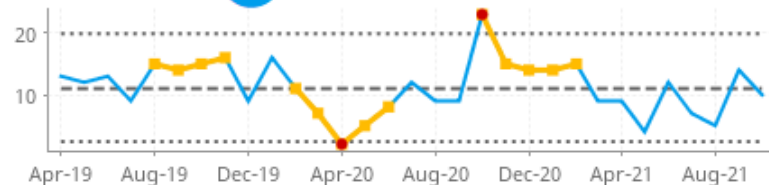
Stage 2 - Meeting Month Performance Standard

✗ Oct-21 11 5



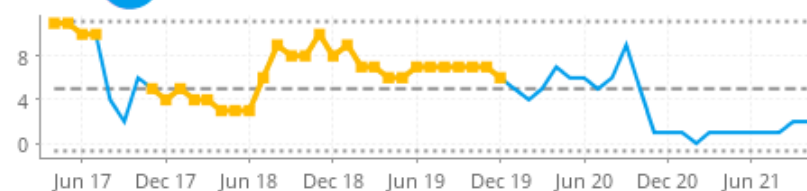
Stage 3 - Formal Month Performance Standard

✓ Oct-21 10 12



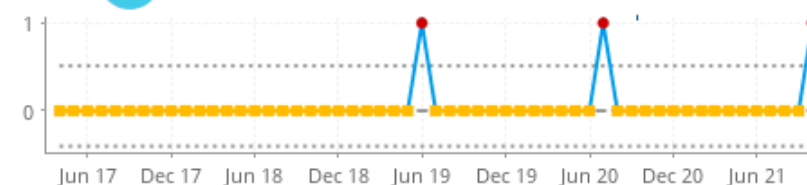
Red Risks Month Performance Standard

✓ Oct-21 2 4



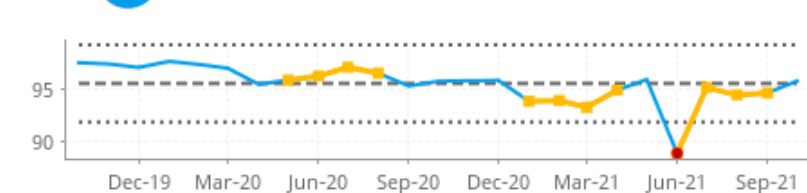
Never Events Month Performance Standard

✗ Oct-21 1 0

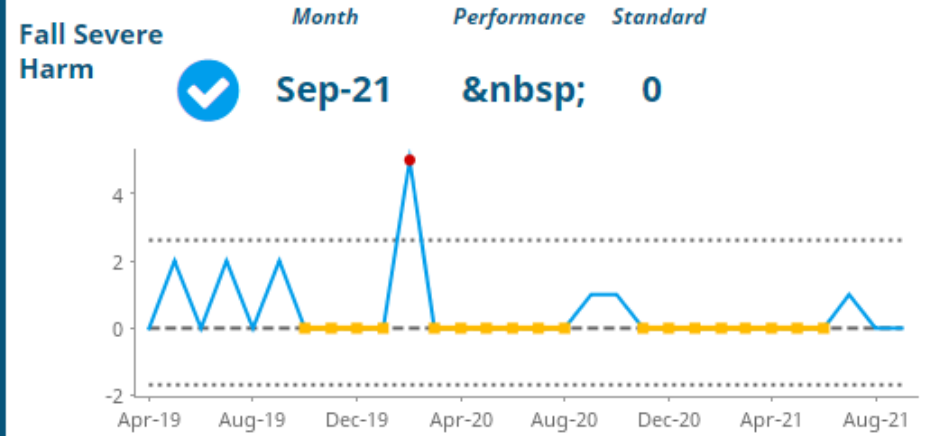
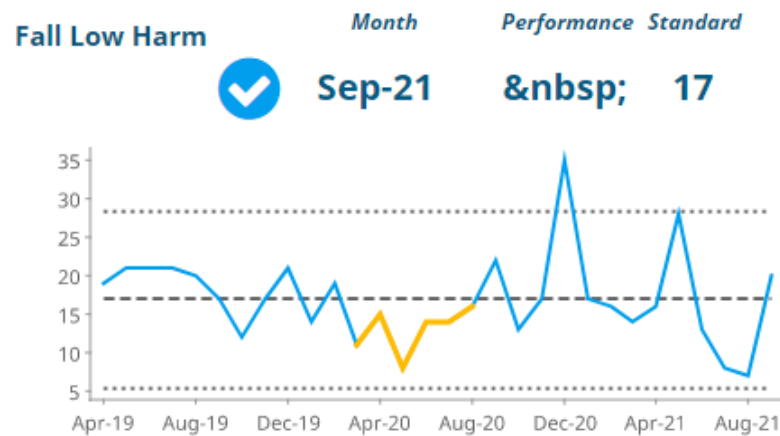
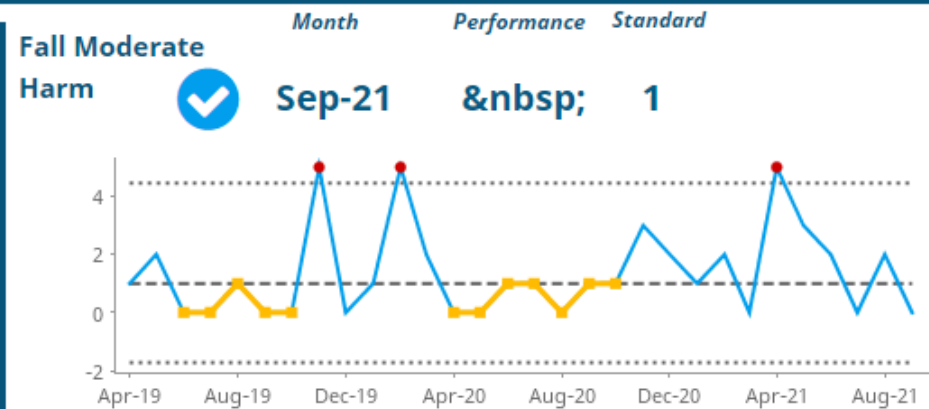
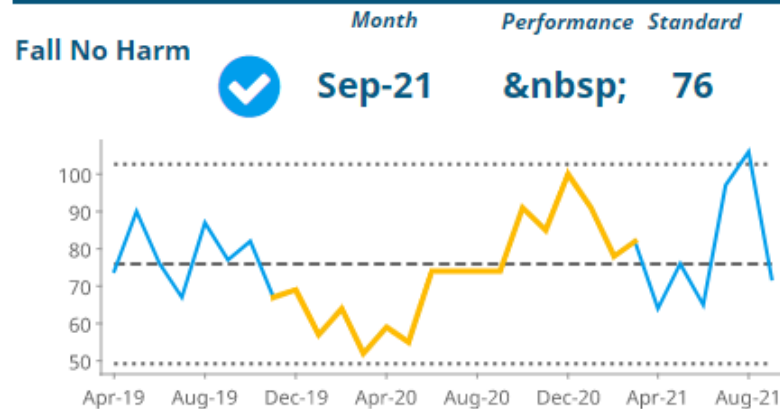


VTE % Month Performance Standard

✓ Oct-21 95.75% 95.00%



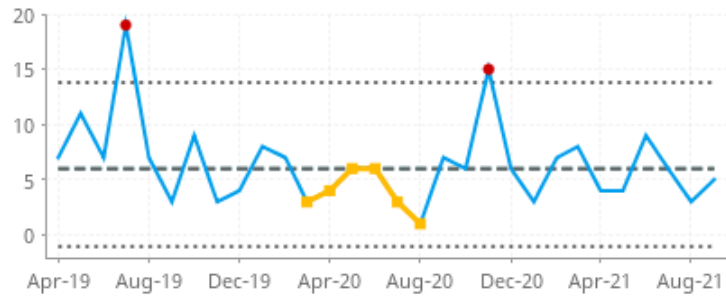
## Statistical Process Control (SPC) Charts



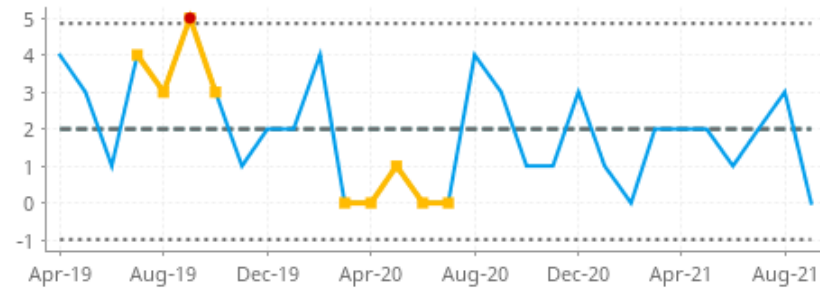


## Statistical Process Control (SPC) Charts

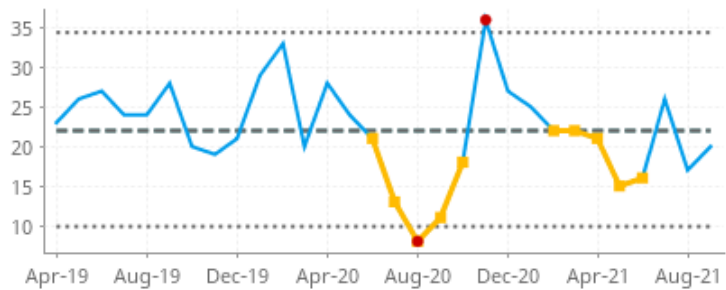
**Pressure Ulcer Cat 1**  **Sep-21** **5** **6**



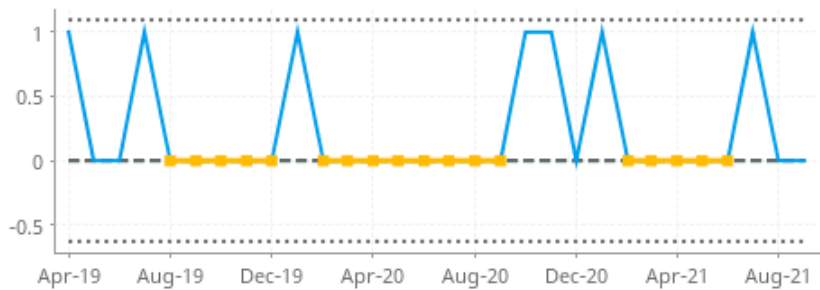
**Pressure Ulcer Cat 3**  **Sep-21** **0** **2**



**Pressure Ulcer Cat 2**  **Sep-21** **20** **22**



**Pressure Ulcer Cat 4**  **Sep-21** **0** **0**





## Statistical Process Control (SPC) Charts

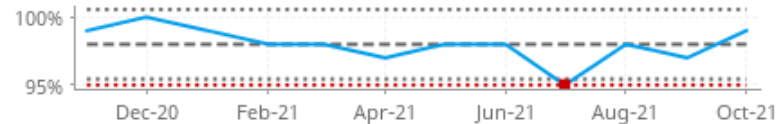
Hand Hygiene Month Performance Standard



Oct-21

99%

95%



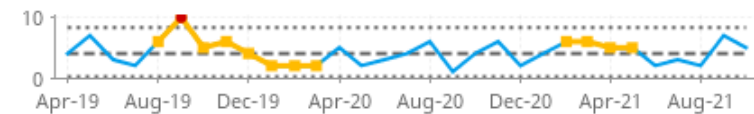
Cdiff Month Performance Standard



Oct-21

5

5



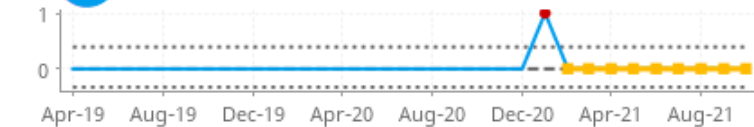
MRSA Month Performance Standard



Oct-21

0

0



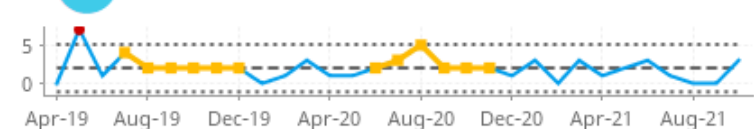
MSSA Month Performance Standard



Oct-21

3

2



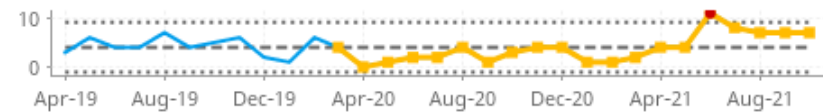
Ecoli



Oct-21

7

10



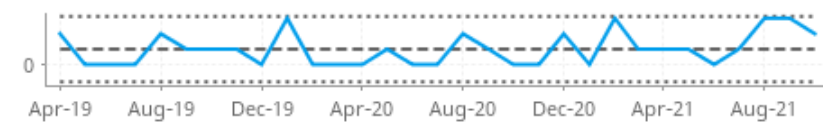
Klebsiella



Oct-21

2

2



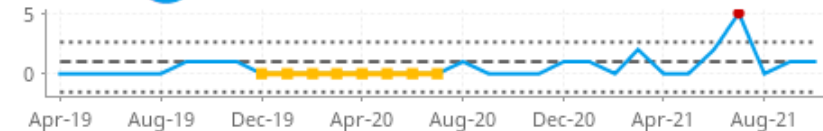
Pseudomonas



Oct-21

1

1



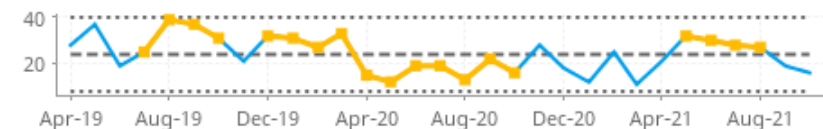
CAUTI



Oct-21

16

25



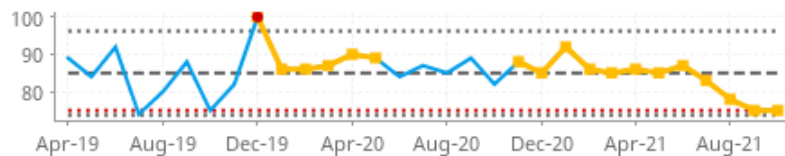
# Safety & Quality



## Statistical Process Control (SCP) Charts

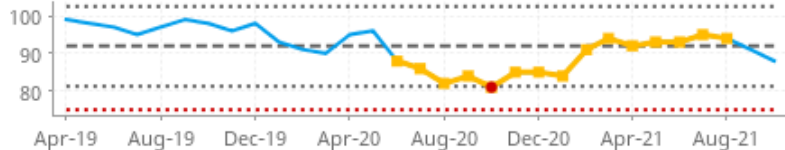
**FFT Emergency Care**

Month	Performance	Standard
Oct-21	75.00%	75.00%



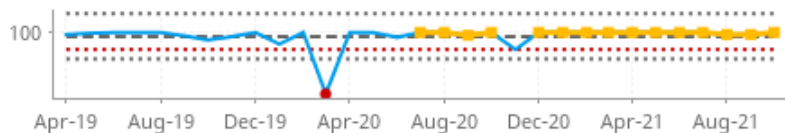
**FFT Inpatient**

Month	Performance	Standard
Oct-21	88.00%	75.00%



**FFT Maternity**

Month	Performance	Standard
Oct-21	100.00%	75.00%



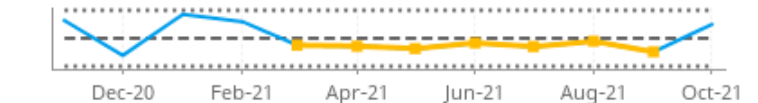
**UNIFY RN Day**

Month	Performance	Standard
Oct-21	78.61%	>=80% and <=109.99%



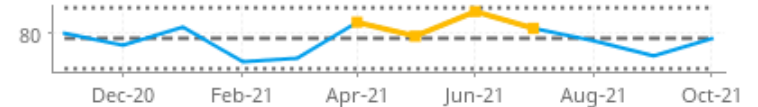
**UNIFY RN Night**

Month	Performance	Standard
Oct-21	87.30%	>=80% and <=109.99%



**UNIFY HCA Day**

Month	Performance	Standard
Oct-21	77.99%	>=80% and <=109.99%



**UNIFY HCA Night**

Month	Performance	Standard
Oct-21	120.16%	>=110% and <=125.99%



# Workforce



North Tees and Hartlepool

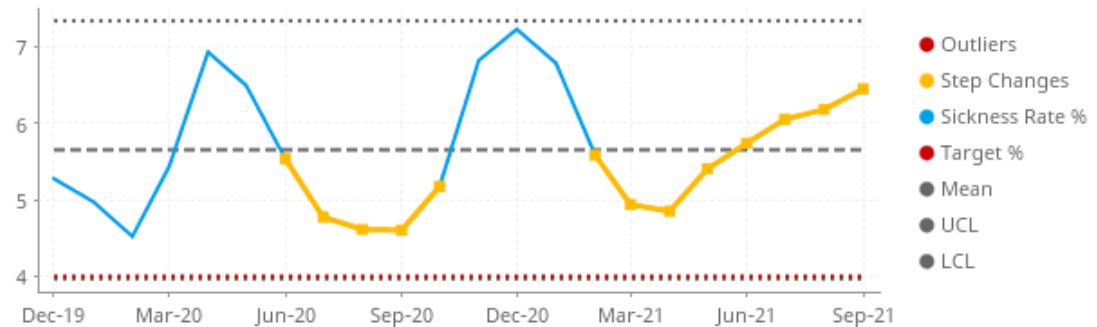
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Sickness	Sep-21	6.45%	4.00%		<p>The sickness absence rate for September 2021 is reported at 6.45%, an increase of 0.27% compared to the previous month. This is broken down into 0.68% attributable to Covid-19 related sickness and 5.78% attributable to other sickness. The cost of sickness absence is reported as £452,029, an increase of £47,089 compared to August (£404,940). There were 237 further cases of Covid-19 related staff absence in October 2021, broken down into 116 staff absent for 10 days and 121 who self-isolated for 14 days.</p> <p>The service has completed a detailed review of sickness absence policy and management with related actions and next steps agreed to improve the accuracy and timeliness of sickness absence recording and the availability of accurate and timely reporting.</p> <p>'Anxiety/stress/depression' was the top sickness reason in September, accounting for 30% of all sickness absence during the month. The second highest reason was 'Other musculoskeletal problems' which accounted for 14% of sickness absence.</p> <p>Other workforce metrics for October 2021 are:</p> <ul style="list-style-type: none"><li>• Appraisal compliance reported as 85%, an increase of 1% on the previous month</li><li>• Mandatory Training compliance reported as 87%, unchanged from the previous month</li><li>• Staff Turnover reported as 10.45%, an increase of 0.25% from the previous month</li></ul>
Appraisals	Oct-21	84.63%	95.00%		
Turnover	Oct-21	10.45%	10.00%		
Mandatory Training	Oct-21	87.31%	80.00%		

## Statistical Process Control (SPC) Charts

### Sickness

Month Performance Standard  
**✗ Sep-21 6.45% 4.00%**



### Appraisal

Month Performance Standard  
**✗ Oct-21 84.63% 95.00%**



## Statistical Process Control (SPC) Charts

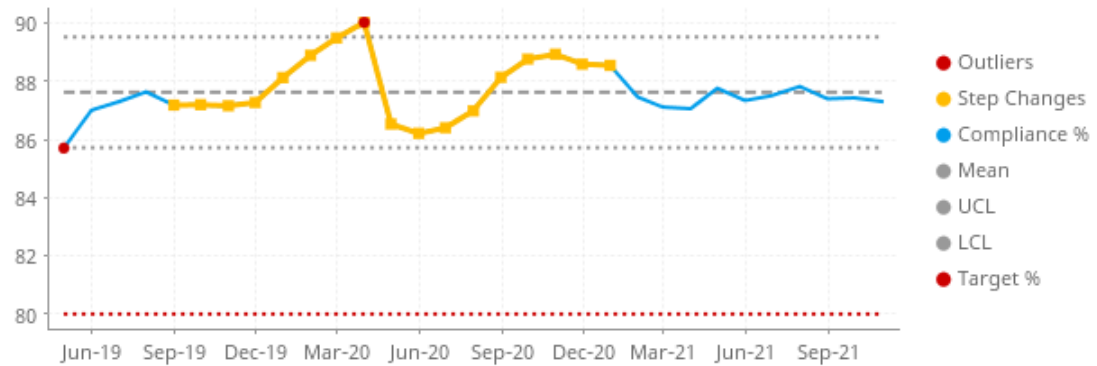
### Turnover

	Month	Performance	Standard
✗	Oct-21	10.45%	10.00%



### Mandatory Training

	Month	Performance	Standard
✓	Oct-21	87.31%	80.00%



# Finance



North Tees and Hartlepool

NHS Foundation Trust



## Finance Overview - Month 7

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>-750</b>	<b>-318</b>	😊
<b>Year to Date</b>	<b>3,750</b>	<b>4,242</b>	😊

	£m
<b>Cash Actual</b>	<b>69.1</b>
<b>Cash Forecast*</b>	<b>35.6</b>

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

	Plan (£m)	Actual (£m)	
<b>Capital</b>			
<b>In Month</b>	<b>1.3</b>	<b>1.8</b>	😊
<b>Year to Date</b>	<b>5.5</b>	<b>6.1</b>	😊

<b>Use of Resources*</b>			
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 2021-2022 - manual calculations

\*\* Rating will only improve with increased cash reserves



# 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 - September 21										
Incomplete Pathways waiting <18 weeks	66.5%		87.1%	84.5%	63.3%	79.1%	71.4%	88.0%	65.8%	75.3%
Half of patients wait less than	12		7	7	13	9	11	9	12	9
Half of admitted patients wait less than	11		8	15	22	12	10	10	8	8
19 out of 20 patients wait less than	72		50	41	94	52	78	39	85	52
Half of Non admitted Pathways waited less than	7		5	7	9	3	6	6	4	6
19 out of 20 patients wait less than	44		23	28	49	27	34	29	28	25

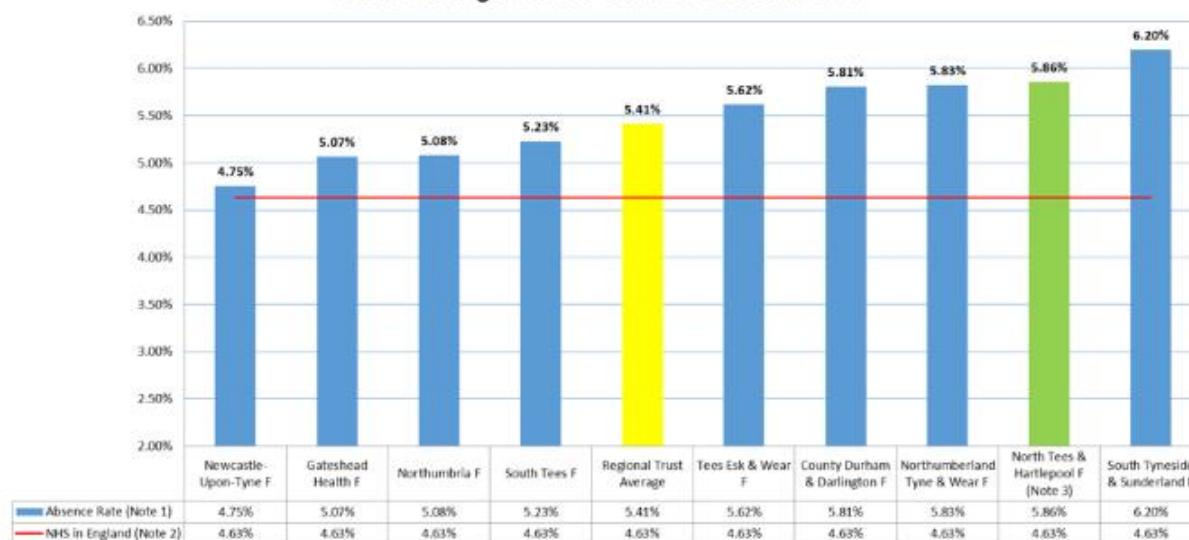
Cancer 62 Day Standard - September 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	87.41 (118/135)	93.94 (15.5/16.5)	100 (2/2)	63.16 (6/9.5)	96.49 (27.5/28.5)	72.5 (14.5/20)	86.67 (26/30)	92 (11.5/12.5)	94.12 (32/34)
Lung		59.04 (49/83)	57.14 (4/7)	76.47 (13/17)	0 (0/1)	90.91 (5/5.5)	50 (7.5/15)	60 (3/5)	44.74 (8.5/19)	66.67 (3/4.5)
Gynae		37.74 (20/53)	36.36 (2/5.5)	83.33 (2.5/3)	46.15 (3/6.5)	9.09 (1/11)	64.71 (5.5/8.5)	77.78 (3.5/4.5)	10 (1/10)	50 (1.5/3)
Upper GI		48.15 (26/54)	75 (1.5/2)	42.11 (4/9.5)	66.67 (3/4.5)	100 (3/3)	40.91 (4.5/11)	53.33 (4/7.5)	40 (4/10)	55.56 (2.5/4.5)
Lower GI		46.75 (54/115.5)	28 (3.5/12.5)	76.92 (10/13)	25 (2/8)	15.38 (1/6.5)	35 (7/20)	45.71 (8/17.5)	70 (10.5/15)	42.11 (8/19)
Uro (incl testes)		62.63 (122/194)	48.65 (9/18.5)	93.22 (55/59)	35.29 (6/17)	23.33 (4/16)	38.98 (11.5/29.5)	70.21 (16.5/23.5)	63.49 (20/31.5)	100 (0.5/0.5)
Haem (incl AL)		58.54 (24/41)	75 (3/4)	46.15 (3/6.5)	0 (0/3.5)	100 (0.5/0.5)	76.47 (6.5/8.5)	75 (6/8)	75 (3/4)	50 (3/6)
Head & Neck		58.18 (32/55)	0 (0/0)	66.67 (7/10.5)	55.56 (2.5/4.5)		65.96 (15.5/23.5)	0 (0/0)	50 (5/10)	33.33 (2/6)
Skin		77.6 (149/192)	0 (0/0)	100 (3/3)	78.57 (16.5/21)	0 (0/0)	48.06 (31/64.5)	100 (10.5/10.5)	91.18 (31/34)	97.96 (48/49)
Sarcoma		25 (1/4)	0 (0/0)	0 (0/0)		0 (0/0)	33.33 (1/3)		0 (0/0)	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		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		37.5 (3/8)	0 (0/0)	0 (0/1)	0 (0/1)	100 (0.5/0.5)	50 (1/2)	100 (0.5/0.5)	0 (0/1)	100 (1/1)
All		63.94 (598/934.5)	58.33 (38.5/66)	79.92 (99.5/124.5)	50.98 (39/76.5)	59.57 (42.5/70.5)	51.34 (105.5/205.5)	72.9 (78/107)	64.29 (94.5/147)	79.61 (101.5/127.5)



## Appendix 2

### Workforce

North East Region Trusts - Sickness Rates June 2021



#### North East Region Trusts - Sickness Rates June 2021 (\*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for June 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 (4.63%)


























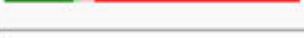

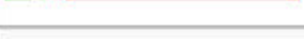





The sickness rate for North Tees and Hartlepool is 5.86%, which is the second highest in the north east region this month.

Newcastle-upon-Tyne NHS Foundation Trust report the lowest sickness absence rate for June 2021 at 4.75%.

South Tyneside & Sunderland NHS Foundation Trust report the highest rate at 6.20%



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking <span>📄</span>		Position <span>📄</span>	
Indicator		Current	Previous	Change	Peer	National		
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		10.14% <small>(Jun 2020 - May 2021)</small>	10.18% <small>(May 2020 - Apr 2021)</small>	-0.04 <span>⬇️</span>	7.89%	8.23%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		2.66% <small>(Jun 2020 - May 2021)</small>	2.68% <small>(May 2020 - Apr 2021)</small>	-0.02 <span>⬇️</span>	2.28%	2.15%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		5.65% <small>(Jun 2020 - May 2021)</small>	5.69% <small>(May 2020 - Apr 2021)</small>	-0.04 <span>⬇️</span>	5.09%	4.59%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		8.03% <small>(Jun 2020 - May 2021)</small>	8.12% <small>(May 2020 - Apr 2021)</small>	-0.09 <span>⬇️</span>	7.42%	6.52%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		11.06% <small>(Jun 2020 - May 2021)</small>	11.15% <small>(May 2020 - Apr 2021)</small>	-0.09 <span>⬇️</span>	10.21%	8.81%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Aug 2021) <span>📄</span>		6.89% <small>(Jul 2020 - Jun 2021)</small>	6.83% <small>(Jun 2020 - May 2021)</small>	0.06 <span>⬆️</span>	7.68%	7.02%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Aug 2021) <span>📄</span>		2.66 <small>(Jul 2020 - Jun 2021)</small>	2.65 <small>(Jun 2020 - May 2021)</small>	0.01 <span>⬆️</span>	2.40	2.24		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Aug 2021) <span>📄</span>		0.00% <small>(Jul 2020 - Jun 2021)</small>	0.00% <small>(Jun 2020 - May 2021)</small>	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) <span>📄</span>		93.09% <small>(Jul 2020 - Jun 2021)</small>	92.64% <small>(Jun 2020 - May 2021)</small>	0.45 <span>⬆️</span>	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) <span>📄</span>		96.93% <small>(Jul 2020 - Jun 2021)</small>	96.80% <small>(Jun 2020 - May 2021)</small>	0.13 <span>⬆️</span>	95.50%	94.89%		
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Aug 2021) <span>📄</span>		76.24% <small>(Jul 2020 - Jun 2021)</small>	76.99% <small>(Jun 2020 - May 2021)</small>	-0.75 <span>⬇️</span>	76.05%	74.34%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Aug 2021) <span>📄</span>		71.37% <small>(Jul 2020 - Jun 2021)</small>	71.34% <small>(Jun 2020 - May 2021)</small>	0.03 <span>⬆️</span>	65.85%	60.46%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Aug 2021) <span>📄</span>		86.04% <small>(Jul 2020 - Jun 2021)</small>	86.02% <small>(Jun 2020 - May 2021)</small>	0.02 <span>⬆️</span>	83.30%	77.13%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Aug 2021) <span>📄</span>		86.54% <small>(Jul 2020 - Jun 2021)</small>	85.39% <small>(Jun 2020 - May 2021)</small>	1.15 <span>⬆️</span>	68.12%	58.67%		
Day case realisation rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		96.68% <small>(Jul 2020 - Jun 2021)</small>	96.54% <small>(Jun 2020 - May 2021)</small>	0.14 <span>⬆️</span>	95.04%	95.77%		
Day case rate (12 mth rolling) HES Inpatients (Aug 2021) <span>📄</span>		85.87% <small>(Jul 2020 - Jun 2021)</small>	84.88% <small>(Jun 2020 - May 2021)</small>	0.99 <span>⬆️</span>	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%)

## Board of Directors

Title of report:	Elective Recovery Position									
Date:	2 December 2021									
Prepared by:	Eoin Carrol, Care Group Manager Rowena Dean, Care Group Director									
Executive sponsor:	Levi Buckley, Chief Operating Officer									
Purpose of the report	The purpose of this paper is to provide an overview of the current elective recovery position within the Trust and ensure that the Board of Directors are aware of the arrangements that are in place to maximise elective capacity and provide support at a system level.									
Action required:	Approve		Assurance	✓	Discuss		Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓		
Which CQC Standards apply to this report	Safe		Caring		Effective	✓	Responsive	✓	Well Led	✓
Executive Summary and the key issues for consideration/ decision:										
<p>The Trust is delivering against the submitted activity plans in respect of trajectories for &gt;104 and &gt;52 week waits. There are clear plans for continuing to deliver the elective trajectories as well as providing some capacity and support to the wider system.</p> <p>There continues to be challenges in respect of increasing referrals and conversions and services monitor and respond to this on a weekly basis to ensure proactive planning of elective capacity and to ensure effective theatre utilisation.</p> <p>Key challenges for the Trust and wider system continue to relate to workforce with plans to address recruitment and retention challenges in place.</p>										
How this report impacts on current risks or highlights new risks:										
This report addresses risks identified within the Board Assurance Framework. Specifically Performance and Compliance (BAF 1C) and Transforming Our Services (BAF 3B)										
Committees/groups where this item has been discussed	Operational Management Team Executive Management Team									
Recommendation	The Board of Directors is asked to note the content of the report.									

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

2 December 2021

### Elective Recovery position

#### Report of the Chief Operating Officer

## 1. Introduction

The purpose of this paper is to provide an overview of the current elective recovery position within the Trust and ensure that the Board of Directors is aware of the arrangements that are in place to maximise elective capacity and provide support at a system level.

## 2. Current Position

### Current Inpatient waiting lists

Table 1 below summarises the organisation's current waiting position by subspecialty, the average number of patients per subspecialty list and the number of lists required to reduce all subspecialties towards a 40 week position.

This level of detail is monitored, reviewed and available on a weekly basis and future capacity and demand planning is continuously refined in response to the internal and regional waiting list position to ensure theatre capacity is well utilised to meet the needs of patients.

The Care Group's analysis of this information reflects both qualitative and quantitative data to predict the percentage split between day case and inpatient activity. This information is then used to ensure the most appropriate use of resources including theatre utilisation, bed occupancy and any requirements for additional activity. This approach is fluid in nature and allows the service to be responsive to the needs of the organisation in providing high quality and timely care.

Inpatient Waiting List	>104 week	>52 week	>40 week	Avg / List	Lists Req.
General Surgery	0	14	30	4	8
Colorectal	0	4	6	2	3
Breast	0	6	10	2	5
Urology	0	11	32	8	4
Bariat	0	1	2	1	2
Gynae	0	2	14	4	4
Pain	0	4	9	6	2
Lower Limb	0	6	14	4	4
Spinal	0	6	23	2	12
Upper Limb	0	0	0	1	0
<b>Total</b>	<b>0</b>	<b>54</b>	<b>140</b>		<b>42</b>

Table 1 – Waiting list position by sub-specialty (as at 22 November 2021)

The current referral rates and additions to list demonstrate an upward trajectory of waiting list additions. It is unclear whether this rise in referrals and conversions to list is due to delayed presentation by patients, in response to the pandemic, or whether this will be a sustained increase in referrals to services. Initial analysis by postcode and specialty has been



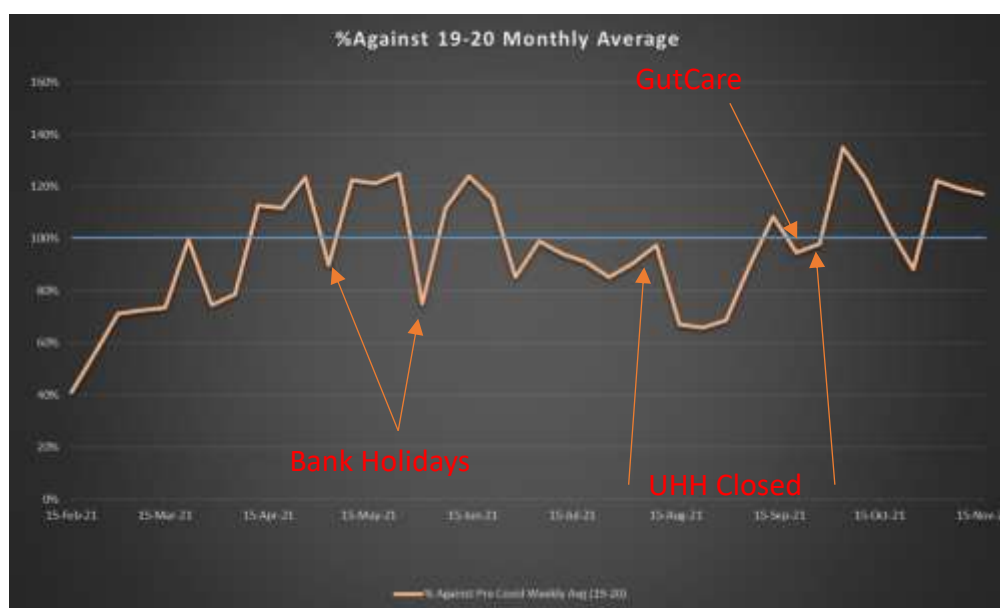
undertaken in the Trust to review variation in referral patterns and support engagement with colleagues in primary care regarding future demand management and capacity planning.

As an example, three sub-specialities have seen a particular increase in both referrals and additions to lists (April 2021 – August 2021 data mapped against April 2019 – Aug 2019.)

General Surgery	-Referral % Increase 45.4%
	- Additions % Increase 8.8% (colorectal 5.5%)
Urology	- Referral % Increase 15.4%
	- Additions % Increase 20.1%
Orthopaedics	- Referral % Increase 15.4%
	- Additions % Increase 20.1%

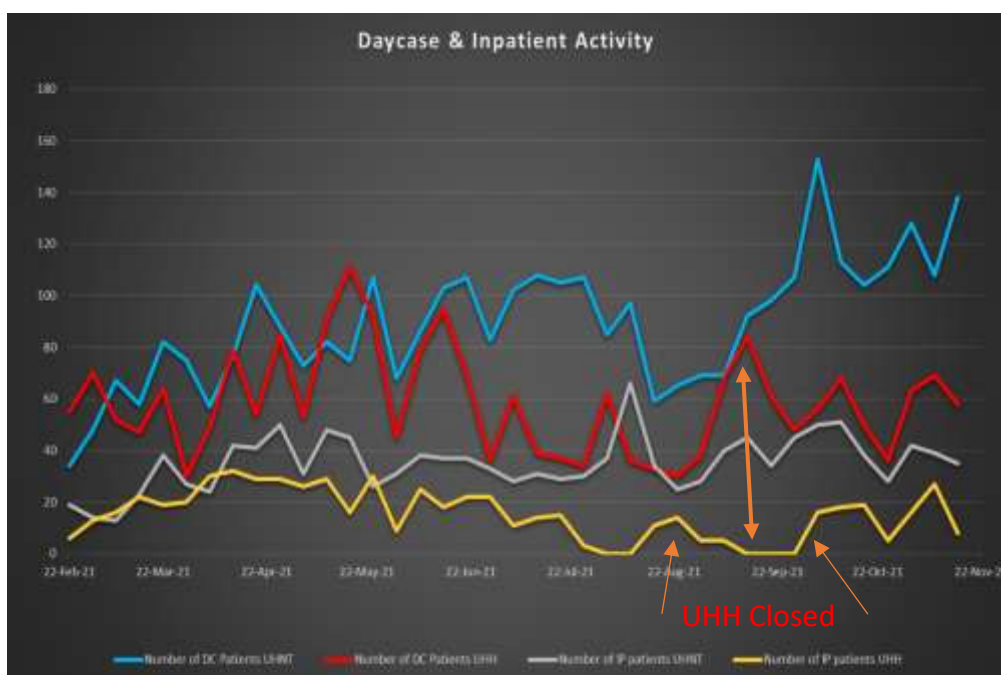
## Recovery progress

The graphs below demonstrate the Trust's positive recovery progress to date. Graph 1 below describes the elective recovery percentage compared with 2019/20 activity demonstrating repeated periods of combined elective activity over and above 2019/20 average activity levels. These levels of activity have led to the Trust being one of the highest performing Trust in the region in terms of elective recovery.



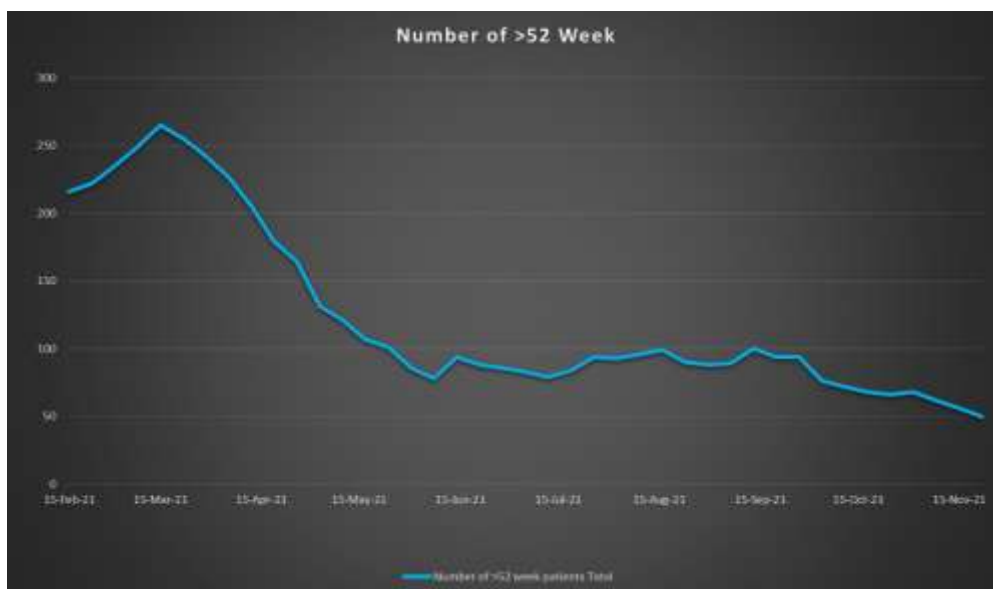
Graph 1 - Percentage elective activity 20/21 compared with 19/20 baseline average activity

Graph 2 below illustrates the relationship between day case and inpatient activity. Of key significance is the correlation between the two points of delivery when either one is negatively impacted by wider Trust pressures; i.e. when the temporary reduction of activity at University Hospital Hartlepool has occurred reducing inpatient activity, there has been a corresponding increase in daycase activity which demonstrates a fluid and responsive approach to the management of the theatre lists.



Graph 1 – Comparison of day case and inpatient activity

Graph 3 below shows the continuing downward trend of >52 week waits from a position of circa 260 in March 2021 down to the current position, as of 22 November, of 50 >52 week waiters before the end of the current financial year but also to be as close possible to an internal stretch target of 40 weeks and under for some subspecialties.



Graph 1 – Actual >52 week wait position 2021

### 3. Current Activity Plans

#### Planned in-week activity

The delivery of the routine theatre capacity is progressing well as is evident within the Integrated Performance Report and regional recovery data. However, there remain ongoing

challenges within the Trust and across the regions. Staff sickness absence continues to put significant pressures on the ability to plan and deliver against the activity plans. An added complexity for the staffing resource is the sub specialisation of the operating teams which requires the right skill mix of clinicians to optimise outcomes and ensure consistent delivery of the available capacity.

Emergency and trauma activity always takes clinical priority over the elective priority 4 long waiters. However, the structure of the emergency and trauma theatre capacity provides sub specialised planned urgent theatre sessions, enabling unplanned activity to be managed with minimal negative impact on the elective programme. This approach to predicting emergency and trauma activity is well established in the Trust and supports minimal late cancellation of planned activity.

During winter, the Care Group has a long standing and effective approach to managing capacity and demand during times of sustained pressure whereby the case mix of planned surgery is flexed for the month of January to reduce the elective inpatient activity on the UHNT site and increase UHH activity wherever possible across both inpatient and day cases.

### **Additional Waiting List Initiatives (WLI)**

Pre-covid the Trust had a very low requirement for waiting list initiative work or the use of the independent sector. However, as a consequence of the pandemic there has been an increase in patients waiting over 52 weeks and therefore WLI and independent sector support has been utilised in the short / medium term. Although the Trust has introduced WLIs there has been minimal uptake to date from the workforce but interest is beginning to improve with the first of the recent WLIs due to take place on December 4. The focus of these lists will primarily be at UHH and will focus on Lower Limb, Spinal, Gynaecology, General Surgery and Breast work.

### **Theatre Team Insourcing – GutCare**

In addition to introducing WLI using the internal workforce the Care Group has supported the insourcing of an external theatre insourcing company. This has utilised the national Elective Recovery Fund and currently delivers 4 additional weekend lists per week. The surgery and anaesthetic provision is provided by the Trust's consultant body with the nursing theatre provision being provided by the insourcing team. The provision started in mid-September delivering two lists initially but has now increased to four weekly lists.

The current plan is to continue this model until 19 December 2021. However, following the positive outcome of the Targeted Investment Fund schemes to support the system wide backlog discussions are taking place to consider continuing this additional support until the end of March 2022.

Utilising this approach there has been a positive impact on the backlog of 62 day colorectal cancer patients and urology cases. It has delivered 114 patients, made up of cancer patients and long waiters. This has had a significant impact on the waiting lists, particularly within General Surgery and Colorectal Recovery. There is the ability to alter the skill mix of the insourcing teams to ensure the service is targeting the longest waits within each subspecialty thus ensuring parity in the overall reduction of all waiting lists. It is projected that by the 19 December 2021 there is the ability to deliver 32 more lists which will further improve the Trust >40 week wait position.

### **Capacity versus Demand - Intelligent Forecasting**

The ability to forecast demand and being able to respond flexibly is the key to sustainable improvement. The care group is working in partnership with the Business Intelligence (BI)

team to develop dashboards using the BI tool, YellowFin, to provide the Care Group with live data relating to the weekly RTT position, additions to list and theatre throughput. Whilst some of this work is still in the development stage, significant progress has been made. This enables the service to be responsive to the changing demands of our population. The BI Team will also support a review of the waiting lists to fully understand any peaks or troughs in activity, allowing the service to flex resources accordingly.

### **Independent Sector (IS)**

As noted above, the Trust continues to maximise the utilisation of any additional independent capacity made available through the ICP commissioning functions. Each month the waiting lists are reviewed in line with a rigid inclusion/exclusion criteria and all appropriate patients are transferred to the Nuffield, Stockton.

## **4. System Recovery**

Although the Trust is cognisant that it has its own elective recovery challenges, it recognises that its historic performance places it in a comparatively stronger position compared to other providers across the ICS. The Trust wishes to continue supporting a levelling up of service provision, whilst not allowing an unacceptable deterioration of the waiting times for the Trust's own catchment population. Work continues with colleagues at South Tees FT in particular to support wider system recovery.

Two key work streams currently under development are spinal pathways and the foot and ankle pathway. The plan is for long waiters (>104 week) from across the system to be seen and treated on both the UHNT and UHH sites. Funding for these initiatives has been supported through the Targeted Investment Fund (TIF). The funding is limited to this financial year, which also causes challenges in terms of sustainability of workforce provision to improve the waiting times at system level beyond 31 March 2022.

## **5. Challenges and Risks**

Workforce remains the most significant challenge for providers but the Care Group remains determined to proactively tackle this both in the short and long term. In the short term there are currently additional overtime shifts offered to help bridge the gap however the service is mindful of the impact on staff Health and wellbeing and wishes to minimise the additional duties undertaken by the core staff team. In addition to the insourcing arrangements described above the Care Group is currently exploring additional options in an effort to secure additional workforce to support both the delivery of internal and system demand with the support of the TIF bids. This includes alignment with the Trust's overseas recruitment plans, internal training schemes and close alignment with University colleagues to review local work force development and training.

The Trust will undoubtedly face other challenges in the coming months including the impact of winter and potential surges in emergency and trauma demand but, as already highlighted, the Care Group has clear plans to minimise this impact.

## **6. Conclusion**

The Trust remains in a strong position in terms of elective recovery and has clear plans to continue to deliver on the elective recovery trajectories. There are opportunities to support both the internal waiting lists as well as supporting the wider system recovery by ensuring the system 'levels up' through collaborative capacity and demand planning, forecasting, managing combined waiting lists and clinical pathways.



Based on the current trajectories the Collaborative Care Group has a high degree of confidence that the Trust in achieving a zero >52 week wait position in line with internal plans and acting as a system enabler to address >52 week waits across the ICP.

**Levi Buckley**  
**Chief Operating Officer**

## Board of Directors

Title of report:	Research & Development Annual Report									
Date:	2 December 2021									
Prepared by:	Jane Greenaway									
Non-Executive sponsor:	Deepak Dwarakanath, Medical Director/Deputy Chief Executive Jonathan Erskine, Non-Executive Director									
Purpose of the report	The purpose of the report is to provide details of the activity undertaken in 2020/21, performance during this period and inform of progress against the Durham Tees Valley Research Alliance (DTVRA) Strategy.									
Action required:	Approve		Assurance		Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>During 2020/21 the main focus of activity was the response to COVID-19 and the Research and Development Department at the Trust was required to cease routine trials to provide support to the urgent Public Health Studies as stipulated by the Chief Medical Officer. These included trials to develop a vaccination for the Coronavirus.</p> <p>Two trials were particularly successful: Novovax and RECOVERY. The three constituent trusts in the DTVRA, by working together, were able to recruit 532 participants for the Novovax trial. For the RECOVERY trial the Trust recruited 773 participants, the second highest number of participants nationally. Significant support from a range of services and departments ensured the trials were well supported, with volunteers also assisting in the process. Due to the trials requiring significant support from Pharmacy plans are being explored to pump prime additional support to assist with capacity to re-open and review new income generating studies to re-establish a healthy portfolio of commercial drug trials.</p> <p>In addition to this, the Trust saw the highest number of patients recruited to participate in NIHR portfolio research with 3215 patients, the previous highest number was 2058 during 2018/19. It continues to compare favourably to other trusts of a similar size nationally.</p> <p>There were four commercially sponsored studies in operation during 2020/21 one of these studies closed having recruited to both to time and target (meaning we achieved 100% of the NIHR performance metric of recruiting to time and target for closed commercial studies).</p> <p>A member of the DVTRA team continues to provide input to the Trust's 'Moving to Excellence' Committee in respect of progress against its CQC Action Plan.</p> <p>The Quality Improvement Incentive Initiative is striving to improve the equality of access to research by setting a particular focus when recording participant information. For 2020/21 this was collecting the year of birth for participants and for 2021/22 the ethnicity of participants will be recorded.</p> <p>Activity in the Synexus Research Facility continued to increase over the previous 12 months, which</p>										

<p>also provides the Trust with income from three sources: Per patient fee, Rental income and Adhoc Study fees.</p> <p>Progress against the strategic aims of the DTVRA should pick up pace during 2021/22. Attached at Appendix 1 is progress against the strategic aims.</p>	
How this report impacts on current risks or highlights new risks:	
N/A	
Committees/groups where this item has been discussed	N/A
Recommendation	The Board of Directors are asked to note the content of the report.

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

2 December 2021

### Research & Development Annual Report (R&D)

#### Report of the Medical Director

## 1. Introduction/Background

Our R&D department should be congratulated for their high levels of activity in what have been very challenging times for everyone. They have made a significant contribution to the knowledge base to help find treatments and vaccines for COVID-19. The staff have shown incredible resilience and leadership in adapting very quickly to new studies, adaptive trial designs involving complex treatment regimens in a very stressful environment.

Of particular note is our performance in the RECOVERY trial (treatment trial for hospitalised COVID patients). We were consistently the second highest recruiter in the country for the rate of hospitalised patients that were recruited into this study. Part of the success of the research teams' COVID response was due to the fact that the Trust Board and Executive made a very clear decision at the outset that no research staff would be redeployed to frontline clinical studies during the pandemic. They recognised the important contribution that the research staff could make resulting in above expected recruitment into these key COVID trials from our Trust.

## 2. Main content of report

### 2.1 Strategy

The COVID-19 pandemic has limited our ability to develop our strategic aims as much as we would have wished as we had to pause most of our research trials to focus on the CMO mandated Urgent Public Health (UPH) Studies and other COVID studies, however a detailed report of progress made to date against the Alliance's strategic aims is provided in Appendix 1.

A reminder of the key strategic aims of the DTVRA and therefore our Trust R&D department are shown below

Fig 1



## CQC Inspection Framework

During 2018/19 research was included in CQC inspections framework in the “Well Led domain” (W8). ‘Well Led’ in this context means how a Trust as a whole support and facilitates research across its functions including corporate strategy, governance, and departmental responsibility. There are three key areas to address:

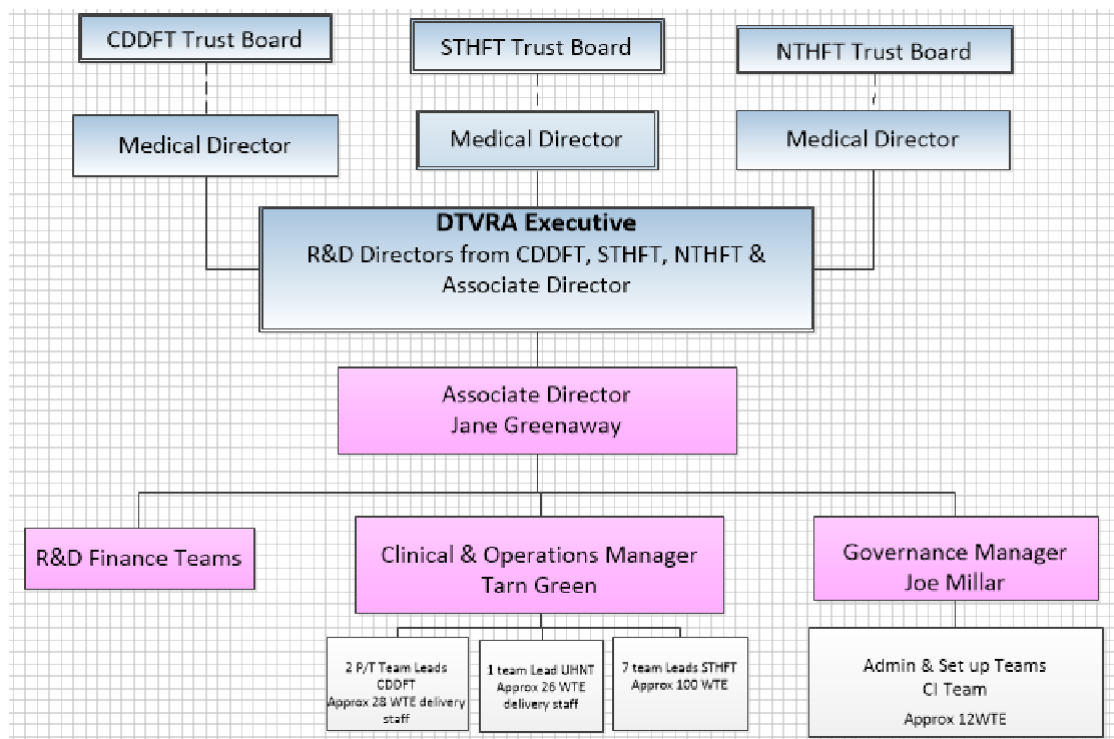
- **Research equity** – how does the organisation support the research programme across the breadth of its services?
- **Research facilitation** – how does the organisation proactively support the delivery of research from board level to the clinical setting(s)?
- **Research awareness** – how does the organisation make research opportunity known to patients, the public and healthcare professionals?

Tarn Green, the DTVRA Clinical & Operations Manager is a member of the “Moving to Excellence” committee and updates the committee on progress against our CQC action plan. We’ve recently agreed to part-fund TV screens across the Trust so that key research information can be visible to patients and staff in key locations. The DTVRA have appointed a new “Reporting officer” who will ensure monthly information on research performance is sent to all directorates and care groups to ensure oversight of activity. We are in the process of appointing a communications role in STHFT whose remit will be to ensure key research information is communicated to staff and patients across all media platforms and that our intra and internet content is current and relevant.

## 2.2 Governance

Justin Carter as R&D Director is the trust’s nominated Clinical Lead for Research & Development. He sits on the DTVRA Executive with responsibility for representing the Trust within the Alliance and ensuring appropriate governance is in place both within the Alliance and back into the existing Trust hierarchy. R&D report annually to the Trust Board and Executive Team.

The governance structure of the DTVRA is shown below: **Fig 2**

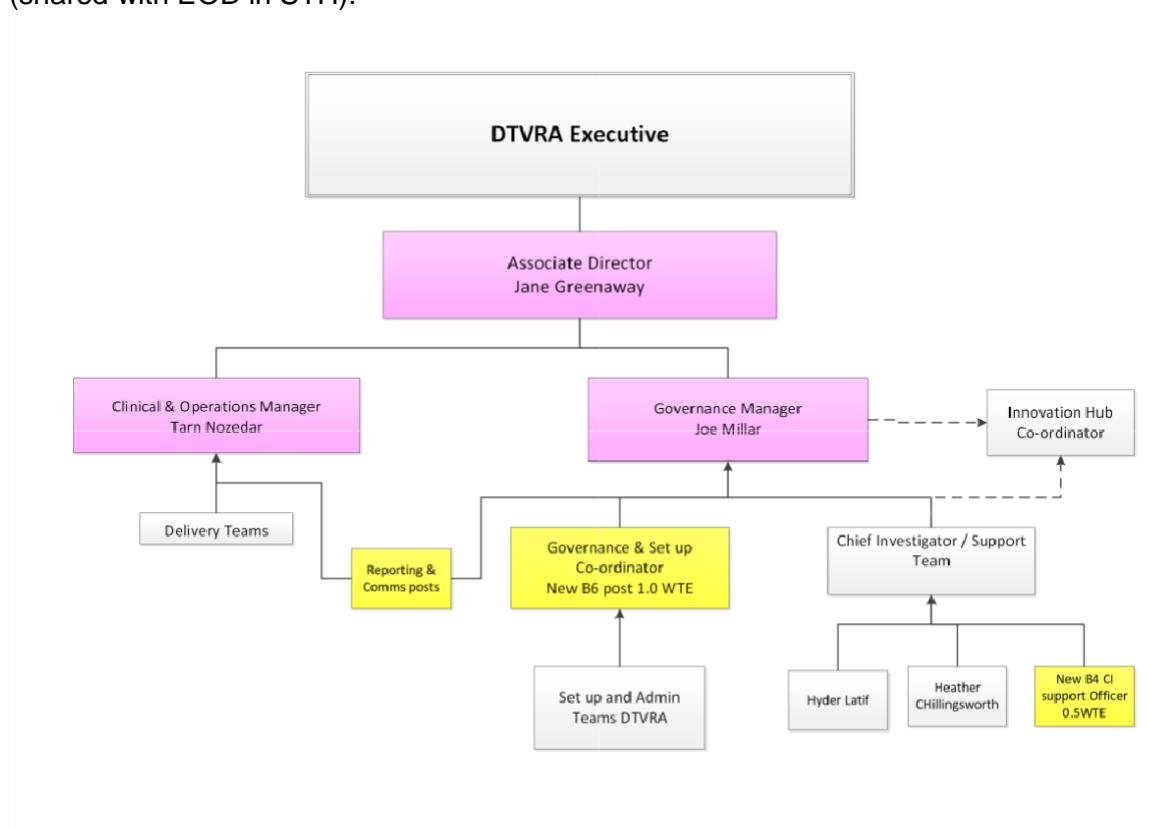


## Alliance Development

The DTVRA has been fully operational for 18 months. Regular DTVRA Executive meetings were paused during COVID and there was a focus on bi-weekly meetings on our COVID response so that we could be more responsive.

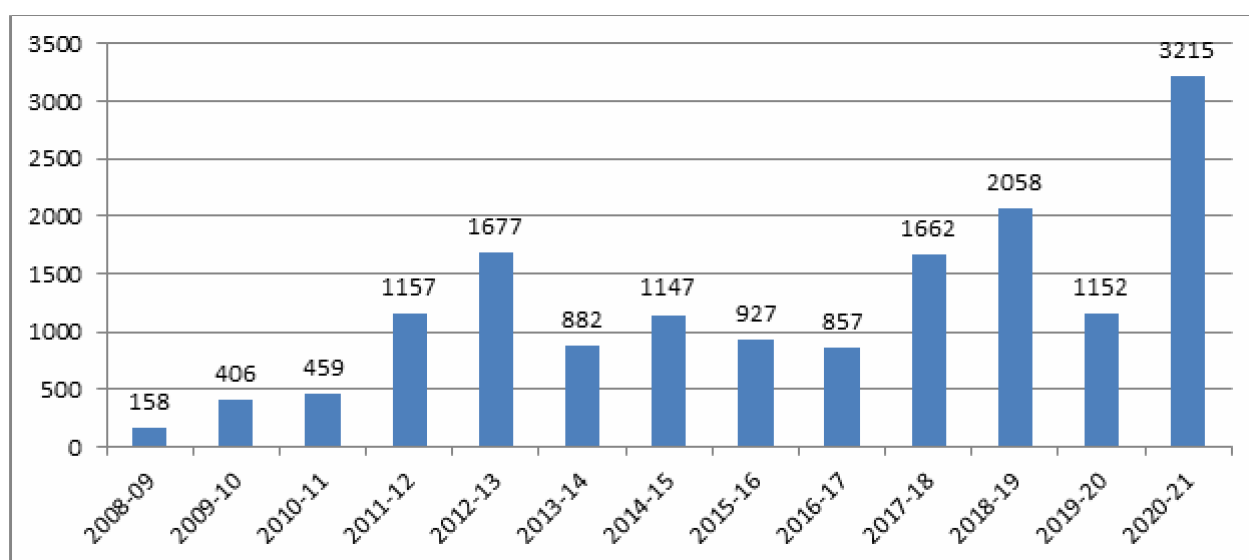
Mr James Limb stepped down as R&I Director for CDDFT and was replaced by Donna Johnson as Interim R&I Director until the post was appointed to. Mr Zaher Toumi was recently appointed as the new R&I Director. We have recently resumed our usual (non-COVID) DTVRA Exec meetings.

Due to the growth in workload associated with CI led studies, we plan to appoint a Deputy Governance Manager for direct line management of the admin and set up teams along with oversight of monitoring of CI led studies which allows the Manager to focus on the CI studies and sponsorship responsibilities. We are also introducing an additional admin role for the CI support team alongside the existing new DTVRA reporting officer and planned B3 communications post (shared with EOD in STH).



## 2.3 Performance

The number of patients recruited to participate in NIHR portfolio research in 2020/21 was **3215**. This is our highest ever number of patients recruited into NIHR portfolio Studies in any year. Total year on year recruitment into National Institute for Health Research (NIHR) portfolio research is shown below: Note this includes 532 participants into the NOVAVAX trial which was jointly delivered by all three DTVRA Trusts, however even allowing for this, our recruitment was still the highest ever.

**Fig 3****Fig 4**

Managing Specialty	NTHFT Participants
Cancer	23
Cardiovascular Disease	12
Children	5
Critical Care	52
Gastroenterology	11
Health Services Research	3
Infection	2264
Musculoskeletal Disorders	1
Reproductive Health and Childbirth	252
Respiratory Disorders	62
Stroke	5
Surgery	40
Trauma and Emergency Care	485
	<b>3,215</b>

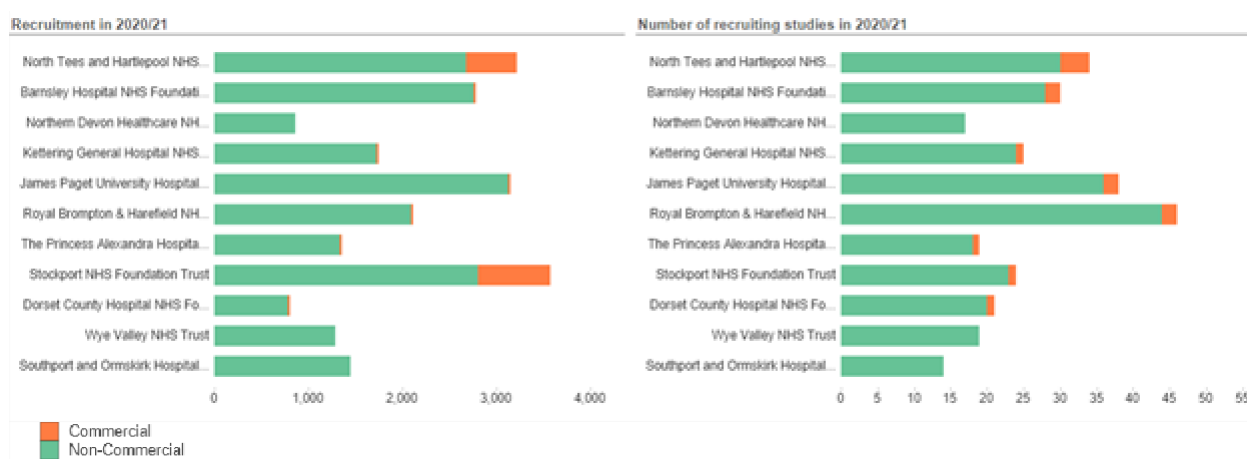
**Fig 5 COVID trials recruitment across the DTVRA**

COVID 19 Research Studies - UPDATE					
Urgent Public Health (UPH) COVID-19 studies currently open across the Alliance					
Title	Trial Summary	Recruitment			
		CDDFT	NTH	STH	DTVRA Total
RECOVERY	Non-ITU interventional trial for treatment of COVID-19. NTH opened new treatment arm 25/9/20 - monoclonal antibodies and aspirin (November)	298	773	657	1728
CCP ISARIC	Observational cohort study. Data collection for all confirmed positive patients. Retrospective data collection now ceased. Incident cases only to be included. Tier 0	2342	719	1367	4428
	Tier 1	Not participating	Not participating	49	49
REMAP CAP	Treatment trial in ICU patients only	5	7	143	155
UKOSS	Additional data collection on COVID symptoms and outcomes in pregnancy for an existing observational study	22	3	74	99
GENOMICC	Genetics of susceptibility and mortality in critical care. Biological sampling from ITU patients	83	48	339	470
PAN COVID	A global registry of women with suspected or confirmed COVID-19 infection in pregnancy and their neonates. Understanding natural history to inform treatment and prevention	58	77	42	177
Diamonds	Diagnosis and Management of Febrile Illness using RNA Personalised Molecular Signature Diagnosis	Not participating	Not participating	Not participating	0
NOVAVAX COVID-19 Vaccine trial	Based at WD4 UHH but staffed from the entire DTVRA		532		532
<b>TOTAL UPH activity</b>		<b>2808</b>	<b>2159</b>	<b>2671</b>	<b>7638</b>
Other COVID Studies open					
Title	Trial Summary	Recruitment			
		CDDFT	NTH	STH	DTVRA Total
COG-UK Gene sequencing Study	Samples of COVID-19 positive patients sent to the regional sequencing centre to characterise viral genomes circulating in this region as part of the COG-UK network.	Not participating	Not participating	3857	3857
CA COVID	Coagulopathy associated with COVID 19 (CA-COVID19) A Multi-Centre observational study in UK	471	753	1062	2286
PROTECT- ASUC	Covid-19 Pandemic response of assessment, endoscopy and treatment in Acute Severe Ulcerative Colitis. A multi centre observational case control study	32	n/a	91	123
MHC Genes	Do MHC Genes play a role in the severity of COVID 19	Not participating	62	Not participating	62
Prepare IBD	Physician responses to disease flares and patient adaption in relation to events in Inflammatory Bowel Disease during COVID-19 pandemic. A multi centre cohort analysis.	32	n/a	91	123
ATOMIC2 study	Randomised trial of Azithromycin in clinically diagnosed COVID-19 in patients being assessed in secondary care but initially managed as an outpatient. Contracts sent for signature at all sites. IG received for NTEES awaiting STEES & CDDFT Site initiation visits this week STEES & NTEES Approved, Awaiting Pharmacy outcome CDDFT	1	1	3	5
CHOIS	COVID-19 in Healthcare workers Outcome Study (CHOIS): Understanding long-term health outcomes and risk of re-infection after SARS-CoV-2 infection in healthcare workers with reference to humoral antibody responses. David R Chadwick	183	228	180	591
<b>Total non-UPH study activity</b>		<b>719</b>	<b>1044</b>	<b>5284</b>	<b>7047</b>
<b>Total ALL COVID research activity</b>		<b>3527</b>	<b>3203</b>	<b>7955</b>	<b>14685</b>

### Benchmarking performance nationally

Compared with Trusts of a similar category, attendance and population, North Tees & Hartlepool compares favourably in terms of both patient recruitment (3215- lefthand chart Fig 5) and number of studies (34 - righthand chart Fig 5).



**Fig 5**

## Benchmarking performance locally

**Fig 6**

Acute Trust	Raw Recruitment	% of regional acute recruitment	Complexity Adjusted recruitment (CAR)*	% of regional acute recruitment
Newcastle Hospitals	9629	14.5	36831.5	24.3
Northumbria	6720	10.1	17042.5	11.2
South Tees	4613	6.9	14360.5	9.5
South Tyneside & Sunderland	3537	5.3	10894.5	7.2
County Durham & Darlington	3197	4.8	4729.5	3.1
<b>North Tees Hartlepool</b>	<b>3215</b>	<b>4.83</b>	<b>5120</b>	<b>3.4</b>
Gateshead	2488	3.7	4595.5	3.0
North Cumbria	2616	3.9	3621	2.4

\*CAR takes into account the complexity of a study and applies a multiplier to reflect the actual burden of a study and is a more realistic comparator across organisations

## Quality Improvement (QI) Metrics

The Quality Improvement Incentive Initiative from NIHR CRN for 2020/21 was focused on recording the year of birth of participants recruited into NIHR CRN Portfolio studies. The initiative ended in April 2020 due to the COVID-19 pandemic. The focus for the 2021/22 QI Incentive Initiative will be to record the ethnicity of participants recruited into NIHR CRN Portfolio studies. This data will support initiatives to improve the equality of access to research.

## Good Clinical Practice (GCP)

Within the Trust there are 265 members of staff with valid Good Clinical Practice (GCP) training. Most specialisms and all directorates are now participating in research with a few notable areas where research is embedded within the entire clinical team. This has increased considerably compared with last year due to the requirement for GCP training for some of our COVID studies.

There are 129 members of staff acting as principal investigators / local collaborators in research approved by a research ethics committee within the Trust, some of whom have up to 8 studies in their research portfolio.

## Commercially Sponsored Studies

There were 4 **commercially sponsored studies actively recruiting patients** within the Trust in 2020/21 and more where patients were in “follow-up”. The studies were open within Cardiology, Infection and Obs & Gynae.

From 2013, government funding for research to the Trust became conditional on meeting national benchmarks. One of which relates to the Trust’s performance in recruiting to time and target for commercially sponsored studies. The Trust reports quarterly to the Department of Health (DH) on the following performance measure.

Commercial studies: Recruitment to time and target stated in clinical trial agreement (studies closed within 2020/21)		
Time and target met	Number of studies	
Yes	1	<b>100%</b>
No	0	

In previous years we were obliged to report on meeting a 70-day target to open studies and recruit the first patient. This metric has now been discontinued.

## 2.4 Trust sponsored Chief Investigator Studies

The WASH Study “Water Assisted Sigmoidoscopy in NHS Bowel Scope Screening Programme” was the first trust sponsored multi-centre NIHR portfolio study and recruited to both time and target and within original budget. The study aimed to recruit 1100 people for the trial in 5 sites across England. Half were selected to have normal sigmoidoscopy using carbon dioxide, and half were selected to have sigmoidoscopy using water.

The trial did not show reduced patient pain using Water Assisted Sigmoidoscopy. However, patients can be reassured that irrespective of insertion technique (water or gas), pain in our study was much lower than previously reported. It was also identified that the majority of trial endoscopists preferred the WAS technique.

Changes to Practice: There is no need for screening sigmoidoscopists to switch to a WAS technique; nor should national policy be amended. Further research is required to explain why we found no difference in pain, and why there were some differences seen in the polyp detection rates between the two techniques. The full trial has been published here <https://gut.bmj.com/content/early/2020/09/06/gutjnl-2020-321918>

## 2.5 Workforce

27 research staff are employed within the Trust contributing to the delivery of research in various roles - management, governance, administration, nurses, midwives, data assistants and pharmacy technicians. 89% of the funding for these posts is from external sources (NIHR Clinical Research Network: North East North Cumbria (CRN: NENC) or commercial income) with 11% funded by the Trust.

We have 4 members of the R&D staff who are now trained GCP Facilitators and are able to provide this training within the Trust and across the region.

## Finance

Funding Source	Total income	Annual
NIHR core allocation	£822,596	
NIHR additional in-year awards		
Non-commercial	£98,304	
Synexus	£16,562	
Department of Health	£20,000	
Grant income	£161,653	
<b>Total</b>	<b>£1,198,807</b>	

## 2.6 External Business Development

## **Synexus**

Activity within the Synexus Research Facility has increased within the last 12 months. Synexus have used radiology services within the trust for some of their trials and reported on the efficiency and excellence of the service provided.

The Trust receives revenue from Synexus from three sources:

- Per Patient Fee: 7.5% of all patient revenue from Synexus patient visits (£)  
Rental income: £100,000 per year, £50K for R&D and £50K for estates
- Ad hoc study fees: if trust staff contributes to the identification or treatment of Synexus trial patients (Liver biopsies or Liver ultrasounds for a NASH study)

## **Teesside University**

Jane Greenaway attends the bi-annual strategy meetings with Teesside University representing R&D which relates to our collaboration agreement to support Research, Education and Innovation.

Caroline Fernandes-James, Clinical Specialist Respiratory Physiotherapist is working with Prof Alan Batterham and Dr Sam Harrison to develop a research grant proposal for submission to the Research for Patient Benefit funding stream for "A feasibility study of ultra-brief physiotherapist-led Acceptance and Commitment Therapy (ACT) to increase pulmonary rehabilitation engagement in patients with Chronic Obstructive Pulmonary Disease (COPD)"

## Appendix 1 Performance against strategic aims

Report recently submitted to South Tees Hospitals Quality Assurance Committee for Progress against Strategic Aims

Strategic Aim	Performance in last 12 months
<b>Improve the infrastructure</b>	<p>Joint Senior Management Structure complete and operational</p> <p>Joint DTVRA Team lead meetings operational (daily during COVID, now twice a week)</p> <p>Single feasibility and set up process operational</p> <p>Centralised CI support now operational – new Grants and costings post in place, MedConnect North Support in place, additional CI support admin role planned</p>
<b>Improve Activity &amp; Performance</b>	<p>Recruitment into NIHR portfolio trials increased from 3361 to 4450 for STHFT despite many of our non-COVID trials being paused in the last 12 months.</p> <p>82% of new studies in 2020-21 were opened within 40 days of receiving a document pack (former NIHR metric), with a median time of 12.5 days. Expedited approval was offered for Urgent Public Health and commercial research.</p> <p>A Memorandum of Understanding (MoU) is being drafted to formalise strategic links with Teesside University relating to Research, Education and Innovation. Thereafter we will have regular strategy meetings to plan and further develop our partnership and collaborations.</p> <p>NTHFT have a collaborative agreement with Synexus, a commercial research provider and provide services to support their studies when required. We have now begun to contract with Synexus for STH service provision for some studies (liver biopsies and radiology support). This brings additional income to the Trust at commercial rates</p> <p><b>Collaborations with HEIs</b></p> <p>STHFT hold numerous academic posts and partnerships with university partners –Oxford University (Orthopaedics), York University (Orthopaedics), Hull York Medical School (Peri-operative medicine), Newcastle (Peri-operative medicine, Anaesthetics, Cardiothoracics, Rheumatology, Infectious Diseases, Neonates), Manchester University (Cancer) and Teesside University (Peri-operative medicine, Plastic surgery). NTHFT with Durham University (GI) and CDDFT with Teesside (GI).</p> <p>We have completed a scoping exercise of the Chief Investigators (CIs) and grant holders at STHFT and hosting a workshop in June to develop an aspirational plan for the development of academic research and partnerships.</p>

	<p>We hold regular strategic meetings with the National Horizons biosciences centre from Teesside University where we look for opportunities to link clinical colleagues with their academic staff and external commercial partners to develop new trials. We held an online joint COVID symposium and have developed a flyer disseminated trust-wide to raise the profile of the opportunities that this partnership offers.</p> <p><b>Horizon scanning:</b> we have improved our process of responding to “expressions of interest” for new commercial studies and review the pipeline of studies and offers weekly with our local Clinical research network colleagues.</p> <p><b>Delivery staff working across sites</b></p> <p>The NOVAVAX COVID vaccine trial was the first trial to use staff from across the DTVRA and was a huge success. Feedback from staff was very positive. The trial over recruited and has brought significant income to all three trusts which otherwise would not have been possible by one trust working alone.</p> <p>Pharmacy and pathology staff are now routinely assisting with cross-site studies when needed and we’re looking to develop a joint Pharmacy study feasibility review process.</p> <p><b>Opportunities to increase PIs</b> have been limited as we’ve focussed most of our efforts on the CMO Urgent Public Health (UPH) COVID studies. However, the RECOVERY trial required broad trust clinical engagement with recruitment and resulted in over 600 patients being recruited into this treatment trial.</p>
<b>Improve Income</b>	<p><b>Targeting of income generating studies</b> in this last year has been difficult as we’ve had to prioritise UPH COVID studies over all others – most of which didn’t attract any additional income. The NOVAVAX COVID vaccine trial was a significant income generating study and would not have been possible without a DTVRA approach.</p> <p>All three DTVRA trusts now have the same <b>agreed principles for the distribution of income</b> for commercially sponsored studies in line with NIHR guidance.</p> <p><b>Co-Funded posts</b></p> <p>All of the SMT posts are joint funded between the Trusts to provide the centralised management team.</p> <p>We have committed to funding centralised Chief Investigator (CI) support, R&amp;D reporting and R&amp;D comms posts. For the growth in the CI support team, part funding has been secured from NTHFT Research Capacity Funding (RCF) with a paper being submitted to CDDFT for the same.</p>

<p><b>Develop the workforce</b></p>	<p><b>Centralised, standardised workforce review</b>  Limited development of this strategic aim due to the focus on COVID research studies in the last 12 months. Team Leaders hold regular research team meetings, 1:1's with team members. Opportunities for learning shared across the DTVRA. Workforce related projects to be agreed for each T/L to work on as part of Leadership training. The aim is for all Band 6/7 workforce staff to have completed some form of formal leadership training within the next 5 years with Band 7 T/L's to have either completed or commenced Level 5 Leadership Apprenticeship in the next 12 months. All Band 6's to have completed the Trusts management study days in the next 12 months</p> <p><b>NMAHP development</b></p> <p>TG- Limited development of this strategic aim due to the focus on COVID research studies in the last 12 months. Work in partnership with NIHR 70@70 NMAHP Lead for South Tees to develop DTVRA NMAHP Leaders and to attend South Tees Research Council. Encourage NIHR Green Shoots applications and none medical PI's. Currently 1 NMAHP PI and 2 Clinical Research Practitioner Investigators.</p> <p><b>CI/PI development</b></p> <p>Limited development of this strategic aim due to the focus on COVID research studies in the last 12 months. We have completed a CI scoping exercise to understand our academic affiliations and aspirations and will be holding an afternoon workshop with key CIs to develop aspirational plans which we would aim to roll out across the DTVRA.</p> <p><b>Apprentices</b></p> <p>Limited development of this strategic aim due to the focus on COVID research studies in the last 12 months however and jointly funded STRIVE apprentice comms post is being developed for 2021/22. DTVRA Team Leaders are currently undertaking apprenticeships in leadership or business management with coaching apprenticeship starting in Sept 2021</p> <p><b>GCP</b></p> <p>Limited development of this strategic aim due to the focus on COVID research studies in the last 12 months</p> <p><b>Green shoots</b></p> <p>We were successful in obtaining 6 "green shoot" RDA awards from the Clinical Research Network for 200/21 which will be continued into 2021/22</p> <p><b>Team Leader Development</b></p> <p>We hold regular DTVRA wide Team Leader huddles, these were daily during the height of the pandemic to understand the studies, plan how they could be supported and troubleshoot issues. These are now twice weekly and amongst general oversight there is dedicated time to review study pipelines and our response rates to Expressions of Interest for commercial studies, sharing of good practice. Once a month include support services to discuss study capacity and agree priority list of study opening. Quarterly DTVRA Team Leader resilience days are held, the first at UHH with the second planned for June.</p>
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# North Tees and Hartlepool NHS Foundation Trust

## 2022 Board of Directors, Board Seminars, Council of Governors and AGM Meetings

<b>BoD Meeting</b> 10.45 am – In committee 1 pm – public	<b>Group Board of Directors</b> 9.30am	<b>Board Seminars</b> 1.00pm	<b>Council of Governors’ Meeting</b> 9.00am – 1.00pm including a development session	<b>Annual General Meeting</b> 1.00pm – 3.00pm	<b>CoG Pre-Meetings Coffee Lounge</b> Boardroom UHNT
Thursday, 27 January Boardroom, UHNT	Thursday, 27 January – Q3 Boardroom, UHNT	Thursday, 13 January Boardroom, UHNT			
		Thursday, 24 February Boardroom, UHNT	Thursday, 10 February Lecture Theatre		Wednesday, 2 February 9.30 – 11.30
Thursday, 24 March Boardroom, UHNT					
Thursday, 28 April Boardroom, <span style="background-color: yellow;"> </span>	Thursday, 28 April – Q4 Boardroom, <span style="background-color: yellow;"> </span>	Thursday, 14 April Boardroom, <span style="background-color: yellow;"> </span>			Wednesday, 27 April 9.30 – 11.30
Thursday, 26 May Boardroom, UHNT		Thursday, 12 May Boardroom, UHNT	Thursday, 5 May Lecture Theatre		
Thursday, 28 July Boardroom, UHNT	Thursday, 28 July – Q1 Boardroom, UHNT	Thursday, 14 July Boardroom, UHNT			
					Wednesday, 31 August 9.30 – 11.30
Thursday, 22 September Boardroom, UHNT		Thursday, 22 September Boardroom, UHNT, time tbc Lunch provided	Thursday, 8 September Lecture Theatre	Thursday, 8 September Lecture Theatre	
Thursday, 27 October Boardroom, <span style="background-color: yellow;"> </span>	Thursday, 27 October – Q2 Boardroom, <span style="background-color: yellow;"> </span>	Thursday, 13 October Boardroom, <span style="background-color: yellow;"> </span>			
Thursday, 24 November Boardroom, UHNT		Thursday, 10 November Boardroom, UHNT			Wednesday, 30 November 9.30 – 11.30
		Thursday, 15 December Boardroom, <span style="background-color: yellow;"> </span>	Thursday, 8 December Lecture Theatre		