



Board of Directors Meeting

**Thursday, 24 March 2022
at 1pm**

**Boardroom
University Hospital of North Tees
and via MS Teams**

16 March 2022

Hardwick
Stockton on Tees
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Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 24 March 2022 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Professor Derek Bell, OBE
Joint Chair

Agenda

		Led by
1. (1.00pm)	Apologies for Absence	Chair
2. (1.00pm)	Declaration of Interest	Chair
3. (1.00pm)	Staff Story	L Robertson
4. (1.20pm)	Minutes of the meeting held on, 27 January 2022 (enclosed)	Chair
5. (1.25pm)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

6. (1.30pm)	Report of the Joint Chair (enclosed)	Chair
7. (1.45pm)	Joint Partnership Board Update (verbal)	Chair
8. (1.55pm)	Report of the Chief Executive (enclosed)	J Gillon

Performance Management

9. (2.15pm)	Board Assurance Framework Interim Report (enclosed)	H Heslop
10. (2.25pm)	Integrated Compliance and Performance Report (enclosed)	L Hunter, L Robertson, N Atkinson & N McMillan

Strategic Management

11. (2.35pm)	Data Protection and Cyber Assurance Report (enclosed)	G Evans
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Operational Issues

- | | | |
|--------------|---|-------------|
| 12. (2.45pm) | Maternity Board Report – Quarter 3, 2021-22 (enclosed) | L Robertson |
| 13. (2.55pm) | Modern Slavery and Human Trafficking Statement
2022/23 (enclosed) | H Heslop |
| 14. (3.05pm) | Any Other Business | Chair |

Date of next meeting

(Thursday, 26 April 2022, Boardroom, University Hospital of Hartlepool)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing 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, 27 January 2022 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 Chairman*Chairman	
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* <i>[via video link]</i>	JE
Kevin Robinson, Non-Executive Director* <i>[via video link]</i>	KR
Rita Taylor, Non-Executive Director* <i>[via video link]</i>	RT
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance*	DoF
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information and Technology Officer <i>[via video link]</i>	CITO
Hilton Heslop, Head of Strategy and Corporate Affairs <i>[via video link]</i>	HoS&CA
Linda Hunter, Interim Director of Performance and Planning	IDoP&P
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Natalie McMillan, Strategic Lead for Oversight and Assurance in People Practices <i>[via video link]</i>	SLPP

In attendance: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton *[via video link]*
Margaret Docherty, Elected Governor for Stockton *[via video link]*
George Lee, Elected Governor for Hartlepool *[via video link]*
Pauline Robson, Elected Governor for Hartlepool *[via video link]*
John Hugill, Senior Communications and Marketing Officer *[via video link]*
Posmyk Boleslaw, Chair, Tees Valley CCG *[via video link]*
Joanne Pugh, NHS Professionals *[via video link]*
Stuart Arnold, Local Democracy Reporter, Reach PLC *[via video link]*
Samantha Sharp, Personal Assistant (note taker)

BoD/4695 Apologies for Absence / Welcome

Apologies for absence were noted from Barbara Bright, DoCA&CoS, Alan Sheppard, CPO and Angela Seward, Lead Governor at South Tees Hospitals NHS FT.

BoD/4696 Declaration of Interests

Declarations of interest were noted from SH (Vice Chair) in respect to his temporary role as Chair of North Tees and Hartlepool Solutions LLP and SH (Vice Chair) 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.

* voting member

BoD/4697 Patient Story

The CN/DoPS&Q read a letter sent to the Trust in December from a family who had expressed their thanks for the care they had received during pregnancy and following the sad loss of their baby.

The Joint Chair asked that the thanks of the Board be conveyed for allowing their experience to be shared at this meeting during what had been a difficult time for them.

- Resolved:** (i) that, the patient story be noted; and
(ii) that, the thanks of the Board be conveyed to the family for allowing their patient story to be shared with the Board.

BoD/4698 Minutes of the meeting held on, Thursday, 2 December 2021

- Resolved:** that, the minutes of the meeting held on, Thursday, 2 December 2021 be confirmed as an accurate record.

BoD/4699 Matters Arising and Action Log

There were no matters arising.

BoD/4700 Report of the Joint Chair and Vice Chair Update

The Joint Chair at the commencement of his report drew members' attention to the passing of John Edwards who had been an active Elected Governor for Stockton since 2014. The Joint Chair requested a minutes' silence paying tribute to John for his contribution to the Council of Governors and passed on his condolences to his family.

Tony Horrocks, Lead Governors paid tribute to John for his contribution and his close eye for detail, providing scrutiny and challenge. John's funeral was to be held on Friday, 28 January with Tony and a few of his Governor colleagues attending to pay their respects.

A summary of the report of the Joint Chair was provided.

The Joint Chair reported that following an extraordinary meeting of the Council of Governors, a process would be instigated to explore the relationship between the Non-Executive Directors and the Joint Chair. This was referred to a further extraordinary meeting of the Council of Governors to discuss potential outcomes.

The Vice Chair outlined proposals to celebrate, reward and recognise staff who had worked tirelessly throughout the pandemic. This was still in the early stages of planning but the proposals set out a day of celebration for staff and their families using a festival format. Proposals would be presented to the People Committee and to the Board for ratification.

The Vice Chair highlighted a number of recent events and meetings he had attended throughout the Trust including the carol service at Hartlepool Hospital and midnight mass at North Tees on Christmas Eve. RT, Chair of the People Committee gave thanks to SH for going above and beyond in his support of the People agenda highlighting his commitment to staff. RT added that she had attended a health and wellbeing group meeting with staff.

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

BoD/4701 Joint Partnership Board Update

The Joint Chair provided an update from the Joint Partnership Board (JPB) which met on 19 January 2022. The Memorandum of Understanding and Terms of Reference were due to be reviewed and updated in the next couple of months and the Joint Chair highlighted that the next stage would review membership of the JPB. The Terms of Reference would come back to this meeting for approval.

KR raised concerns that the JPB had only met three times since July 2021 highlighting that both Chief Executives were not always present at these meetings. The Joint Chair responded that it was regrettable that a couple of meetings of the JPB had to be stood down but provided assurance that the right people were present for the items set out on the agenda and that this was an effective forum for delivering the joint work of both Trusts. A subgroup had been established which met regularly to progress the work plan.

KR sought assurance that the JPB was acting in the best interest of North Tees and Hartlepool NHS FT, the Joint Chair confirmed this was the case. The JPB membership was due for review and would increase Non-Executive member representation.

Going forward, there would be a separate update on the JPB at each Board meeting.

- Resolved:**
- (i) that, the verbal update be noted; and
 - (ii) that, the revised Terms of Reference be presented back to a future meeting of the Board of Directors for approval; and
 - (iii) that, an update on the Joint Partnership Board be provided at each board meeting going forward.

BoD/4702 Report of the Chief Executive

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

- As of the previous day, there were 105 confirmed COVID-19 cases within the Trust, five within ITU, four mechanically ventilated. A gradual reduction in the number of cases requiring intensive care intervention was noted, however overall numbers had plateaued. A downward trend in community prevalence was noted;
- Activity within urgent and emergency care continued to rise and there were delays in ambulance handovers within the Trust and across the region. The Trust was one of fourteen trusts piloting a proposed suite of urgent and emergency care standards;
- Elective recovery continued despite staff sickness absence. The CE commended staff for their dedication highlighting that the Trust was one of the top ten performing organisations across the country and within the top three in the North East and North Cumbria;
- The Trust continued to maintain a vaccination hub for COVID-19 booster vaccinations, an 'evergreen' offer for first and second doses, in addition to delivering the flu vaccinations for staff, colleagues in social care and to the family members of Trust staff. Work continued to support staff as the deadline for vaccination as a condition of deployment regulations approached. In addition, flu vaccination for staff continued to be encouraged with the Trust being top for staff vaccination in the North East;
- Focus continued on the health and wellbeing of staff with several initiatives in place.
- The first cohort of the 100 leaders programme ended in December with the launch of a second cohort currently underway;
- As COVID-19 studies were no longer classified as 'urgent public health' studies for prioritisation, Non-COVID-19 research studies had recommenced. The Trust recruited 901 patients to the RECOVERY study and remained the second highest recruiting Trust in the country. The CE commended staff within research for their work in undertaking COVID-19 research trials;
- The Trust had received a commendation from the Getting It Right First Time team in response to its handling of the COVID-19 pandemic and outcomes for patients;
- The 2022/23 Priorities and Operational Planning Guidance was published on 24 December with the Trust preparing plans in collaboration across the Tees Valley and the North East and North Cumbria Provider Collaborative;
- A new target date of 1 July 2022 for the establishment of statutory ICSs had been set, replacing the original target date of 1 April 2022. This would allow sufficient time for the remaining parliamentary stages of the Health and Care Bill;

- The Trust continued to work in partnership with South Tees Hospitals NHS FT to establish Community Diagnostic Hubs following the successful early adopter programme bid. A business case to develop phase two in respect to equipment and workforce was being progressed;
- On 16 December, the Government published its response to the independent inquiry into the issues following the conviction of surgeon Ian Paterson. The inquiry made 15 recommendations to the Government and other health sector bodies to make improvements in areas that demonstrated weaknesses in Ian Paterson's case. The Trust was in the process of working through the recommendations in order to produce a gap analysis and identify any areas for improvement;
- The first NENC Health Inequalities Summit focusing on 'inclusion health' took place virtually on 6 December. This was a successful event providing the opportunity for staff working across healthcare to showcase practical examples of work and to improve access, experience and outcomes;
- The five year Estates Strategy (2022-2027) was presented, discussed and approved at the Board Seminar on 13 January;
- Professor Jane Metcalf, Deputy Medical Director had retired from the Trust with the CE highlighting her dedication in many fields of work throughout her time at the Trust.

The Joint Chair highlighted that as part of a Development session, the Governors would receive an update on Community Diagnostic Centres and the Estates Strategy.

The MD/DCE paid tribute to Professor Jane Metcalf for her work in respect to hospital mortality and medical education in addition to her humanitarian work working with Syrian doctors who were refugees. The Vice Chair added his thanks to Professor Jane Metcalf asking that a letter of thanks be sent to Jane from the Board.

- 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 of services building on a new operating model be noted; and
 - (ii) that, a letter of thanks be sent to Professor Jane Metcalf on behalf of the Board on her retirement.

BoD/4703 Board of Directors Declarations of Interests and Fit and Proper Persons Declaration

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

- Resolved:**
- (i) that, the content of the appended register be noted; and
 - (ii) that, the register would be referred to in the Annual Report 2021/22 and be made available for public inspection.

BoD/4704 Professional Workforce Bi-Annual Report

The Professional Workforce Report was presented which combined the nursing, midwifery, allied health professionals, medical and dental workforce mid-year review for 2021/22.

The CN/DoPS&Q reported that workforce capacity and demand continued to be a challenge due to a variety of reasons outlined within the report. The Trust was experiencing unprecedented workforce gaps due to the impact of COVID-19 with significant numbers of staff isolating or absent due to related sickness.

The CN/DoPS&Q reported on recruitment and retention initiatives which included a current focus on overseas recruitment. Safe staffing had been maintained.

The CN/DoPS&Q explained that data collected during the third wave of the coronavirus pandemic, meant several wards and departments were flexing bed bases up and down based on the acuity and dependency needs of patients and safe staffing availability at the time, thus creating a variation between the planned and actual establishments.

The CN/DoPS&Q outlined the key issues highlighting that there was a clear need to review the establishments in the areas where there were validated under establishments.

A review of the Medical and Dental workforce had been undertaken and it was reported that there was a shortfall of 24.26 WTE between the budgeted and contracted medical and dental workforce. The average sickness absence rate between December 2020 and December 2021 was 2.5%, lower than the Trust target of 4% but higher than the same period the previous year, potentially attributable to the pandemic. The MD/DCE highlighted that during April 2021, the Trust welcomed a cohort of 18 newly qualified doctors from Newcastle Medical School as part of a national drive to help the NHS respond to the coronavirus pandemic. These doctors were deployed to medical wards under supervision. In addition and where possible, foundation trainees who were on placement in a non-hospital setting were brought back into the Trust to support areas with staffing.

The Vice Chair highlighted that as he met staff throughout the Trust, they generally were proud to work at the Trust despite the current pressures. Workforce pressures in the NHS generally were acknowledged and the Vice Chair highlighted that it was incumbent upon the Board to ensure the health and wellbeing of staff was maintained and that North Tees and Hartlepool NHS FT remained the employer of choice.

In response to a query raised by AB, the CN/DoPS&Q highlighted that the Trust was comparable to neighbouring trusts in respect to Registered Nurse vacancies with the ambition to have no vacancies by September 2022. There was still work to do and this was being closely monitored. It was noted that pay rates varied across the region and work continued to work collaboratively in this area.

- Resolved:**
- (i) that, the effort in response to unprecedented pressures created by COVID-19 and the work undertaken to have safe staffing levels across the organisation be noted; and
 - (ii) that, the impact of the COVID-19 pandemic on both increased patient acuity and increased staff sickness be noted; and
 - (iii) that, the further work required to utilise the now validated data to revise budgeted establishments be agreed; and
 - (iv) that, the actions being progressed to further improve workforce recruitment, development and retention be noted.

BoD/4705 Capital Programme Performance Quarter 3: 2021/22

The DoF reported that the Trust's overall capital programme for 2021/22 was £30.010m, an increase of £8.4m since the end of Quarter 2. At the end of Month 9, the Trust incurred capital spend of £9.1m, which was £800k behind plan.

The DoF provided an update on capital schemes in respect to the estate highlighting work ongoing around backlog maintenance, lift replacement at Hartlepool, theatre refurbishment, roofing repairs at Hartlepool, Intrusive structural surveys at North Tees, replacement flooring at North Tees, fire alarm replacements, replacement of the combined heat and power unit at Hartlepool and the six facet survey which looked at the physical condition of the site. An update on the medical equipment replacement programme was also provided and the CITO provided an update on both internal and external digital technology investment.

The DoF reported on a number of schemes which had now been approved for PDC funding in 2021/22. The total PDC additional funding was £12.986m and was included within the annual plan and forecast.

- Resolved:**
- (i) that, the contents of the report be noted; and
 - (ii) that, the increase in the capital programme to £30.010m at Month 9, which had increased by £8.4m since the end of Quarter 2 (South Tees Hospitals NHS Foundation Trust Community Diagnostic Hub £5.6m, Target Investment Fund £2.4m, Imaging & Endoscopy Academy Funding £0.2m and Cyber £0.2m); and
 - (iii) that, at the end of Month 9, the Trust incurred capital spend of £9.1m, which was £800k behind plan; and
 - (iv) that, the capital plan was forecasting to overspend by £300k at year-end.

BoD/4706 Integrated Compliance and Performance Report

The IDoP&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: The Trust achieved 6 out of 9 cancer standards; failing to meet the new cancer two week rule, breast symptomatic two week rule and new cancer 62 days. The number of two week rule referrals had increased over the past few months. An increase in the number of patients waiting over 52 weeks was noted when compared to the previous month with cancellations noted as a result of COVID-19 positive test results and patients not attending for pre-procedural swabs;
- Operational Efficiency and Productivity Standards: DNA rates for new, review and combined was showing an increasing trend. Virtual appointments continued in accordance with national guidance. Readmissions continued to show an improved position albeit a marginal increase this month to 8.8% from 7.56%. 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 most quality and safety metrics. An increase in the overall number of falls in December was reported with the majority resulting in no harm. All four categories of pressure ulcers fall within the control limits. In December, the Trust reported six attributed cases of Clostridium-Difficile infections. This was in line with the projected trajectory for December and took the total number of cases to 42 against a yearly target of 64;
- Workforce: Sickness absence showed a slight decrease, reporting at 6.52% in November, 0.37% attributable to COVID-19. 'Anxiety/stress/depression' remained the top sickness reason accounting for 29% of all sickness absence during the month;
- Finance: At Month 9, the Trust had delivered an in-month surplus of £316k and a year to date surplus of £4,812m, 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 9 was £64m, ahead of plan.

- 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/4707 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 and steps were being taken to ensure proactive planning of elective capacity on a weekly basis. The Trust was close to trajectory to deliver on the 52 week standard and there were no over 104 week waits.

Key challenges for the Trust and the wider system continued to relate to workforce with plans to address recruitment and retention challenges in place. Support to the wider system was impacted in January due to staff sickness.

The COO reported the Trust remained in a strong position in terms of elective recovery with clear plans to deliver the recovery trajectories. Opportunities existed 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.

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

BoD/4708 Vaccination as a Condition of Deployment (VCOD)

Natalie McMillan, Strategic Lead for Oversight and Assurance in People Practices (SLPP) provided a brief introduction to herself for the benefit of those she had not yet met.

The SLPP provided an overview of VCOD phase 2 guidance and actions in progress to deliver the new regulations by 1 April 2022. It was noted that VCOD was now legislation and that the Trust must comply.

The Executive Team had agreed that VCOD regulations would apply to all roles within the Trust and LLP. As all roles were in scope, redeployment would not be a feature although a process was being developed to manage redeployment for those with medical exemptions. The SLPP reported that circa 82 had declined the vaccination, circa 1.5% of the total workforce. No 'hotspots' had been identified and focus was on communication and providing relevant information to those hesitant to take up the vaccine. Engagement sessions with key members of the Executive Team had been arranged for the following week to support further dialogue.

The SLPP reported that the final date for staff to receive their first vaccination to ensure full vaccination before 1 April was 3 February. It was noted that the position was reported weekly to the Executive Team and People Committee but that the final number of staff who were at risk of being dismissed would not be known until 4 February.

- Resolved:**
- (i) that, staff who challenge 'in scope' of their role be given every opportunity to state their position with an independent job scope panel to apply consistent principles for decision-making with consistent panel membership; and
 - (ii) that, the comprehensive HR guidance and processes being developed and introduced to manage the introduction of VCOD both for employees and managers be noted; and
 - (iii) that, the final numbers of staff who were at risk of being dismissed would not be known until 4 February 2022.

BoD/4709 Learning from Deaths Report Quarter 3: 2021/22

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

The Trust's HSMR value had decreased slightly to 91.19 (November 2020 to October 2021). The SHMI had decreased slightly to 99.16 (August 2020 to July 2021). Both remained 'within expected' ranges.

The MD/DCE drew members' attention to the depth of coding highlighting that the Trust was currently recording an average of eight co-morbidities for each patient, which was thought to reflect the health needs and deprivation within the local population.

The MD/DCE reported on a peak in hospital mortality in both April 2020 and January 2021 which corresponded with a rise in COVID-19 cases.

The MD/DCE provided an update on the role of the Medical Examiners highlighting that they would oversee both in hospital and community deaths. The MD/DCE drew members' attention to some positive learning points highlighting that a further 6 Medical Examiners had been appointed for one session each.

- Resolved:**
- (i) that, the content of the report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates be noted; and
 - (ii) that, the ongoing work programme to maintain the mortality rates within the expected range for the organisation be noted; and
 - (iii) that, the Board support the current business case to support the collection of data to support analysis and learning to support the identified or quality improvement developments.

BoD/4710 Guardian of Safe Working Hours Report

The MD presented the Guardian of Safe Working Hours Report for the period October to December 2021. The COVID-19 pandemic continued to impact the working lives of the Doctors in Training (DiTs) at the Trust, and as part of the support being provided the doctors' forums had been increased to bi-monthly although unfortunately the planned forum in November 2021 was stood down due to illness and therefore no forum took place in Quarter3. The forums would be reinstated in February.

In Quarter 3 2021, there had been 31 exception reports submitted by 16 doctors with most relating to working hours.

There were no major concerns relating to safe working hours reported and no significant exceptions resulting in new fines. Where concerns had been raised work was on-going to ensure they were addressed.

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

BoD/4711 Any Other Business

There was no any other business reported.

BoD/4712 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Thursday, 24 March 2022 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 2:50 pm



Signed:

Date: 24 March 2022

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
27 May 2021	BoD/4537	NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Market place event to be considered to showcase the great work being done within Maternity Services	L. Robertson			As restrictions continue to ease planning will commence for an event towards the summer.
27 January 2022	BoD/4697	Patient Story Thanks of the Board to be conveyed to the family for allowing their patient story to be shared with the Board	L. Robertson		Completed	
27 January 2022	BoD/4701	Joint Partnership Board Update Revised Terms of Reference for the Joint Partnership Board to be presented back to a future meeting for approval by the Board of Directors	S. Hutt			Terms of Reference are due for review in April/May and will be presented once approved by the Joint Partnership Board.
27 January 2022	BoD/4701	Joint Partnership Board Update Update on the Joint Partnership Board to be provided at each board meeting going forward	B. Bright		16 March 2022	This is now a standing agenda item on the Public Board Agenda.
27 January 2022	BoD/4702	Report of the Chief Executive - Jane Metcalf Letter of thanks to be sent to Professor Jane Metcalf on behalf of the Board on her retirement	D. Dwarakanath		Completed	

Board of Directors

Title of report:	Joint Chair's Report										
Date:	24 March 2022										
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"> • COVID-19 • Site visits • NHS England / Improvement Report • Interim Non-Executive Director Appointments • Integrated Care Board Senior Appointments • Shining Stars • Volunteers 											
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

24 March 2022

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 Visiting and COVID-19

COVID rates remain high regionally but importantly demand on critical care services are much less. We continue to encourage wearing masks, appropriate social distancing and ensuring vaccination. Importantly we are delighted to welcome back visitors, following the Trust guidance. This is important for both patients and family but also brings back a sense of community to the hospital.

2.2 Site visits

Since the last Board meeting, myself and others have continued to visit departments and meet staff. I recently visited the Education Department and met staff and students and discussed their plans for the future. We will be developing an annual schedule which will allow us to include Governors to take part. Since January I have had two visits to the University Hospital of Hartlepool. Last week, myself and three Governors visited the Urgent Care Centre, Maternity Unit and ambulatory care area and met with patients. All staff were enthusiastic and proud of the services they are delivering.

2.3 NHS England / Improvement Report

A report detailing the outcomes and recommendations of an investigation carried out by NHS England / Improvement is expected at the end of March. The important aspect of this is to use this as an opportunity to progress and continue to develop services that the population deserve working across the ICS and with the Joint Partnership Board.

2.4 Non-Executive Director Interim Appointments

Since the last meeting, a number of changes have taken place in the Board membership, requiring some interim appointments to be sought. Any Non-Executive Director appointments are undertaken by the Nominations Committee, a sub-Committee of the Council of Governors, and I am pleased to announce that a new Non-Executive Director with financial experience has been appointed on an interim basis for six months. Further appointments will take place in the next few weeks.

2.5 Integrated Care Board Senior Appointments

In preparation for the commencement of the new North East North Cumbria Integrated Care System – Integrated Care Board a number of executive appointments have been made which include:

Dr Neil O'Brien – Medical Director

Prof Graham Evans – Chief Digital and Information Officer

Annie Laverty – Director of People

Claire Riley – Director of Corporate Governance, Communications and Involvement
Aejaz Zahid – Director of Innovation
Jon Connolly – Director of Finance
Dave Gallagher, Director of Place Based Partnerships (Central and Tees Valley)
Mark Adams, Director of Place Based Partnerships (North and North Cumbria)

It is anticipated the Integrated Care Board will commence in a shadow from 1 April 2022 and as an NHS statutory organisation from July 2022.

2.6 Shining Stars

Each year the Trust takes the time to celebrate the outstanding achievements of its staff as part of the Shining Stars event. It is really important to afford staff the recognition they deserve. Although the last two events were required to be held virtually due to the pandemic, the team are busy making plans for this year's event.

2.7 Volunteers

Volunteers play a vital part in the NHS contributing to a variety of roles from first responders, care companions, transport volunteers and Governors on the Council of Governors. The NHS Long Term Plan sets out a requirement for trusts to double the number of their volunteers over the next three years. The Trust has a vibrant and enthusiastic volunteer service and it has ambitious plans to have 400 active volunteers by March 2023, as well as providing new opportunities for volunteers, developing social entrepreneurial links and attracting a younger network of volunteers.

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:	24 March 2022										
Prepared by:	Julie Gillon, Chief Executive										
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. 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"> • COVID-19 current position and continued recovery • Staff Health and Wellbeing • Research and Development • Integrated Care System • 2022/23 Priorities and Operational Planning Guidance • North East and North Cumbria Provider Collaborative • Service and Estates Developments • Faculty for Leadership and Improvement • North Tees and Hartlepool NHS Foundation Trust Estates Strategy • Hartlepool Health Academy • VIP Visit • Visit to Rowan Suite, University Hospital of Hartlepool • GIRFT Annual General Meeting Deep Dive Visit • Consultant Appointments • Ukranian Crisis – Trust Response • Celebrating the role of overseas workers in health and care • Treatment Trial in Teesside 											
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

24 March 2022

Report of the Chief Executive

1. Introduction

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

2. Strategic Objective: Putting our Population First

2.1 Key Issues and Planned Actions

2.1.1 COVID-19 Current Position and Continued Recovery

2.1.1.1 COVID-19 Current Position

Although the NHS remains in a Level 4 incident position, on the 21 February 2022 the government published a plan, this country's plan, for Living with COVID: a 60-page document on living with the virus.

As at 18 March 2022, the Trust is caring for 36 COVID-19 positive patients, none of which requires critical care intervention.

The official figures indicate that the North East and North Cumbria currently has a rate of 431.4, (7 Day Infection Rate Per 100,000 Population based on Pillar 1 and Pillar 2 positive test results up to 14 March 2022). By comparison the rate for England, for the same time period, is 605.6 positive tests per 100,000 population. Both Hartlepool and Stockton are currently out of the top ten highest rates by Local Authority Area (14 March 2022), with infection rates of 264.6 and 327.5 respectively.

The Trust continues to support staff to deliver care and services within a safe Covid-19 approach and in line with guidance from both NHS England and UK Health and Security Agency (UKHSA). National IPC guidance has been recently refreshed alongside guidance relating to staff isolation and a continued adherence to PPE measures. The Trust has continued to support hospital visiting and maintain a virtual visiting offer. A full review of patient experience and communication to relatives and carers is underway to supplement a new environment of change and expectation.

The flu campaign for this year came to an end in February, with the Trust final vaccination rate sitting at 71.1%. The COVID vaccination rate is 82.3%.

2.1.1.2 Hospital Activity and Operational Pressures

A key objective of recovery continues to be delivering safe, high quality services and to restore our aspirations. The Trust will continue to maintain a zero position for >104 week waits and will start the next financial year with a small number of >52 week waits, predominantly unavoidable delays.. Robust planning is in place to achieve a zero >52 week position in Q1 and to continue offering support to the wider system, specifically in spinal, foot and ankle procedures for patients within the wider Tees Valley.

The Trust has worked collaboratively with local partners to:

- Support the provision of Covid-19 treatments for patients at highest risk of severe disease and hospitalisation through the Covid Medicine Delivery Unit.

- Support additional flu and covid vaccinations with a significant increase in staff vaccination rates. Trust provided vaccinations will now be suspended until the plans for spring and autumn booster vaccinations are clarified by the Joint Committee on Vaccination and Immunisation.
- drive down ambulance handover delays with dedicated work streams including joint Quality improvement initiatives with NEAS. The Trust was the third strongest performer in the country for share of ambulance handovers 30-60 minutes in the 2 weeks to 27 February (latest period that national comparative data was available.)
- Maintain a focus on timely discharge and admission avoidance. Super stranded patients (patients in hospital >21 days) continue to be the lowest in the region due to a continued focus on hospital flow, hospital discharge and community support. The range of community based services in the Trust supports safe and timely discharge including the provision of the two hour community response service, which will be expanded during 2022/23.
- Continue provision of insourcing services to maintain waiting list and waiting time trajectories.

2.1.1.3 Delivery plan for tackling the backlog of elective care

NHS England published the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care on 8 February 2022.

The plan highlights ambitions to eliminate waits of longer than twelve months for elective care by 2025; waits of longer than twelve months for elective care by March 2025; waits of longer than two years for care by July 2022; waits of over 18 months by April 2023; and waits of over 65 weeks by March 2024. Patients should also receive diagnostic tests (where required) by March 2024.

To support elective recovery the government plans to spend more than £8 billion from 2022/23 to 2024/25, supported by a £5.9 billion investment in capital – for new beds, equipment and technology. This is in addition to the £2 billion Elective Recovery Fund and £700 million Targeted Investment Fund (TIF) already made available to systems this year to help drive up and protect elective activity.

The challenge in recovering elective services should not be underestimated. It will require a huge collective effort to meet the ambitions described in the plan.

Discussions through the Provider Collaborative will inform strategic capital investment decisions. There is a clear theme from the Treasury that there is sufficient capacity within systems, albeit there may be workforce constraints leading to current underutilisation of capacity across the systems.

Issues of system capacity, workforce development and patient choice will need to be explored further and Newton Europe are supporting some data analysis at an ICS level to inform local decision making.

Further work is required to review the delivery plan requirements and align with the current planning guidance. Additional analysis of activity, capacity, demand and workforce requirements at a provider, ICP and ICS level will be required over the coming weeks and supports the current operational planning process.

2.2 Strategic Objective: Health and Wellbeing

2.2.1 Staff Health and Wellbeing

The intention is to now build upon the 2020 strategy to encompass psychological, social, physical and financial well-being to improve retention, reduce sickness and increase employee satisfaction which in turn will positively impact on patient care. A more preventative and proactive service, will align with wider health and wellbeing offers and focus will build on the wider principles of population health to ensure staff are well for longer and are able to fulfil their roles and deliver the best possible care to the patients and populations served.

A developing and ambitious leadership model continues in the Trust with the commencement of Cohort 2 (100 leaders programme) and a culmination of cohort 1 in a showcase event planned for March.

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

2.2.3.1 NOVAVAX Trial

With MHRA approval now granted, the Novavax trial has now closed. The recovery treatment trial for COVID inpatients is being supported by the research team. This is to enable delivery staff to open and recruit to other non-COVID drug trials. Recent local publicity has highlighted the success of Baricitinib in reducing deaths in patients who have been hospitalised with COVID-19, North Tees and Hartlepool NHS Foundation Trust was the first UK site to randomise a patient to this arm of the trial.

2.3 Strategic Objective: Transforming our Services

2.3.1 Integrated Care System (ICS)

It is expected that a further meeting of the Joint Management Executive Group (JMEG) led by Sir Liam Donaldson, Chair of the North East and North Cumbria ICS will focus on the establishment of the appropriate governance and requirements to support the Integrated Care Board (ICB) and Integrated Care Partnership constitution. Sam Allen, the ICB Chief Executive, will be visiting the Trust on 10 May 2022 to gain an understanding of service provision, future ambitions, collaborative working and meet with the clinical teams. The recruitment process to the Integrated Care Board continues and a formal announcement will be made in due course.

2.3.2 Annual Operating Plan Priorities 2022/2023

Following the publication of the 2022/23 priorities and operational planning guidance on 24th December 2021, the Trust has been engaged in working towards the key milestones of the annual planning submission. The final submissions are due in mid-April.

2.3.3 Provider Collaborative Development Session (PvCv)

The NENC Provider Collaborative (PvCv) continues to focus on governance and on the work plan in readiness for the new ICS formal structure, whilst also working collaboratively to address some key priorities.

2.3.4 Service and Estate Developments

2.3.4.1 Community Diagnostic Centres (CDCs)

The Trust continues to work in partnership with South Tees NHS Foundation Trust in the development and operational delivery of CDCs and an application was submitted to NHSE for ongoing revenue funding in 2022/23 to support CDC spoke sites. Funding is expected to be confirmed before the end of March 2022 in line with the national process. The plan in 2022/23 is to deliver an additional 60,000 diagnostic tests through CDC spoke sites at University Hospital Hartlepool, Lawson Street in Stockton-on-Tees and Redcar and the Friarage Hospital at South Tees.

In addition, a three-year high-level plan in response to national CDC planning guidance has been developed. The plan outlines the development of CDCs in Tees Valley including proposals for a new build CDC by 2025, which will be subject to a business case process. The demand and capacity analysis and workforce analysis has been completed. The feasibility study which is evaluating a long list of potential sites for the new build CDC is due to be completed by the end of March. The outcome of this process will recommend a preferred site assessed against the design criteria and time scales for construction, for inclusion in the business case.

2.3.4.2 Endoscopy Training Academy

Building work commenced in January on the Endoscopy Training Academy at the University Hospital of Hartlepool site. This will be completed by 18 June 2022 and recruitment of clinical and administrative staff to support operational delivery of the academy is underway. The development of the Endoscopy Training Academy supports the strategic plan of investment in Hartlepool Hospital and the targeted approach to population health, levelling up and a system approach to health and care.

2.4 Strategic Objective: Valuing our People

2.4.1 Faculty for Leadership and Improvement

The faculty continues to gain momentum for the future. The Pack Leaders from the first cohort of 100 Leaders Programme were invited to showcase and celebrate their collective achievements at a March event. They received their completion certificates and have been invited to be part of an on-going support network for future Pack Leaders.

Looking ahead to the next 100 Leaders project the first development sessions aimed at Pack Leaders, and the newly introduced Deputy Pack Leader roles, have commenced. These sessions will prepare leaders for the launch of Cohort 2 on 27 April, where they will be joined by Michael West, CBE who will be delivering a keynote speech on leadership in the NHS. The launch provides the opportunity to begin work on courageous changes.

The Emergency Department Team presented their quality improvement journey at the event achievements to date to the Navigation Team on 16 March 2022. The ambulance handover project is showing consistent improvements with excellent collaborative.

2.4.2 North Tees and Hartlepool NHS Trust Estate Strategy

The five year Estates Strategy (2022-2027) was approved at the Board Seminar on 13 January 2021. The current strategy builds upon the Trusts Expression of Interest submitted to the New Hospital Infrastructure Programme which clearly outlined the Trusts ambitions within the context of the Tees Valley and the re-development of the existing Trust Estate.

The strategy provides the next steps in the Trusts estate development and addresses the issues raised by the six facet survey, the opportunity to improve clinical adjacencies, enhanced patient and staff experience; to deliver value for money and develop a health system fit for the future.

The Trust is developing a Strategic Outline Case with programme governance to be overseen by both the Executive and Board of Directors.

2.4.3 Hartlepool Health Academy

In late 2019, the Local Government Secretary, in association with the Prime Minister, launched a £3.6bn Towns Fund to unleash the full economic potential of over 101 towns and level up communities throughout the country. In June 2021, it was announced that Hartlepool was successful in securing a £25m Towns Deal from the Government. The health academy is a joint venture with Hartlepool College for Further Education (HCFE) seeks to deliver a regionally significant training facility at the heart of current estate at the University Hospital of Hartlepool. The focus of the facility is to capitalise on three primary learning areas; State of the art simulation training, Apprenticeships and Corporate Social Responsibility

2.4.4 VIP Visit

The Trust hosted a visit by Wes Streeting, Shadow Secretary of State for Health and Social Care and Alex Cunningham, MP for Stockton North on Friday, 25 February 2022. During the course of the visit members of Trust staff had the opportunity to showcase the Breast Screening and Symptomatic Pathways, the A&E Department and the Rainbow Suite. This was an opportunity to discuss the future of health care for Teesside.

2.4.5 Visit to Rowan Suite, University Hospital of Hartlepool

Following her appointment to the Chair of the APPG for Maternity, Jill Mortimer MP confirmed she would be working closely with MPs as well as representatives from the Royal College of Midwives and the Royal College of Obstetricians to improve the quality of maternity services nationally, which is of significant importance to our local population. Jill had the opportunity to visit to the Rowan Suite on Friday, 11 March 2022 to further understand the challenges faced in local maternity service provision, the opportunity for investment and quality improvement and to hear from expert midwives on safe service delivery in local communities.

2.4.6 GIRFT Annual General Meeting Deep Dive Visit

The Trust took part in a virtual deep dive visit with representatives from GIRFT on 7 March 2022. The Trust were highly commended for coding, use of non-registered staff, discharge rates and zero length of stay. The team shared learning from other systems; an opportunity to continue on our aspiration to provide excellence as our standard.

2.4.7 Consultant Appointments

Since the last meeting on 27 January 2022 the Trust has appointed Consultants to the following specialties:

Dr Veslava Senina, Consultant Microbiologist

Dr Khairy G. Gad, Consultant Paediatrician with an interest in Respiratory

Dr Savin Pokhrel, Consultant Anaesthetist with an interest in Peri-Operative Medicine

2.4.8 Ukrainian crisis – a Trust response

Vladyslav Vovk a North Tees and Hartlepool doctor from Ukraine is leading the Trust's campaign to raise funds and send vital medical equipment to people in his homeland. Staff have established a financial fundraiser – exceeding a target of £5k in just four days. Donation stations have also been set up across the Trust for staff to donate essential items for delivery.

Working with colleagues at NTH Solutions, this demonstration of solidarity once again highlights how important community is in supporting the world at large. This is as part of a joint regional effort of NHS staff who have formed a group, Medical Aid Ukraine North East, to raise funds and collect supplies.

2.4.9 Celebrating the role of overseas workers in health and care

On 4 March 4 the Trust celebrated 'Overseas NHS Workers Day'. North Tees and Hartlepool NHS Foundation Trust has staff who come from more than 50 countries across the globe, representing just over 25% of the world's nations in Teesside. These staff work in a range of areas – including as doctors, nurses, health support workers, therapy, non-clinical – as well as many more. The Trust has highlighted the vital contribution diversity makes to health and care.

2.4.10 Treatment trialed in Teesside found to reduce deaths in patients hospitalised with COVID-19

A treatment trialed on patients at the University Hospital of North Tees has been found to improve health outcomes of patients admitted to hospital with COVID-19.

The University of Oxford-led RECOVERY trial has been testing a range of potential treatments for patients admitted to hospital for COVID-19 since March 2020. The Randomised Evaluation of COVID-19 Therapy (RECOVERY) trial has demonstrated that baricitinib, an anti-inflammatory treatment normally used to treat rheumatoid arthritis, reduces the risk of death when given to hospitalised

patients with severe COVID-19. The benefit was in addition to those of dexamethasone and tocilizumab, two other anti-inflammatory treatments which have previously been shown to reduce the risk of death in these patients.

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:	Board Assurance Framework Interim Quarter 4: 2021/22									
Date:	24 March 2022									
Prepared by:	Hilton Heslop, Associate Director of Corporate Affairs & Strategy									
Executive Sponsor:	Julie Gillon, Chief Executive Officer									
Purpose of the report	The aim of this paper is to provide assurance to the Board of Directors on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF) for Quarter 4; 2021/22 and the actions for addressing the identified gaps in controls and assurance. This report is an interim update ahead of a full BAF return scheduled for Quarter 4 end.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The BAF has 12 risk domains associated with delivery of the four strategic objectives – Putting our Population first, Valuing People, Transforming our Services and Health and Wellbeing. The principal risks consist of 35 threats.</p> <p>There are currently three principal risks that include a high risk rating within one or more of the threats:</p> <p>Strategic Risks 2A & 2B has an aligned high risk on the corporate risk register (6426) - Adverse impact, internally and externally from outcomes of employee relations/ET cases, governance structures are in place, including the People Committee and Executive team, to ensure implementation of actions and provide assurance to the Board on progress.</p> <p>Strategic Risk 3C has three associated high risks following an assessment by the Finance Committee in December 2021 and were reported to Board of Directors in January of this year. Relating to Cost Containment (6203) and relates to the delivery of the financial plan for 2021/22; Wider Health Economy Issues (6205) relating to the draft 6 Facet Survey report that underlines the fragility in some of the buildings (e.g. North Wing and Tower Block); and Delivery of Savings (6188) and the challenges to deliver the CIP programme for 2021/22, the current rate of progress to identify CIP for 2022/23.</p> <p>Strategic Risk 3E reflects two threats to the principal risk as being ‘High’ with reference to the completion of the ICP Clinical Services Strategy and the progression of the Tees Valley</p>										

and North Yorkshire Provider Collaborative due to the uncertainty faced across the ICS and this will continue to be monitored and reflected in the BAF.

A number of associated risks linked to corporate/operational functions are included in the Board Assurance Framework report.

There are no other current or emerging 'High' risks relating to performance and compliance during the current period. The risks and threats outlined above are reflected in minutes of relevant committees in addition to Executive Director summary papers.

A number of update reports/minutes are being tabled at the Board meeting to support assurance on the management of these key risks and include:

Strategic risk 1A (Patient Safety)

- Patient Safety and Quality Standards Committee

Strategic risk 2A/B (Workforce)

- People Committee minutes

Strategic risk 3C (Finance)

- Finance report Month 11
- Integrated Performance report
- Finance Committee minutes

Strategic risk 3E (Transforming our Services – ICS/ICP/Provider Collaborative)

- Planning, Performance and Compliance Committee minutes
- North Tees & Hartlepool/South Tees Hospitals Trusts Joint Working update
- North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration update

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

The report does not highlight any new risks.

Committees/groups where this item has been discussed	Patient Safety and Quality Standards Committee Planning, Performance and Compliance Committee Finance Committee People Committee Transformation Committee Digital Strategy Board
Recommendation	Board members are asked to note the report.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

24 March 2022

Board Assurance Framework, Quarter 4 Interim Report 2021/22

1 Purpose

- 1.1 The purpose of the report is to provide assurance to the Board on the principal risks to achieving the Trust's strategic objectives. This is an interim position statement ahead of a full report at Quarter 4 end.

2 Background

- 2.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation. The BAF provides evidence to support the Annual Governance Statement.
- 2.2 The BAF provides assurance to the Board of the key risks and identifies which of the objectives are at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigation action and address the issues identified in order to deliver the Trust's strategic objectives.
- 2.3 The process for gaining assurance is about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committee with undertaking scrutiny and assurance of the following:
- Controls in place
 - Assurances in place and whether they give positive or negative assurance
 - Gaps in controls or assurance
 - Actions to close gaps and mitigate risk
- 2.4 Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.

3 Details

- 3.1 The BAF has **12 principal risks** associated with delivery of the 4 strategic objectives Putting our population first, Valuing People, Transforming our services and Health and Wellbeing. The principal risks consist of **35 threats**.
- 3.2 There are currently 3 principal risks that are assessed with a **high** risk rating within one or more of the threats. There has been no change to the risk ratings since the last report in January 2022. A summary of the individual High rated risks is noted below.
- 3.3 The Board of Directors annual cycle of business ensures that all risks are reviewed within the sub-Committee structure to ensure there is consistency, alignment and relevance to the principal risks for the appropriate Committees.

3.4 The Board Sub-Committees relating to the 3 principal risks have reviewed their BAF risks since the last report to the Board in January and February 2022. The minutes from those meetings provide the assurance that Committees have tested the controls in place and have receive assurances in relation to any gaps or mitigations required to provide the Board with the level of assurance it needs.

3.5 Trust Board of Directors

A number of assurance reports and updates are being tabled today at Board of Directors and they cover:

3.6 **Principal risk 1** (Workforce 2A/B) - There is a risk that people processes, procedures and policies are not sufficiently robust or consistently applied resulting in effective practices in people management and employee relations cases/employment tribunals that will have an adverse impact on the Trust from a performance, finance, reputation, quality and people perspective.

- People Committee minutes

3.7 **Principal risk 2** (Finance 3C) - The Trust does not deliver the 2021/22 financial plan as submitted to NHSI/NHSE (including future years).

- Finance report Month 7
- Integrated Performance report
- Finance Committee minutes

3.8 **Principal risk 3** (Innovation and Integration 3E) - The Integrated Care Partnership fails to deliver a sustainable model of integrated services that meet the needs of the population across Stockton and Hartlepool, and puts at risk the longer term sustainability of healthcare services across the locality and the wider region in the system delivery against the four elements of the work programme - Integrated Care System, Tees Valley Integrated Care Partnership, Tees Provider Collaborative , and NHS Long Term Plan.

- Planning, Performance and compliance Committee report

3.9 The following associated high rated risks are monitored through the Trust's corporate risk register:

Risk 6434 relates to the ability to learn from national safety alerts. This is specifically linked to procurement and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls.

Risk 6379 relating to Pathology Consultant Staffing with challenges experienced due to vacancies, inability to recruit and increasing demand. Workforce challenges within pathology is recognised and forms part of the current Pathology collaborative work.

Risk 6404 relating to ICT staffing levels which was reviewed during December/January 2022 and resulted in the risk rating increasing from moderate (9) to high (16) due to further staff leaving. Controls have been implemented to mitigate risk relating to managing project requirements to reduce that impact to business as usual.

- 3.10 All high rated corporate/operational risks are monitored and reviewed by risk managers/owners to ensure mitigations are in place and appear on the Board Assurance Framework as associated risks only.

4 Next quarter report

- 4.1 Previously as part of presentation to the Board of Directors, a comprehensive and full analysis of all BAF risk domains, following similar reports and presentations to sub-committees, has been undertaken to provide assurance of the controls that are in place to minimise and mitigate the consequences of strategic risk to the organisation.
- 4.2 Board front sheets will identify the level of assurance being provided within the report. The approach to lead committee assurance ratings will be tested out at Executive Team and a standardised approach will be provided to all Committees.

5. Recommendations

- 5.1 Actions are in place and being taken forward to mitigate the risks noted above, and the issues form part of regular discussions at the key Committees as well as being a focus of Executive Team discussions as part of the monthly Risk Management reporting.
- 5.2 The Board of Directors is therefore asked to note the report.

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

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Integrated Compliance and Performance Report									
Date:	24 March 2022									
Prepared by:	Lindsey Wallace – Interim Deputy Director of Planning & Performance Lynsey Honeyman - Planning and Performance Manager Keith Wheldon – Business Intelligence Manager									
Executive Sponsor:	Linda Hunter, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Natalie McMillan, Interim Chief of People Officer Neil Atkinson, Director of Finance									
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report outlines the Trust’s compliance against key access standards in February 2022 including quality, workforce and finance.</p> <p>Summary</p> <ul style="list-style-type: none"> Operational and workforce pressures eased in February, however continued to impact on performance against key standards and recovery. An agile flexible bed base continues, as staffing allows, on a daily basis and as demand arises. Performance and Quality standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust. The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures. All standards in relation to operational efficiencies are under review as part of the Trusts preparation towards the Annual Operating Planning for 2022/23. Ambulance handover delays have seen an improvement with the Trust continuing to work with NEAS. Staff sickness was a key challenge throughout January 22 with recovery noted in February. 										

<ul style="list-style-type: none"> • Work continues to review recruitment and retention rates which has seen a month on month increase, including alternative workforce models to meet current organisational pressures. 	
<p>How this report impacts on current risks or highlights new risks:</p>	
<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, recovery, winter and staffing resource.</p> <p>Associated risks are outlined within the Board Assurance Framework</p>	
<p>Committees/groups where this item has been discussed</p>	<p>Executive Team Meeting Audit Committee Planning, Performance and Compliance Committee</p>
<p>Recommendation</p>	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • The performance against the key operational, quality and workforce standards. • Acknowledge the 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.



North Tees and Hartlepool
NHS Foundation Trust

Integrated Corporate Report



March 2022



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

Natalie McMillan

Interim Chief People Officer

Workforce

Neil Atkinson

Director of Finance

Finance

Introduction



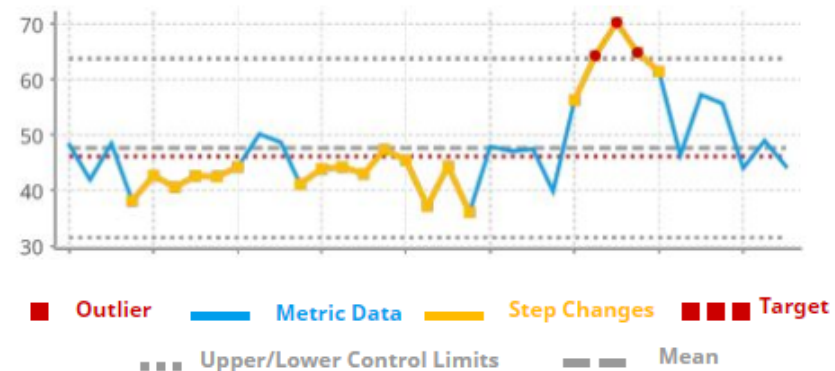
Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of February 2022 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, 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 6 or more consecutive points above or below the *mean*. The Trust chose 6 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

Operational and workforce pressures eased in February although the Covid-19 legacy continues to impact on performance against key standards and recovery. An agile flexible bed base continues, as staffing allows, with additional beds opened to respond to demand. Covid admissions and staff sickness continues to reduce which has contributed to the ease on pressures; supporting the Trusts ability to support the system with a number of ambulance diverts and deflections received.

Executive Summary



SOF and Efficiency & Productivity

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 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.

Insourcing continues to support additional weekend and in week lists to maintain recovery of elective waiting times. Clinical teams continue working hard to maintain business as usual, with strong oversight and management through the Trust's governance structures.

The Trust has submitted the draft response following the publication of the 2022/23 priorities and operational planning in accordance with the required timelines with a final submissions due in April.

Safety & Quality

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

The latest HSMR value is currently reporting at 87.81 (December 2020 to November 2021) which has decreased from the previous rebased value of 88.99 (November 2020 to October 2021). The latest SHMI value is 97.95 (September 2020 to August 2021) which remains within the control limits.

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

The number of Stage 1 complaints has increased during February 2022, with Stages 2 and 3 both seeing a slight decrease. The number of complaints received this month is consistent with pre-Covid status.

The number of red risks has remained higher than the mean over last few months but remain within the expected variance, demonstrating a dynamic risk management process.

Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

Workforce

Covid-19 vaccinations are no longer a mandatory requirement for health and social care workers from 1 April. The Trust is still encouraging staff to take up all vaccinations.

Following the recent ratification of the revised Attendance Management Policy, resources are now live on sharepoint. A specific training programme is planned for launch in April.

Training on the management of Probationary Periods is currently being delivered to all line managers.

Work continued across the Trust to provide both Covid and Flu vaccinations to staff. As at the end of February over 94% of staff had received a 1st and 2nd dose of the covid vaccination and 82% had received a booster. The flu campaign closed at the end of the month, with 71% of staff having been vaccinated against the virus. Whilst this is lower than in previous years the Trust still achieved the second best uptake percentage in the region.

Collaborative work has taken place to complete the NHS Health and Wellbeing Framework, with staff from across the organisation analysing the current offer and providing a gap analysis. This information will be utilised to update the Health and Wellbeing Strategy and provide a structure for the on-going health and wellbeing offer. Regular monthly topics continue, with February's focussing on 'Time to Talk' and mental health.

As at 28 February 2022, the number of active volunteers is 234, an increase on the previous months figure. Recruitment continues at pace with 11 new starters this month, offset by some student volunteers suspending their activity due to exams. Interest remains high, checks are being progressed for 44 recent applicants. Future recruitment is planned to accommodate a further 85 expressions of interest.

Finance

For 2021/22 the Trust has an overall plan to breakeven. At M11, the Trust is forecasting a year-end surplus of £8m.

At month 11, the Trust is reporting an in-month surplus of £0.256m against a planned breakeven position.

The Trust is reporting a year to date surplus of £7.696m against a plan of £3m (based on a planned breakeven position at year-end).

Total Trust income in M11 is £31.828m (including donated asset income).

Month 11 pay expenditure totalled £20.429m (removing the impact of the pay award) of which £0.269m is additional spend relating to the Covid-19 response and includes costs associated with Covid-19 testing.

Month 11 non-pay expenditure totalled £11.178m of which £0.158m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

The month 11 year to date net contribution from Optimus is £0.266m against a plan of £0.102m (£0.164m ahead of plan) and the year to date net contribution from the LLP is £2.009m against a plan of £1.479m (£0.530m ahead of plan).

At Month 11, the Group cash balance is £70.2m, compared to a plan of £66.9m.

At Month 11, the Trust has spent £14.1m against a year-to-date plan of £14.1m.

At Month 11, key risks continue to relate to: the identification and under-delivery of recurrent efficiency savings; under-delivery of non-recurrent plans; the impact of the reduction in the useful economic life of Trust buildings and the uncertainty relating to funding arrangements for 2022/23. These risks continue to be assessed on a monthly basis.

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	✘ Jan-22	86.83%	93.00%		<p>Cancer</p> <p>Challenges in delivering against cancer standards continues with similar issues experienced across the alliance/ system. The Trust achieved four out of the nine cancer standards with issues including, inadequate capacity from an inpatient and diagnostic perspective, complex pathways that cover multi tumour groups at cancer centres, Covid and patient choice. Pressures remain across the majority of tumour specific pathways.</p> <p>The Trust does remain comparable to regional positions and is performing above the national average for 2-week rules and 62 days referral to treatment.</p> <p>The Trust remains committed to a collaborative approach through the South Cancer Cell initiative alongside South Tees NHS Foundation Trust, ensuring equitable access to treatment for all patients.</p> <p>Some quality initiatives include; insourcing supporting additional in week and weekend lists, cancer delivery groups led by lead clinicians and specialist nurses, cancer navigator posts in all tumour groups, pathway reviews, capacity and demand and dashboard development to allow a visual aid of pathways, monitoring and real time intelligence.</p>
Breast Symptomatic Two Week Rule	✘ Jan-22	85.00%	93.00%		
28-day Faster Diagnosis	✔ Jan-22	78.10%	75.00%		
New Cancer 31 Days	✔ Jan-22	97.28%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔ Jan-22	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✘ Jan-22	87.50%	94.00%		
New Cancer 62 Days	✘ Jan-22	64.34%	85.00%		
New Cancer 62 Days (Screening)	✘ Jan-22	83.33%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✔ Jan-22	100.00%	85.00%		

Single Oversight Framework

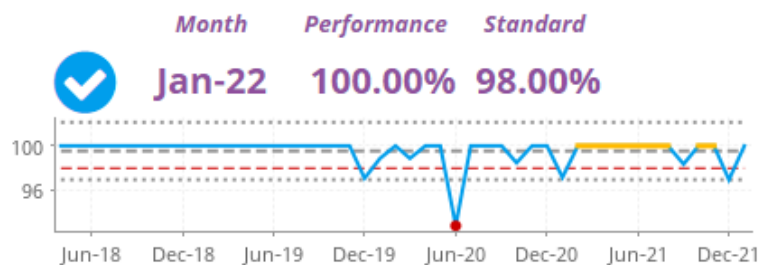


North Tees and Hartlepool
NHS Foundation Trust

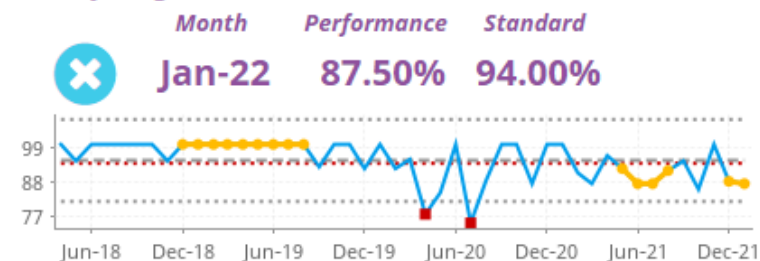
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✘ Feb-22	83.59%	92.00%		<p>RTT</p> <p>The Trust has seen an increase to the overall RTT waiting list this month reporting a 4% (n=684) increase compared to September 2021 (standard set within H2 planning guidance). However the latest benchmark (January 2022) places the Trust in 2nd position regionally, in terms of compliance against standard. No Trust within the region reported above the 92% standard. Regional average was 73% (range 60.9% to 87.7%).</p> <p>Whilst the waiting list has seen an increase, the number of patients waiting greater than 52 weeks has seen a month on month reduction reporting 54 this month compared to 65 last month. To add context, regionally there are 7,534 patients waiting over 52 weeks with a range of 35 (lowest) to 3829 (highest), which is also showing a downward trend.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✔ Feb-22	27.43	28.00		
Incomplete Pathways Wait (Median)	✘ Feb-22	8.43	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✘ Feb-22	54	0		
Diagnostic Waiting Times and Activity	✘ Feb-22	92.61%	99.00%		<p>Diagnostics</p> <p>An improvement in performance is reported for February at 92.61%, with a 44% reduction (n=412) in the number of patients waiting longer than 6 weeks. In January the regional average reported 73.82% with a range of 52.64% (lowest) to 98.51% (highest), with the Trust ranking in 3rd position.</p> <p>Key areas of pressures continue to be Endoscopy, MRI, CT and Cardiology. Additional MRI capacity has been agreed until end of September.</p>
Community Information Dataset - Referral Information	✔ Jan-22	96.19%	50.00%		
Community Information Dataset- Referral to Treatment Information	✔ Jan-22	97.96%	50.00%		
Community Information Dataset - Treatment Activity Information	✔ Jan-22	92.78%	50.00%		
Community Information Dataset - End of Life	✔ Jan-22	81.62%	50.00%		

Statistical Process Control (SPC) Charts

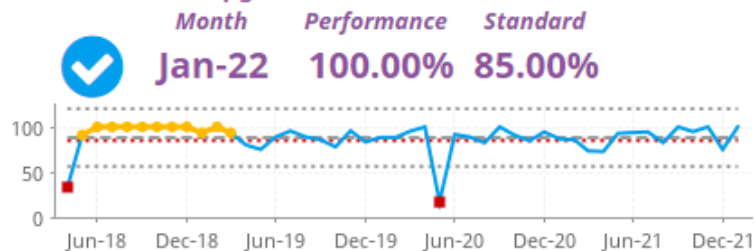
Cancer - 31 Day Drug Treatment



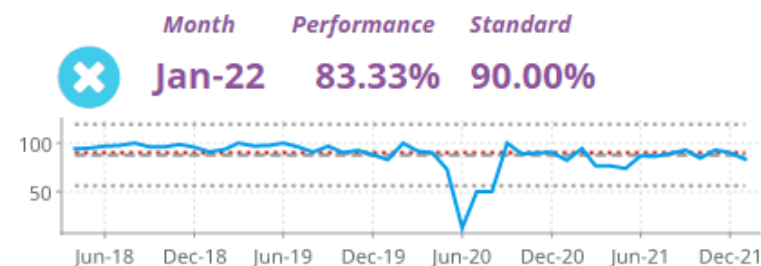
Cancer - 31 Day Surgical Treatment



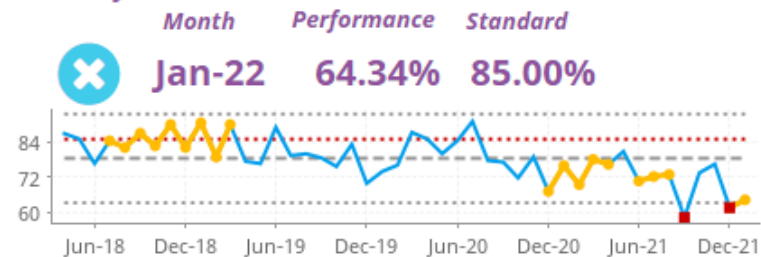
Cancer - 62 Consultant Upgrade



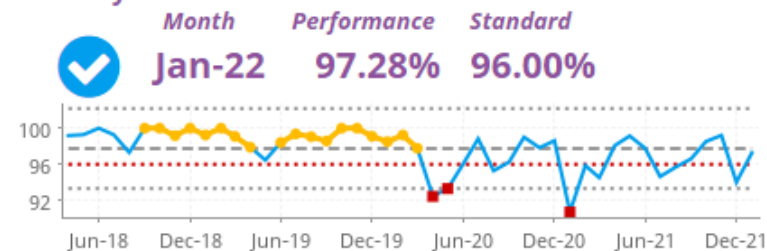
Cancer - 62 Days Screening



Cancer - 62 Days



Cancer - 31 Days



Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule

✘

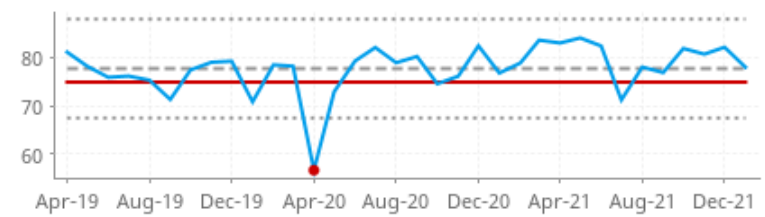
Month	Performance	Standard
Jan-22	86.83%	93.00%



Cancer - 28day Faster Diagnosis

✔

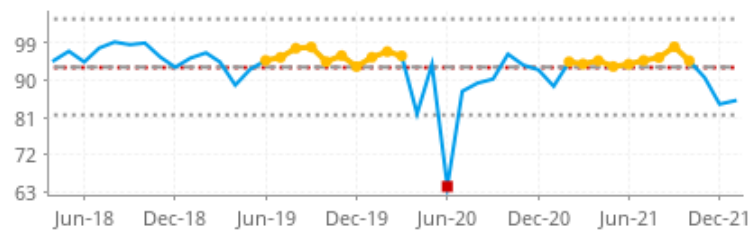
Month	Performance	Standard
Jan-22	78.10%	75.00%



Cancer - Breast Symptomatic

✘

Month	Performance	Standard
Jan-22	85.00%	93.00%



Diagnostic Waiting Times

✘

Month	Performance	Standard
Jan-22	86.01%	99.00%

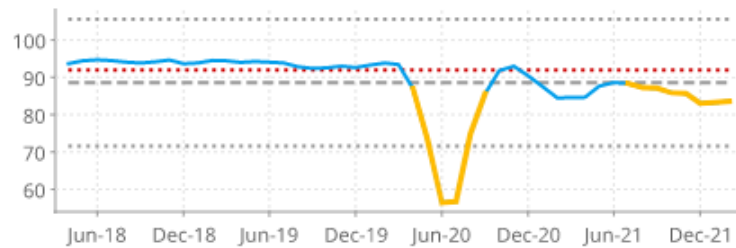


Statistical Process Control (SPC) Charts

Referral To Treatment- Incomplete Pathways Wait (92%)

✘

Month	Performance	Standard
Feb-22	83.59%	92.00%



Referral To Treatment - Incomplete Pathways Wait (Median)

✘

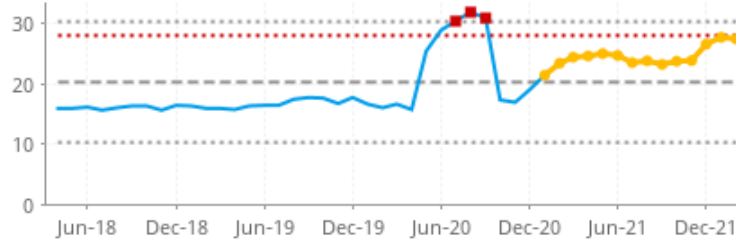
Month	Performance	Standard
Feb-22	8.43	7.20



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

✔

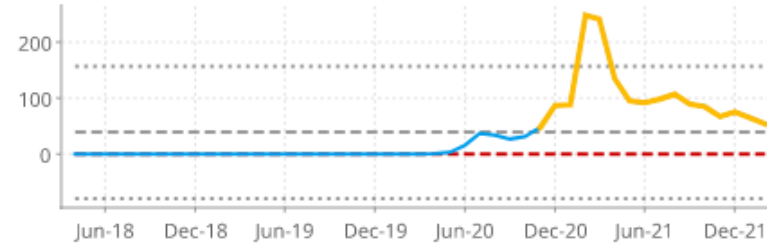
Month	Performance	Standard
Feb-22	27.43	28.00



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

✘

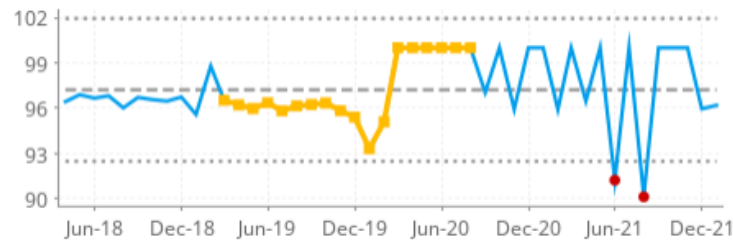
Month	Performance	Standard
Feb-22	54	0



Statistical Process Control (SPC) Charts

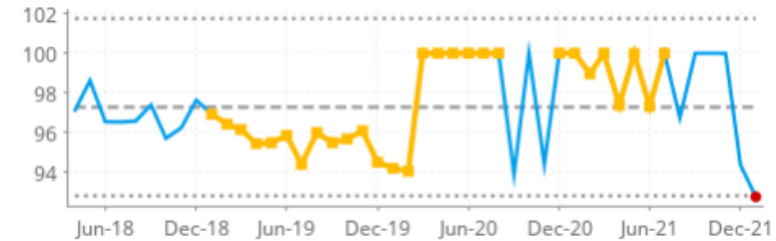
Community Information Dataset - Referral Information

Month	Performance	Standard
Jan-22	96.19%	50.00%



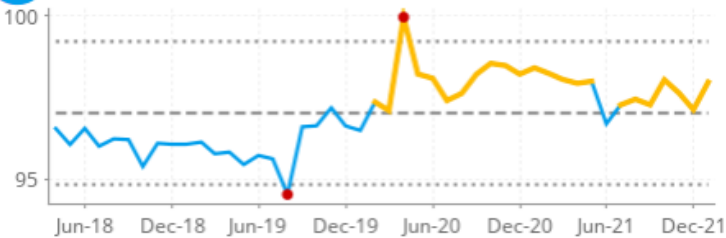
Community Information Dataset - Treatment Activity Information

Month	Performance	Standard
Jan-22	92.78%	50.00%



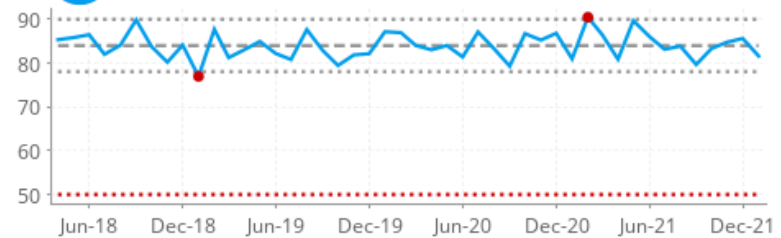
Community Information Dataset - Referral to Treatment Information

Month	Performance	Standard
Jan-22	97.96%	50.00%



Community Information Dataset - End of Life

Month	Performance	Standard
Jan-22	81.62%	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)	✗ Feb-22	8.94%	7.20%		Did Not Attend (DNA) Overall the combined DNA rate remains positive, however, slight increase is noted within New DNA rates. Virtual appointments continue in accordance with national guidance, with 21% of appointments offered via video/telephone with work ongoing to increase Patient Initiated Follow Ups (PIFU).
Outpatient Did Not Attend (Review)	✓ Feb-22	8.88%	9.00%		
Outpatient Did Not Attend (Combined)	✓ Feb-22	8.80%	9.20%		
Average Depth of Coding	✓ Jan-22	6.19	3.01		
Length of Stay - Elective	✓ Feb-22	1.85	3.14		Bed Occupancy Covid related admissions continue on a downward trend throughout February, slightly easing bed occupancy pressures. Management of Covid and non-Covid patients continues, with resilience supported through a flexible bed base. Bed occupancy peaked on the 14 February 2022 to 92.29%, with 30 escalation beds open. The maximum number of additional beds were open on 15 February (37).
Length of Stay - Emergency	✓ Feb-22	2.64	3.35		
Day Case Rate	✓ Feb-22	87.97%	75.00%		
Pre-op Stays	✓ Feb-22	2.03%	4.50%		
Trust Occupancy	✗ Feb-22	87.19%	85.00%		Readmissions An increase in readmission rates can be seen this month. Main reasons for readmission are respiratory disorders accounting for 13%, non-malignant hepatobiliary or pancreatic disorders 3%, sepsis 3% and arrhythmia disorders 2% although small numbers. Data cleansing and capture continues to be a focus.
Re-admissions Rate 30 Days (Elective and Emergency)	✗ Dec-21	9.27%	7.70%		

Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✘ Feb-22	88.10%	95.00%		<p>Electronic Discharge Summaries</p> <p>Care Groups are reviewing current processes which includes a detailed review of discharge summaries and reporting methodologies.</p> <p>Ambulance handover</p> <p>NEAS monthly handover report indicates circa 1707 (30-60 minute) ambulance handover delays across North East and Cumbria providers in February with 641 over 60 minutes. NEAS reported the Trust at 56.8% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 47.0% with performance ranging between 25.9% and 58.2%.</p> <p>The Trust is committed to improving compliance with ambulance turnaround times and continues to work with NEAS.</p> <p>Quality initiatives within the Emergency Department are focused on improving ambulance turnaround times in accordance with standards set out in the Annual Operating Plan.</p>
Cesarean -Section Rates	✔ Feb-22	12.69%	15.60%		
Decision To Admit (DTA) (over 12 hours)	✔ Feb-22	0	0		
Time to Initial Assessment (mean) Type 1 & 3	✔ Feb-22	9.92	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✘ Feb-22	6	0		
Number of Ambulance Handovers waiting more than 60 Mins	✔ Feb-22	0	0		
Super Stranded	✔ Feb-22	46	61		

Efficiency & Productivity



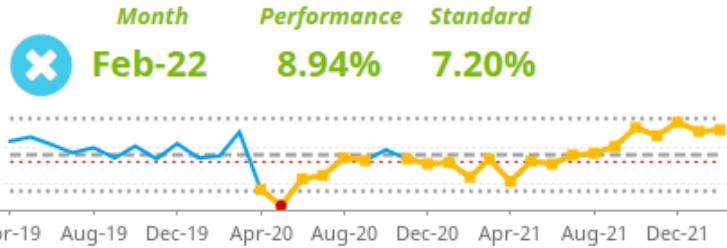
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Touch Time Utilisation	✘	Feb-22	66.93%	80.00%	<p>Theatre</p> <p>In February 2022, the integrated theatre work is still ongoing reducing elective capacity however, this has had minimal impact on session utilisation. Theatre session utilisation has improved compared to the previous month. The daily Theatre Prioritisation meeting remains in place to ensure lists are as efficient as possible with minimal impact on patient pathways with Insourcing continuing to support lists in week and on weekends. Cancellations are reviewed in the weekly Theatre Allocation meeting.</p> <p>1 patient was not -reappointed within 28 days due to elective capacity.</p> <p>The Trust continues to work in collaboration with South Tees to support long waits for Spinal procedures.</p>
Overrun Sessions	✔	Feb-22	23.36%	36.00%	
Session Utilisation	✘	Feb-22	69.57%	92.50%	
Cancelled on Day of Operation %	✔	Feb-22	7.01%	8.80%	
Cancelled procedure - Non medical	✔	Jan-22	0.50%	0.80%	
Not reappointed within 28days	✘	Jan-22	1	0	

Efficiency & Productivity

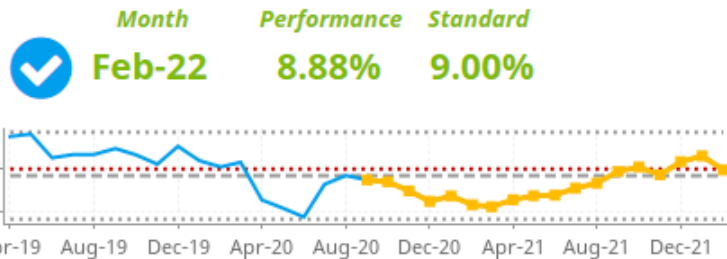


Statistical Process Control (SPC) Charts

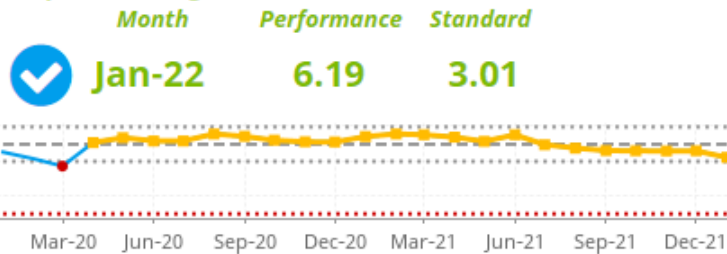
Outpatient Did not Attend (New)



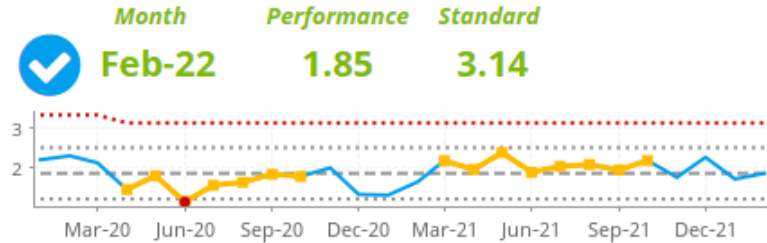
Outpatient Did Not Attend (Review)



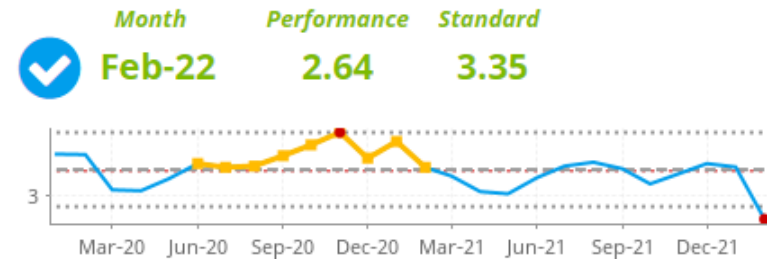
Average Depth of Coding



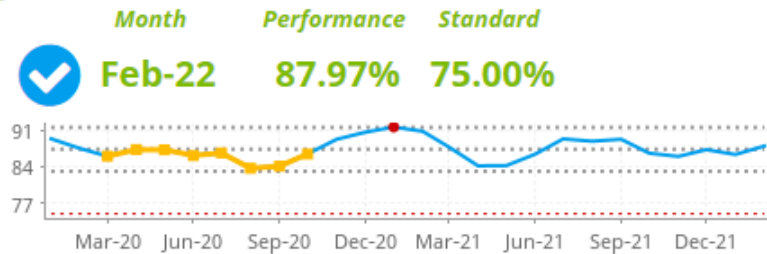
Length of Stay - Elective



Length of Stay - Emergency

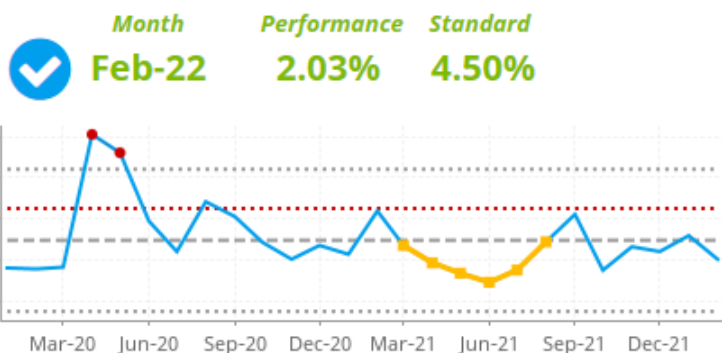


Day Case Rate

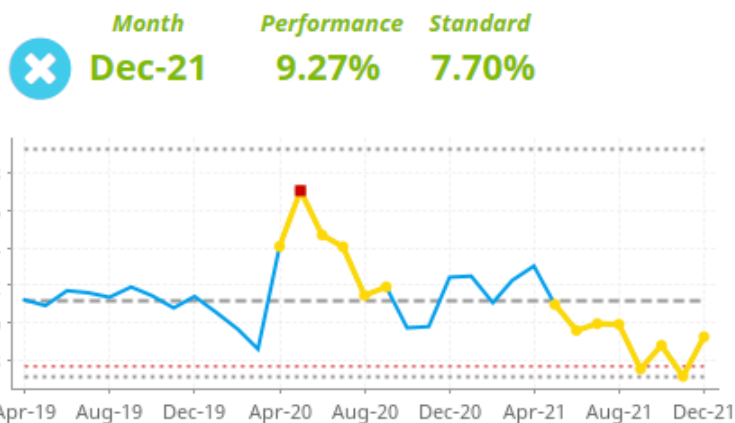


Statistical Process Control (SPC) Charts

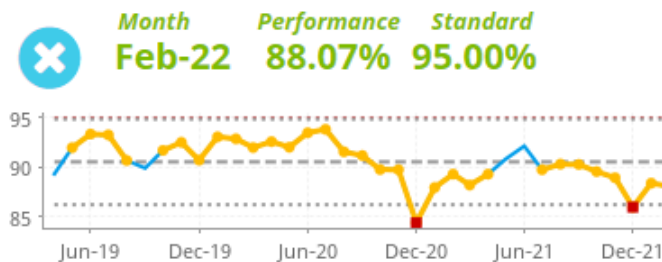
Pre-op Stays



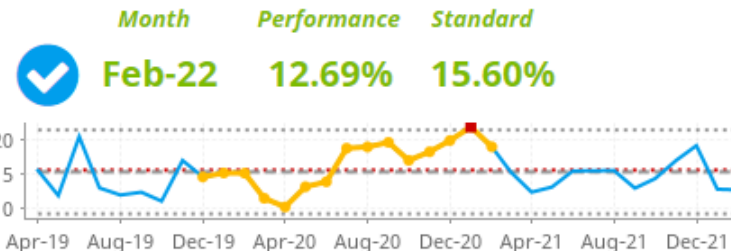
Re-admissions Rate 30 Days (Elective and Emergency Admission)



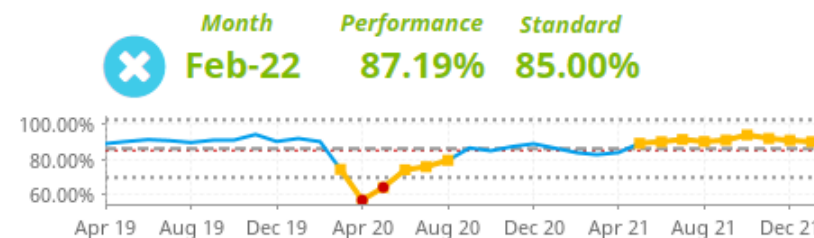
Electronic Discharge Summaries



Cesarean-Section Rates

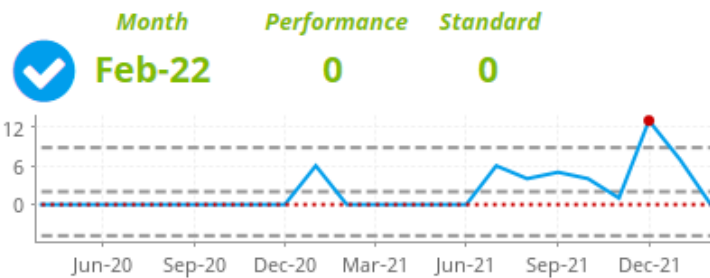


Trust Occupancy

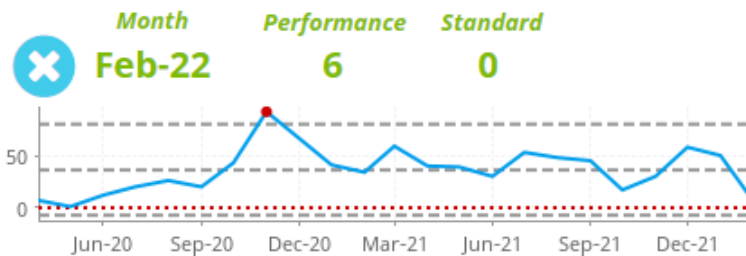


Statistical Process Control (SPC) Charts

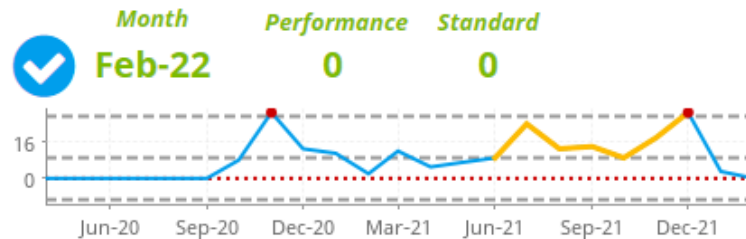
Trolley Waits over 12 hours



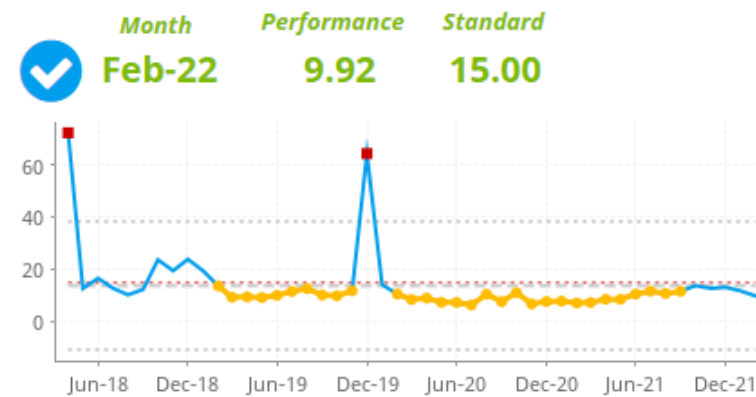
Number of Ambulance Handovers waiting more than 30 mins



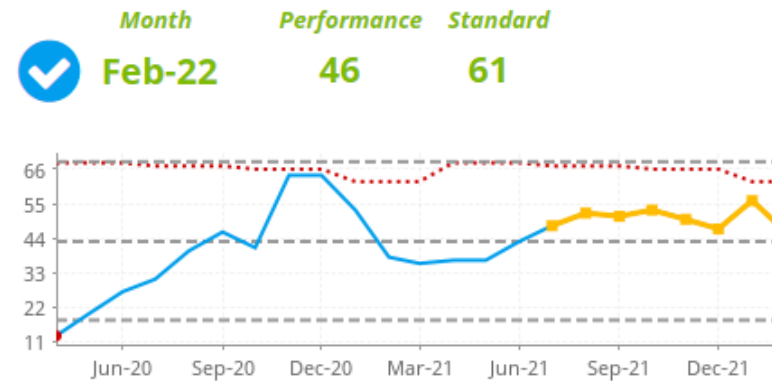
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

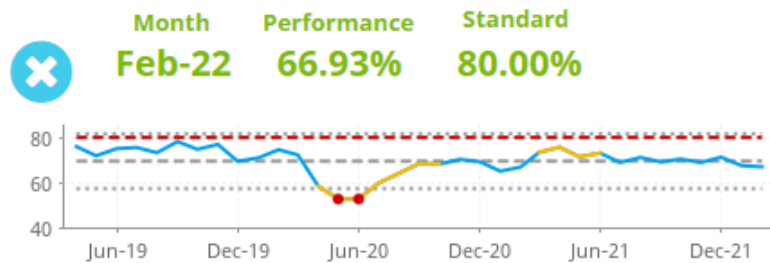


Efficiency & Productivity

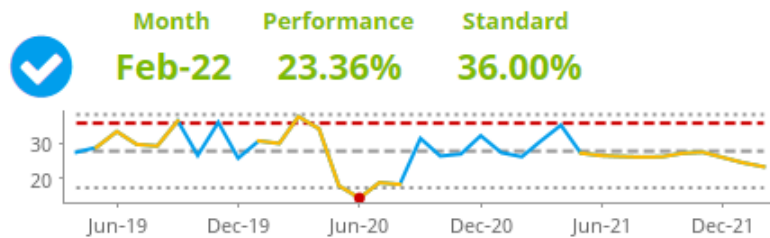


Statistical Process Control (SPC) Charts

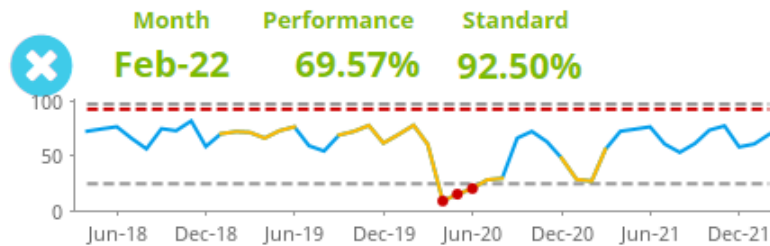
Touch Time Utilisation



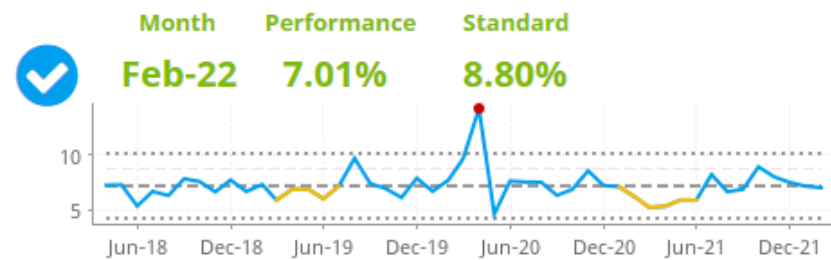
Overrun Sessions



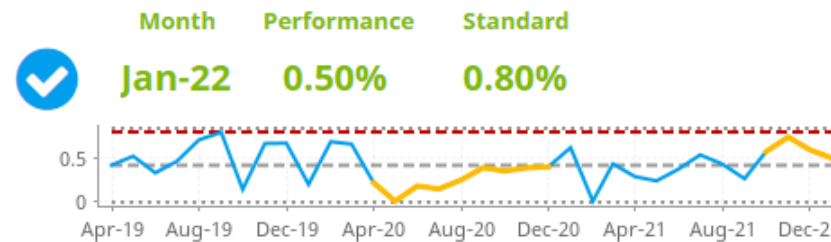
Sessions Utilisation



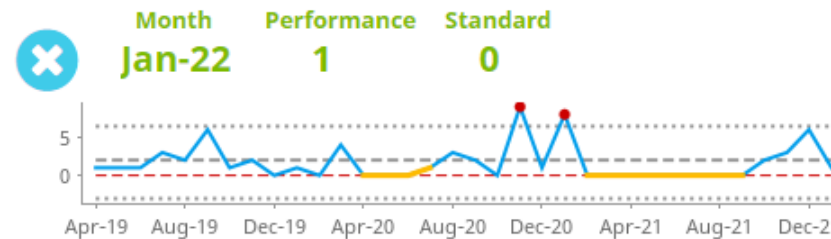
Cancelled on Day of Operation %



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	✘ Feb-22	90.63%	93.50%		<p>TCS Standards</p> <p><i>TCS24</i> February's performance has been impacted by a lower response rate compared to previous months.</p>
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✘ Feb-22	70.24%	90.00%		<p><i>TCS35b</i> Delays with the delivery of electric wheelchairs from the supplier continued in February. Whilst the Trust is working with contracts and procurement to find resolution, the service is undertaking a review and validation of the waiting list, ensuring the appropriate RTT rules are being adhered to.</p>
Diabetic Retinopathy Screening	✔ Feb-22	98.03%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✔ Feb-22	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✔ Feb-22	6.00	18.30		

Efficiency & Productivity

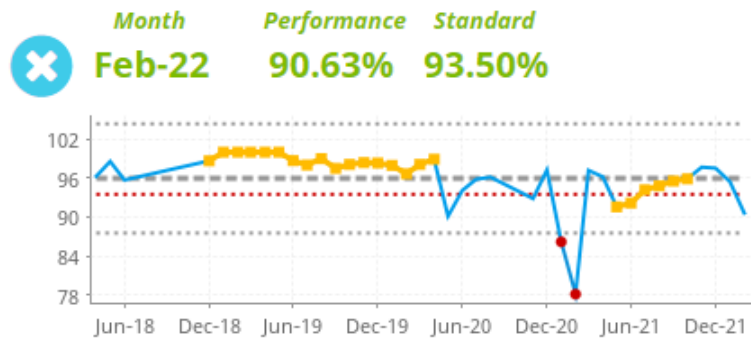


North Tees and Hartlepool
NHS Foundation Trust

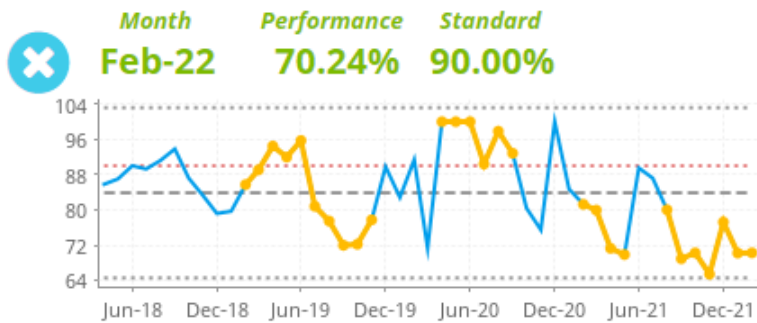
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 year Trend	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✗ Jan-22	114.50	103.11		<p>PHQ Indicators</p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community 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.</p> <p>All indicators have been affected by seasonal pressures and expected at this time of year. Main reasons for admissions are Respiratory, Diabetes, Heart disease, Urine infection and acute Bronchiolitis.</p> <p>These standards are currently being reviewed with a view to be revised and replaced moving into 2022/23.</p> <p>High Risk Trans Ischaemic Attack (TIA)</p> <p>A decline in performance can be seen in February, however numbers are small, with 4 patients not assessed within 24 hours due to availability of appointments.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✗ Jan-22	20.02	14.06		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✓ Jan-22	59.25	64.07		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✗ Jan-22	28.92	23.17		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✓ Feb-22	92.68%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✗ Feb-22	60.00%	75.00%		

Statistical Process Control (SPC) Charts

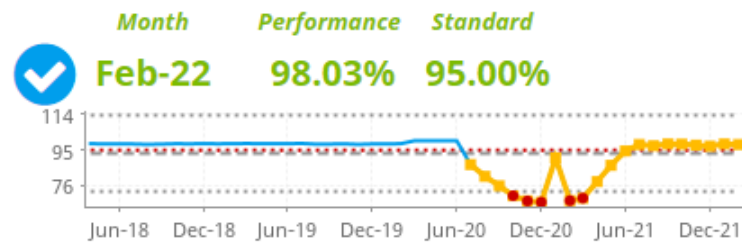
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



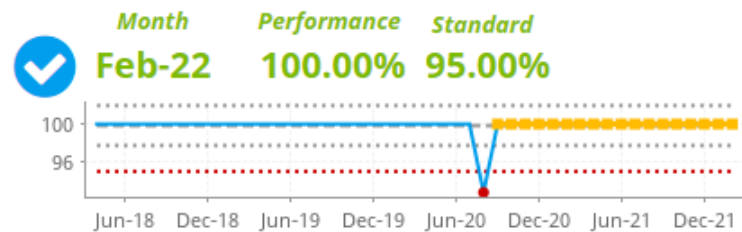
TCS35b - % of Wheelchair referrals completed within 18 weeks



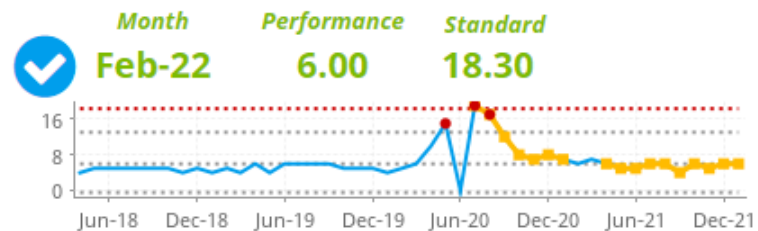
Diabetic Retinopathy Screening



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



Audiology non-admitted wait (92nd Percentile)

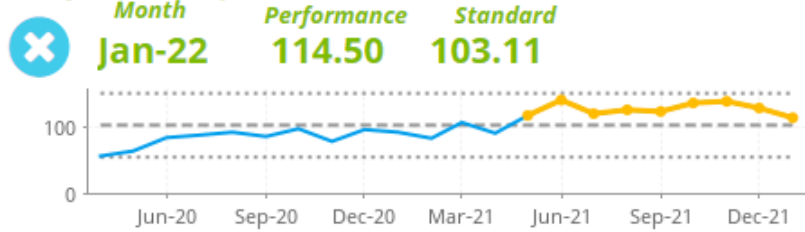


Efficiency & Productivity

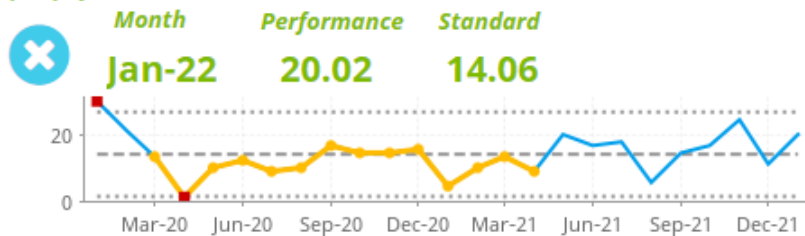


Statistical Process Control (SPC) Charts

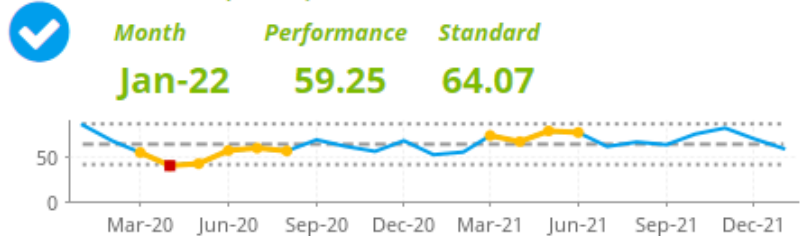
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



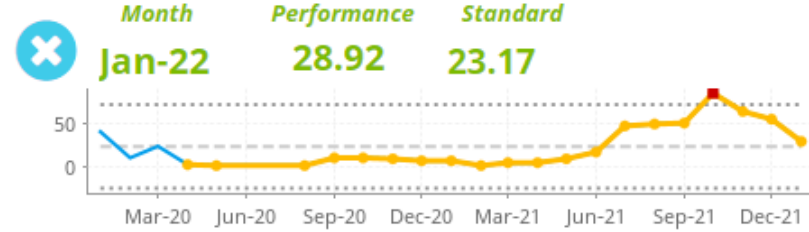
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



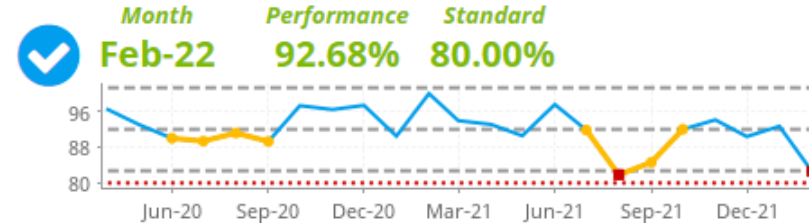
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



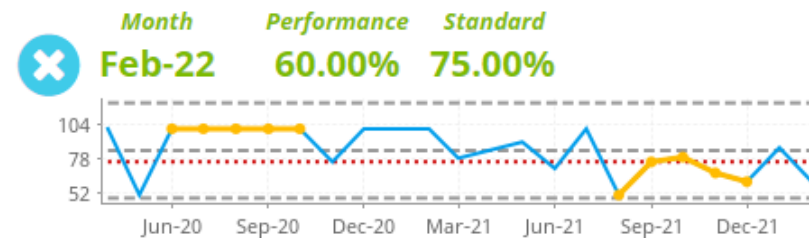
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



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
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		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Dec 20 - Nov 21	87.81	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Sep 20 - Aug 21	97.95	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Feb-22	105	90	
Stage 2 Complaint	✓	Feb-22	5	5	
Stage 3 Complaint	✓	Feb-22	7	10	
Compliments	✗	Feb-22	218	245	

Mortality

The latest HSMR value is currently reporting at 87.81 (December 2020 to November 2021) which has decreased from the previous rebased value of 89.99 (November 2020 to October 2021). The latest SHMI value is now 97.95 (September 2020 to August 2021) which has decreased from the previous rebased value of 98.89 (August 2020 to July 2021).

Complaints

The number of complaints has slightly increased in February compared with the previous month, however there has been a slight reduction in stage 2 and 3 complaints. 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.

Limited visiting continues on an appointment basis. However, families continue to be supported through John's Campaign and provisions for those patients at End of Life. During February 2022, communication was the highest reported main issue in concerns raised to the Trust, although it is noted this theme has decreased from the previous month. Complaint trends are discussed during weekly Safety Panel meetings and Senior Clinical Professional Huddles, supporting timely identification of the themes.

The communication plan introduced in January 2021 remains in place to ensure 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. The number of relatives arranging virtual visits has decreased from 31 in January 2022 to 13 in February. The drop off service also saw a decrease to 17 in February 2022 compared to 51 in January. However, this also fell to 17 in February 2022. The Trust is introducing a Virtual Visiting Hub, staff will arrange visits and facilitate them on the ward with the assistance of our Trust Volunteers.

Compliments

The Trust records the compliments received onto the Greatix platform. For February 2022 the number of compliments received is 218, which is lower than the mean of 245 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.

Safety & Quality











North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Red Risks	Feb-22	6	4		<p>Never Events</p> <p>Never event reported as an incident on 31st January and then reported as an SI on 2nd February.</p>
Never Events	Feb-22	0	0		<p>Incorrect patient listed for an invasive diagnostic investigation; patient had the investigation and it was later recognised the request had been made for the incorrect patient. The patient is aware and unharmed; the correct patient has had the required investigation.</p>
VTE %	Feb-22	93.89%	95.00%		<p>Venous Thromboembolism Compliance %</p> <p>The Trust is reporting that 93.89% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during February 2022; this is above the National Standard of 95.00%.</p> <p>The VTE working group continues to work collaboratively to support improvement work in areas that have low compliance.</p>
Fall No Harm	Feb-22	75	78		<p>Falls</p> <p>There has been a further decrease in the number of falls in February 2022 following a rise in December 2021. The majority of falls result in no harm. All falls incidents are reviewed and the level of harm confirmed following relevant investigations.</p>
Fall Low Harm	Feb-22	12	17		<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 guideline 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>
Fall Moderate Harm	Feb-22	1	1		<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>
Fall Severe Harm	Feb-22	0	0		

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	 Jan-22	4	6		<p>Pressure Ulcers</p> <p>In the January 2021 reporting period, both Category three and four pressure ulcers stand at zero for hospital attributable cases. An increase in reporting of category two ulcers demonstrates early identification and intervention, within hospital. Discussions are underway to organise a pressure ulcer collaborative with regional partners.</p>
Pressure Category 2 (inpatient)	 Jan-22	30	24		
Pressure Category 3 (inpatient)	 Jan-22	0	2		
Pressure Category 4 (inpatient)	 Jan-22	0	0		

Safety & Quality



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Feb-22	97%	95%		<p>Hand Hygiene</p> <p>The overall Trust compliance score for hand hygiene is 97% for February 2022; this has decreased slightly 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.</p>
Clostridium difficile	✓ Feb-22	5	6		<p>Infections</p> <p>In February 2022, the Trust has reported 5 Trust attributed cases of Clostridium difficile infection (5 Hospital-onset Healthcare Associated). This is in line with our projected trajectory for February and takes our total number of cases to 49 against a yearly target of 64.</p>
MRSA	✓ Feb-22	0	0		<p>In the same period, 7 E-coli case have been reported, taking the total number of cases to 75. Although the trust continues to perform well against our target of 117 for the period of 2021/22.</p>
MSSA	✗ Feb-22	3	2		<p>There were no reported pseudomonas case identified in February 2022, keeping our total cases at 14 for the year, above our objective of 11 cases.</p>
Ecoli	✓ Feb-22	7	10		<p>There have been four hospital-associated cases of MSSA in the month of February, taking the total case number to 34, there is no set national target.</p>
Klebsiella	✓ Feb-22	1	2		<p>The trust has reported one case of trust-attributed Klebsiella in February 2022, bringing us to a total of 15 cases, against a target of 24.</p>
Pseudomonas	✓ Feb-22	0	1		<p>The trust continues to report 0 MRSA bacteraemias.</p>
CAUTI	✓ Feb-22	15	21		<p>Community prevalence of Covid-19 has continued to decline within the North East and the wider UK. There has been a steep decrease in patients admitted with Covid-19, and admissions to ITU remain reduced. Hospital onset cases of Covid-19 have remained low and the trust currently reports one open Covid-19 outbreak.</p>

Safety & Quality



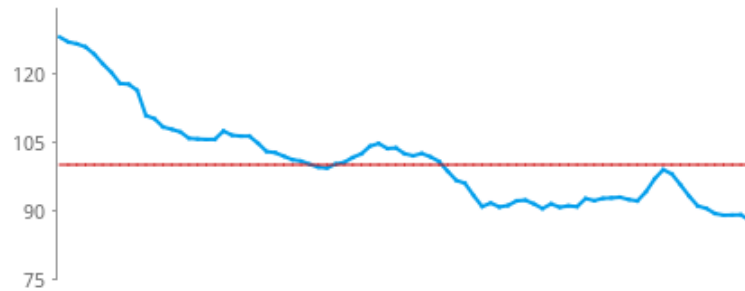
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	✔ Feb-22	81.00%	75.00%		<p>Friends and Family Test</p> <p>For February 2022 the Trust received 897 FFT returns, this is down on the previous month, a review is being undertaken to determine the reduction and what can be done to increase patient take-up. The Very Good or Good responses returned for February 2022 is 91.55%.</p>
Friends and Family Test (FFT) - Inpatients	✔ Feb-22	90.00%	75.00%		<p>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.</p>
Friends and Family Test (FFT) - Maternity	✔ Feb-22	100.00%	75.00%		<p>UNIFY</p> <p>Nursing fill rates remain challenging due a range of factors including continued vacancies and a higher sickness absence than planned. 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 February 2022 show that these pressures are still evident. Enhanced rate of pay shift continue to be offered to incentivise staff for working additional hours to further support the safe staffing of the clinical areas and further incentive schemes recently ran throughout December 2021 and January 2022 to further encourage staff to block book their additional hours worked in advance.</p>
UNIFY - RN Day	✘ Feb-22	76.51%	≥80% and ≤109.99%		<p>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.</p>
UNIFY - RN Night	✔ Feb-22	82.54%	≥80% and ≤109.99%		<p>18wte newly registered nurses have joined the trust from January 2022 and another 14wte Registered Nurses have been appointed throughout December 2021-February 2022. 15 Registered Nurses have been invited to interview on the 14 February 2022.</p>
UNIFY - HCA Day	✔ Feb-22	83.49%	≥80% and ≤109.99%		<p>The international recruitment of 60wte registered nurses is currently underway which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level from the summer 2022.</p>
UNIFY - HCA Night	✔ Feb-22	116.23%	≥110% and ≤125.99%		

Additional Detail Charts

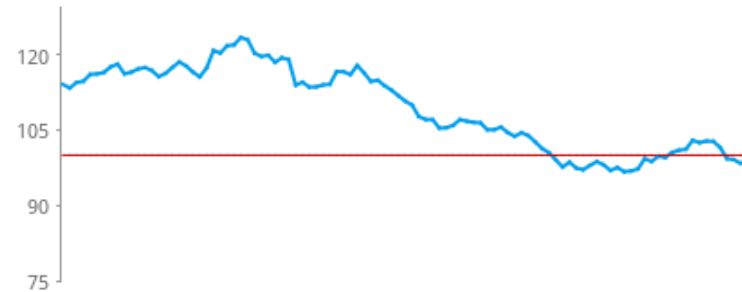
Hospital Standardised Mortality Ratio

✔
 Month: Dec 20 - Nov 21
 Performance: 87.81



Summary Hospital-Level Mortality Indicator

✔
 Month: Sep 20 - Aug 21
 Performance: 97.95



Compliments

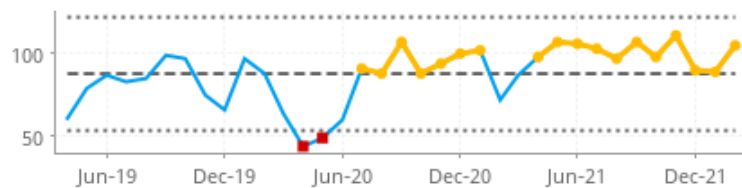
✘
 Month: Feb-22
 Performance: 218
Standard: 245



Statistical Process Control (SPC) Charts

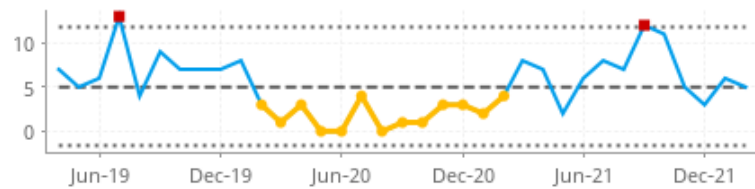
Stage 1 - Informal *Month* *Performance* *Standard*

✗ Feb-22 **105** **90**



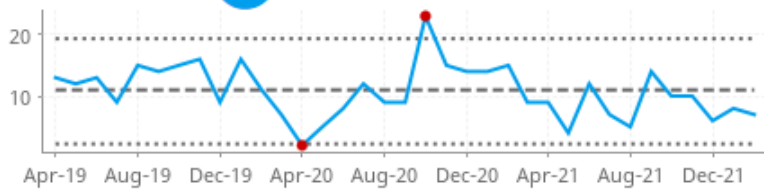
Stage 2 - Meeting *Month* *Performance* *Standard*

✓ Feb-22 **5** **5**



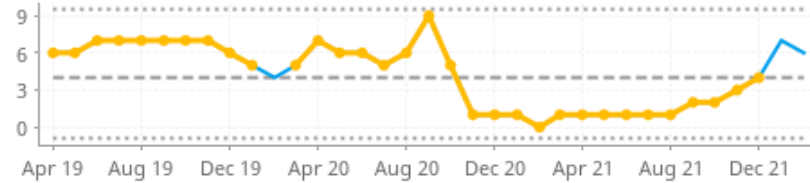
Stage 3 - Formal *Month* *Performance* *Standard*

✓ Feb-22 **7** **10**



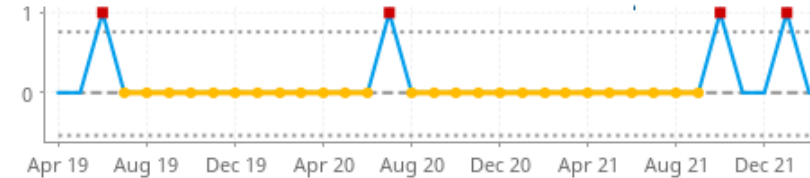
Red Risks *Month* *Performance* *Standard*

✗ Feb-22 **6** **4**



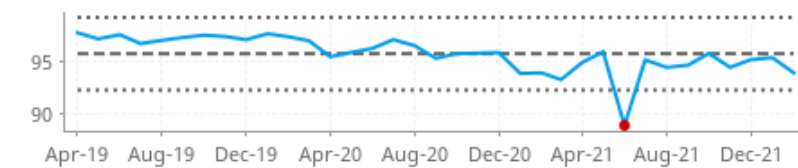
Never Events *Month* *Performance* *Standard*

✓ Feb-22 **0** **0**

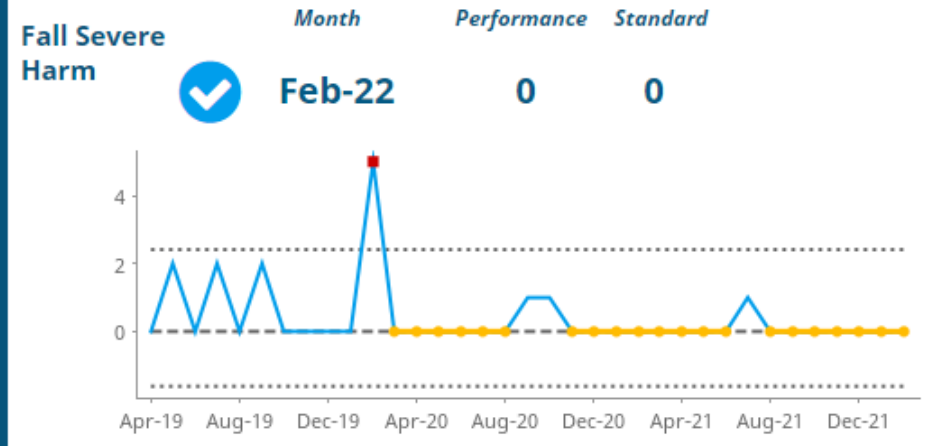
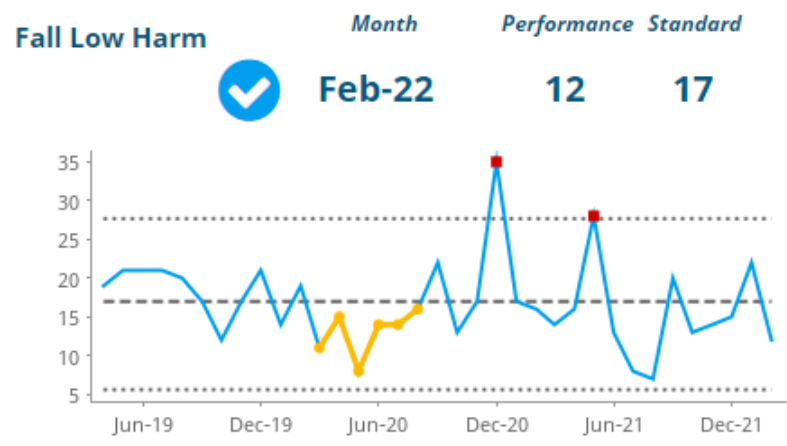
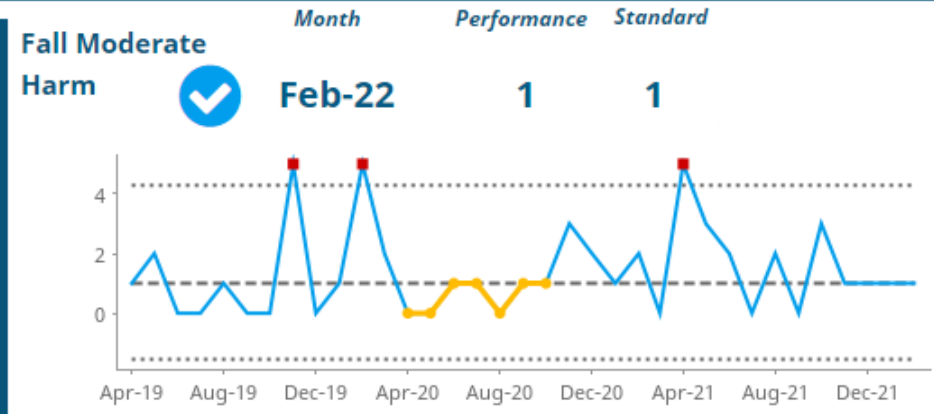
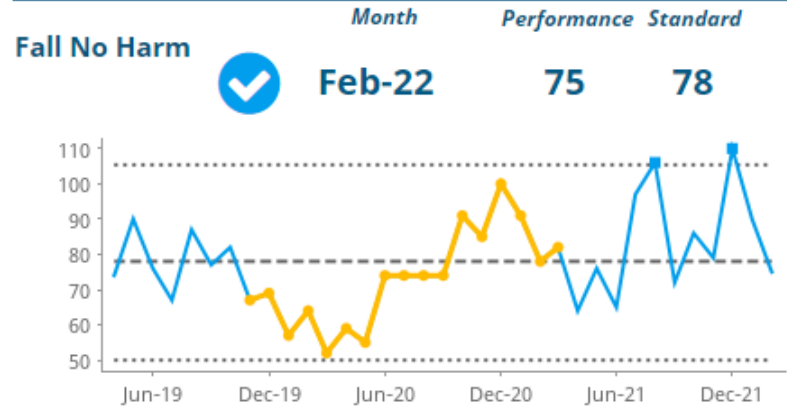


VTE % *Month* *Performance* *Standard*

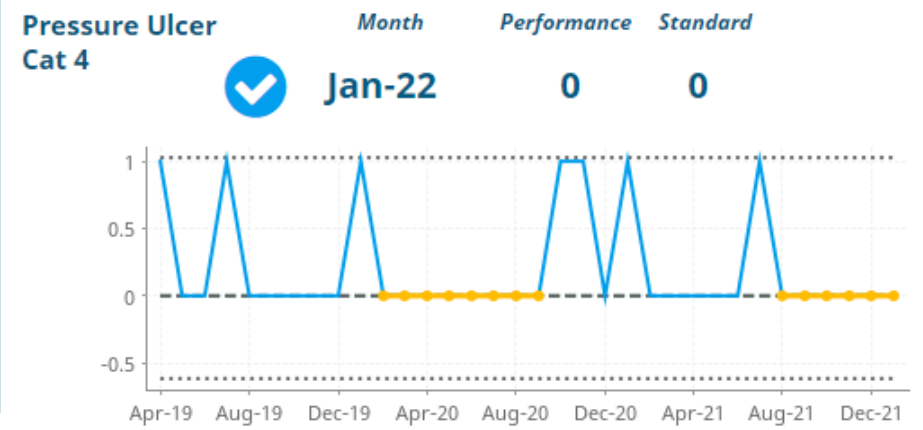
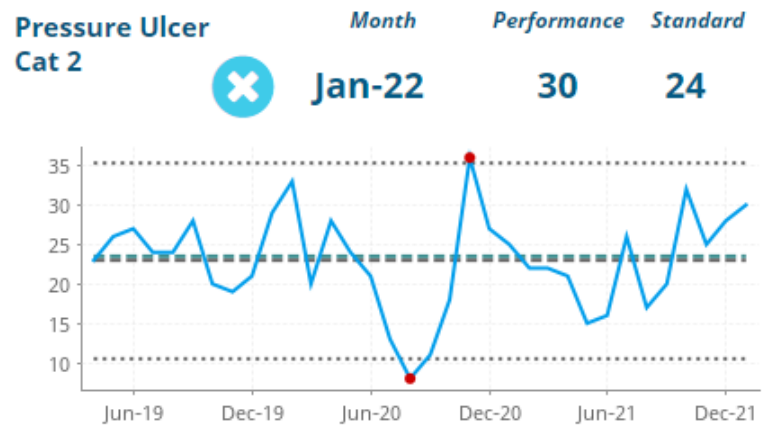
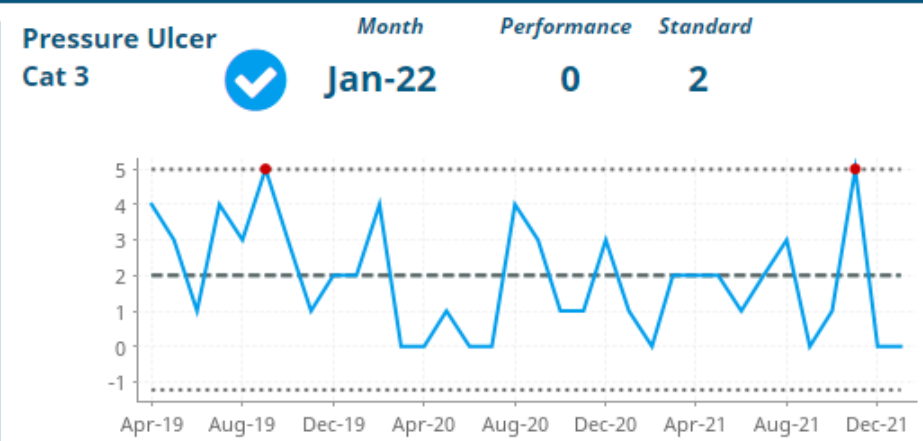
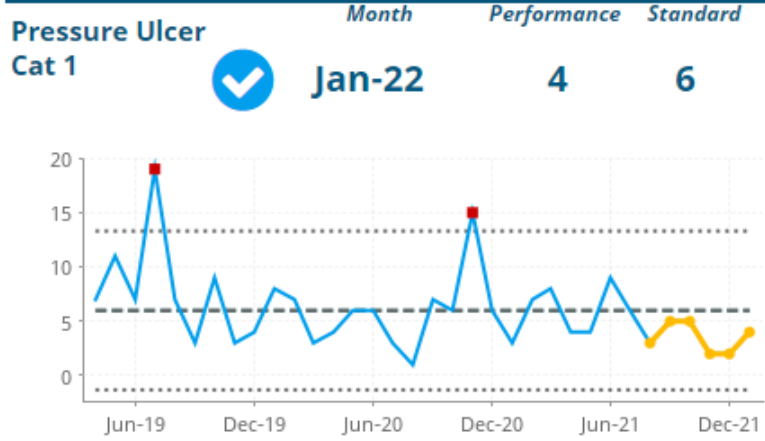
✗ Feb-22 **93.89%** **95.00%**



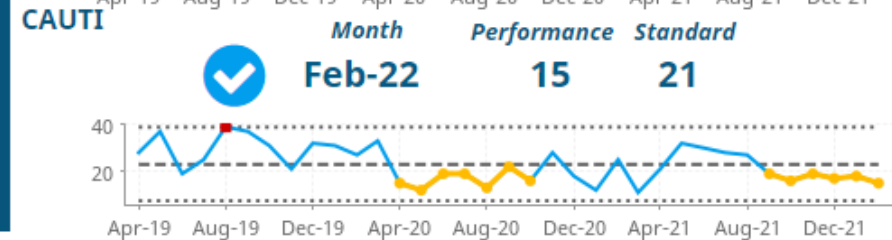
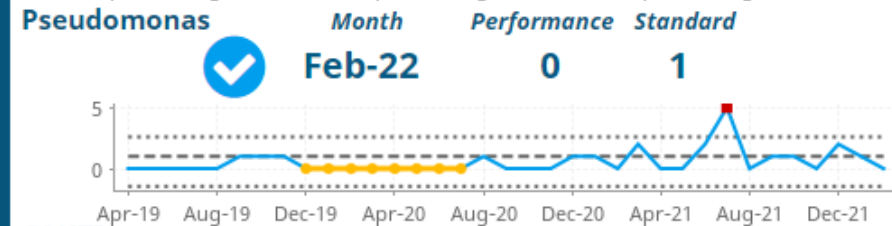
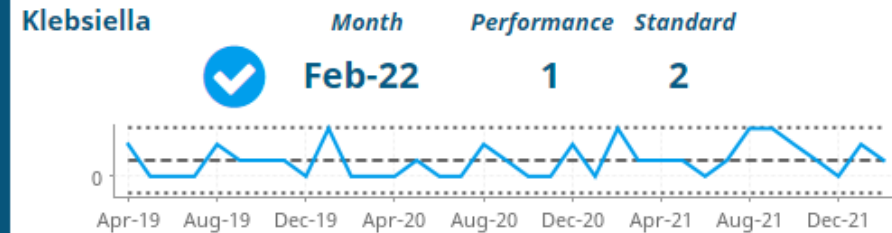
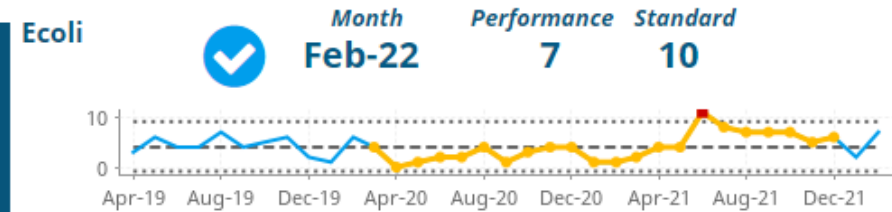
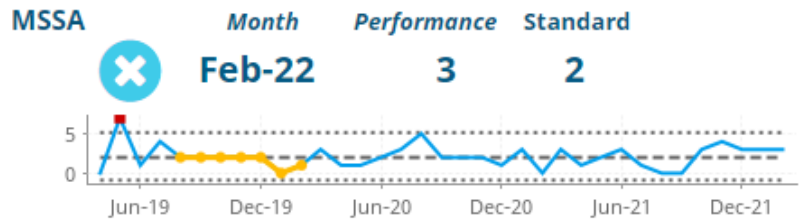
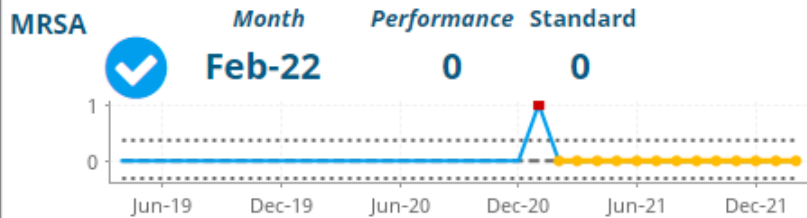
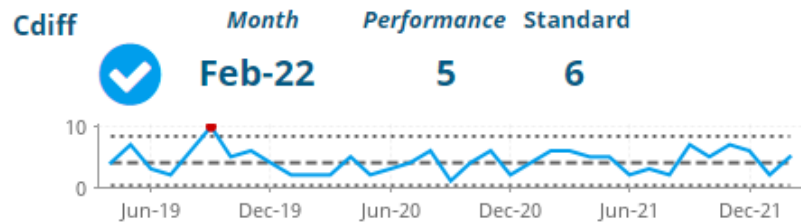
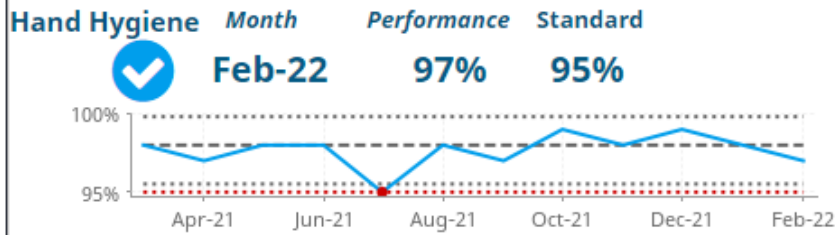
Statistical Process Control (SPC) Charts



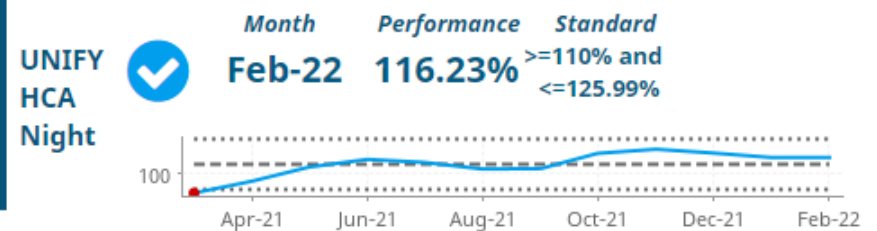
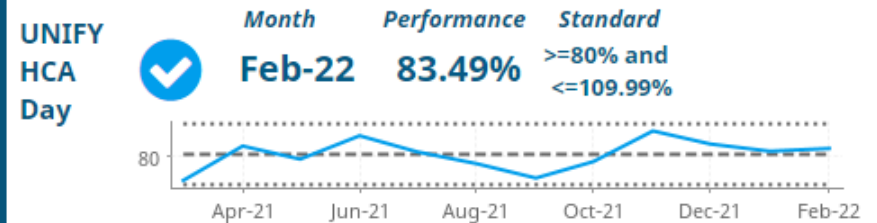
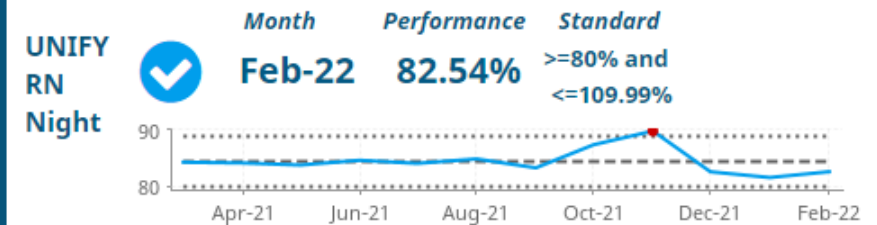
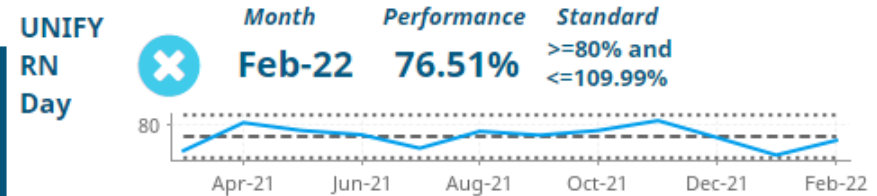
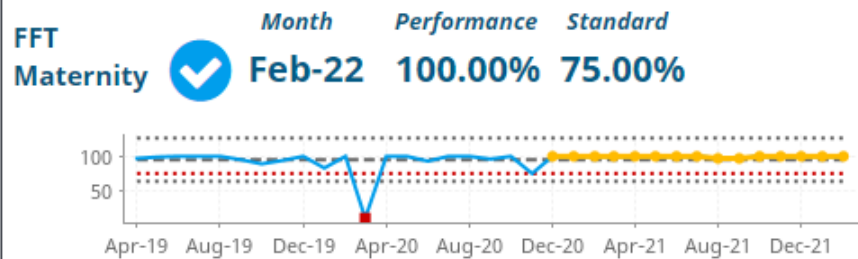
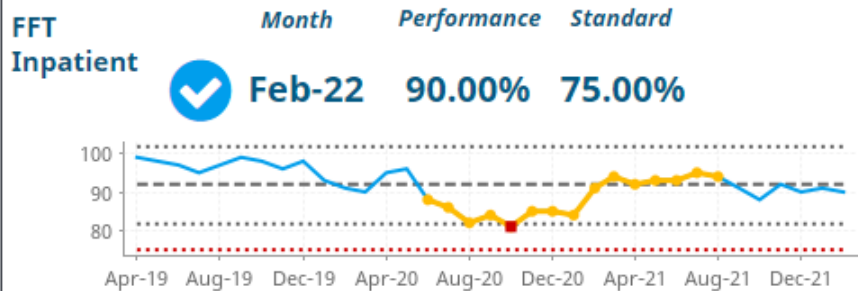
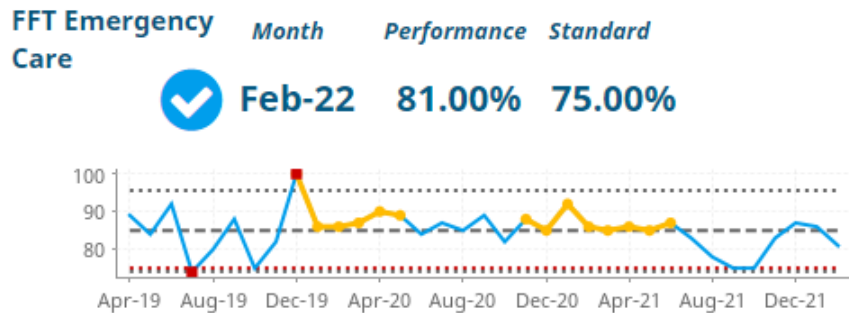
Statistical Process Control (SPC) Charts



Statistical Process Control (SPC) Charts



Statistical Process Control (SCP) Charts



Workforce



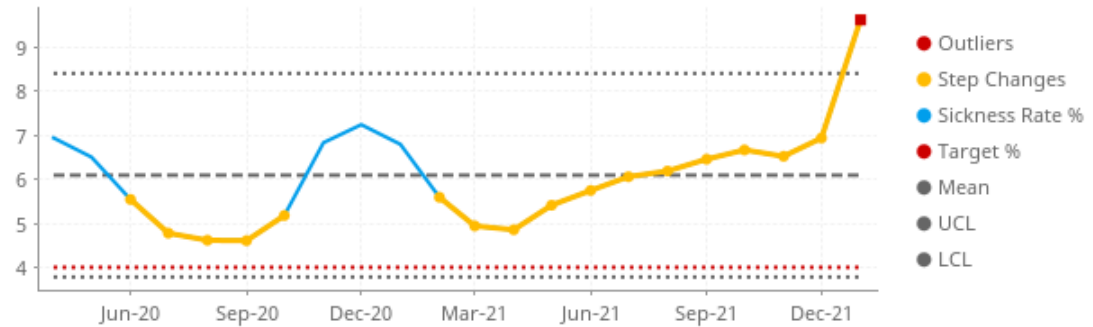
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Sickness	✘ Jan-22	9.61%	4.00%		<p>The sickness absence rate for January 2022 is reported at 9.61%, an increase of 2.68% compared to the previous month (6.93%). This is broken down into 4.20% attributable to Covid-19 related sickness and 5.41% attributable to other sickness. (In December 2021 the split was 1.06% covid-related and 5.87% other sickness.)</p> <p>The cost of sickness absence in January is reported as £627,184, an increase of £132,889 compared to December (£494,295).</p>
Appraisals	✘ Feb-22	83.54%	95.00%		<p>'Chest & respiratory problems' (under which covid-related sickness is recorded) was the top sickness reason in January, accounting for 47% of all sickness absence during the month. The second highest reason was 'Anxiety/stress/depression', which accounted for 18% of sickness absence.</p>
Turnover	✘ Feb-22	11.86%	10.00%		<p>There were 284 cases of Covid-19 related staff absence in February 2022, broken down into 199 staff absent for 10 days and 85 who self-isolated for 14 days.</p>
Mandatory Training	✔ Feb-22	87.91%	80.00%		<p>Other workforce metrics for February 2022 are:</p> <ul style="list-style-type: none"> • Appraisal compliance reported as 83%, a 1% decrease on the previous month • Mandatory Training compliance reported as 88%, unchanged from the previous month • Staff Turnover reported as 11.86%, an increase of 0.34% from the previous month

Statistical Process Control (SPC) Charts

Sickness

✘

Month	Performance	Standard
Jan-22	9.61%	4.00%



Appraisal

✘

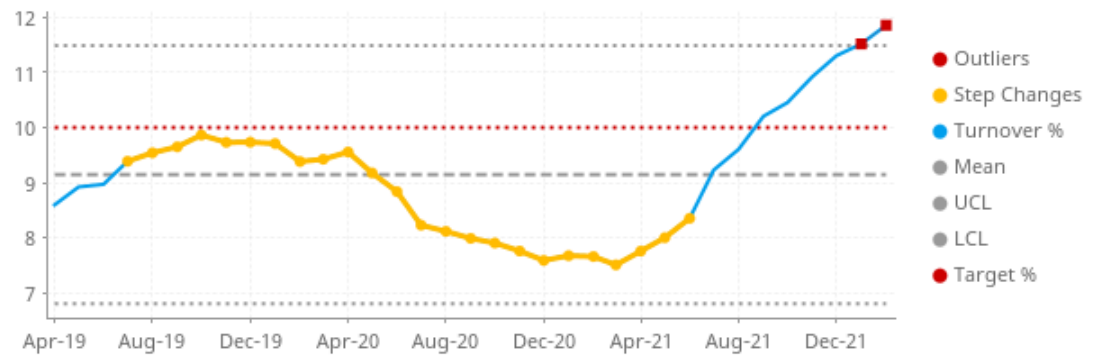
Month	Performance	Standard
Feb-22	83.54%	95.00%



Statistical Process Control (SPC) Charts

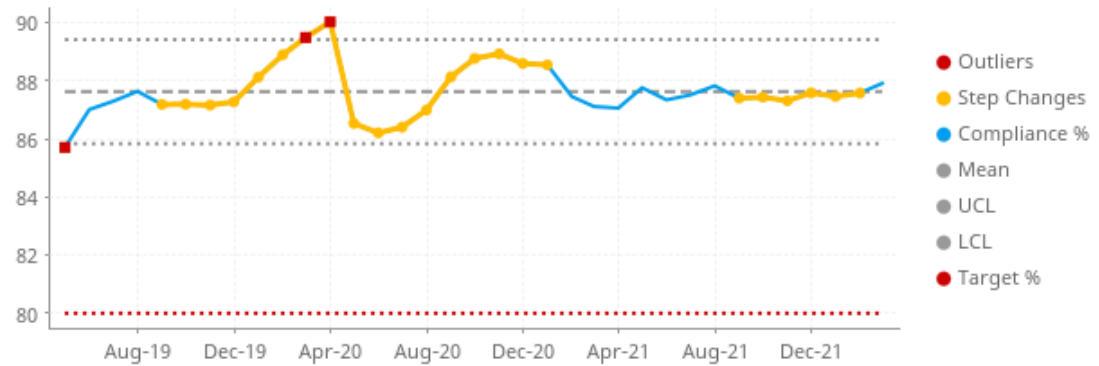
Turnover

Month	Performance	Standard
Feb-22	11.86%	10.00%



Mandatory Training

Month	Performance	Standard
Feb-22	87.91%	80.00%



Finance



North Tees and Hartlepool
NHS Foundation Trust



Finance Overview - Month 11

	Plan (£000)	Actual (£000)	
Income/Expenditure			
In Month	0	256	😊
Year to Date	3,000	7,696	😊

	£m
Balance Sheet	
Cash Actual	70.2
Cash Plan*	66.9

*Explained by an increase in the creditors position

	Plan (£m)	Actual (£m)	
Capital			
In Month	2.4	3.1	😊
Year to Date	14.1	14.1	😊

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

*UOR suspended in 2021-2022 - manual calculations

** Rating will only improve with increased cash reserves



Appendix 1

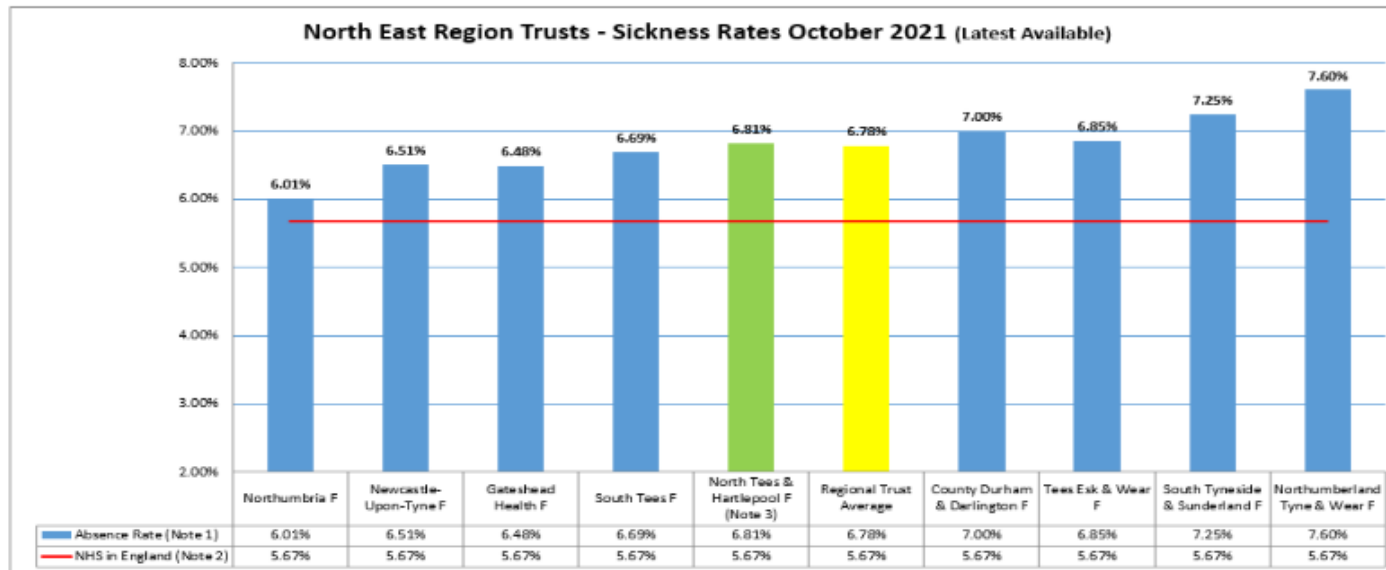
RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - January 22										
Incomplete Pathways waiting <18 weeks	62.8%		83.2%	82.3%	60.9%	77.3%	69.4%	87.7%	64.9%	73.2%
Half of incomplete patients wait less than	13		8	8	14	10	11	9	13	10
Half of admitted patients wait less than	11		8	16	22	10	11	9	6	9
19 out of 20 admitted patients wait less than	66		37	40	102	41	71	35	64	59
Half of Non-admitted Pathways waited less than	8		6	8	10	4	7	7	6	6
19 out of 20 non-admitted patients wait less than	45		27	30	48	27	38	30	31	24
Incomplete Pathways waiting >52 weeks	304637		65	115	1183	51	3829	35	1350	906

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2w/w Referrals	91.32 (1020/1117)	82.51 (934/1132)	60.21 (678/1126)	82.75 (1569/1896)	89.66 (1326/1479)	81.15 (1098/1353)	86.83 (824/949)	75.13 (1414/1882)	81.06 (8863/10934)
Breast Symptomatic Referrals	0 (0/0)	89.8 (44/49)	87.5 (7/8)	24.84 (40/161)	87.84 (94/108)	78.57 (11/14)	85 (170/200)	59.56 (134/225)	65.36 (500/765)
31Day First Treatments	100 (170/178)	91.67 (99/108)	91.55 (130/142)	85.81 (300/447)	95.1 (136/143)	91.77 (223/243)	97.28 (143/147)	84.52 (131/155)	90.85 (1420/1563)
31Day Subsequent Treatments - Drugs	99 (99/100)	100 (3/3)	100 (54/54)	94.09 (191/203)	94.74 (18/19)	91.14 (72/79)	100 (35/35)	100 (3/3)	95.77 (475/496)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	100 (1/1)	96.89 (369/384)	0 (0/0)	89.56 (163/182)	0 (0/0)	0 (0/0)	94 (533/567)
31Day Subsequent Treatments - Surgery	92.31 (12/13)	100 (3/3)	92.86 (13/14)	59.09 (78/132)	66.67 (6/9)	50 (7/14)	87.5 (14/16)	65.38 (17/26)	66.08 (150/227)
62 Day Target - 2w/w	84.95 (87.5/103)	45.95 (34/74)	54.4 (34/62.5)	54.6 (98/179.5)	70.83 (76.5/108)	65.92 (118/179)	64.34 (48/71.5)	70.74 (81/114.5)	64.46 (575/892)
62 Day Target - Screening	0 (0/1.5)	83.33 (2.5/3)	84.36 (27/32)	66.97 (20/29)	71.43 (2.5/3.5)	58.33 (3.5/6)	83.33 (40/48)	50 (2/4)	76.77 (97.5/127)
62 Day Target - Upgrade	80.85 (19/23.5)	100 (10.5/10.5)	0 (0/2)	39.13 (9/23)	60 (4.5/7.5)	63.46 (16.5/26)	100 (6/6)	92.31 (6/6.5)	68.1 (71.5/105)
28 Day Target - 2w/w	61.61 (674/1094)	65.5 (672/1026)	73.56 (768/1044)	74.01 (1253/1693)	68.49 (1037/1514)	69.77 (86/11234)	75.29 (640/850)	66.99 (1458/1676)	72.68 (7363/10131)
28 Day Target - Breast Symptomatic	0 (0/0)	70.73 (29/41)	100 (8/8)	38.6 (56/153)	70.09 (75/107)	100 (10/10)	98.45 (19/194)	91.77 (212/231)	78.09 (58/1744)
28 Day Target - Screening	28.57 (2/7)	83.33 (5/6)	54.05 (40/74)	72 (72/100)	62.16 (23/37)	84.62 (11/13)	67.13 (96/143)	53.06 (26/49)	64.1 (275/429)
28 Day Target - Overall	61.4 (676/1101)	65.8 (706/1073)	72.47 (816/1126)	70.97 (1381/1946)	68.46 (1135/1658)	70.17 (882/1257)	78.1 (927/1187)	86.71 (1696/1956)	72.71 (8219/11304)

Appendix 2

Workforce



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

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







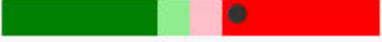









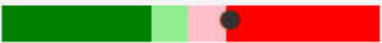




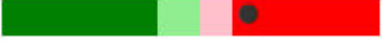



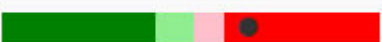













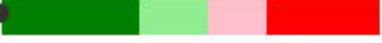














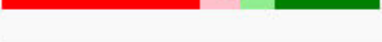


























North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column.










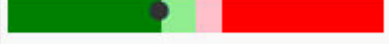























The red line is the average rate for the whole of the NHS in England.

The sickness rate for North Tees and Hartlepool is 6.81%, slightly above the regional average of 6.78%.

Northumbria NHS Foundation Trust report the lowest sickness absence rate for October 2021 at 6.01%.

Northumberland, Tyne and Wear NHS Foundation Trust report the highest rate at 7.60%.

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking 			
Indicator		Current	Previous	Change	Peer	National	Position 	
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2022) 		9.53% <small>(Dec 2020 - Nov 2021)</small>	9.51% <small>(Nov 2020 - Oct 2021)</small>	0.02  	7.67%	7.66%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2022) 		2.40% <small>(Dec 2020 - Nov 2021)</small>	2.42% <small>(Nov 2020 - Oct 2021)</small>	-0.02  	2.31%	2.04%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2022) 		5.28% <small>(Dec 2020 - Nov 2021)</small>	5.32% <small>(Nov 2020 - Oct 2021)</small>	-0.04  	5.01%	4.38%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2022) 		7.74% <small>(Dec 2020 - Nov 2021)</small>	7.75% <small>(Nov 2020 - Oct 2021)</small>	-0.01  	7.23%	6.24%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2022) 		10.76% <small>(Dec 2020 - Nov 2021)</small>	10.76% <small>(Nov 2020 - Oct 2021)</small>	No Change 	9.94%	8.46%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Feb 2022) 		7.28% <small>(Jan 2021 - Dec 2021)</small>	7.09% <small>(Dec 2020 - Nov 2021)</small>	0.19  	8.04%	7.41%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Feb 2022) 		2.55 <small>(Jan 2021 - Dec 2021)</small>	2.58 <small>(Dec 2020 - Nov 2021)</small>	-0.03  	2.33	2.21		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Feb 2022) 		0.00% <small>(Jan 2021 - Dec 2021)</small>	0.00% <small>(Dec 2020 - Nov 2021)</small>	No Change 	9.64%	9.74%		
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Feb 2022) 		92.22% <small>(Jan 2021 - Dec 2021)</small>	93.16% <small>(Dec 2020 - Nov 2021)</small>	-0.94  	78.84%	83.47%		
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Feb 2022) 		96.30% <small>(Jan 2021 - Dec 2021)</small>	96.72% <small>(Dec 2020 - Nov 2021)</small>	-0.42  	94.03%	94.02%		
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Feb 2022) 		72.29% <small>(Jan 2021 - Dec 2021)</small>	72.68% <small>(Dec 2020 - Nov 2021)</small>	-0.39  	71.19%	70.76%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Feb 2022) 		74.49% <small>(Jan 2021 - Dec 2021)</small>	74.77% <small>(Dec 2020 - Nov 2021)</small>	-0.28  	69.11%	63.54%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Feb 2022) 		87.51% <small>(Jan 2021 - Dec 2021)</small>	87.65% <small>(Dec 2020 - Nov 2021)</small>	-0.14  	85.54%	78.20%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Feb 2022) 		86.23% <small>(Jan 2021 - Dec 2021)</small>	86.92% <small>(Dec 2020 - Nov 2021)</small>	-0.69  	72.80%	60.38%		
Day case realisation rate (12 mth rolling) HES Inpatients (Feb 2022) 		96.78% <small>(Jan 2021 - Dec 2021)</small>	96.89% <small>(Dec 2020 - Nov 2021)</small>	-0.11  	96.27%	96.52%		
Day case rate (12 mth rolling) HES Inpatients (Feb 2022) 		86.87% <small>(Jan 2021 - Dec 2021)</small>	86.92% <small>(Dec 2020 - Nov 2021)</small>	-0.05  	85.19%	72.55%		

Average excess length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.16 (Jan 2021 - Dec 2021)	0.08 (Dec 2020 - Nov 2021)	0.08 ↑ 	0.33	0.43	
Average length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	3.22 (Jan 2021 - Dec 2021)	3.24 (Dec 2020 - Nov 2021)	-0.02 ↓ 	3.84	4.50	
Average elective length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	1.91 (Jan 2021 - Dec 2021)	1.82 (Dec 2020 - Nov 2021)	0.09 ↑ 	3.41	4.51	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	3.34 (Jan 2021 - Dec 2021)	3.37 (Dec 2020 - Nov 2021)	-0.03 ↓ 	3.90	4.49	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.20 (Jan 2021 - Dec 2021)	0.21 (Dec 2020 - Nov 2021)	-0.01 ↓ 	0.23	0.24	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.01 (Jan 2021 - Dec 2021)	0.01 (Dec 2020 - Nov 2021)	No Change 	0.03	0.03	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.33 (Jan 2021 - Dec 2021)	0.36 (Dec 2020 - Nov 2021)	-0.03 ↓ 	0.43	0.48	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.79 (Jan 2021 - Dec 2021)	0.84 (Dec 2020 - Nov 2021)	-0.05 ↓ 	0.97	0.93	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	0.18 (Jan 2021 - Dec 2021)	0.19 (Dec 2020 - Nov 2021)	-0.01 ↓ 	0.30	0.26	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	1.21 (Jan 2021 - Dec 2021)	1.29 (Dec 2020 - Nov 2021)	-0.08 ↓ 	1.59	1.67	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Feb 2022)	i	36.62% (Jan 2021 - Dec 2021)	36.63% (Dec 2020 - Nov 2021)	-0.01 ↓ 	38.73%	34.14%	
Elective stranded rate (12 mth rolling) HES Inpatients (Feb 2022)	i	5.24% (Jan 2021 - Dec 2021)	4.76% (Dec 2020 - Nov 2021)	0.48 ↑ 	11.68%	12.39%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Feb 2022)	i	16.76% (Jan 2021 - Dec 2021)	16.82% (Dec 2020 - Nov 2021)	-0.06 ↓ 	17.92%	21.09%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Feb 2022)	i	0.56% (Jan 2021 - Dec 2021)	0.45% (Dec 2020 - Nov 2021)	0.11 ↑ 	2.25%	3.17%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	88.61% (Jan 2021 - Dec 2021)	92.32% (Dec 2020 - Nov 2021)	-3.71 ↓ 	74.42%	78.30%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Feb 2022)	i	0.16% (Jan 2021 - Dec 2021)	0.16% (Dec 2020 - Nov 2021)	No Change 	0.84%	0.94%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Feb 2022)	i	78.10 (Jan 2021 - Dec 2021)	78.40 (Dec 2020 - Nov 2021)	-0.30 ↓ 	99.39	99.65	Low (>95%)

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Data Protection and Cyber Assurance - Interim Position Report									
Date:	24 March 2022									
Prepared by:	Neil Dobinson, Data Protection Officer (DPO)									
Executive Sponsor:	Professor Graham Evans, Chief Information Technology Officer/SIRO									
Purpose of the report	The purpose of this report is to provide an interim update to the Trust Board of Directors relating to the range of Information Governance (IG) and cyber security activities within the Trust.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>1. Report Purpose</p> <p>The purpose of this report is to provide the board of directors with a mid-year update on Trusts Data Protection (IG) and Cyber Security agenda and to provide assurance to the on-going and planned activities within the Trust in regards to its Data Security Protection Toolkit (DSPT) readiness which underpins these activities in advance of the 30th June 2022 DSPT submission deadline.</p> <p>An independent audit of the DSPT has been scheduled to take place over two weeks from the 2nd May 2022 with the final assurance report due ahead of the June submission deadline. Consequently, the SIRO and DPO are not yet in a position to offer the board a completed assurance position for 2021/22, however, it is expected that following the submission of the DSPT in June 2022 a full SIRO and DPO report will be commissioned and presented to the board for full assurance purposes.</p> <p>2. Current Assurance Position 2020/21</p> <p>As a reminder of the Trusts current state we can offer assurance on the Trusts position as at the last submission which was made on the 25th June 2021</p> <ul style="list-style-type: none"> • The Trust self-assessed DSPT compliance with all 111 mandatory evidence items, and were compliant with all 42 mandatory assertions; therefore, the Trust scored as all 'Standards Met' for the 20/20/21 DSPT with no pending actions. • The 2020/21 DSPT was also subject to external audit, a sample of 13 of the mandatory evidence items were audited by External Audit (Audit One). The overall audit assessment scored as Substantial across all 10 National Data Guardian Standards and against the independent veracity of the Trusts self-assessment. 										

North Tees and Hartlepool NHS Foundation Trust

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

3. Baseline Assurance Position 2021/22

The Trust this year were mandated to submit a DSPT baseline position to NHS Digital by the 4th March 2022 – the Trusts submission showed that the Trust to date had submitted completed evidence for 86 of the 110 mandatory evidence items or 78% complete at the midpoint.

This is an increase of circa. 20% on last year's baseline submission position, reflecting the embedded processes that the Trust has already implemented to continue to ensure that data protection and cyber security remain a day to day operational priority.

Based on this baseline submission the Trust remains on plan to complete the full assurance submission by 30 June 2022 subject to the following identified DSPT risks:

- **DSPT Risk 1:** Non-compliance with the minimum 95% completion by staff of the Data Security Mandatory Training within the year.
 - **Consequence:** Without compliance the Trust is unable to submit a fully compliant DSPT submission for 2021/22.
 - **Current Position:** As at 28th February 2022 the Trust is at 88% compliance which is a lower position than previous years at this point. The impact of Covid on staff training is seen as the key factor here.
 - **Action:** The Trust must achieve 95% by 30th April 2022 in advance of independent audit, board support for this mandatory training activity is requested in order to ensure that this target is achieved.

- **DSPT Risk 2:** Non-compliance with DSPT assertion 9.3.8 – *'The organisation maintains a register of medical devices connected to its network'* – new requirement for 2021/22.
 - **Consequence:** Without compliance the Trust is unable to submit a fully compliant DSPT submission for 2021/22.
 - **Current Position:** As at 28th February 2022 the Trust is working to utilise existing IT and information asset registers to compile and build a new specific medical device asset register in order to comply with newly mandated assertion for 2022.
 - **Action:** Board support for this activity is requested in order to ensure that this requirement is met, additional support is required from IT, Medical Engineering and Care Groups to ensure this assertion is met in advance of audit. Consideration of technical solutions though the funding for and purchase of monitoring software to increase the Trusts technical agility to proactively monitor and track connected medical equipment should be considered.

- **DSPT Risk 3:** Risk that the independent audit scheduled in May 2022 may highlight actions that are not able to be completed by the DSPT submission date of the 30th June 2022 – this is due to Audit rescheduling the Trusts planned audit from March to May 2022.

North Tees and Hartlepool NHS Foundation Trust

- **Consequence:** Without compliance the Trust is unable to submit a fully compliant DSPT submission for 2021/22.
- **Current Position:** As at 28th February 2022 the Trust is gathering the required audit evidence for the 10 requirements being audited in line with guidance and subject to risks 1 and 2 above is on track for evidence submission to Audit.

4. Information Governance / Data Protection Risks

Risks are managed via the Datix risk register and are reported into, and reviewed by, the Information Management and Information Governance (IMIG) Committee.

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

IG Open Risks

Risk Rating	@ March'22
High	1
Moderate	6
Low	8
Very Low	2
TOTAL	17

Top 3 Key IG risk themes:

- Compliance with data security training (High)
- Paper correspondence and records
- Compliance with policy and procedure

5. Data Protection by Design

The Trust continues to see a strong compliance and 'buy-in' from within Care Groups with 'Data protection by design' principles, this is reflected in the number of new Data Protection Impact Assessments (DPIA's) which have been submitted since the last report for projects meeting the mandatory criteria.

An emergency COVID-19 DPIA template was developed in March 2020 and is still in use for urgent projects relating to the support of COVID-19 responses. A new Data Security Risk Assessment tool to supplement the DPIA has been developed by the Trust and is now in use regionally.

At the time of this report the Trust IG team currently has 34 DPIA's either under review with IAO's and project leads or pending approval from the DPO.

6. Incident reporting

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

For serious breaches (i.e. the extent of harm), the SIRO must be informed immediately by the DPO/Information Governance Manager, the Chief Executive will then be made aware by the SIRO as necessary. A decision will be taken as to whether to inform the ICO dependant on the level of incident. When a data breach has been assessed and scored as a serious incident using the Information Governance Risk Assessment Tool, then the incident is mandated to be reported to the ICO via the DSPT.

The Trust has reported three potential serious/high risk incidents to the ICO during the current 2021/22 DSPT reporting period (from October 2021 to June 2022), with one of the reported incidents then being subsequently revoked following investigation determining no risk occurred. The two remaining incidents related to an instance of *'Inappropriate Access of Records by a staff member'* and for an

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instance of a 'Disclosure in error' to a third party, both incidents have since been closed by the ICO with no further action pending.

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

7. Cyber Security Update

In light of recent global events and in line with National Cyber Security Centre advice the NHS focus on Cyber security and threats has rightly been shifted back up the agenda. As such all NHS bodies recently received new central ***NHS Operational Instructions & Advice on Improving cyber security resilience (Issued 1st March 2022)***.

As part of this there were six immediate action items, the Trust has submitted on the 4th March 2022 confirmation that the required mitigations are in place for these items:

- **Patching** – The Trust has provided assurance in DSPT assertion 8.3.2
- **Access control** - The Trust has provided assurance in DSPT assertion 4.5.3
- **Monitoring** - The Trust has provided assurance in DSPT assertion 8.3.5
- **Backups** - The Trust has provided assurance in DSPT assertion 7.3.5
- **Incident response and Business continuity planning** - The Trust has provided assurance in DSPT assertion 7.2.1 and further testing is scheduled
- **Awareness** - The Trust has provided assurance in DSPT assertion 3.3.1 and further activities are planned

The operational instructions also provided a number of priority improvements (not detailed in this report for security reasons) which NHS organisations should seek to implement urgently in order to improve protection, resilience and recovery capabilities. The Trust's SIRO, IT and security team are reviewing the suggested improvement actions and request board support for any required technical and or process measures required to ensure compliance.

The SIRO will provide a further update including actions and requirements derived from this exercise.

A joint North & South Tees NHSFT board session, focusing on Cyber security is planned to take place on the 29th March 2022, the session to be facilitated by Templar Executives and will provide boards with GCHQ verified cyber awareness training.

7.1 Cyber Security Risks

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

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

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

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How this report impacts on current risks or highlights new risks:	
Provides and interim assurance position as to the compliance of data protection and information security frameworks to which the Trust operates.	
Committees/groups where this item has been discussed	<ul style="list-style-type: none">• Information Management and Information Governance Committee (IMIG)• Digital strategy Committee (DSC)
Recommendation	The Board of Directors are asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Professor Graham Evans
Chief Information and Technology Officer/SIRO

Neil Dobinson
Data Protection Officer (DPO)

Board of Directors

Title of report:	Maternity Quality & Safety Report									
Date:	24 March 2022									
	Healthy Lives Senior Team Lindsey Robertson Chief Nurse									
Executive sponsor:	Lindsey Robertson, Chief Nurse, Director Patient Safety & Quality									
Purpose of the report	The purpose of this report is to provide the Board with an overview of the current progress in relation to quality and safety improvements within Maternity services. The report outlines locally and nationally agreed measures that have been implemented to support monitoring of maternity and neonatal safety, as outlined in the NHS England / Improvement document 'Implementing a revised perinatal quality surveillance model' (December 2020). The report will inform the Board of any current or emerging safety concerns across all parts of the multi-disciplinary, multi-professional maternity service.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x

The information within the report reflects actions generated from, and progress made in relation to the ongoing implementation of the Perinatal Mortality Review Tool (PMRT), the interim Ockenden national report and the Clinical Negligence Scheme for Trusts (CNST) maternity Incentive scheme action plan.

The report demonstrates the significant work undertaken by the Trusts Maternity services to ensure safety is maintained, the highest quality of care continues to be delivered, and that opportunities for learning and improvement are embedded.

The report demonstrates clear governance structures are in place including an established Maternity and Neonatal champions group, which has been expanded bringing together the Chief Nurse, who is the Board level Maternity Champion, the Non-Executive Maternity Board Champion, the Obstetric, Midwifery and Neonatal Safety Champions as well as the Maternity Senior Management Team and operational staff to help drive improvement and provide additional oversight of maternity services.

The report identifies progress against both the Ockenden IEAs and CNST MIS actions, with plans in place to ensure compliance with all measures over the coming months.

It is important to note that several national enquires are due to be published and are expected to result in further recommendations for implementation; there is a need to ensure a robust project structure is in place to prioritise and complete actions in the required timescales.

It is also likely that Obstetrics and Gynaecology will require additional investment in response to the national patient safety and quality improvements which will be required across the service. Some of this funding may come nationally following the release of reports, as has been the case to

date. However, this is often non-recurring funding which provides a challenge to utilise in timescales and to recruit substantively.

The report provides assurance that there is ongoing improvement across areas including culture and leadership, recruitment and retention, recruitment of the MVP chair and the creation of automated training dashboards.

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

No new risks identified

Committees/groups where this item has been discussed

Patient Safety and Quality Standards Committees
Executive Management Team

Recommendation

The Board of Directors are asked to note the significant work and improvements to ensure the Trust achieves full compliance against the recommendations from the key national enquiries and reports.

The Board are asked to note the significant work being undertaken in relation to leadership and culture across all areas of the service and the plans in place to maintain stability ensuring safety and quality are at the centre of care delivery.

The Board are asked to be aware of the impact upon the current workforce in relation to the national reports and requirements for further improvement and to support continues review of the required resources which may be additional workforce; via appropriate business cases.

The Maternity services regularly support Executive and Non-Executive visits to clinical areas, if any Board members wish to visit the areas then this will be arranged.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

24 March 2022

Maternity Board Report - Quarter 3, 2021-22

1. Introduction

1.1 This report will provide the Board with an overview of the current progress in relation to quality and safety improvements within the Maternity services. The report outlines locally and nationally agreed measures that have been implemented to support monitoring of maternity and neonatal safety, as outlined in the NHS England / Improvement document '*Implementing a revised perinatal quality surveillance model*' (December 2020). The purpose of the report is to inform the Board of any current or emerging safety concerns across all parts of the multi-disciplinary, multi-professional maternity service.

1.2 The Trusts maternity services provide midwifery and obstetric care for women across Hartlepool and Stockton geographical areas, with women from other areas also booking to have their babies in the Trust. Community midwifery services provide antenatal and postnatal care at a range of venues in the community, with a range of scanning, antenatal assessment and obstetric clinic services being available at both hospitals.

The Rowan Suite at Hartlepool provides midwifery led care for women who are assessed as being "low risk" and who choose to have their babies there. During 2021 there were 28 babies born in the suite. The Maternity Unit at North Tees provides both low risk midwifery and also, obstetric care for women, who are assessed as needing additional obstetric management for a variety of complex problems.

During 2021, 2,437 births at North Tees, 635 of these in quarter 3. The maternity team work in close collaboration with South Tees NHS Foundation Trust to support the planning and management of complex pregnancies, premature births and specialist neonatal intensive care. The Trust has a Special Care Baby Unit for babies who need additional care and monitoring, this reduces mother and baby separation, supported further by the increasing use of the Transitional Care Unit based on ward 22.

1.3 The information within the report reflects actions generated from, and progress made in relation to the ongoing implementation of the Perinatal Mortality Review Tool (PMRT), the interim Ockenden national report and the Clinical Negligence Scheme for Trusts (CNST) maternity Incentive scheme action plan.

1.4 The Maternity and Neonatal Safety Champions Group is in place to provide oversight, and escalation opportunities, in relation the safety, quality improvement and assurance. The group is chaired by the Chief Nurse who is the Board level Maternity Champion; the membership includes a Non-Executive Director as the Maternity Board Champion, also Midwifery, Obstetric, and Neonatal staff as Safety Champions; supported by the Maternity Senior Management Team. The group provides updates to the Trusts Executive led, Patient Safety and Quality Standards Committee;

this allows the team to share good practice, provide updates in relation to quality improvement and also share any areas where there may be challenges in achieving planned goals.

2. Perinatal Mortality Review Tool (PMRT)

2.1 The Perinatal Mortality Review Tool (PMRT) is a nationally developed and agreed tool that facilitates a comprehensive, robust and standardised review of all perinatal deaths, including stillbirths, but excluding terminations, from 22 weeks (+ 0 days) gestation to 28 days after birth; as well as babies who die after 28 days following receipt of neonatal care.

2.2 The web-based tool presents a series of questions about care from pre-conception to bereavement and follow-up care. Factual information about a case is entered in advance of a review by a multidisciplinary panel of internal and external peers; having external reviewers supports the an independent ‘Fresh eyes’ perspective when examining cases. The tool is used to identify learning and improvement opportunities leading to the development of actions to be implemented, monitored and then evaluated, to assess the impact of changes in practice.

2.3 The Trust commenced reporting cases on the PMRT tool from December 2018 and has been fully compliant with reporting and reviewing all appropriate cases since this time. The Trust is part of the Local Maternity and Neonatal System (LMNS) which promotes sharing of learning across all regional maternity services; the independent reviewers are identified from all regional maternity services dependant on availability.

2.4 PMRT data for the full calendar year, 2021, has been included within this report to ensure the Board has an overall baseline prior to moving to a quarterly reporting schedule from the quarter 4 report. In 2021, information from 14 cases was submitted into the PMRT system, ten of these were antenatal and four were neonatal, all were of varying gestations (lengths of pregnancy).

2.5 The table below outlines some of the common themes taken from the PMRT reviews and reports:

Common themes	Number
Smoker	7
Unknown cause	5
Extreme prematurity	3
Ethnicity White, British	13
Age 30-34	7
Body Mass index (BMI) 30-34.9	5
Birthweight < 1500g	9
Male	8

2.6 The cases identified some recurring themes; these have also been identified in the Trusts Learning from Deaths report. The service has identified the following areas for action and improvement as a result of the trends from the PMRT reviews:

2.6.1 A quality improvement project was initiated to develop, design and implement a risk assessment tool that will assist in identifying women who are at increased risk of a premature birth. The project has been in progress and recent clinical audits have shown the use of this risk assessment has

been embedded into practice and women with a history of early pregnancy losses are being seen at an earlier stage in their subsequent pregnancies. The maternity service has established preterm prevention consultant clinics across Hartlepool and Stockton to ensure there is early senior clinical oversight to establish a clear pregnancy management plan with the women. The preterm prevention team are also actively engaged in the regional clinical network within the Local Maternity and Neonatal System (LMNS) to develop standardised pathways for women at high risk of preterm birth.

2.6.2 Smoking is a known contributory factor to miscarriage and it was apparent following the reviews, that smoking was a potential factor in half of the cases. The Trust has put significant focus on reduction of smoking during pregnancy over recent years and despite some reduction the service are clear that this focus needs to be maintained in order to continue to make an impact and reduce the risks linked to smoking during pregnancy and also by parents with young families. The Trust continues to support the development of the North East England LMNS Tobacco Dependency in pregnancy pathway and as part of this promotes the use of the “Smoke free” APP from the National Centre for Smoking Cessation and training. During the Covid-19 pandemic Carbon Monoxide (CO) monitoring had been suspended, this has now been re-established during quarter 2, 2021/22. Throughout the pandemic the midwifery team has continued to provide women with smoking cessation information or referrals and support them as needed. The Trust has established a Tobacco Dependency Treatment Service, which is expected to go live during quarter 1, this service will further support and strengthen the current provision offered to women, and families, in our care.

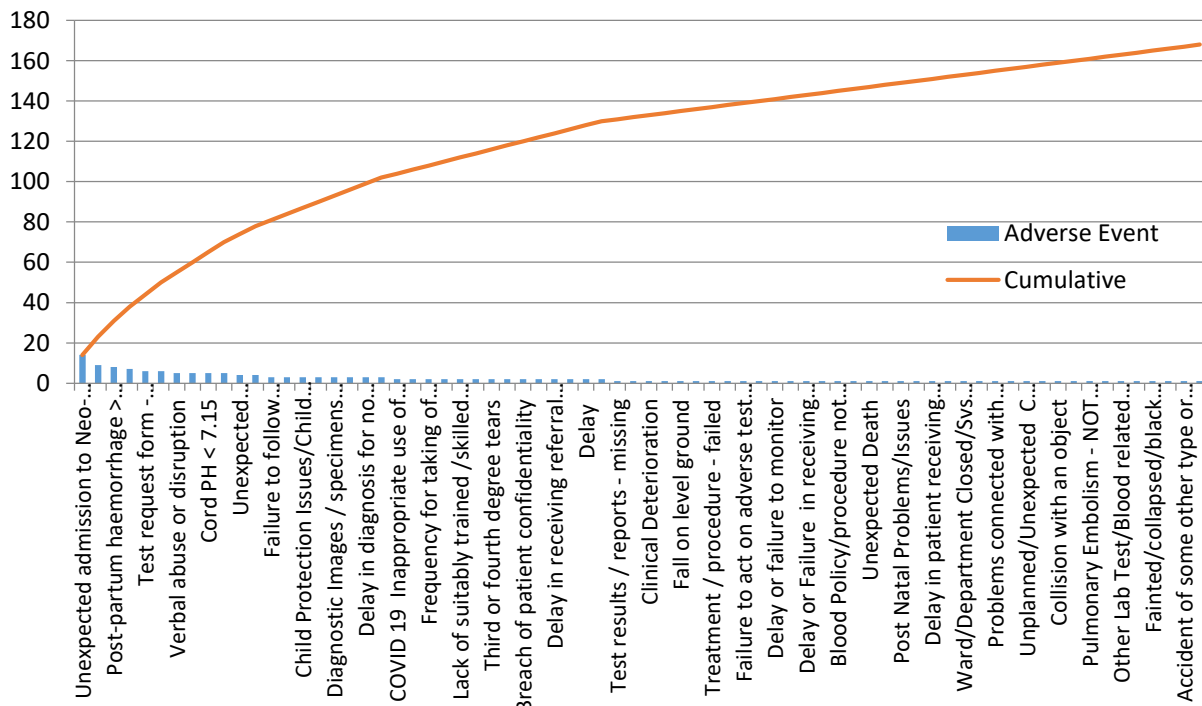
3. Patient Safety

3.1 During quarter 3, there have been no incidents which have met the criteria for Serious Incident (SI) investigation or Healthcare Safety Investigation Branch (HSIB) review process. HSIB conducts independent investigations of patient safety concerns in NHS-funded care across England. From 1 April 2018, HSIB have been responsible for all NHS patient safety investigations of maternity incidents which meet criteria for the Each Baby Counts programme (Royal College of Obstetricians and Gynaecologists, 2015) and also maternal deaths (excluding suicide). The purpose of this programme is to achieve learning and improvement in maternity services, and to identify common themes that offer opportunity for local or national system-wide change.

3.2 The Trust Maternity service meet with the regional HSIB team on a quarterly basis, the last meeting was in December 2021 and the next is planned. The purpose of these meetings is to review cases, provide an opportunity for additional support and to also share feedback in relation to active cases. The numbers of cases are low and cannot be detailed in this report, however the Trust is fully compliant with the referral and investigation processes required by HSIB.

3.3 The chart below outlines a summary of all the incidents reported within the maternity services during quarter 3, the orange line signifies the cumulative reporting trend line:

Obstetrics Incidents reported during quarter 3, 2021-22



3.4 During quarter 3, there were 635 births in across the maternity services, these need to be considered alongside activity in relation ongoing antenatal and post-natal care provision both in and out of hospital for all women booked with the service. Overall, a total number of 168 incidents were reported during quarter 3, which is a relatively low number considering the activity in the services across the quarter. Subsequent reports will demonstrate ongoing comparison in each quarter in relation to incident reporting, themes, improvement and evaluation of impact. There is a wide spread of adverse event types reported however the top 5 reported incident types are summarised below.

3.4.1 There were 14 incidents reporting unexpected admission to special care baby unit (SCBU) during the quarter. The staff in the department are requested to report all admissions of babies to SCBU; this supports early review of the care given to both mother and baby to identify if there are concerns to be reviewed and lessons to be learned. There are a range of reasons why babies are admitted to the unit; these can be prematurity, feeding problems, infection or babies with breathing difficulties following caesarean section.

Since the Trust implemented the “Avoiding Term Admissions into Neonatal units” (ATAIN) programme there has been a reduction in the number of babies admitted to special care baby unit with low temperature, the team continue to review and audit all admissions to SCBU. The ATAIN project is a national programme of work initiated to support the identification of harm leading to term admissions; and gives a key focus on reducing harm and avoiding unnecessary separation of mothers and their baby’s.

3.4.2 Nine incidents were reported in relation to patients being transferred out of the Trust due to the need for an upgrade of care. This includes the necessary transfer of patients from another hospital due to closures, transfer of the Trusts patients to Specialist Units due to premature labour and also any patients who require intensive or specialist care support following delivery. As described in the previous section, the reporting of transfers ensures there are robust reviews of decision making in order to identify areas for learning.

3.4.3 There were eight post-partum haemorrhages (PPH) of over 1.5 litres reported, a PPH is a blood loss after the delivery of the baby and can occur after any birth, the eight cases represent around 1.2% of all births in the quarter, and this is generally low in comparison with overall nationally reported rates between 2-3%.

The occurrence of a PPH is an emergency situation that requires strict management protocols to control bleeding. All such haemorrhages are reported and reviewed to identify areas for learning and improvement; in all eight incidents reported the case reviews identified that management was appropriate and also that Trust guidance was followed. As PPH is a known significant complication of labour and delivery, this is one of the key areas within the mandatory simulation training programme for maternity and other emergency staff; such as anaesthetists and any learning obtained from case reviews is directly linked into this training.

3.4.4 During this quarter seven babies were readmitted into the hospital within 28 days after birth. There are a wide range of reasons for babies to be readmitted, all of these are reported to support completion of case review. The most frequent cause is related to babies losing 10% or more of their birth weight when they are weighed five days following birth; this weight loss may be attributed to initial problems establishing a feeding regime. Staff providing support to women and babies in maternity and paediatric service receive mandatory training in relating to supporting all forms of infant feeding, and any lessons learned are used to enhance this.

3.4.5 All babies require a Neonatal Blood Spot test when they are six days old; the blood is then tested to help achieve an early diagnosis for some congenital problems, such as phenylketonuria, hypothyroidism and cystic fibrosis. There have been six incidents reported during the quarter, related to the completion of this blood test; the reasons can be varied but include incomplete patient information or insufficient blood on the sample card. All staff who take these samples have regular update sessions and compliance of correct completion of the patient details are monitored by the Senior Clinical Matron within the Community Midwifery team.

4. Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme (CNST – MIS)

4.1 The Trust is a member of a national scheme which provides support in relation to the management of legal claims against the Trust; this scheme is managed by NHS Resolution and the Trust pays an annual contribution. As part of this scheme the Trust is required to ensure it looks at safety and quality to identify learning opportunities and make improvements as needed. In order to support this they implemented an incentive scheme for Trusts with maternity services, this scheme uses 10% of the Trusts maternity contribution, alongside all other Trusts, to ring fence a “pot” of finance to fund the incentive scheme. The CNST-MIS requires trusts to fulfil specific requirements with an aim to incentivise improvements in patient safety and quality across England. This scheme had

been in place for three years prior to the Covid-19 pandemic, NHS Resolution made the decision to suspended year 4 of the scheme during 2020-21. When this was announced, the Trust maternity services had made the decision to continue the ongoing work to maintain achievement of the required safety action standards.

4.2 During year three of the scheme, ten maternity safety actions which are incentivised, this remained in place for year four. Trusts that demonstrate they have achieved all of the ten safety actions will recover their contribution relating to the CNST maternity incentive fund and also potentially, receive a share of any unallocated funds. Any trusts that do not meet the ten-out-of-ten threshold do not recover their contribution, but may be eligible for a small discretionary payment to help them to make progress against actions they have not achieved, these will be at a much lower level than the 10% contribution to the incentive fund.

4.3 The table below provides the themes of the Maternity Safety actions requirements. Within each of these requirements are a number of actions need to be achieved in order to meet the requirements and successfully obtain the incentive from the scheme to support ongoing improvement work. The Trust is compliant against 7 out of the 10 actions, details of outstanding actions are detailed below.

Action No.	Maternity safety action requirements	Action met?
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	4/5 standards met
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Yes
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?	Yes
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes
6	Can you demonstrate compliance with all elements of the Saving Babies' Lives V2?	3/5 standards met
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?	Yes
8	Can you evidence that the maternity unit staff groups have attended as a minimum an half day 'in-house' multi-professional maternity emergencies training session, which can be provided digitally or remotely, since the launch of MIS year three in December 2019?	Yes
9	Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	3/5 standards met
10	Have you reported 100% of qualifying incidents under NHS Resolution's Early Notification scheme? a. Reporting of all outstanding qualifying cases to NHS Resolution EN scheme for 2019/2020 b. Reporting of all qualifying cases to Healthcare Safety Investigation Branch (HSIB) for 2020/21	Yes

- 4.3.1 In relation to Maternity Safety Action (MSA) 1 the Trust is compliant with the use of the Perinatal Mortality Review Tool (PMRT) and reporting perinatal deaths. To achieve full compliance it is a requirement that PMRT is part of the quarterly Board report; as details of the PMRT are included in this first quarterly report this will change to full compliance in future reports.
- 4.3.2 There are also five elements to MSA 6, which requires trusts to be compliant with “Saving Babies Lives” (NHSE, V2, 2019) which is a national care bundle designed to reduce perinatal mortality. The service is currently compliant with 3 of the 5 elements within this care bundle; in order to achieve full compliance the service require a number of staff to be trained to undertake uterine Doppler flow testing, this can assist in the identification of early fetal growth problems. Training has commenced to improve capability to perform this investigation and a review of capacity to provide this service within the Ultrasound Department has commenced.
- 4.3.3 There are five elements to MSA 9; evidence of the Trust safety champions from obstetric, midwifery and neonatal teams are meeting the Board level maternity safety champions, supporting safety walkabouts and having a process for escalating issues to the leadership team are available. In response to feedback the service has undertaken a culture and leadership review, in order to achieve full compliance all improvement actions must be visible and plans in place available to staff. The services has progressed this and is aiming to report full compliance with this action within the quarter 1 report, 2022-23.

5. Ockenden, Immediate and Essential Actions

- 5.1 The interim Ockenden report was published in December 2020 after an independent review into the maternity services at Shrewsbury and Telford Hospitals NHS Trust. The independent review followed a number of avoidable neonatal and maternal deaths and has been the subject of media coverage over recent weeks as the final report is due for publication in March 2022. The interim report identified seven Immediate and Essential Actions (IEAs) recommended to be implemented nationally, alongside twelve clinical priorities. It is expected that the final report will include a significant number of additional recommendations for action nationally.
- 5.2 Out of the seven IEAs the Trust has achieved full compliance against five of these and out of the twelve clinical priorities, the Trust has achieved compliance in ten; partially compliance in two. The table in appendix 1, provides a summary overview of the Trusts current compliance.
- 5.3 There are plans in place with improvement trajectories regarding IEA 2 & 7, these specifically relate to having robust mechanisms for gathering service user feedback through the Maternity Voices Partnership (MVP) to coproduce local maternity services and enhancing the information about the Trusts maternity service pathways published on the Trust website. Ongoing updates in relation to the progress against these actions will be reported in future reports.
- 5.4 In addition, there are also two overarching measures being reviewed internally, these are linked to strengthening the Obstetric and Midwifery workforces and supporting overall leadership. Risks and mitigations have been developed concerning workforce planning and the current strategy towards

recruitment and retention across Obstetrics and Gynaecology. The midwifery workforce will be reviewed, using the nationally agreed tool “Birth Rate Plus”[®], during March 2022, however, it is to be noted that the midwifery workforce figures remain compliant to date. A high level summary regarding current leadership issues has been produced; the Deputy Chief Nurse is working with the service to complete a gap analysis and implement a development plan regarding ‘strengthening midwifery leadership: a manifesto for better maternity care’ (RCM 2019).

6. Training

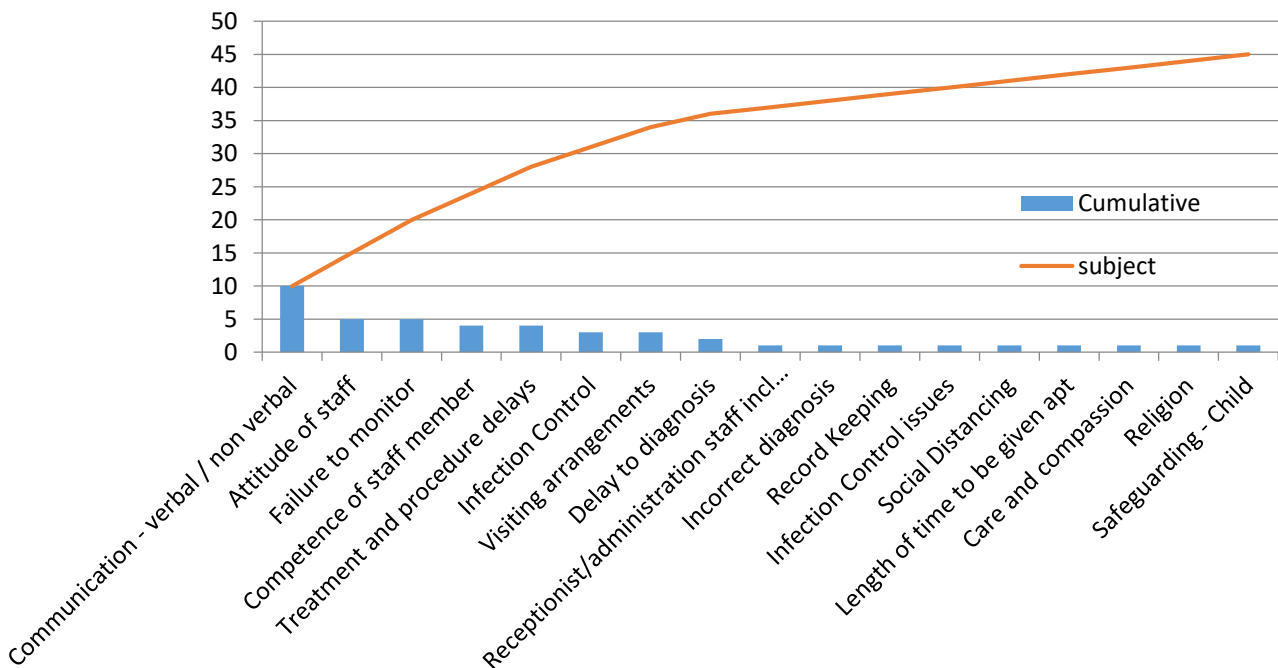
- 6.1 The importance of training within the maternity services and other associated clinical teams is featured within both the initial Ockenden report and CNST actions. The most prominent of these is a focus on Multidisciplinary Team training and Cardiotocograph (CTG) training. CTG is the recordings taken of a baby’s heart rate during pregnancy and labour, these recordings are used to assess the wellbeing of the baby but can be very complex to assess as the recordings can be affected by many variable related to both mother and baby.
- 6.2 The CNST action plan requires 90% of relevant maternity staff to be compliant with (CTG) training in relation to monitoring, analysis, management and escalation. The Trust team have consistently achieved this target, during quarter 3, 92% compliance has been maintained; this provides assurance that clinical staff and teams are up to date with fetal monitoring analysis and process for escalation.
- 6.3 The Obstetric and Midwifery staff have a variety of options for CTG training; there are some theoretical classroom sessions, practical training sessions that are competency based and there are also sessions delivered weekly within the clinical environment where recent complex cases can be considered and management plans reviewed.
- 6.4 The services Training Lead collates the specific maternity focused mandatory training compliance information manually via a spreadsheet. This manual process is difficult to maintain and data cannot be extracted readily, an automated dashboard is under development and it is planned to be fully functioning by quarter one, 2022-23. This will support with the need to broaden the membership of the other linked clinical teams who also need to be compliant with maternity mandatory training; examples being obstetric anaesthetists, theatre and paediatric staff.
- 6.5 Compliance around involvement in obstetric skill drills and training, of staff in the wider multidisciplinary team (MDT) has been challenging during the pandemic. An improvement plan has been developed with training sessions scheduled quarterly (planned for February 2022, June 2022 and September 2022). An improvement trajectory is in place to support progression towards full compliance expected in quarter 4, 2022-23.

7. Patient Experience

7.1 Complaints

The following chart displays the numbers of complaints received by the service in 2021/22; this includes all stages of complaint, from stage 1 or 2 complaints, which represent the majority, that have been managed through local resolution to the small number of stage 3 complaints which are responded to using a formal approach resulting in a response letter from, or on behalf of, the Chief Executive.

Obstetrics - complaint report

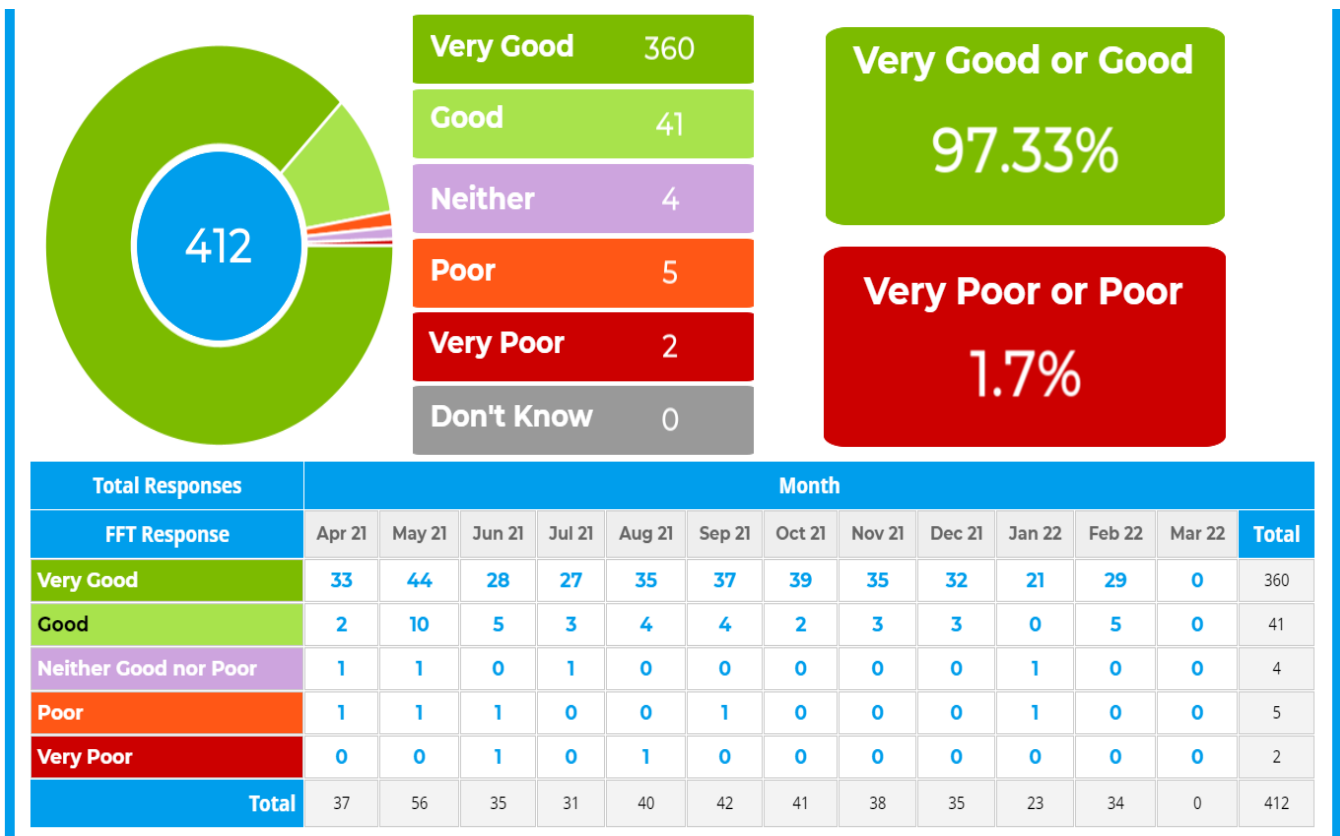


7.2 The most common factor in complaints over the past 12 months relates to communication. Several improvements have been developed to impact upon this, the key action has been to establish a birth reflections service; this development has improved communication by ensuring service users have the time and opportunity to discuss their birthing experience in a constructive and supportive way. The impact of this innovative approach will be monitored and evaluated in future reports.

7.3 Friends and Family Test (FFT) feedback

The following provides a summary of the Maternity services FFT data as displayed on the Yellowfin[®] system. The numbers of responses has remained relatively stable over 2021-22, with a very positive 97.33% of responses describing care as good or very good. Unfortunately a small number were dissatisfied with their care, however as the FFT is anonymous it is not possible to ascertain if these are the patients how have also raised concerns via the Trusts complaints route.

The maternity FFT is set up differently to other areas, in that there are three touch point opportunities for women to provide feedback once during pregnancy, shortly after giving birth and then again when they are receiving postnatal care in the community. The last two touch points can be relatively close together and may impact on the return rate; the questionnaires are currently handed in paper format to women at all three touch points as this appears to support the continued return rate. The service are continuing to review alternative approaches towards improving the data collected via FFT.

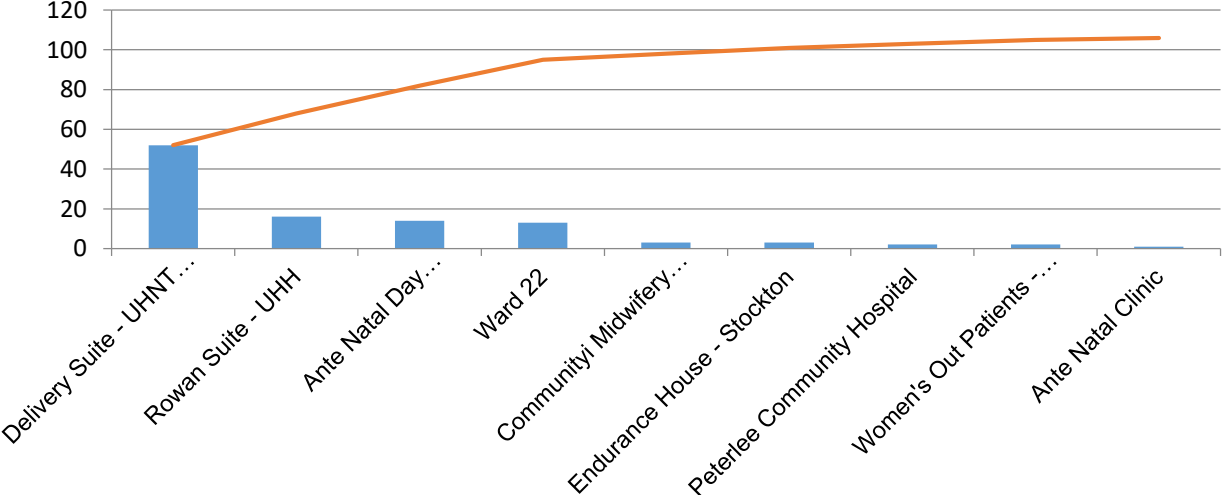


7.4 Compliments

The following chart displays the numbers and type of compliments received by Maternity services during quarter 3. It is positive to note that the numbers of compliments received by the service far exceed the numbers of complaints received as outlined in section 7.1.

It is positive that the service received this level of complimentary feedback; this is used as an opportunity for learning, along with a variety of other service user feedback to generate ideas for improving services.

Compliments received during quarter 3



8. Workforce

- 8.1 Risks and mitigations have been developed concerning workforce planning and the current strategy towards recruitment and retention across Obstetrics and Gynaecology. The midwifery workforce will be reviewed, using the nationally agreed tool “Birth Rate Plus”[®], during March 2022, however, it is to be noted that the midwifery workforce figures remain compliant to date.
- 8.2 Workforce analysis demonstrates a relatively static picture across the midwifery workforce, with an increase of consultant workforce during quarter 3.
- 8.3 Turnover in the service is slightly below the turnover rate for the overall Care group which is 12.76%. The Trusts overarching turnover rate for the same period last year was 10.9%
- 8.4 Data from the North East region is not readily available to make direct comparisons for the quarter 3 period. However, data is available via NHS Digital specifically relating to turnover of midwives. The regional comparison identifies that over a 12 month rolling period November 2020 to November 2021, the “leaver” rate for that period identifies that the Trust was 3rd best within the region, however the “joiner/recruitment” rate was the lowest within the region.
- 8.5 Midwifery vacancies have increased over the reporting period mainly within the Band six level, which is being offset by over recruiting to Band five midwives who will convert to Band six on completion of the Trusts midwifery preceptorship programme; over recruitment to Band seven roles has strengthened the overall senior midwifery oversight.
- 8.6 There has also been an agreed over recruitment to consultant whole time equivalent (WTE), this is partially in response to the additional requirements of Ockenden and but also provides the opportunity to support succession planning to ensure resilience within the consultant workforce.

- 8.7 Further actions taken by the team in response to workforce pressures include:
- Completion of the Birth-rate plus intrapartum acuity tool (3 hourly)
 - Monitoring the midwife to birth ratio
 - Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
 - Daily staff safety huddle
 - Maintaining live E-roster across the service areas.
 - National Maternity COVID SitRep.
 - Recruitment of Trust doctors.
- 8.8 The service has also implemented daily staffing huddles chaired by the Obstetrics and Gynaecology operational manager, these are attended by the senior midwifery leadership team and take place each morning within the maternity department utilising a SitRep tool. Senior oversight and professional judgement has been utilised alongside the regional escalation process to undertake appropriate actions, at peak times of acuity and pressures, to ensure safe staffing, utilising staff from non-clinical roles, re-deployment from community and postnatal ward and use of on-call staff.
- 8.9 The Head of Midwifery, as a statutory role, is professionally accountable to the Chief Nurse within the organisation and a gap analysis regarding 'Strengthening midwifery leadership: a manifesto for better maternity care' (RCM, 2019) is underway led by the Deputy Chief Nurse.
- 8.10 The Trust received three informal concerns from the CQC during quarter 1 and 2, 2021-22, these related to concerns from staff relating to culture and leadership. Around this time, the service also received a report from the local Deanery regarding doctors in training experience, which highlighted some areas for improvement relating to clinical oversight of rotas, ability to learn from incidents and feedback between consultants and trainees.
- 8.11 A culture and leadership review was undertaken to understand the background to these issues; an improvement plan was developed within the maternity service to address the issues identified. The plan focuses on a number of different strands of work including; patient safety and quality processes, doctors in training review, recruitment and retention, senior team visibility and communication. Future reports will provide details on the progress of this plan and also evaluation of the impact as it is obtained.
- 8.12 A key aspect and focus of this work has been on the role of psychological safety in high performing teams. This has included a baselining of current levels of psychological safety within the service, which led to feedback from the staff and teams around how this could be improved overall within the service. The service has introduced psychological safety training sessions, and a key part of this is support staff in understanding how to effectively give and receive coaching style feedback. This is receiving positive informal feedback but this will be evaluated as part of the overarching review.
- 8.13 The culture and leadership plan has led to some interim changes being made, with a shift to a more distributed leadership model across the senior midwifery team being put in place; this

includes professional and operational responsibility. This model is constantly under review by the senior team and the Chief Nurse as the Executive Lead, reporting to Board via the agreed Quality and Safety Committee structures. Regular updates are also provided to the nominated Non-Executive Director. The Regional Chief Midwife and Deputy Chief Midwife are sighted on the current leadership plan with bi weekly meetings scheduled

- 8.14 Further support has been commissioned from Senior Midwife / Maternity Advisor working alongside the Chief Nurse, Senior Team and Maternity MDT to support the improvement work with additional support from the Trusts project management team (PMIO).

9. Key areas of improvement

- 9.1 There has been ongoing progression of the recruitment and retention strategies, as well as assessment of the current mitigation across the midwifery and medical workforce. The gaps in the middle grade rotas have been managed and addressed during quarter 3.
- 9.2 The imminent recruitment of the MVP chair will strengthen co-production and provide robust feedback on care delivery from service users, and will support compliance with the Trusts Ockenden plan.
- 9.3 There has been continued review of professional leadership and oversight across the services, this has been further supported by the Culture and Leadership project and improvement plan and will be strengthened further following the commissioning of a Senior Midwifery Advisor.
- 9.4 Development of an automated dashboard to effectively capture the specific maternity mandatory training compliance of the wider MDT.
- 9.5 The provision of support from the Trusts Project Management Information Office (PMIO) to assist in managing the current improvement plans as well as those that will be identified in the imminent publication of the complete Ockenden report and other national reports due to be published this year.

10. Conclusion /Summary

- 10.1 This report provides an overview of the safety improvements, achieved and ongoing in relation to maternity services. The report demonstrates the significant work undertaken by the Trusts Maternity services to ensure safety is maintained, the highest quality of care continues to be delivered, and that opportunities for learning and improvement are embedded.

The report demonstrates clear governance structures are in place including an established Maternity and Neonatal champions group, which has been expanded bringing together the Chief Nurse, who is the Board level Maternity Champion, the Non-Executive Maternity Board Champion, the Obstetric, Midwifery and Neonatal Safety Champions as well as the Maternity Senior Management Team and operational staff to help drive improvement and provide additional oversight of maternity services.

- 10.2 The report identifies progress against both the Ockenden IEAs and CNST MIS actions, with plans in place to ensure compliance with all measures over the coming months.

It is important to note that several national enquires are due to be published and are expected to result in further recommendations for implementation; there is a need to ensure a robust project structure is in place to prioritise and complete actions in the required timescales.

It is also likely that Obstetrics and Gynaecology will require additional investment in response to the national patient safety and quality improvements which will be required across the service. Some of this funding may come nationally following the release of reports, as has been the case to date. However, this is often non-recurring funding which provides a challenge to utilise in timescales and to recruit substantively.

- 10.3 The report provides assurance that there is ongoing improvement across areas including culture and leadership, recruitment and retention, recruitment of the MVP chair and the creation of automated training dashboards.

11. Recommendations

- 11.1 The Board of Directors are asked to note the significant work and improvements to ensure the Trust achieves full compliance against the recommendations from the key national enquiries and reports.
- 11.2 The Board are asked to note the significant work being undertaken in relation to leadership and culture across all areas of the service and the plans in place to maintain stability ensuring safety and quality are at the centre of care delivery.
- 11.3 The Board are asked to be aware of the impact upon the current workforce in relation to the national reports and requirements for further improvement and to support continues review of the required resources which may be additional workforce; via appropriate business cases.
- 11.4 The Maternity services regularly support Executive and Non-Executive visits to clinical areas, if any Board members wish to visit the areas then this will be arranged.

Lindsey Robertson
Chief Nurse
Director of Patient Safety and Quality

7 Ockenden IEAs (including 12 Clinical Priorities): Trust _____ Exec Sign off _____	Compliant	Partially Compliant	Non-Compliant
1) Enhanced Safety			
A plan to implement the Perinatal Clinical Quality Surveillance Model	✓		
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	✓		
2) Listening to Women and their Families			
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services		✓	
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	✓		
3) Staff Training and working together			
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	✓		
The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.	✓		
Confirmation that funding allocated for maternity staff training is ringfenced	✓		
4) Managing complex pregnancy			
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	✓		
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	✓		
5) Risk Assessment throughout pregnancy			
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance	✓		
6) Monitoring Fetal Wellbeing			
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	✓		
7) Informed Consent			
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.		✓	

Board of Directors

Title of report:	Modern Slavery and Human Trafficking Statement									
Date:	24 March 2022									
Prepared by:	Hilton Heslop, Head of Strategy & Corporate Affairs									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	To present the Modern Slavery and Human Trafficking Statement for 2022/23 to the Board of Directors for approval, in line with requirements of section 54 (1) of the Modern Slavery Act 2015.									
Action required:	Approve	x	Assurance	x	Discuss		Information			
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		Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps the Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within the business, subsidiary companies or supply chain during the year ending 31 March 2023.</p> <p>The Modern Slavery Act 2015 introduced changes in UK law, focused on increasing transparency in supply chains. Specifically, large businesses are now required to disclose the steps they have taken to ensure their business and supply chains are free from modern slavery, that is, slavery, servitude, forced and compulsory labour and human trafficking.</p> <p>Commercial organisations that supply goods or services and have a minimum turnover of £36 million are required to produce a 'slavery and human trafficking statement' each financial year. This should set out the steps taken to ensure modern slavery is not taking place in the organisation's own business and its supply chains.</p> <p>The Trust supports and has zero tolerance for slavery and human trafficking and is fully aware of its responsibilities towards service users, employees and local communities. There is an expectation that all the companies it does business with share and adhere to the same ethical values. The Trust has in place due diligence and internal policies and procedures that assess supplier risk in relation to the potential for modern slavery or human trafficking. It also operates a number of policies which support it in conducting business in an ethical manner, including recruitment and selection; equal opportunities and diversity; safeguarding; freedom to speak up; procurement; standards of business conduct; grievance and counter fraud, bribery and corruption.</p> <p>The appended statement has been developed with input from a number of key stakeholders.</p> <p>The statement requires approval at Board level, following which it will be published in a prominent place on the organisation's website and that of its subsidiary companies.</p>										
How this report impacts on current risks or highlights new risks:										
No new risks have been identified.										

Committees/groups where this item has been discussed	Executive Management Team
Recommendation	The Board of Directors is asked to approve the annual Modern Slavery and Human Trafficking statement for the year ending 31 March 2023.

Slavery and Human Trafficking Statement 2022/23

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that North Tees and Hartlepool NHS Foundation Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business, subsidiary companies or supply chain during the year ending 31 March 2023.

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

About the organisation

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

The strategic objectives of the organisation are:

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

The Trust's Commitment

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

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

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

Due Diligence

We are committed to ensuring that:

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

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

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

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

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

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

Training

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

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

Our performance indicators

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

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

Approval for this statement

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

Derek Bell
Joint Chair

Julie Gillon
Chief Executive