North Tees and Hartlepool NHS
NHS Foundation Trust

Board of Directors Meeting

Thursday, 25 March 2021
at 1pm

Boardroom
University Hospital of North Tees

North Tees and Hartlepool
NHS Foundation Trust

University Hospital of North Tees
Hardwick
Stockton on Tees
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NM/SH

18 March 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 25 March 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely

Neil Mundy
Chairman

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Patient Story (verbal)	L Robertson
4.	(1.20pm)	Minutes of the meeting held on, 28 January 2021 **(enclosed)**	Chairman
5.	(1.25pm)	Matters Arising / Action Log **(enclosed)**	Chairman
Items for Information			
6.	(1.30pm)	Report of the Chairman **(verbal)**	Chairman
7.	(1.40pm)	Report of the Chief Executive **(enclosed)**	J Gillon
8.	(1.50pm)	NHS Regulation Bill – White Paper Integration and Innovation – Working together to improve health and social care for all **(enclosed)**	J Gillon & B Bright
Strategic Management			
9.	(2.00pm)	Data Protection and Cyber Assurance Interim Report **(enclosed)**	G Evans

Performance Management

10.	(2.10pm)	Draft Capital and Revenue Budgets 2021/22 And Financial Regime **(enclosed)**	N Atkinson
11.	(2.20pm)	Integrated Corporate Report **(enclosed)**	L Taylor, L Robertson A Sheppard & N Atkinson

Operational Issues

12.	(2.35pm)	Ockenden Assurance Update Report **(enclosed)**	L Robertson
13.	(2.45pm)	Modern Slavery and Human Trafficking Statement 2021/22 **(enclosed)**	B Bright
14.	(2.55pm)	Any Other Notified Business	Chairman

15. Date of Next Meeting
(Thursday, 29 April 2021 Boardroom, University Hospital of North Tees)

Neil Mundy
Chairman

Julie Gillon
Chief Executive

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, 25 March 2021 at 1 pm at the University Hospital of North Tees / Via Video Link

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

These minutes represent a formal record of the meeting.

Present:-

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

In attendance: -

Ruth Dalton, Head of Communications and Marketing *[via video link]*
Ada Burns, Vice Chair, South Tees Hospitals NHS Foundation Trust *[via video link]*
Samantha Sharp, Personal Assistant (note taker)

Governors in attendance via video conferencing: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton
John Edwards, Elected Governor for Stockton
Margaret Docherty, Elected Governor for Stockton
Alan Smith, Elected Governor for Hartlepool

BoD/4454 Apologies for Absence / Welcome

No apologies for absence were received.

The Chairman welcomed members to the meeting, introducing Ada Burns, Vice Chair of South Tees Hospitals NHS Foundation Trust who had been invited to the meeting, presenting an opportunity for the Two Trusts to share information as they progressed along a journey to a closer working partnership

The Chairman invited members as we approached the first anniversary of the pandemic to remember those who had been affected and sadly passed away as a result of COVID-19. He also asked that we remember with gratitude staff who had worked tirelessly throughout the

* voting member

pandemic in extremely difficult circumstances.

BoD/4455 Declaration of Interests

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

A declaration of interest was also noted from the CITO in respect to his role in the ICS.

BoD/4456 Patient Story

The CN/DoPS&Q reported on a patient story from November 2020 highlighting that this patient required care and treatment from both North Tees and South Tees. It highlighted difficulties due to the pandemic but emphasised that the patient, despite the difficulties, received excellent care and treatment from both Trusts.

The Chairman asked that the patient be approached to gain permission to share their story with the Board at South Tees as this presented a good example of both Trusts working together for the benefit of patients.

The Chairman asked that the CN/DoPS&Q relay the Boards thanks to the patient for sharing their story highlighting that once able, patients would be invited to attend the meeting in person to present their stories.

Resolved: (i) that, the patient story be noted: and
(ii) that, the patient be approached to gain permission for their story to be shared with the Board at South Tees Hospitals NHS FT; and
(iii) that, the thanks of the Board be relayed to the patient for sharing their story.

BoD/4457 Minutes of the meeting held on, Thursday, 28 January 2021

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

BoD/4458 Matters Arising / Action Log

a. BoD/4178 Sickness Absence Update for Council of Governors

Due to the pandemic, an update on sickness absence to the Council of Governors had been delayed. However, this had now be rescheduled as part of a development session for 6 May 2021.

b. BoD/4361 Workforce Race Equality Standard and Workforce Disability Equality Standard

Both the Workforce Race Equality Standard and Workforce Disability Equality Standard were scheduled to be presented at a Board Seminar on 15 April 2021.

c. BoD/4392 Slavery and Human Trafficking Statement 2020/21

The 2020/21 Slavery and Human Trafficking Statement had been reviewed and would be presented for approval later in the agenda.

Resolved: (i) that, the verbal updates be noted; and
(ii) that, the Council of Governors' receive an update on sickness absence at their development session on 6 May 2021; and
(iii) that, both the Workforce Race Equality Standard and Workforce Disability Equality Standard be presented at a Board Seminar on 15 April 2021.

BoD/4459 Report of the Chairman

The Chairman placed on record his thanks to all colleagues for their kindness shown in both Trusts as he commenced his role at Interim Joint Chair. He was mindful of the trust and responsibility placed in him to take forward collaboration between the two Trusts and to appoint a substantive Chair to progress this further.

The Chairman highlighted a number of visits he had undertaken and presentations received since commencing in post, highlighting that it had been a privilege to meet staff and for them to showcase work they were doing in their service. He highlighted areas of partnership and multidisciplinary team working which was in the best interest of the communities the Trust served. In addition to visiting clinical areas, the Chairman had taken the opportunity to visit the COVID-19 vaccination hub, the simulation suite, the hospitals energy centre and the finance team highlighting how these areas contributed to the overall success of the Trust.

The Chairman placed on record his thanks to both Vice Chairs and Lead Governors in working behind the scenes to support collaboration. Both Boards and Council of Governors' had met jointly to discuss and develop inter-Trust relationships and the Council of Governors', through the Joint Nominations Committee, would take forward the recruitment and appointment of a substantive Joint Chair.

Resolved: that, the verbal update be noted.

BoD/4460 Report of the Chief Executive

The CE provided an update on the Trust's response to COVID-19 highlighting a significant reduction in hospital admissions. There were currently 36 confirmed cases within the Trust occupying circa 8% of available beds from a peak of 43%. It was noted that the progression of the vaccination programme had impacted positively on the reduced number of admissions, particularly in the over 70s. Throughout the pandemic, there had been a total of 2694 admissions. Work continued to encourage staff to receive the vaccine.

The number of non-COVID-19 patients receiving care continued to increase and this would continue as routine activity levels were restored. 100% of theatre lists were now in place following a low of 17% in February 2021 as a result of COVID-19 positive patient occupancy and staff absence.

Support for staff health and wellbeing continued with a range of initiatives being implemented to complement the Trusts usual health and wellbeing offer. A staff psychological support hub had been established which was working alongside many differing internal and external providers of psychological support.

The Trust was leading the way nationally in researching treatments for COVID-19 trialling a new treatment of Dimethyl fumarate (DMF) for patients acutely ill with COVID-19. This was the second time the Trust had been the first nationally to give a patient one of the new treatments being trialled as part of the RECOVERY study.

The recently published clinical practice guide for improving the management of COVID-19

patients in secondary care had been presented as part of a two part webinar in February which looked at future planning in the context of the pandemic.

The results of the annual NHS staff survey had been released which showed that the Trust was ranked above average for all ten themes contained within the survey. A 48% response rate was achieved, a reduction from 55% in 2019 but above the 45% national response rate. The Trust ranked 2nd in the North East and 16th in the country in terms of the responses received. The Trust continued to review the detail of the survey in order to develop further engagement opportunities with staff.

The ICS management team continued to work through the implications of the White Paper whilst the Tees Valley ICP continued to focus on wider strategic partnership working to support the future strategic direction of Teesside. The CE reported that Chris Gray, Clinical Lead for the ICS would be retiring at the end of March and would be replaced on an interim basis by Professor Mike Bramble. The Chair and Executive Lead of the ICS continued to meet with local authorities and wider stakeholders to progress proposals as outlined in the White Paper.

The physiotherapists were leading on a new campaign to encourage better population health in Teesside challenging individuals and departments to move more than them each week. In addition, they were encouraging local people and communities to be more active to help prevent illness and to reduce the burden on NHS services. A Consultant in Public Health would be appointed to work across Teesside to address the health of the community.

In response to clarity sought by JE, the CE highlighted a number of ways the Trust was engaging with staff to gain their views highlighting how the results from multiple platforms including the staff survey and Listening into Action App were helping the Trust to refresh its engagement strategy whilst providing appropriate support for staff. NS, Chair of the Workforce Committee added that he was heartened to see areas highlighted for improvement in the previous staff survey had improved. NS highlighted that the LLP had undertaken their own staff survey based on that of the Trusts emphasising that those in the LLP contributed to patient care and that their views were important. A poor response rate from the staff survey undertaken within the LLP was noted and the Trust would work with their colleagues in the LLP to ensure their views were heard.

SH, Vice Chair asked if the Trust could potentially invite the Secretary of State for Health to visit the Trust and in particular to visit the recently remodelled urgent and emergency care facility. The CE agreed that this would be a great opportunity to showcase the work of the Trust noting that this had been completed within budget and within agreed timescales for the expenditure of capital monies. The CE placed on record her thanks to all staff in urgent and emergency care for their input into the project which had helped shaped the service of the future.

Resolved: (i) that, the contents of the report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme be noted; and

(ii) that, the Secretary of State for Health be invited to the Trust, particularly to visit the Urgent and Emergency Care facility.

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

The CE reported that the Department of Health and Social Care published a White Paper 'Integration and Innovation – Working together to improve health and social care for all', on 11 February 2021 summarising the key legislative detail that had informed the Government's position and the impact this would have on the Trust and the developing Provider Collaborative

in the Tees Valley and North Yorkshire.

The legislative proposals recommend a statutory Integrated Care System (ICS) NHS body with responsibility for the day-to-day running of the ICS and accountability for outcomes of population health. It also outlined proposals for an ICS Health and Care Partnership incorporating members drawn from a number of sources. The NHS working together with its partners was a key theme throughout the White Paper and the CE outlined the main proposals relating to or affecting NHS Foundation Trusts.

The White Paper would be put before Parliament in the Spring with all legislation effective from April 2022.

In response to clarity sought from RT, the Chairman highlighted that Primary Care Networks were a fundamental element of local systems and was the patients' representative. It was important that Trusts and the wider NHS worked with its partners to implement proposals as set out in the White Paper and that there was an opportunity for general practitioners to be involved in shaping healthcare for the future. It was agreed that Board and Council of Governors' development sessions would be scheduled to look at how the ICS would function in the future.

JE highlighted that the White Paper proposed some devolution of responsibility from the ICS to the ICP partnership and asked what impact this would have particularly on place based systems noting that the geography across the North East and North Cumbria was very diverse. The CE commented that it was within the Trust's gift to develop a framework and it was incumbent upon local authorities and the Trust to work together to understand the needs of its communities and to take forward economic regeneration and tackle the wider determinants of health. This presented an opportunity to work alongside Health and Wellbeing Boards, the voluntary sector and local authority partners by pooling resources for the benefit of the population. AB added that a lot of work had already been undertaken by public health colleagues by way of development of Joint Strategic Needs assessments.

Resolved: (i) that, the content of the report is noted and that the potential for future influence and level of engagement within the ICS alongside partners in the Provider Collaborative in the Tees Valley and North Yorkshire be acknowledged; and

(ii) that, Board and Council of Governors' development sessions be scheduled to look at how the ICS would function in the future.

BoD/4462 Data Protection and Cyber Assurance Interim Report

The CITO provided an update relating to the range of information governance and cyber security activities within the Trust explaining that timescales for national and local compliance with the Data Security Protection Toolkit (DSPT) had been extended to 30 June 2021 due to the COVID-19 pandemic.

The independent audit of the DSPT was scheduled to take place over three weeks from 23 March and the audit would follow the new national framework. Following the submission of the DSPT in June, a full SIRO and DPO report would be commissioned and presented to the Board for assurance purposes.

The Trust had submitted a DSPT baseline position to NHS Digital on 25 February 2021 which showed that the Trust had submitted evidence for 63 or the 111 mandatory items (57%) and was on track to complete the assurance submission by 30 June 2021. As part of an external audit, the Trust received full assurance following a sample of evidence submitted against 18 mandatory items.

The CITO reported that there were currently 17 open risks on the IG risk register which was a reduction of one risk compared to the same period the previous year.

The Trust had reported two potential serious/high risk incidents to the Information Commissioners Office (ICO) during the current 2020/21 DSPT reporting period. Both incidents had since been closed by the ICO with no further action pending.

Following a query from RT, the CITO confirmed that there was a 95% target for completion of Information Governance mandatory training throughout the Trust and would advise of the Trust's current position following this meeting.

Resolved: (i) that, progress to date is noted and that the approach, governance and assurance methods outlined within the report were approved; and
(ii) that, the CITO advise of the Trust's current position in respect to compliance against Information Governance mandatory training.

BoD/4463 Draft Capital and Revenue Budgets 2021 and Financial Regime

The DoF provided an update on the proposed financial arrangement for Quarter 1 and the progress of the budget setting arrangements for 2021/22.

The national annual NHS finance and operational planning round had been delayed and the current financial framework would continue into the first quarter and possibly the second quarter of 2021/22.

The DoF reported that the Trust planned on delivering the 2021/22 Long Term Plan trajectories and on achieving financial balance without national support. The Trust planned to deliver £7m of CIP, circa 2% of turnover.

Budget setting would be revisited when the financial framework was known and the DoF highlighted that the Trust would continue to invest in services and patient safety.

The ICS had a capital allocation of £185m for 2021/22 which was to be shared across the whole North East and North Cumbria ICS. Finance Directors across the region continued to discuss how this would be allocated and it was anticipated that the Trust would secure circa £15-16m of this funding which would help to tackle the backlog maintenance programme.

Resolved: (i) that, the content of the report be noted and in particular the newly issued update relating to Quarter 1 arrangements; and
(ii) that, the draft capital and revenue budgets for 2021/22 be approved; and
(iii) that, the planned and approved delivery of a breakeven position for the Trust in 2021/22 be noted.

BoD/4464 Integrated Corporate Performance Report

The DoP&P highlighted improvements made within the Yellowfin report following feedback which included an explanation of Statistical Process Control (SPC) charts, noting of the target standard, an increase in the trend line to cover two years and the removal of acronyms

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

The DoP&P highlighted the pressures which continued across the Trust with the management of COVID-19 alongside the requirement to deliver business as usual and recovery. The pandemic had inevitably impacted upon the delivery against a number of standards and the Trust had under achieved against a number of cancer standards. However, it was noted that patient choice had led to delays in addition to a national focus on clinical priority rather than treat by dates. 100% of theatre lists had been reinstated and the Trust continued to use weekend lists and the independent sector to support a reduction in waiting lists and waiting times.

An overall reduction in DNA rates was noted, potentially aligned to the positive impact of virtual appointments. Bed occupancy had reduced and ambulance handover delays had improved.

Both the HSMR and SHMI mortality rates had increased, impacted by COVID-19, though both remained within the expected range.

A slight overall reduction in complaints was noted, however there had been a slight increase in complaints relating to communications, linked to the restricted visiting during the pandemic. Alongside virtual visiting, work had commenced to contact family and relatives, keeping them informed of a patients progress and reducing communication concerns.

A rise in the number of falls was noted across all categories. All four categories of pressure ulcers fall within normal limits. All seven infections continued to display natural cause variation, with the majority reporting within control limits. One case of MRSA was reported in January 2021.

The staff sickness absence rate for January reported at 6.79%, 2.11% attributable to COVID-19 related sickness. Those identified as clinical extremely vulnerable were due to return to work on 1 April with risk assessments being undertaken. The vaccination programme had now begun administering second doses.

Appraisal compliance reported at 80.45% and mandatory training 87.22%, both unchanged from the previous month. Staff turnover showed a slight decrease when compared to January.

Volunteer recruitment had continued with an increase in the number of active volunteers to 126 at the end of February with a further 36 applications currently in progress and 79 awaiting review.

A surplus of £1.423m was reported at Month 11 2020/21, with a surplus year to date position of £3.791m. The Group cash balance was £71.6m, driven by cash received in advance for March 2021 block payment and delays in the capital programme. Based on current assumptions, the Trust anticipated delivering an in-year surplus of £5.9m. Capital spend was behind plan and forecasted year-end spend was £19.7m against a plan of £21.3m.

KR, Chair of the Performance, Planning and Compliance Committee placed on record his thanks to the team who had worked on implementing the Yellowfin dashboard and for the recent improvements made. He commended the work on the recovery programme and the generally positive position.

In response to a request for clarification made by JE, the DoP&P provided an update on how the Trust closely monitors the impact of COVID-19 on the Trusts performance highlighting that the dashboard had been shared with South Tees Hospitals NHS FT.

KR, Chair of the Performance, Planning and Compliance Committee extended an open invite for the Board at South Tees Hospitals NHS FT to attend the committee and this would be

communicated to them by the Chairman.

Resolved: (i) that, the Trust's performance against the key operational, quality and workforce standards, delivered against the backdrop of associated pressures of the COVID-19 pandemic be noted; and
(ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged; and
(iii) that, the positive financial position be noted; and
(iv) that, the successful roll out of the COVID-19 vaccine be noted; and
(v) that, an open invite be extended to the Board at South Tees Hospitals NHS Foundation Trust to attend the Performance, Planning and Compliance Committee.

BoD/4465 Ockenden Assurance Update Report

The CN/DoPS&Q provided an update of progress against the immediate and essential recommendations made by the Ockenden Report highlighting that the Trust was compliant with the majority of actions and had identified further improvements which were in the process of being implemented. To complete the action plan, the Trust was awaiting a tool from the Local Maternity System to implement the perinatal clinical quality surveillance model with an interim model being implemented from 1 April 2021 which would meet the recommendation.

AB highlighted that a further report would be published once all family cases had been reviewed which would likely require further action.

Resolved: that, the Board review the paper, make any recommendations as they see fit and provide support for the ongoing activities to ensure robust systems were in place to meet these actions.

BoD/4466 Slavery and Human Trafficking Statement 2021/22

Following a full review, the DoCA&CoS presented the Slavery and Human Trafficking Statement for 2021/22 for approval, in line with requirements of Section 54(1) of the Modern Slavery Act 2015.

The Statement had been developed with input from a number of key stakeholders and following approval, would be published in a prominent place on the organisation's website and that of its subsidiary companies.

Resolved: that, the annual Slavery and Human Trafficking Statement for year ending 31 March 2022 be approved.

BoD/4467 Any Other Notified Business

No further business discussed.

BoD/4468 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 29 April 2021 in the Boardroom at the University Hospital of North Tees

The meeting closed at 2:55 pm.

Signed:  Date: 29 April 2021

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Chief Executive Report										
Date:	25 March 2021										
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

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

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

- COVID-19 update and Phase 3 recovery including vaccination roll out
- Research team leading the way in COVID-19 treatment nationally
- GIRFT clinical practice guide for improving the management of COVID-19 patients
- Innovation & Integration White Paper
- Trust Staff Survey 2020
- Integrated Care System/Integrated Care Partnership (ICS/ICP) Update
- Clinical Services Strategy
- Robotic Surgery demonstration
- Accident and Emergency and Urgent Care
- ICS Prevention Board Workshop
- NHS Providers – Virtual Chairs and Chief Executive Network
- Physiotherapists leading on new campaign to encourage better population health 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 receive and note the content of this report and the pursuance of strategic objectives.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 March 2021

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 update and Phase 3 recovery

Context

On 25 February 2021 the UK Chief Medical Officers and NHS England National Medical Director, following advice from the Joint Biosecurity Centre, announced that the UK COVID-19 alert level had been downgraded from level 5 to level 4. This reflected their view that the numbers of patients in hospital was consistently declining, and that the threat of the NHS and other health services being overwhelmed within 21 days had receded. NHS England and NHS Improvement have continued to maintain level 4 incident management across the NHS, which was implemented on 5 November 2020.

2.1.2 COVID-19 current position

The rolling seven-day positive incidence of COVID-19 per 100,000 population continues to stabilise, resulting in a reduction of hospital admissions.

Regular bed modelling data is reviewed by the executive team to inform operational decision-making and the wider strategic delivery and development of services.

Total COVID-19 Admissions	2,678
Total Admissions Base Wards	2,496
Total Admissions ITU	182
Number of Discharges	2,124
% Discharged	79.31%
Number of Deaths Positive COVID-19	522
% Deceased	19.49%
% still in Hospital	1.2%

Data as at 18 March 2021

The number of COVID positive patients admitted to hospital has reduced significantly from a peak of 216 COVID positive inpatients on 11 January to 31 patients on 18 March 2021 with new admissions reducing to single figures each day. There has been a similar reduction in the numbers of patients requiring critical care beds, from a peak of 26 on the 17 January to 5 patients on 18 March. The service has now returned to the commissioned 'footprint' for critical care and retracted from the additional surge capacity utilised over recent months.

Decisions regarding bed configuration and the operating model include a continued focus on infection control measures to limit nosocomial outbreaks and consequential impact.

It is clear that the combination of the national lockdown and the significant vaccination programme is having an impact on the pandemic and the number of patients requiring inpatient care for COVID-19 has reduced significantly, allowing the organisation to focus on recovery planning and returning services to normal activity levels

2.1.3 Operational Recovery

The numbers of non-COVID patients receiving care continues to increase and this will continue as routine activity levels are restored. The increasingly reduced rates of circulating virus in the community and the continued progress of the COVID vaccination programme has allowed services to be restored. Detailed plans have been developed and are monitored on a weekly basis by the Executive Team, to maximise activity for the benefit of patients. There remain some constraints in delivering the programme including vacancies and some continued staff sickness and shielding as well as the continued impact of IPC measures on service delivery. However, the Trust remains fully committed to bringing all services back to full capacity as quickly, and as safely as possible. .

2.1.4 Health and Wellbeing

The Trust is committed to supporting the physical and emotional wellbeing of all staff which has become more important during the pandemic. As previously reported to the Board of Directors, a range of initiatives has been implemented to complement the pre-COVID health and wellbeing offer. These include the development of 'recharge hub' facilities on both the Hartlepool and North Tees Hospital sites, named the Ramplin Rainbow Room and Rainbow Room respectively. The rooms have proved to be extremely popular with a wide variety of staff groups and have acted as a conduit for further employee engagement.

Enhanced psychological support has also been established with the development of a Staff Psychological Support Hub (SPSH). The aim of the hub is to provide staff with psychological support at this challenging time during COVID-19. SPSH is working alongside many differing internal and external providers of psychological support. Specifically, three pathways have been established for health and wellbeing supported by Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) who have seconded two Clinical Psychologists and two Mental Health Practitioners as in-reach support to Care Groups.

2.1.5 Research team leading the way in COVID-19 treatment nationally

The Trust has become the first in the country to trial a new treatment on a patient on two separate occasions in a special research trial. In March, the trust's research team became the first in the UK to treat a coronavirus patient with DMF. DMF – which stands for Dimethyl fumarate – is a tablet compound being tested as a potential treatment for patients ill with the virus. It is commonly used to treat relapsing forms of multiple sclerosis.

This is now the second time the trust has been the first nationally to give a patient one of the new treatments being trialled as part of the RECOVERY study. In October last year, the organisation was the first to treat a patient with REGN-COV2. These achievements are the result of a dedicated team of staff who speak to COVID-19 patients in hospital, explaining the benefits of being involved in studies like these.

2.1.6 GIRFT clinical practice guide for improving the management of COVID-19 patients

Professor Tim Briggs, Chair of the Getting It Right First Time (GIRFT) programme, held a webinar on 9 February 2021 to discuss the recently published clinical practice guide for improving the management of COVID-19 patients in secondary care. A further webinar was held on Friday 26

February 2021 as a follow up discussion on the guidance and to look at future planning in the context of the pandemic.

Dr William Keith Gray, GIRFT senior research associate, presented updated data analysis on COVID-19 hospital outcomes, and GIRFT's specialty clinical leads presented on the best practice guidance, looking at future planning from their clinical specialty perspective. The webinar also provided an opportunity for successful innovations and practices to be shared, which trusts could utilise and adopt. It was beneficial to understand the advanced recovery status of this Trust in light of the available evidence.

2.1.7 Innovation & Integration White Paper

The Department of Health and Social Care has published the White Paper – Innovation & Integration: Working together to improve health and social care for all – which sets out legislative proposals for a Health and Care Bill that builds on the NHS Long Term Plan. The proposals, if approved by Parliament, will start to come into force in 2022.

The White Paper sets out how the Government aims to support the development of Integrated Care Systems to enable them to improve collaboration between NHS organisations, and form strong partnerships with local government and the voluntary sector to use collective resources to address local population health issues. There is an item on the Board agenda today that sets out the proposals and what it means for the Trust and the future locality based plans.

2.2 Strategic Objective: Valuing our People

2.2.1 Trust Staff Survey 2020

The results of the annual NHS Staff Survey have been released which show that the Trust is ranked as above average for all 10 themes contained within the survey. A 48% response rate was achieved, a reduction from 55% in 2019 but above the 45% national response rate. Following publication of the results, the Trust is reviewing the detail of the survey in order to develop further engagement opportunities with staff and to take forward improvements in the next 12 months.

A recently published analysis by the Health Services Journal has identified that the Trust ranked 16th out of 128 in the country and 2nd in the North East region, which is a hugely positive position and testament to the commitment and dedication of all staff groups across the organisation.

I would like to personally thank all staff who completed the survey and continue to share their experiences for the greater good.

2.3 Strategic Objective: Transforming our Services

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

The ICS Management Team continue to work through the implications of the White Paper and the opportunities for partnership and formal structural change with Professor Chris Grey, the current ICS Medical Director, is retiring at the end of March with interim arrangement being put into place, which will see Professor Mike Bramble, a member of the Northern Clinical Senate, taking up this role on a part time basis.

The Tees Valley ICP continues to concentrate on wider strategic partnership working including financial efficiency, clinical services strategy and digital maturity to support the future strategic direction of Teesside. The Tees Provider Collaboration continues to progress, with the Interim Joint Chair, toward the establishment of a Strategic Board and the appointment of a permanent joint chair.

2.3.2 Accident and Emergency and Urgent Care

The combined Accident and Emergency and Urgent Care Centre remodelling work has progressed to plan during March 2021 with the completion of the redesigned paediatric service which brings the paediatric emergency and the assessment unit together, realising an ambition of the Trust to integrate the paediatric services. This has included a new paediatric resuscitation area, which allows the creation of additional adult resuscitation capacity.

Work to remodel the outpatient and day case departments has also been completed with positive staff feedback on improvements. Additional work is now underway to develop the remaining treatment rooms so that environmental improvements will now be across all areas within the Urgent and Emergency Care department. The project has significantly enhanced the efficiency and available space of the Urgent Care and Emergency Department.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 ICS Prevention Board Workshop

The Prevention Board met on Thursday 11 March 2021 and continues with positive developments implemented across the breadth of support in its mission to improve health and wellbeing, and reduce health inequalities amongst the population. Some of the key considerations for continued focus included priorities of the Board, development of a Regional Health Inequalities Programme, and an update of progress against the Better Births Transformation plan and other improvement activities from the Local Maternity Systems Public Health Prevention Group.

The Smokefree NHS/Treating Tobacco work is progressing well and significant progress has been made across the region, however work continues to ensure that treatment of tobacco dependency remains a priority, including the ongoing work to implement the NHS Long Term Plan ambitions and to further develop the smoking cessation landscape across the region.

2.4.2 NHS Providers – Virtual Chairs and Chief Executive Network

A virtual NHS Providers Chairs and Chief Executive's virtual network meeting took place on 16 March 2021. At the meeting Chris Hopson, Chief Executive for NHS Providers provided an update on national policy and strategic issues along with updates on the current NHS state of play and key priorities from Amanda Pritchard, Chief Operating Officer for NHS England and workforce issues presented by Prerana Issar, Chief People Officer for NHS England.

2.4.3 Physiotherapists leading on new campaign to encourage better population health in Teesside

The Trust is leading by example in order to boost the health prospects of the local population with staff taking part in a new challenge aimed at being more active. Led by the physiotherapy team, the service is challenging other individuals and departments to move more than them each week.

The team are encouraging local people and communities to carry out more physical exercise, be more active and live more healthily to help prevent illness and reduce the chances of needing the help of the NHS.

The Trust has its own Population Health Strategy, involving working with partners to address challenges faced and align health services to meet the needs of the community.

3. Recommendation

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme.

NHS
North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title of report:	NHS Regulation Bill – White Paper Integration and Innovation –*'Working together to improve health and social care for all'*										
Date:	25 March 2021										
Prepared by:	Hilton Heslop, Head of Strategy & Corporate Affairs Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Executive sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The Department of Health & Social Care published on 11 February 2021 a White Paper *'Integration and Innovation: working together to improve health and social care for all'*. This report summarises the key legislative detail that has informed the Government's position and what this means for the Trust and the developing Provider Collaborative in the Tees Valley and North Yorkshire.										
Action required:	Approve		Assurance		Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

The White Paper sets out ambitious proposals grouped into three broad themes:

- ***Working together and supporting integration*** to enable different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities;
- ***Reducing Bureaucracy*** by turning effective innovations into meaningful improvements for everyone and learning from innovations during COVID-19;
- ***Ensuring public confidence and accountability*** by providing the right framework for national oversight of the health system, that national bodies are streamlined with clear roles and responsibilities and that the public and Parliament can hold decision makers to account.

The legislative proposals recommend a statutory Integrated Care System (ICS) NHS body with an accountable officer and an ICS Health and Care Partnership incorporating members drawn from a number of sources including Health and Wellbeing Boards, Healthwatch, Voluntary, Community and Social Enterprise (VCSE) partners, social care, and housing providers. The formation of a statutory ISC NHS body will be responsible for the day-to-day running of the ICS with responsibility and accountability for outcomes of the health of the population.

Each ICS NHS body will have a unitary board directly accountable for NHS spend and performance within the system, the ICS Chief Executive (CE) becoming the Accountable Officer for the NHS money allocated to the NHS ICS Body. The board will include a Chair, the CE, and representatives from NHS trusts, general practice, and local authorities, and others determined locally. ICSs will need to ensure they have appropriate clinical advice when making decisions but the clinical make-up has not been defined, as the Chair and the individual ICS will agree this.

'Working Together' is a key theme throughout the White Paper and whilst there is broad acknowledgement that NHS providers have demonstrated strong partnerships in the past with regard to collaborative working e.g. multi-disciplinary teams, local authorities etc, there is a view that a step change is needed to fully integrate 'health' deeper and further into the partnership landscape. This will be realised through a broad *duty to collaborate* across the system and a *triple aim duty* and will require all parties to ensure they tackle the three aims of Better health and wellbeing for everyone; Better quality of health services for all individuals; and Sustainable use of NHS resources.

The main proposals relating to, or affecting NHS Foundation Trusts, are summarised as:

- ICSs will have a triple aim duty: to pursue better health and wellbeing, better quality of services, and the sustainable use of NHS resources;
- ICSs will be accountable for outcomes of the health of the population;
- The NHS and local authorities will be given a duty to collaborate;
- Responsibility remains split between strategic planning/funding and care delivery;
- The ICS NHS Body will be responsible for setting the strategic direction for the system;
- The commissioning and allocative functions of CCGs (and some of those of NHS England) will be subsumed into the ICS NHS Body;
- Plans for capital and revenue spending for NHS organisations will become the responsibility of the ICS;
- The ICS NHS Body will not have the power to direct providers, but NHSE will set financial objectives for ICSs, which providers must have regard to;
- The ICS NHS Body will have the authority to delegate significantly to place level and to Provider Collaboratives.

The White Paper will be put before Parliament in early/late Spring with all legislation effective from April 2022.

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	Executive Management Team
Recommendation	The Board of Directors is asked to to note the content of the report and acknowledge the potential for future influence and level of engagement within the ICS alongside partners in the Provider Collaborative in the Tees Valley and North Yorkshire.

North Tees & Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 March 2021

NHS Regulation Bill – White Paper Integration and Innovation – *'Working together to improve health and social care for all'*

Report of the Chief Executive

1 Introduction

1.1 NHS England and NHS Improvement (NHSE/I) published their plans in November 2020 for reviewing the strategic direction of system working with consultation on new proposals that set out a statutory footing for Integrated Care Systems (ICSs). 'Integrating Care – Next steps to building strong and effective integrated care systems across England' set out key proposals as part of a wider consultation in advance of a NHS legislative Bill in late Spring 2021.

1.2 The proposals provide a discussion point for how ICSs could be positioned within legislation, along with two possible options to place a statutory footing around ICSs and repurposing the CCG role and its functions into the ICS.

1.3 The Department of Health & Social Care published on 11 February 2021 a white paper *'Integration and Innovation: working together to improve health and social care for all'*. This report summarises the key legislative detail that has informed the Government's position and what this means for the Trust and the developing Provider Collaborative in the Tees Valley and North Yorkshire.

2 Background

2.1 The proposals contained in the original policy document 'Integrating Care – Next steps…' acknowledged that COVID-19 had prompted accelerated learning and provided a potential step change in scope and ambition towards the roll out of system working focused on greater devolution and 'localism'. Greater partnership working in 'place' and strong collaborations between providers across wider geographies and footprints with specific themes were placed at the heart of the consultation, specifically:

- Provider Collaboratives
- Place-based partnerships
- Governance and accountability
- Financial framework
- Data and digital
- Changes to commissioning

2.2 The consultation received strong support and was underpinned by a proposal to establish ICS Boards through voluntary joint committees with delegated decision making through members. The thrust of the consultation centred around two options for placing ICSs in legislative footing without a wholesale, top-down structural re-organisation i.e.:

1) A Statutory committee model with an Accountable Officer; or
2) A Statutory corporate NHS body model that brings CCG functions into the ICS.

2.3 The consultation document from NHSE/I was positioned to build on the ambitions in the NHS Long Term Plan and the lessons learned from provider activity during the COVID-19 response,

with a particular reference on collaborative working. The proposals set out a focus for all providers and partners within the health and care system to work together from April 2021 to develop:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care.
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale:
- Strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

2.4 The document provided a timely steer and much needed focus for the collaborative work that was underway between the Trust and South Tees Hospitals NHS Foundation Trust, and the emphasis on place-based partnerships and stronger, formal collaborative arrangements at scale has helped to position the two Trusts towards a Tees Valley and North Yorkshire Provider Collaborative, work, currently in progress.

3 The White Paper proposals

3.1 The white paper sets out ambitious proposals grouped into three broad themes:

- ***Working together and supporting integration*** to enable different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities;
- ***Reducing Bureaucracy*** by turning effective innovations into meaningful improvements for everyone and learning from innovations during COVID-19;
- ***Ensuring public confidence and accountability*** by providing the right framework for national oversight of the health system, that national bodies are streamlined with clear roles and responsibilities and that the public and Parliament can hold decision makers to account.

3.2 The formal consultation process is due to end 30 April 2021 and whilst there is broad, high level support from providers to place ICSs on a statutory footing there has been some concern from stakeholders, including NHS Providers, around the level of consultation with a request for more clarity on the role of wider delivery partners e.g. local authorities, voluntary sector and service user groups. The level of detail contained in the White Paper is not as expansive as, what were, relatively detailed and wide-ranging proposals, which were drafted late last year and published in January.

3.3 The White Paper provides some clarity on concerns raised about 'privatisation' in that ICS bodies will be statutory public NHS bodies, and not private entities, and there will be no proposed legislative requirement for establishing place-based partnership arrangements as this will be left to ICS and local partners to decide, design and implement.

3.4 Following the initial proposals in 2020, the recommended options noted in para 2.2 above have been combined. The legislative proposals therefore now recommend a statutory ICS NHS body with an accountable officer and an ICS Health and Care Partnership incorporating members drawn from a number of sources including Health and Wellbeing Boards, Healthwatch, VCSE partners, social care, and housing providers.

3.5 Each ICS NHS body will have a unitary board directly accountable for NHS spend and performance within the system, the ICS Chief Executive (CE) becoming the Accountable Officer for the NHS money allocated to the NHS ICS Body. The board will include a Chair, the CE, and representatives from NHS trusts, general practice, and local authorities, and others determined locally. ICSs will need to ensure they have appropriate clinical advice when making decisions but the clinical make-up has not been defined, as the Chair and the individual ICS will agree this.

3.6 **ICS NHS Board**

There will be a more clearly defined role for Social Care within the structure of an ICS NHS Board to give Adult Social Care a greater voice in NHS planning and allocation. In order to ensure appropriate accountability, NHSE/I will approve ICS constitutions in line with national statutory guidance, and NHSE will publish further guidance on how Boards should be constituted, and appointments made.

3.7 The earlier policy proposals and the Government White Paper advocate the formation of ICS bodies as 'place-based committees' by delegating functions and money to them. In principle, local authorities could, voluntarily, pool functions and money into the committees and whilst there is significant work required to develop a 'Total Place' funding scenario, the potential for this provides an interesting concept further in the ICS design journey.

3.8 It is intended that the allocative functions of Clinical Commissioning Groups (CCGs) will be subsumed into the ICS NHS body and this will sit alongside the strategic planning role to enhance accountability and the delivery of integrated and innovative strategic objectives. However, whilst functions and workforce will be contained within the ICS as a result of the legislation there is every intention that those functions will remain in the locality so that the ICS delivers the allocative functions through place-based planning.

3.9 Through the ICS NHS body, NHSE/I will have the power to set financial allocations or other financial objectives, at the system level with a duty placed on the ICS body to meet the objectives with financial balances. Whilst Foundation Trusts will retain their current statutory financial duties without direction from the ICS NHS body, a new duty to 'compel' providers to have regard to the financial system objectives will be put in place so that all providers are mutually invested in the financial control within the system.

3.10 The legislation will also allow NHSE/I to set a capital spending limit on Foundation Trusts in levelling up between Trusts and Foundation Trusts (FTs) where, currently, FTs are able to access commercial borrowing and use surpluses to fund capital projects without full consideration of the overall impact on other Trusts or the Department's Capital Delegated Expenditure Limit (CDEL). The proposed legislation is clear that schemes may be paused and a targeted reserve power may be required as a last resort, and whilst dialogue is seen as the first line of defence there is potential for only the 'loudest voice' to be heard over others within the largest ICS in the UK. With the introduction of system-wide capital limits, the proposals seek to set legally binding limits for named FTs that either do not work effectively within prioritising expenditure or those that risk CDEL breaches.

3.11 NHS Foundation Trusts will remain separate statutory bodies with their functions and duties broadly, as they are in the current legislation. The insertion of the word 'broadly', however, will prompt scrutiny of the detail as it emerges as, at the time of writing, there is no additional clarification of this statement.

3.12 **ICS Health and Care Partnership**

The Partnership will operate alongside the ICS NHS Board and whilst NHSE /I will advise on the composition of the ICS Boards, they have stated that there should be maximum local flexibility as to how the ICS partnerships are constituted. The rationale and main purpose of the partnership will be to provide a forum for agreeing co-ordinated action and alignment of funding on key issues, as well as providing direction on the early stages of ICS formation.

3.13 ICS Partnerships will be responsible for developing a plan to address the health, social care and public health needs of their system. Membership of ICS Health and Care Partnerships will not be specified nationally but could be drawn from a number of sources including Health and Wellbeing Boards, Healthwatch, VCSE partners, social care, and housing providers.

3.14 However, there are some concerns amongst partner organisations that the combination of <u>both</u> options has already been agreed by Government without further consultation or

engagement on the option and this raises some questions around governance and accountability of the NHS ICS body and the statutory health and care partnership.

3.15 Within the ICS Health and Care Partnership there will be a reliance on partner organisations that have mature, strategic structures across a large geographic footprint, and this is one area that could possibly be a cause for contention as localities demand a seat at the table.

3.16 There is also concern that the sheer size of the NHS North East & North Cumbria ICS with four component Integrated Care Partnerships (ICPs) require further consideration for partnership working and the increased urgency to have a seat at the table/voice heard. Any plans to tackle this within the ICS will be carefully considered and with involvement of key stakeholders.

3.17 However, the possibility of joint committees between the ICS and NHS Providers with some delegated decision making could be seen as part of the solution with the right composition, governance and leadership. This could also include the wider partners from community health, local authorities, primary care networks and the voluntary sector, amongst others.

4 Working Together

4.1 The paper acknowledges the emphasis on shared purpose as opposed to structures and titles when developing fully integrated care systems and there is a commitment from Government to preserve, spread and enhance the proposition of ensuring a common purpose and shared vision for 'place' by building on the Long Term Plan and learning lessons from COVID-19 i.e. the importance of different parts of the system working together more effectively.

4.2 The formation of a statutory ICS NHS body will be responsible for the day-to-day running of the ICS with responsibility and accountability for outcomes of the health of the population. Since the advent of population health management in recent years, the NHS has been determined to take a population focused approach in a way that demonstrates genuine co-production of data, intelligence, intervention and output and this is one of the key themes of the legislation.

4.3 This will be realised through a broad ***duty to collaborate*** across the system and a ***triple aim duty*** (which replicates the population health triple and quintuple aim) and will require all parties to ensure they tackle the three aims of:

1) Better health and wellbeing for everyone;
2) Better quality of health services for all individuals;
3) Sustainable use of NHS resources.

4.4 'Working Together' is a key theme throughout the White Paper and whilst there is broad acknowledgement of a 'profitable past' with regard to the NHS e.g. multi-disciplinary teams, local authorities, VCSE, etc, there is a view that a step change is needed to fully integrate 'health' deeper and further into the partnership landscape i.e. not just healthcare itself.

4.5 During the initial consultation on integrated care NHSE/I set out the following four purposes for ICSs:

- Improving population health and healthcare;
- Tackling unequal outcomes and access;
- Enhancing productivity and value for money:
- Helping the NHS to support broader social and economic development.

4.6 Health and Wellbeing Boards (HWBB) will remain in place and will continue to have 'an important responsibility' at place level and the ICSs will also continue to have regard for the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy. There will be further guidance that sets out how the two Boards will work together and

complement each other's roles, but there is broad acceptance that population health, inequalities, productivity and value for money are the lenses through which improvements will be seen to be occurring naturally.

4.7 The broader social and economic development, however, is ever-more critical within the Tees Valley and North Yorkshire (and the wider region) and the support that the Trust can provide, both singly and collectively as part of a provider collaborative, and/or as an Integrated Care Partnership (ICP) should be emphasised and reinforced with partners in the individual Local Authorities and the Tees Valley Combined Authority to help strengthen economic strategies and proposals for further investment in key sectors and industries.

4.8 The recent Budget announcements around HM Treasury campus bringing 750 jobs to Darlington, 18,000 new jobs within the Free Port, and £75m to Hartlepool, Thornaby and Middlesbrough as part of the Government's Towns Fund, all points to a healthy Tees Valley economy, over time, but the reality is that there will need to be a healthy workforce from healthy communities in order to realise this potential.

4.9 Having access to, and maintaining a healthy workforce is a critical aspect of economic development and retention of skills in the workplace is pivotal to this. Much of the work to support economic development will focus on health inequalities and education of certain sections of communities around prevention. This work has been part of the public health role and primary care in recent times. However, the legislation to be placed on ICSs gives the Trust(s) a greater legitimacy to play a lead role in driving the agenda forward.

5 Summary

5.1 In summary, the combination of the two proposed options are not out of step with the principles of integration and working together, although there are some issues that still need to be resolved around engagement and consultation before this can be written into a Bill ahead of the Queen's speech in early/late Spring. Amendments resulting from the consultation may be reflected and referred to in the final Bill.

5.2 The main proposals relating to, or affecting NHS Foundation Trusts, are summarised as:

- ICSs will have a triple aim duty: to pursue better health and wellbeing, better quality of services, and the sustainable use of NHS resources;
- ICSs will be accountable for outcomes of the health of the population;
- The NHS and local authorities will be given a duty to collaborate;
- Responsibility remains split between strategic planning/funding and care delivery;
- The ICS NHS Body will be responsible for setting the strategic direction for the system;
- The commissioning and allocative functions of CCGs (and some of those of NHS England) will be subsumed into the ICS NHS Body;
- Plans for capital and revenue spending for NHS orgs will become the responsibility of the ICS;
- The ICS NHS Body will not have the power to direct providers, but NHSE will set financial objectives for ICSs, which providers must have regard to;
- The ICS NHS Body will have the authority to delegate significantly to place level and to Provider Collaboratives.

5.3 There is some support for the proposals from Health & Wellbeing Boards, although it is clear that they feel the consultation process could/should have been more thorough than it has been to allow 'place-based' partnerships to fully absorb the proposals and provide a more considered response to all of the proposals in the paper. However, the legislation will provide a clear opportunity to align the strong sense of collaboration within the ICS with the vision of the ICP and the Trust's independent vision and strategy, and this can then be translated into the developing vision for the Provider Collaborative in the Tees Valley and North Yorkshire.

5.4 How the legislative proposals work in practice will challenge some partners and providers within and outwith the NHS. The relationship between the component ICPs – including Provider Collaboratives – and the NHS ICS Board will be an important consideration due to size, geography, priorities and need. Getting the governance structures right will be hugely important to the longer-term success of the ICS (and the individual ICPs), of which leadership and trust will play a big part.

5.5 Geography will play its part, and it is conceivable that the North East and North Cumbria ICS require further thought on how to be able to effectively integrate care within a population of just over 3 million, with 13 local authorities, 11 Foundation Trusts, and 73 Primary Care Networks. However, as the most southerly ICP in this ICS, the Provider Collaborative in the Tees Valley and North Yorkshire may wish to seize the opportunity to press for significant financial and non-financial delegated authority (para 5.2) and this may provide the solution to some of the concerns held by partners.

5.6 Once placed in legislation, the Trust will have an opportunity, along with its partners in the locality to drive population health further and faster, and the furtherance of discussions with upper tier/combined authority colleagues in supporting a greater synergy within the region will also play its part in demonstrating the health benefits to the wider economic development and the impact that all partners can have on levels of deprivation.

5.7 Deprivation, in itself, is something that features heavily in the CCG allocations from NHSE/I, and as the CCG commissioning functions are to be subsumed into the ICS there is a wider role to challenge and influence as a provider collaborative the impact that levels of deprivation can have on future allocations within the region, and this links to the issues at para 5.5. The potential to develop, extend and improve better, stronger relationships through provider collaboratives and place-based partnerships is a positive step, and one that is already developing.

6 Recommendations

6.1 The Board of Directors is asked to note the content of the report and acknowledge the potential for future influence and level of engagement within the ICS alongside partners in the Provider Collaborative in the Tees Valley and North Yorkshire.

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

Sponsored by: **Julie Gillon, Chief Executive**

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Data Protection and Cyber Assurance - Interim Position Report														
Date:	25 March 2021														
Prepared by:	Neil Dobinson, Data Protection Officer (DPO)														
Executive Sponsor:	Professor Graham Evans, Chief Information Technology Officer/SIRO														
Purpose of the report	The purpose of this report is to provide an interim update to the 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 People			Transforming our Services			Health and Wellbeing					
Which CQC Standards apply to this report	Safe	X		Caring			Effective	X		Responsive	X		Well Led	X	

Executive Summary and the key issues for consideration/ decision:

1. Interim Assurance Position

The Board of Directors at this time of year would, under normal circumstances, be seeking assurance from the Trust Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) in respect to the performance and compliance against the Trusts Information Governance (IG) and Security frameworks in relation to the mandatory Data Security Protection Toolkit (DSPT) submission and the results of the Trusts independent audit in relation to the DSPT.

However, due to the impact of the COVID-19 pandemic, the timescales for national and local compliance with the DSPT have moved from 31 March to 30 June 2021, and thus with it, the assurance that can be provided to the board.

Following recommendations to improve the level of assurance provided against DSPT self-assessments, set out in the National Data Guardian for Health and Care: Review of Data Security, Consent and Opt-outs (2016), NHS Digital has published new guidance for audit providers and Trusts. It is essential that the audit considers whether the Trust meets the requirement of each evidence item in the DSPT (as in previous years), and considers the broader maturity of the Trusts data security and protection control environment. This review of the control environment is a new feature of the audit for 2020/21.

It should be noted that because of these changes, some of the audit framework approach steps go beyond what is asked in the DSPT. This is intentional, and is designed to help inform the assessor's view of the Trusts broader data security and protection control environment. The intention is to inform and drive measurable improvement of data security across the NHS and not just simply assess compliance with the DSP Toolkit.

The independent audit of the DSPT is scheduled to take place over three weeks from the 23 March 2021 and the audit will follow the new national framework.

As a result of the COVID-19 impact on the DSPT evidence collation, the DSPT submission consequently not being due until the 30 June 2021 in addition to the new requirement to assess the 'control environment' which has not been audited previously, it is anticipated that the audit will this year serve a more informed purpose to identify the current '*as is*' position of the Trust and we expect to use this to set out any expectations and actions for full compliance by the 30th June 2021.

Therefore, the Trust expects a number of observations and actions to be highlighted as part of this audit that will then inform and drive the final push for compliance on the 30 June 2021. The Information Management and Information Governance Committee (IMIG) and the Digital strategy Committee (DSC) continue to lead the IG and security agendas and provide oversight to the route to annual compliance.

Consequently, the DPO and SIRO are not yet in a position to offer the board a completed assurance position update for 2020/21, however, it is expected that following the submission of the DSPT in June 2021 a full SIRO and DPO report will be commissioned and presented to the board for assurance purposes.

1.1 Baseline Assurance Position 2020/21
The Trust this year were mandated to submit a DSPT baseline position to NHS Digital on the DSPT on the 25 February 2021 – the Trusts submission showed that the Trust to date had submitted evidence for 63 of the 111 mandatory evidence items (57% complete) and was on track to complete the assurance submission by 30 June 2021.

1.2 Assurance Position 2019/20
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 28th September 2020:

- The Trust self-assessed DSPT compliance with all 116 mandatory evidence items, and were compliant with all 40 mandatory assertions and also 1 of the 4 non-mandatory; therefore, the Trust scored as all 'Standards Met' for the 2019/20 DSPT.

- The 2019/20 DSPT was also subject to external audit, a sample of 18 of the mandatory evidence items were audited by External Audit (Audit One), the Trust achieved full assurance as part of this audit.

2. Information Governance Risks

Currently, there are seventeen (17) open risks on the IG risk register, which is a reduction of one risk compared to the same period last year. There are currently no high/red risks highlighted as the Trust has successfully lowered the previous high risk via mitigation. The key cyber risks are now highlighted in the BAF for board assurance and will be shown in more detail in the content of the full report.

The IG Risk themes are:
- Compliance with legislation
- Compliance with policy and procedure
- Correspondence errors
- People / human error in data processing
- COVID-19 Impact

3. Data Protection by Design

The Trust continues to see a strong compliance and 'buy-in' from services 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.

The Trust IG team currently has 38 DPIA's either pending full submission, under review and pending approval as at 16 March 2021.

4. 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 two potential serious/high risk incidents to the ICO during the current 2020/21 DSPT reporting period (October 2020 to June 2021), one incident related to *'Inappropriate Access of Records'* and second was for 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.

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	• Information Management and Information Governance Committee (IMIG) • Digital strategy Committee (DSC)
Recommendation	The Board of Directors is asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Professor Graham Evans
Chief Information and Technology Officer/SIRO

Neil Dobinson
Data Protection Officer (DPO)

North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title	Draft Capital & Revenue Budgets 2021/22 & Financial Regime										
Date	25 March 2021										
Prepared by	Stuart Irvine, Deputy Director of Finance										
Executive Sponsor	Neil Atkinson, Director of Finance										
Purpose of the report	The purpose of this report is to update the Board of Directors on the proposed financial arrangements for Quarter 1 and the progress of the budget setting arrangements for 2021/22.										
Action required	Approve	X	Assurance	X	Discuss		Information	X			
Strategic Objectives supported by this paper	Putting our population First		Valuing our People		Transforming our Services		Health and Wellbeing				
Which CQC Standards apply to this report	Safe		Caring		Effective	X	Responsive		Well Led	X	

Executive Summary and the key issues for consideration/ decision

Funding Arrangements

- The national annual NHS finance and operational planning round has been delayed and, as a consequence, the current financial framework is likely will continue into the first quarter (and possibly the second quarter) of 2021/22.
- It is anticipated, that the methodology to inform the system funding allocations for the ICP in 2020/21, will be used to inform funding for Q1 of 2021/22. These allocations will include: business as usual revenue allocations based on run-rates; system top-up (if required) and on-going covid allocations.
- With regards to recovery (and dependent upon confirmation of the final arrangements), it is anticipated that funding for recovery will be made available outside of system envelopes.

Revenue Budgets

- Despite the proposed financial arrangements for the first quarter of 2021/22, the Trust has planned on delivering the 2021/22 LTP trajectories. This is on the basis that the NHS is expected to revert back to pre-Covid arrangements.
- The Trust has therefore, prepared a draft financial plan which is consistent with current financial performance and run rate expenditure with realistic, but challenging, estimates for cost improvement, which are consistent with historic performance.
- This plan is in keeping with the Trusts ambition to return to surplus as outlined in its five-year financial strategy and reinforces the Trusts commitment to returning to recurrent financial balance.
- The plan for 2021/22 requires the Trust to deliver **a break-even position,** which requires the Trust to deliver a CIP requirement of £7m (approx. 2.2% of turnover). The Care Groups and Corporate Directorates have been allocated their share of the £7m CIP in their 2021/22 control totals.

Capital Programme

- A one year spending review settlement has been agreed for the NHS and as a result, ICS system capital envelopes are expected to be issued. At a national level, the quantum for system operational capital, including any emergency finance, will be similar to 2021/22.
- The Trust's capital programme is funded through a combination of internally generated depreciation, cash carried forward from 2020/21 and external funding associated with specific programmes of work – specifically HSLI and GDEFF.

How this report impacts on current risks or highlights new risks

- Strategic financial risks are contained in the Board Assurance Framework and will continue to be monitored. The risks will be refreshed for 2021/22.
- A key risk in 2021/22 is the identification and delivery of the £7m CIP target.

Committees/groups where this item has been discussed	The report has been discussed at the Executive Team and the Finance Committee.
Recommendation	The Board of Directors are asked to: - Note the content of the report and in particular the newly issued update relating to Q1 arrangements. - Approve the draft capital and revenue budgets for 2021/22. - Note that the Trust has planned and approved the delivery of a breakeven position in 2021/22.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 March 2021

Update on the 2021/22 Financial Regime and Draft Capital & Revenue Budgets

Report of the Director of Finance

1.0 Introduction

1.1 The purpose of this report is to update the Board of Directors on the proposed financial arrangements for Quarter 1 and the progress of the budget setting arrangements for 2021/22.

1.2 The content of this report is consistent with the detail contained in the Financial Strategy 2021/22 paper that was presented to the Finance Committee (22nd February 2021) and Board of Directors Seminar (11th February 2021) and sets out progress to date, key issues and proposed actions.

1.3 The Trust is committed to ensuring the organisation continues the journey towards being financially sustainable in the long term, as well as supporting the wider system financial position.

2.0 Financial Arrangements for Quarter 1 2021/22

Revenue Position

2.1 The national annual NHS finance and operational planning round has been delayed and, as a consequence, the current financial framework is likely will continue into the first quarter (and possibly the second quarter) of 2021/22.

2.2 The primary objective of this proposal is two-fold:

- To provide certainty and support for the continuing operational response, and;
- To centrally generate organisational plans for Q1, to avoid a lengthy planning process in commissioners / providers.

2.3 It should however, be noted that at the time of writing, the full details of the Q1 arrangements remain subject to agreement with the Government (and as a result any potential financial quantum is subject to change / amendment).

2.4 It is anticipated, that the methodology to inform the system funding allocations for the ICP in 2020/21, will be used to inform funding for Q1 of 2021/22. These allocations will include: business as usual revenue allocations based on run-rates; system top-up (if required) and on-going covid allocations. There are however a number of notable potential changes:

- Funding for the Independent Sector is to return to the CCG (the national contract is expected to end on 31st Match 2021) with local provision to be put into place;
- Additional funding to cover unavoidable inflation and CNST contributions;
- Any potential adjustment to moderate system envelopes so that they are consistent with the Government funding settlement.

2.5 In keeping with the current arrangements, a number of limited items will continue to be funded out-with the ICP system envelopes. These include:

- Covid-19 pass-through items such as testing and vaccinations, and;
- Specialised excluded drugs and devices.

2.6 With regards to recovery (and dependent upon confirmation of the final arrangements), it is anticipated that funding for recovery will be made available outside of system envelopes. As part of the comprehensive spending review (Autumn 2020), £1.5bn (£0.5bn for Mental Health and £1.0bn for Elective) was allocated to support recovery. It is unclear, as to how this funding will be allocated across the NHS i.e. directed to those Trust with the most challenging waiting times.

2.7 Given the disproportionate financial pressures ensuing from Covid-19, it is highly likely that there will be a difference between system funding and organisational plans. This could present either as:

- a surplus (which will represent system headroom) or;
- a deficit (in which case the ICP would need to take action to moderate organisational plans).

In keeping with current arrangements, ICP systems can by mutual agreement (on a net neutral basis) adjust organisational bottom line positions.

2.8 An inflationary uplift is expected to be applied to Q1 system allocations which will cover unavoidable inflationary pressures; hospital prescribing; potential increase to CNST contributions and the impact of the AfC pay review outcome (proposed at 1%).

2.9 There will be no requirement for the Commissioner and Providers to sign a contract for the short Q1 roll-over period.

2.10 The guidance confirming the above along with the actual system funding is expected late-March following the NHSE/I Board meeting on 25th March 2021. If this is published prior to the Board of Directors meeting a verbal update will be given.

2.11 NHSE/I have confirmed the intention is still to revert to the original (pre-Covid) planned financial framework for 2021/22 (as per the letter of 23rd December 2020) after the roll-over period. This will include system financial envelopes based on previously published CCG allocations, together with relevant additional funding confirmed in Spending Review. It is anticipated that the NHS will return to the delivery of the Long Term Planning trajectories and the five-year settlement announced prior to Covid-19.

2.12 Following Q1, the formal NHSE/I planning round is expected to be re-introduced with the following indicative timescales:

March 2021	Further details of Q1 roll-over arrangements to be confirmed
March 2021	Financial envelopes for Q1 to be confirmed
Early April 2021	Planning guidance for Q2-Q4 published
End of June 2021	Plans for Q2-Q4 to be submitted

Capital

2.13 A one year spending review settlement has been agreed for the NHS and as a result, ICS system capital envelopes are expected to be issued. At a national level, the quantum for system operational capital, including any emergency finance, will be similar to 2021/22.

2.14 The allocation of capital funding to the ICS will follow the same methodology as the previous year. The recently published ERIC data will not be used to inform / update this methodology. The ICS anticipate a capital allocation of circa £170 to £180m for 2021/22. This allocation will cover emergency capital loans, backlog maintenance and critical infrastructure.

2.15 The capital allocation for the ICS is expected to be confirmed by mid-March. In advance of this, the ICS DoFs have discussed a methodology for the allocation of funding based on the assessment of the position by Estate Directors. For 2021/22 a fair shares approach was proposed to manage short term risks pending development of a longer term strategy.

2.16 An initial assessment suggested that capital schemes across the next five years (including 2020/21) total £1.1bn (funded by £305m PDC, £722m internally generated and £65m other). A further £1.1bn in schemes were identified with no source of funding.

3.0 Long Term Plan (LTP) Trajectories

3.1 Given the dearth of guidance and delays in negotiating a national financial settlement, the annual planning process for 2021/22 has been delayed.

3.2 In a typical year, financial planning would have started in August 2020 and the rationale for the early start to planning would be two-fold:

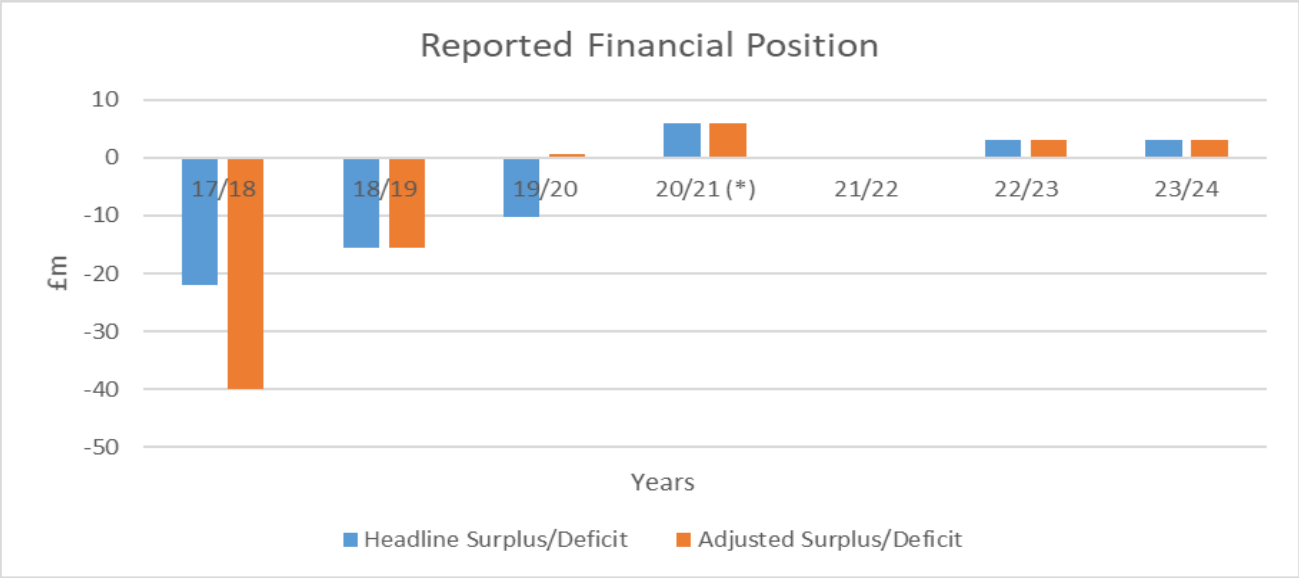
- Firstly, by starting in August it allows the Care Group and Corporate Directorates 'Control Targets' to be incorporated into the Trust's annual business planning process and the system wide long-term plan submission, and;
- Secondly, it was envisaged that the early start date would allow for any issues to have a timely resolution.

3.3 In recent years, the Trust has significantly improved its financial trajectory. The financial plan for 2021/22 represents the fourth year of recovery and demonstrates how the Trust will:

- Move towards a planned surplus position and deliver cash for continued capital renewal and re-investment;
- Return the Trust to a recurrent surplus position;
- Achieve an overall improved risk rating for Use of Resources;
- Continue to fund the financial implications of the capital plan; and
- Effectively manage any downside risk.

3.4 Figure 1 overleaf details the financial performance of the Trust over the past four financial years, as well as future years.

Figure 1: Trust I&E position 2017/18 (actual) – 2023/24 (projected)



(*) Based on forecast at M11.

3.5 The Trust's '*Long Term Plan*' (LTP) was submitted as part of the regional ICS submission to NHSE/I in late 2019. The control totals allocated to the Trust are as follows:

- 2020/21 £3m deficit, revised to £1.2m deficit in February 2020. This plan was suspended following the Covid-19 pandemic and the Trust is now forecasting a £4.5 to £5.9m surplus.
- 2021/22 Break-even position;
- 2022/23 £3m surplus; and
- 2023/24 £3m surplus.

3.6 The Trust originally signed up to these trajectories and has subsequently, devised a five-year financial strategy to achieve them. This model is based on a series on planning assumptions (i.e. inflation and pay awards) provided by NHSE/I, as well as commissioner affordability from a contractual perspective. CIP targets were subsequently devised in order to bridge the residual financial gap.

3.7 Despite the proposed financial arrangements for the first quarter of 2021/22, the Trust has planned on delivering the 2021/22 LTP trajectories. This is on the basis that the NHS is expected to revert back to pre-Covid arrangements.

3.8 The Trust has therefore, prepared a draft financial plan which is consistent with current financial performance and run rate expenditure with realistic, but challenging, estimates for cost improvement, which are consistent with historic performance.

3.9 This plan is in keeping with the Trusts ambition to return to surplus as outlined in its five-year financial strategy and reinforces the Trusts commitment to returning to recurrent financial balance.

3.10 Like most health economies, significant financial challenges are faced by the local NHS. The Commissioner and Trusts within the ICP have agreed to work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2021/22. The Trust is confident that it can support the system in this manner and continue to subscribe to its financial plan for 2020/21.

3.11 The plan for 2021/22 requires the Trust to deliver **a break-even position,** which requires the Trust to deliver a CIP requirement of £7m (approx. 2.2% of turnover). The Care Groups and Corporate Directorates have been allocated their share of the £7m CIP in their 2021/22 control totals.

3.12 The Trust intends to submit an annual plan which will show adherence to the 2020/21 LTP trajectory, as summarised in Figure 2 below:

Figure 2 – Summary Income & Expenditure Position (2021/22):

	£m
Income from patient care activities	316.4
Other operating income	11.0
Total Income	**327.4**
Pay Expenditure	227.7
Non-Pay Expenditure	88.1
Total Operating Expenditure	**315.8**
Operating surplus	**11.6**
Post EBITDA items	11.6
Underlying deficit	**0**
Financial Recovery Fund	0
Adjusted financial performance	**0**

4.0 Capital Programme 2021/22

4.1 The capital programme is funded through a combination of internally generated depreciation, cash carried forward from 2020/21 and external funding associated with specific programmes of work – specifically HSLI and GDEFF.

4.2 The draft capital plan for 2021/22 is summarised overleaf in Figure 3 and reflects the following:

- Depreciation as per the asset register;
- External assessor reports on the state and condition of Trust buildings including associated backlog maintenance (specifically red-risk);
- Medical equipment plan;
- Externally funded items of capital expenditure expected in the forthcoming year and any carry forward values agreed;
- Donated assets expected;
- A number of assets within the asset register which have a zero net book value, and;
- Asset life of the PAS system;

Figure 3 - Capital Expenditure plan 2021/22

INTERNALLY GENERATED AND DONATED CAPITAL PLAN	
	2021/22
	£'000
Estates Total (including cash reserve created in 20/21 in relation to critical infrastructure funding)	6,111
Medical Equipment Total	2,226
I&TS Total	1,885
Contingency and donated assets Total	399
Total Capital Expenditure from internally generated and donated funding	**10,620**
EXTERNALLY FUNDED CAPITAL PLAN	
	2021/22
	£'000
C/fwd PDC for Digital Exemplar (GDEFF)	2,065
C/fwd PDC for Digital Radiology	768
C/fwd PDC for Care Scan	74
Digital Pathology	1,602
Total external funding	**4,509**
GRAND TOTAL	**15,130**

5.0 Future Actions

5.1 Following approval of this paper the following actions will be undertaken;

- Urgent review of the guidance and financial settlement to determine impact on the Trust, and;
- Review of the Trusts financial plan and associated Care Group / Corporate Directorate control totals.

6.0 Conclusion

6.1 The Trust has planned financially on delivering the original long term planning trajectory – breakeven position (without any mandated support) in 2021/22.

6.2 The Board of Directors is asked to note the contents of the paper and approve the Care Group and Corporate Directorate Control Totals and also the outlined future actions.

7.0 Recommendation

7.1 The Board of Directors is asked to;

- Note the content of the report and in particular the newly issued update relating to Q1 arrangements.
- Approve the draft capital and revenue budgets for 2021/22.
- Note that the Trust has planned and approved the delivery of a breakeven position in 2021/22.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Integrated Corporate Report										
Date:	25 March 2021										
Prepared by:	Lindsey Wallace, Head of Planning, Performance and Development										
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief People Officer Neil Atkinson, Director of Finance										
Purpose of the report	To provide an overview of the integrated performance 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		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

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

Key issues

- The management of COVID-19 pressures alongside the requirement to deliver the elective recovery plans and business as usual.
- The impact of COVID-19 'self- isolation' and 'CEV shielding' for staff continues to contribute to the overall resource pressures, ultimately affecting the recovery of all services. The return of redeployed staff to substantive roles has commenced, which will support the reinstatement of routine services.

Summary

- The pandemic has inevitably affected delivery against a number of operational standards and overall efficiency and productivity. Regardless of pressures, performance has continued to be monitored closely through the established internal governance structures.
- The operational Planning and Recovery Group is overseeing delivery of the agreed recovery plans, which have been reviewed and updated post the 2nd wave of the pandemic.
- Effective uses of resources remains a priority, with good progress made across a number of operational efficiency indicators, including reducing outpatient DNA rates, delayed discharges and longer length of stay patients.
- The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI, infection control measures and dementia standards.
- Lateral Flow testing continues to be utilised as a rapid testing process for both staff and across A&E, EAU and Maternity units for early identification of potential COVID infection.
- The Vaccination programme continues, with the 2nd doses due to commence mid-March.
- The month 11 financial position, predicting an end of year surplus.

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

Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery, winter and staffing resource.

Committees/groups where this item has been discussed	Executive Management Team Audit and Finance Committee Planning, Performance and Compliance Committee
Recommendation	The Board of Directors is asked to note: • The Trust's performance against the key operational, quality and workforce standards, delivered against the backdrop an associated pressures of the COVID pandemic. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work undertaken to address these going forward. • The positive Financial position • The successful roll out of the COVID vaccine.

North Tees and Hartlepool NHS Foundation Trust

Integrated *Corporate* Report

March 2021

Responsible Directors

North Tees and Hartlepool NHS Foundation Trust

Lynne Taylor
Director of Planning & Performance

- Single Oversight Framework
- Efficiency & Productivity

Lindsey Robertson
Chief Nurse and Director of Patient Safety & Quality

- Safety & Quality

Alan Sheppard
Chief People Officer

- Workforce

Neil Atkinson
Director of Finance

- Finance

Introduction

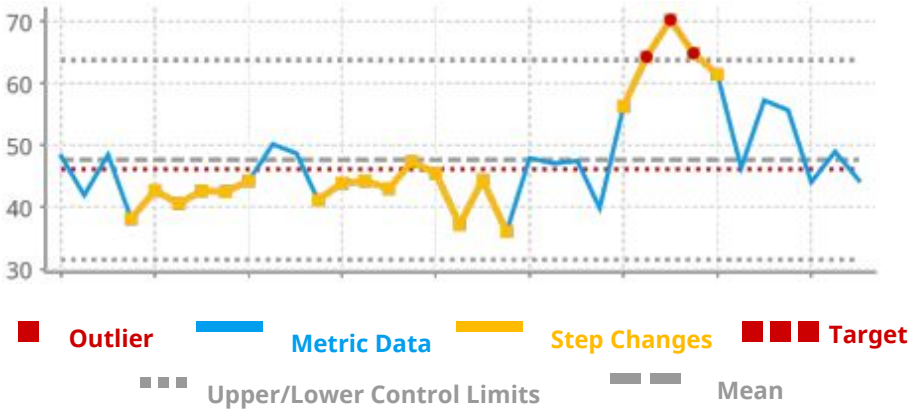
The Integrated Corporate Dashboard and Board report has been reviewed, redesigned and transformed into the Trusts new Business Intelligence tool, 'Yellowfin'. Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of February 2021 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

Statistical Process Control (SPC) Charts

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

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

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



Contextual Information

North Tees and Hartlepool NHS Foundation Trust

The impact of continuous pressures linked to the Covid pandemic across the Trust cannot be underestimated, resulting in significant operational issues.

The Trust is now seeing a reduction in the number of patients with COVID, following the national trend with critical care returning to its normal footprint.

The Trust has continued to deliver the safest, quality and timely services to our population, reviewing and transforming our pathways to accommodate the challenges that have arisen. Examples of this include;

- Revised bed models to accommodate Infection, Prevention and Control (IPS) measures to segregate Covid and Non Covid patients, significantly reducing the risk of nosocomial infections.
- Utilisation of Lateral Flow testing at front of house for early identification of potential Covid positive patients, enabling appropriate IPC management.
- Revised staffing models to accommodate the high level of acuity of patients on the base wards.
- Roll out of the 'Home First' model, to support early discharge of elderly patients.
- Review of available theatre capacity to enable emergency, urgent and cancer procedures to be carried out alongside the expansion of Critical Care
- Robust governance and oversight provided by senior leaders to enable prompt decision-making.
- Enhanced health and well-being support is being provided, including a dedicated Covid advice line, access to 'break out hubs', regular refreshments on clinical areas and the availability of mental health advice and support.

The Trust continued with its successful rollout of the COVID vaccination plan across staff, patients and other care provider, with the 2nd stage vaccine programme commencing in March.

Executive Summary

NHS
North Tees and Hartlepool
NHS Foundation Trust

SOF and Efficiency & Productivity

As recommended nationally and in line with the national 'Clinical prioritisation and Validation Programme', patients are being treated in order of 'clinical prioritisation' rather than access 'treat by dates', however with an additional focus on patients who have been waiting the longest. Close collaboration across the regional network in relation to cancer management continues, including the utilisation of the independent sector to support capacity requirements.

The effect of reduced staffing resource due to further shielding requirements, Covid sickness, isolation and test and trace absences has continued to impact on the delivery of elective services. However, the Trust has developed robust recovery plans for all routine services, with pre covid levels of capacity expected to resume by the end of March. This will be supported by the return of staff currently shielding and all redeployed staff returning to their substantive roles.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position, however with evidence of the impact of the Covid pressures now reflected in the January and February performance. Despite these pressures, the clinical teams are working hard to maintain business as usual alongside recovery, with strong oversight and management through the Trust's governance structures.

Operational efficiency and productivity remains a key focus of the Trust, ensuring outcome measures across Outpatients (DNAs and New to Review Ratios), Theatres (cancellations and utilisation) and Emergency pathways (admission avoidance, extended lengths of stay and Delayed Discharges) all continue to be monitored and managed closely. Additional high level narrative is outlined within the individual sections of the report.

Safety & Quality

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

Whilst HSMR has shown a marginal increase from the rebased previous value of 96.48 to 99.65 (January 2020 to December 2020) it remains within control limits with the same trend evident in the latest SHMI value.

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

Complaints indicate a slight reduction overall in-year, however the Trust has seen a slight increase in complaints relating to communication, linked to the restricted visiting during the pandemic. Alongside virtual visiting, proactive work has commenced to contact family and relatives, keeping them informed of a patient's progress and reducing the communication issues.

Recruitment to a new role of 'Support workers' to assist in non-clinical activities on the wards has been extremely successful, with excellent feedback from both the wards and the new recruits. The additional resource provides patient engagement and support, alongside releasing clinical time to care, and has been deployed across all clinical areas. The temporary redeployment of both clinical and non-clinical staff to acute ward areas to support operational delivery has also uplifted provision.

Additional narrative covering the key quality and patient safety metrics is included within the Quality section of the report.

Executive Summary

Workforce

Following the widening of the national criteria defining individuals classed as Clinically Extremely Vulnerable (CEV), a further 30 staff have been identified as fitting into this group; with almost half of these individuals either working from home or remaining at work (following a full risk assessment). The Workforce Team continued to maintain contact with our CEV staff during February and supported a number back into the workplace, following their second vaccine and a full risk assessment reviewed by the Medical Director. A high proportion of the remaining CEV staff have received a first vaccine dose and have priority access to a second – over half of these have expressed a willingness to return to work after the second dose. Lateral flow testing continues with the coordinated distribution of second kits to frontline staff and promoting the opportunity for all staff to be tested.

The Staff Wellbeing Hubs on both trust sites hosted 'Time to Talk Day' on 4th February, to encourage staff to talk about their mental wellbeing. As a result of these discussions, the H&W Team have instigated 'Wellbeing Wednesday', to take place every Wednesday between 11-2pm in the Rainbow Room at UHNT, to allow all staff to chat to members of the team about their wellbeing needs. The Psychology team also continue to provide mental health support through the Staff Psychology Support Hub (SPSH) and in-reach team. Neil Schneider, the Trust Wellbeing Guardian, has also been walking around the organisation to chat to different staff groups during the month. The final flu immunisation uptake rate for staff at the end of February was 80.4%.

Whilst COVID-19 has had a significant impact on volunteer services up to and including February 2021, there are encouraging signs that those volunteers who felt unable to continue in their roles during the pandemic are keen to return and this should signal an increase in numbers – though this will clearly be dictated by the reduction in the infection rate and volunteer perceptions. There are continued offers of support from local community organisations and it is hoped that once the Government's road map begins to ease restrictions the Trust will be in a stronger position to work more proactively and closely with partners to strengthen the volunteer programme.

Despite all of this, recruitment has continued, slowly increasing the number of active volunteers to 126 as at the end of February, with a further 36 applications currently in progress and 79 awaiting review. The Volunteer Service has been working closely with service areas to develop new roles and improve the opportunities that are offered to new volunteers, whilst providing support to the COVID Vaccination Hub and other services which have needed it. The service will be reinvigorating some projects, such as the 'Home but not Alone' initiative, which were paused during the pandemic, and developing support to new areas of provision, such as Enhanced Care, during March and April.

Additional narrative covering key workforce metrics is included within the workforce section of the report.

Finance

The Trust is reporting a year to date surplus of £3.791m. This continued improvement is being predominately driven by: robust cost control; reduced activity; a current net gain from the Covid-19 allocations and the reversal of the annual leave accrual.

The year to date net contribution from Optimus is £0.204m against a plan of £0.126m (£0.078m ahead of plan) and the year to date net contribution from the LLP is £2.051m against a plan of £1.436m (£0.615m ahead of plan). The LLP has realised a one-off non-recurrent benefit in Month 7 (sale of gowns) and it is not anticipated, that the reported benefit will continue for the remainder of the year.

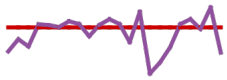
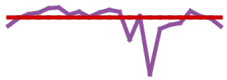
The reported year to date surplus of £3.791m is a positive position and provides assurance regarding the delivery of the planned surplus. This position also includes the loan repayment from Tees Valley CCG of £1.5m. Based on current run rates and assumptions surrounding elevated activity in respect of recovery, the Trust is forecasting a £5.9m in-year surplus.

NHSE/I have now confirmed that due to current pressures, the contracting and planning round is being stood down for the rest of the financial year with current block contracts to be rolled forward for at least Quarter 1, 2021/22.

Discussions are currently ongoing with the Treasury to confirm available funding for 2021/22 but subject to the outcome of those negotiations, NHSE/I have confirmed their intention is for the Q1 roll-forward to be as close as possible to the current financial framework.

Single Oversight Framework 7

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	2 Year Trend
New Cancer Two Week Rule	✗	Jan-21	90.44%	93.00%	
Breast Symptomatic Two Week Rule	✗	Jan-21	88.49%	93.00%	
New Cancer 31 Days	✗	Jan-21	90.74%	96.00%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✗	Jan-21	97.18%	98.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✓	Jan-21	100.00%	94.00%	
New Cancer 62 Days	✗	Jan-21	75.97%	85.00%	
New Cancer 62 Days (Screening)	✗	Jan-21	82.22%	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✓	Jan-21	86.67%	85.00%	

Narrative

Cancer

Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways unavoidable as the Trust, and patients, adhere to national guidance. Capacity, patient choice and swabbing requirements have led to delays across most of the cancer pathways with a national focus on clinical priority rather than treat by dates. The Trust has continued to monitor and manage cancer pathways within the operational management structure, to ensure timely treatment of all patients within the current restrictions. Despite this oversight, a number of the cancer standards were not achieved in the January period.

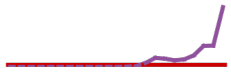
The 62-day Referral to Treatment standard reported at 75.9% (64.5/15.5) which is an improved position compared to the previous month. Only one Trust in the region achieved this standard, with the regional position ranging between 57.4% and 87.3% with an average of 74.2%.

The 2ww standard and Breast symptomatic reported at 90.4% and 88.5% respectively. No Trust within the region achieved the 2ww standard, reporting an average of 77.9% (range 51.5% - 90.9%). An increase in referrals has been seen particularly within Gynaecology and Breast, with peaks in numbers impacting on the ability to absorb into regular capacity.

The SPC charts indicates a number of points outside the statistical control ranges in year, reflective of the pressure points of the pandemic. The 62-day standard within SPC is indicating a downward trend, resulting in increased internal escalation processes. This is monitored through robust daily/weekly operational meetings and strategically through dedicated tumour level cancer pathway groups.

Single Oversight Framework 8

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	2 Year Trend
Referral To Treatment Incomplete Pathways Wait (92%)	✗	Feb-21	84.49%	92.00%	
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓	Feb-21	23.40	28.00	
Incomplete Pathways Wait (Median)	✗	Feb-21	8.40	7.20	
Incomplete Pathways Wait (>52 Week Wait)	✗	Feb-21	248	0	
Diagnostic Waiting Times and Activity	✗	Feb-21	94.16%	99.00%	
Community Information Datset - Referral Information	✓	Jan-21	100.00%	50.00%	
Community Information Dataset- Referral to Treatment Information	✓	Jan-21	98.40%	50.00%	
Community Information Dataset - Treatment Activity Information	✓	Jan-21	100.00%	50.00%	
Community Information Dataset - End of Life	✓	Jan-21	80.98%	50.00%	

Narrative

RTT

The Trust continues to experience pressures in the delivery of elective pathways, with routine capacity reduced during January and February due to staff redeployed into the acute clinical areas.

The Trust reported at 84.49% against the RTT standard as at the end of February. In comparison to most recent national benchmark position (January 2021), the regional average reported at 68.4%, with the national average at 66.2%. 52-week waits remain a key focus, with the Trust reporting 248 in the February period. Putting this into context, the region reported circa 13,792 over 52 week waiters at the end of January, with a number of organisations reporting up to 12% of their waiting list waiting over 52 weeks. Inevitably the Trust has seen an overall rise in the total RTT waiting list during the pandemic, with an additional 30% (n=3760) compared to the January 2020 position.

The Trust has reviewed the Covid Phase 3 recovery plans submitted in September 2020, with a proposal to implement additional weekend sessions and, in line with the national directive, continue to utilise the available Independent Sector capacity to support the recovery of the elective programme. Clinicians continue to review individual referrals, providing advice and guidance back to the care of the GP where appropriate, based on clinical need and priority.

Diagnostics

The diagnostic pathway continues to maintain good recovery against planned trajectories. SPC indicates a positive trend, with an improved position evident against this standard. The longest delays are within MRI and CT, with a recovery plan in place as part of the Planning and Recovery Group.

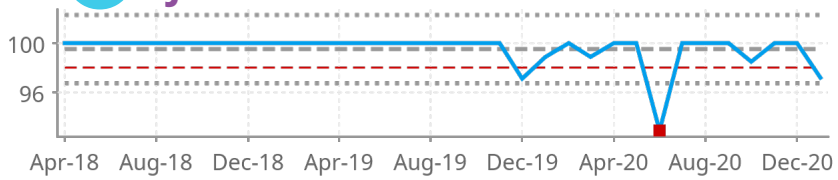
Single Oversight Framework

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

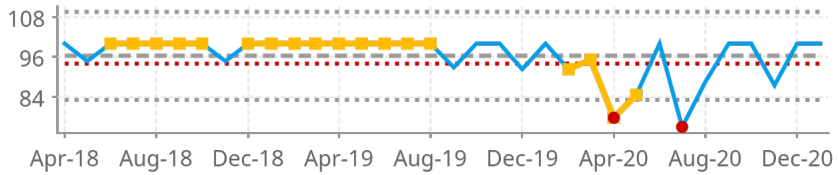
Cancer - 31 Day Drug Treatment

Month	Performance	Standard
Jan-21	97.18%	98.00%



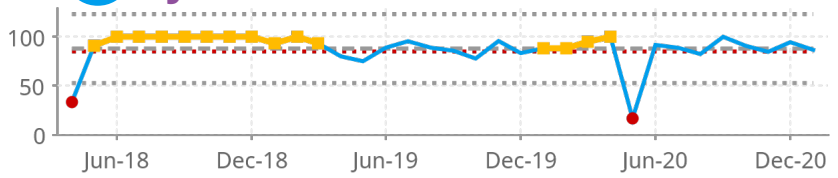
Cancer - 31 Day Surgical Treatment

Month	Performance	Standard
Jan-21	100.00%	94.00%



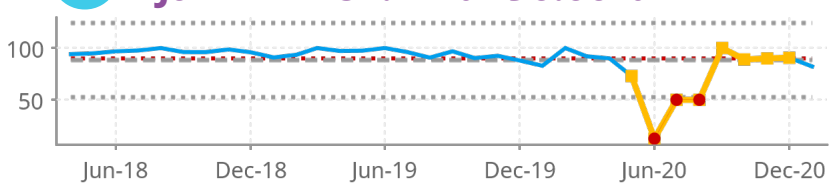
Cancer - 62 Consultant Upgrade

Month	Performance	Standard
Jan-21	86.67%	85.00%



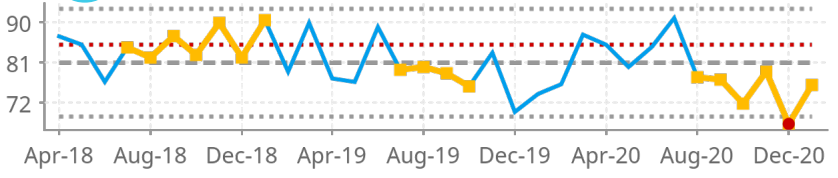
Cancer - 62 Days Screening

Month	Performance	Standard
Jan-21	82.22%	90.00%



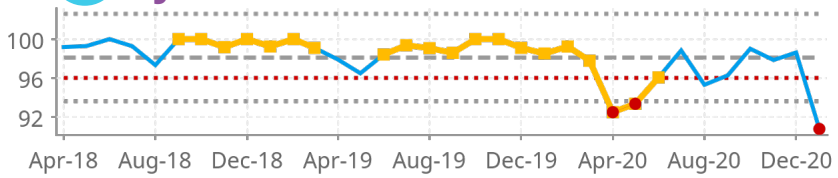
Cancer - 62 Days

Month	Performance	Standard
Jan-21	75.97%	85.00%



Cancer - 31 Days

Month	Performance	Standard
Jan-21	90.74%	96.00%



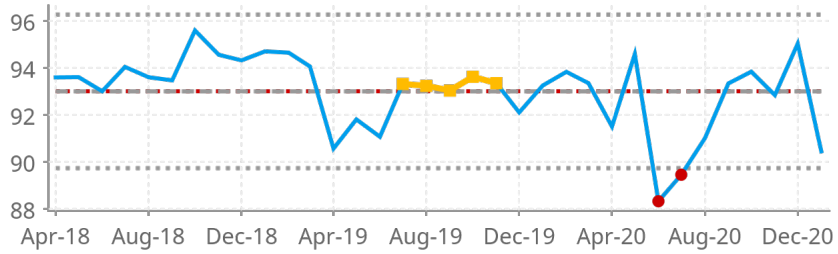
Single Oversight Framework 10

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

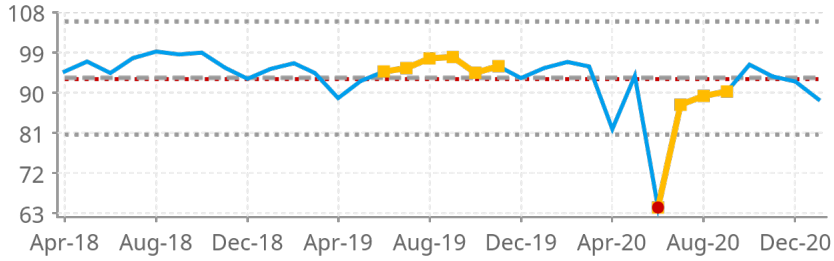
Cancer - 2 Week Rule

Month	Performance	Standard
Jan-21	90.44%	93.00%



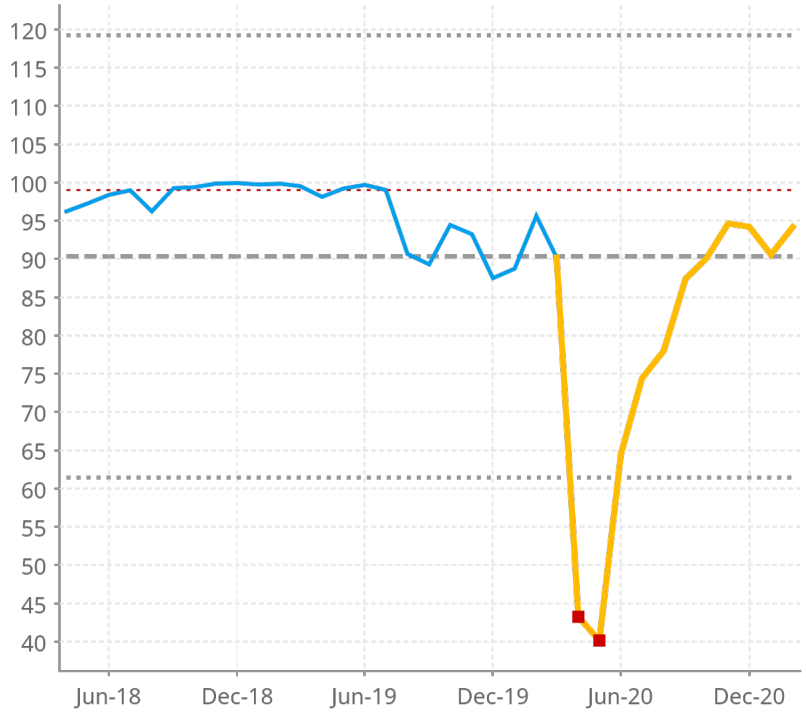
Cancer - Breast Symptomatic

Month	Performance	Standard
Jan-21	88.49%	93.00%



Diagnostic Waiting Times

Month	Performance	Standard
Feb-21	94.16%	99.00%



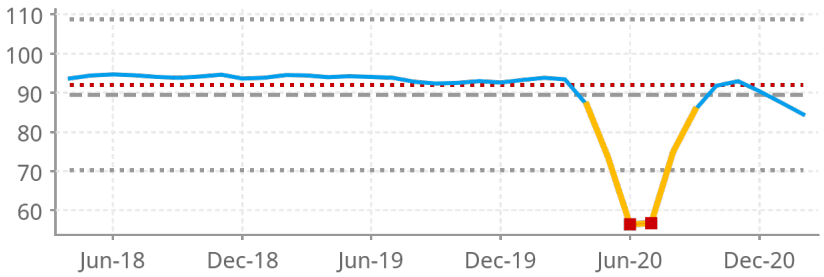
Single Oversight Framework 11

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

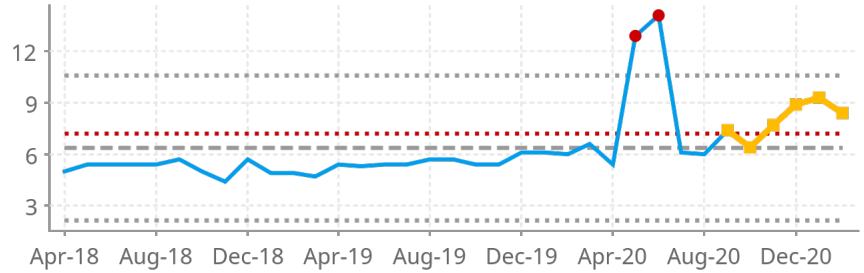
Referral To Treatment- Incomplete Pathways Wait (92%)

Month	Performance	Standard
Feb-21	84.49%	92.00%



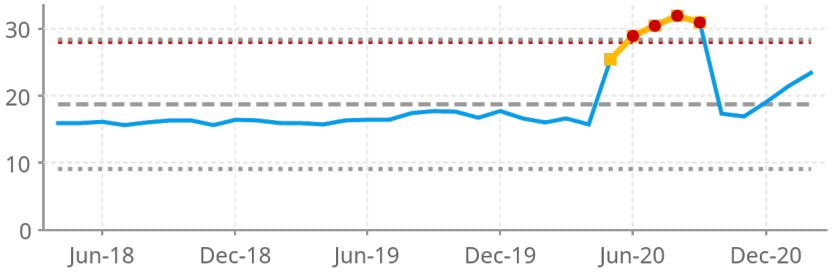
Referral To Treatment - Incomplete Pathways Wait (Median)

Month	Performance	Standard
Feb-21	8.40	7.20



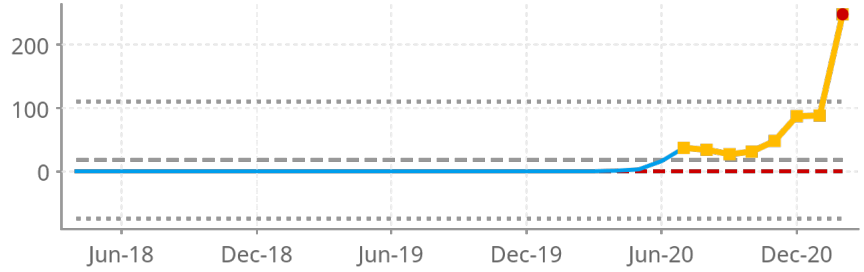
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)

Month	Performance	Standard
Feb-21	23.40	28.00



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

Month	Performance	Standard
Feb-21	248	0



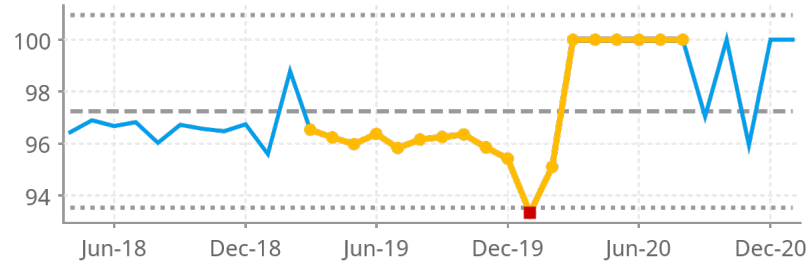
Single Oversight Framework

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

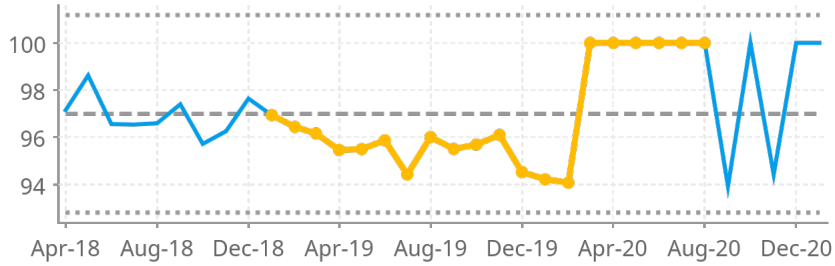
Community Information Dataset - Referral Information

Month	Performance	Standard
Jan-21	100.00%	50.00%



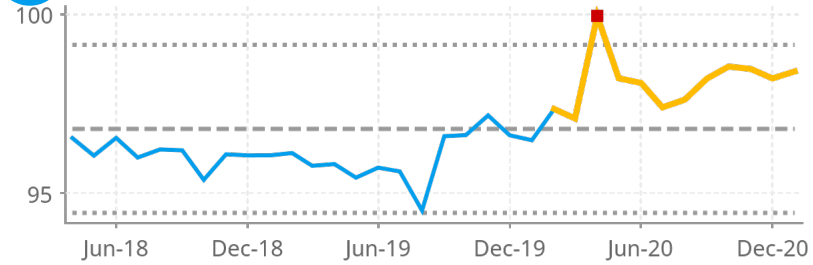
Community Information Dataset - Treatment Activity Information

Month	Performance	Standard
Jan-21	100.00%	50.00%



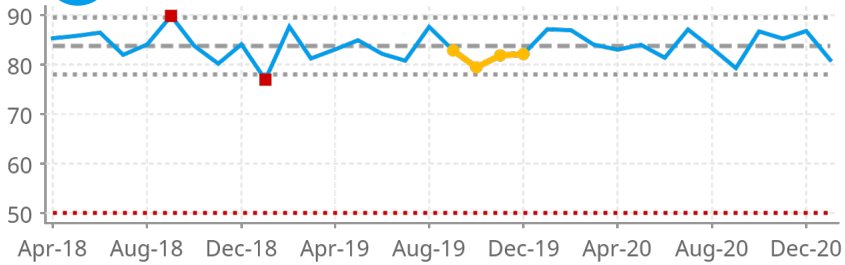
Community Information Dataset - Referral to Treatment Information

Month	Performance	Standard
Jan-21	98.40%	50.00%



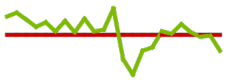
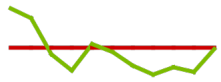
Community Information Dataset - End of Life

Month	Performance	Standard
Jan-21	80.98%	50.00%



Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				
		Month	*Performance*	*Standard*	*2 Year Trend*
Outpatient Did Not Attend (New)	✓	Feb-21	6.22%	7.20%	
Outpatient Did Not Attend (Review)	✓	Feb-21	6.56%	9.00%	
Average Depth of Coding	✓	Feb-21	7.16	3.01	
Length of Stay - Elective	✓	Feb-21	1.61	3.14	
Length of Stay - Emergency	✓	Feb-21	3.05	3.35	
Day Case Rate	✓	Feb-21	90.79%	75.00%	
Pre-op Stays	✓	Feb-21	4.38%	4.50%	
Trust Occupancy	✓	Feb-21	83.65%	85.00%	
Re-admissions Rate 30 Days (Elective Admission)	✗	Dec-20	3.39%	0.00%	
Re-admissions Rate 30 Days (Emergency Admission)	✗	Dec-20	15.89%	9.73%	

Narrative

Did Not Attend

An overall reduction in DNA rates is evident in year, potentially aligned to the positive impact of virtual appointments. The appointment reminder service has been reinstated, with the Trust now embarking on the implementation of an electronic portal project (regionally) which will support direct patient management of appointments.

Lengths of Stay/Day Case rates

Lengths of stay remain on track across both emergency and elective pathways, despite the pressures, with an increase in Day Case rates evident due to the swap out of inpatient activity to manage the elective programme.

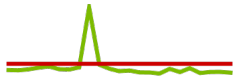
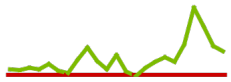
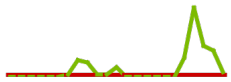
Readmissions

Emergency readmissions are reporting above the internal targets. Work is on-going within the Care Groups to identify avoidable re-admissions and how pathways can be improved to reduce these going forward.

Monthly audits are in place, with progress monitored through the Journey to Excellence operational group.

Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	*Performance*	*Standard*	*2 Year Trend*	
Electronic Discharge Summaries	✗	Feb-21	75.21%	95.00%		**Ambulance handover** - Ambulance handovers greater than 30 and 60 minutes indicated an increase in November and December, noting significant estate changes were underway during this period, alongside the Covid pressures. However, January reports an improved position against this standard. –Internal validation of the NEAS-reports indicates the Trust had 32 >30 minutes and 2 >60 minutes.-In comparison, the North East (NEAS) average handovers >30 minutes reported an-un-validated position of 111 (range 10-255), with the average over 60-minutes reporting at 26 (range 0 – 63).-NEAS reported the Trust at 47.2% ambulance turnaround times (valid)-within 30 minutes, in comparison the North East's position at 37.2% with performance ranging between 27.3% and 47.2%.
Cesarean -Section Rates	✗	Feb-21	17.16%	15.60%		
Trolley Waits (over 12 hours)	✓	Feb-21	0	0		
Time to Initial Assessment (mean) Type 1 & 3	✓	Feb-21	7.30	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✗	Feb-21	34	0		**Electronic Discharge Summaries (EDS) -** SPC demonstrates controlled variation however with two data points below the mean. The recent drop in performance is being monitored closely.
Number of Ambulance Handovers waiting more than 60 Mins	✗	Feb-21	2	0		
Delayed Transfer of Care	✗	Feb-21	5.03%	3.50%		**DTOC** - Delayed Transfers of Care indicated an increase over the November and December periods, however this was in the main due to the impact of the national directive to provide a 'designated setting' for Covid positive care home discharges. This standard is no longer reportable nationally and so will be replaced on future reports with Right to Reside. The Trust continues to manage beds on a flexible basis to accommodate surges in demand across all areas. There are also plans to increase designated setting environments across North Tees and Hartlepool and Social workers are re-joining IDT team on site for care planning and early engagement.
Super Stranded	✓	Feb-21	38	62		

Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	*Performance*	*Standard*	*2 Year Trend*	
Operation Time Utilisation	✗	Feb-21	66.87%	72.86%		**Theatre** The increased rates of Covid-19 infections have resulted in significant pressures on the Trust as a whole, including the impact on staffing resource and subsequently the ability to deliver all services to their full capacity. Inevitably, this is affecting the Trust recovery trajectories. The Trust is reviewing and assessing capacity on a daily/weekly basis. Alongside the above pressures, the Trust is also working within the physical constraints of the Infection Prevention and Control standards to ensure patients admitted for a procedures are managed through an appropriate pathway, reducing the risk of Covid infection both pre admission and throughout their hospital stay. This has included new ways of working within theatres, accommodating PPE donning and doffing processes, plus the requirement for all patients to go through a 14-day pre-admission process to reduce the risk of infection. As such, the efficiency metrics are monitored closely, with regular reviews of how processes and procedures can be adjusted to improve utilisation wherever possible. Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre operation efficiencies.
Run Time Utilisation	✗	Feb-21	82.01%	87.07%		
Cancelled on Day of Operation	✓	Feb-21	5.88%	8.80%		
Late Start %	✗	Feb-21	40.21%	33.11%		
Early Finishes %	✗	Feb-21	46.39%	46.13%		

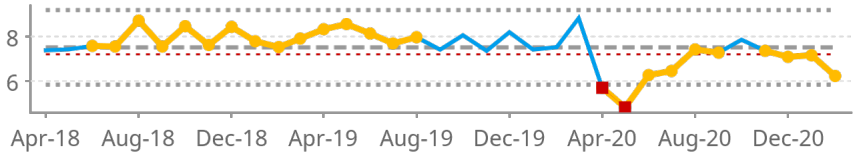
Efficiency & Productivity

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

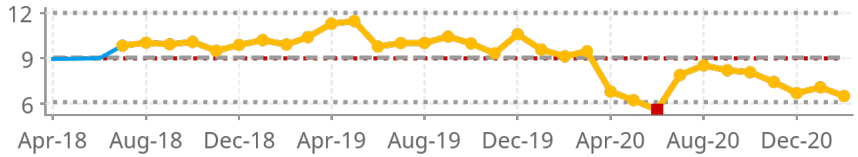
Outpatient Did not Attend (New)

Month	Performance	Standard
Feb-21	6.22%	7.20%



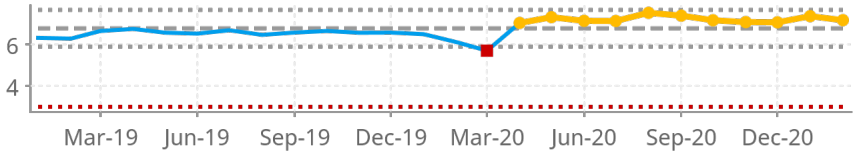
Outpatient Did Not Attend (Review)

Month	Performance	Standard
Feb-21	6.56%	9.00%



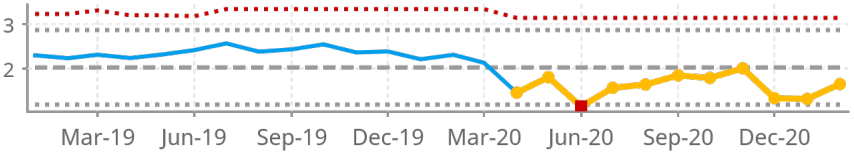
Average Depth of Coding

Month	Performance	Standard
Feb-21	7.16	3.01



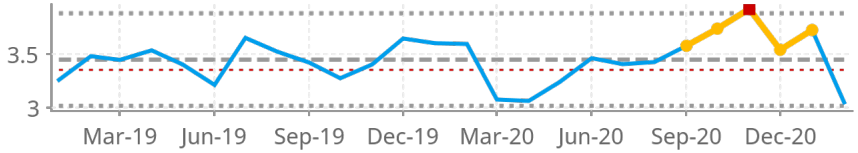
Length of Stay - Elective

Month	Performance	Standard
Feb-21	1.61	3.14



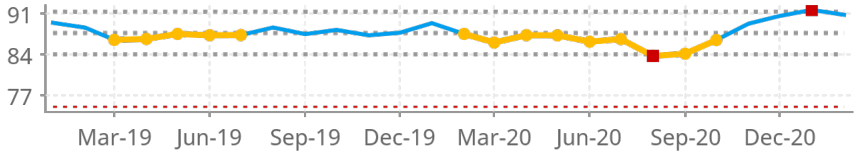
Length of Stay - Emergency

Month	Performance	Standard
Feb-21	3.05	3.35



Day Case Rate

Month	Performance	Standard
Feb-21	90.79%	75.00%



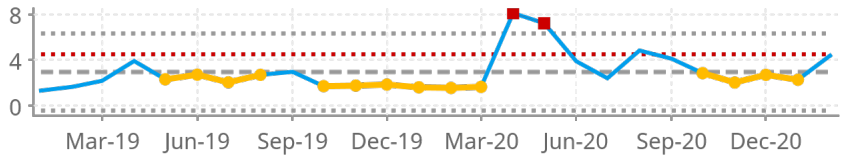
Efficiciency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

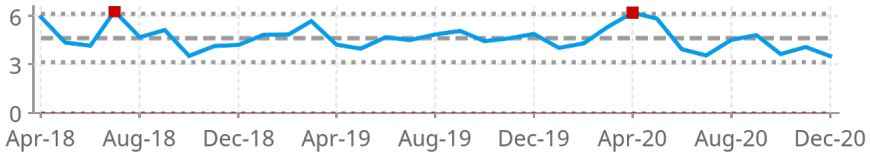
Pre-op Stays

Month	Performance	Standard
Feb-21	4.38%	4.50%



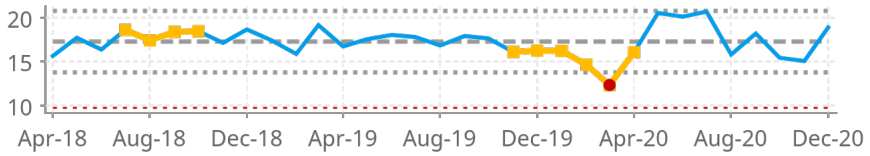
Re-admissions Rate 30 Days (Elective Admission)

Month	Performance	Standard
Dec-20	3.39%	0.00%



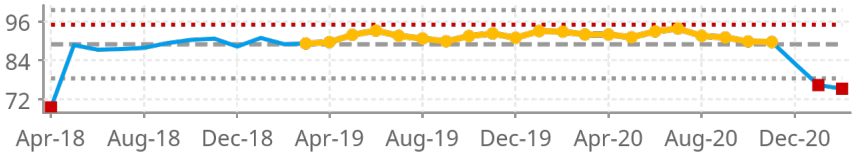
Re-admissions Rate 30 Days (Emergency Admission)

Month	Performance	Standard
Dec-20	15.89%	9.73%



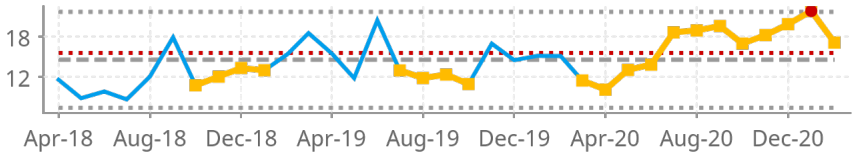
Electronic Discharge Summaries

Month	Performance	Standard
Feb-21	75.21%	95.00%



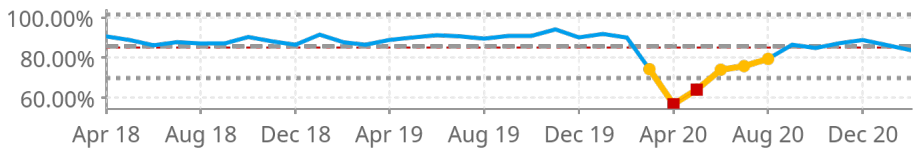
Cesarean-Section Rates

Month	Performance	Standard
Feb-21	17.16%	15.60%



Trust Occupancy

Month	Performance	Standard
Feb-21	83.65%	85.00%



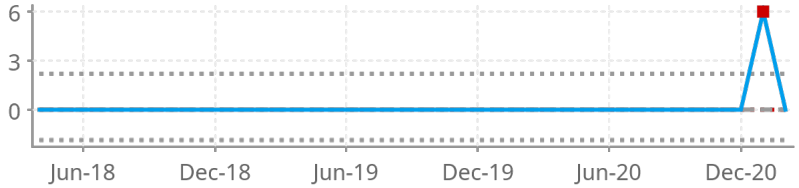
Efficiency & Productivity

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

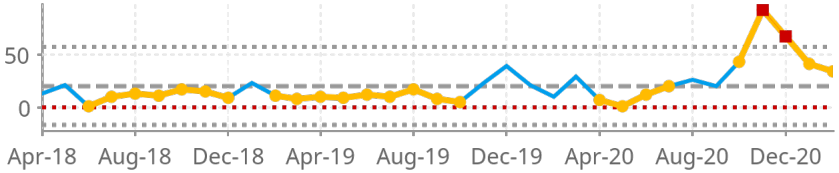
Trolley Waits over 12 hours

Month	Performance	Standard
Feb-21	0	0



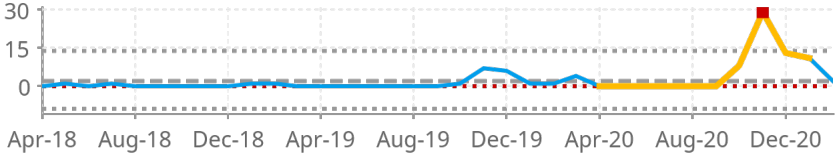
Number of Ambulance Handovers waiting more than

Month	Performance	Standard
Feb-21	34	0



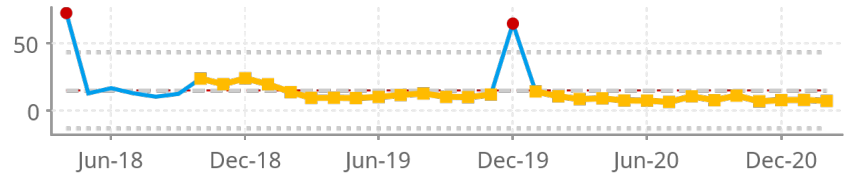
Number of Ambulance Handovers waiting more than

Month	Performance	Standard
Feb-21	2	0



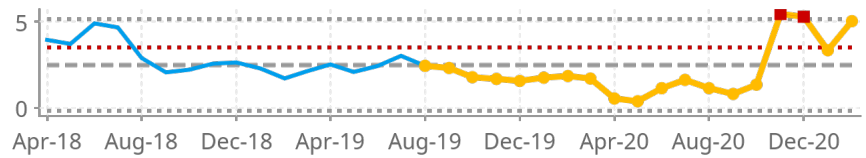
Time to Initial Assessment (mean) Type 1 & 3

Month	Performance	Standard
Feb-21	7.30	15.00



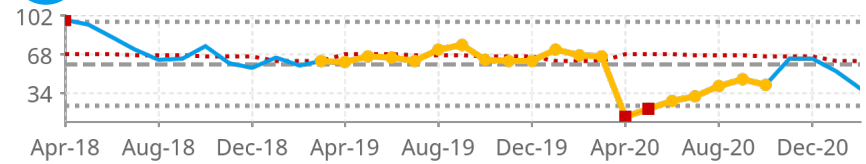
Delayed Transfer of Care

Month	Performance	Standard
Feb-21	5.03%	3.50%



Super Stranded

Month	Performance	Standard
Feb-21	38	62



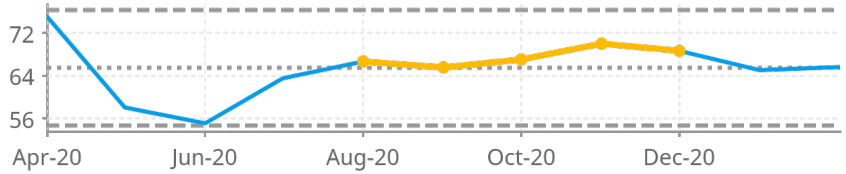
Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

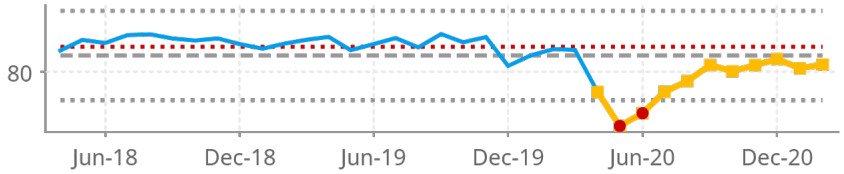
Operation Time Utilisation

Month	Performance	Standard
Feb-21	66.87%	72.86%



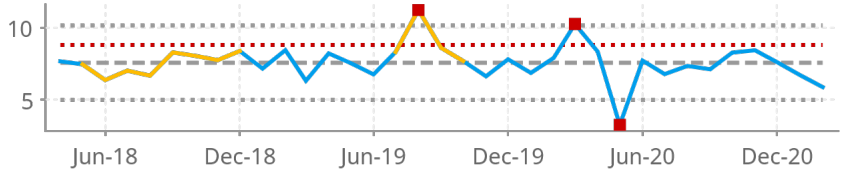
Run Time Utilisation

Month	Performance	Standard
Feb-21	82.01%	87.07%



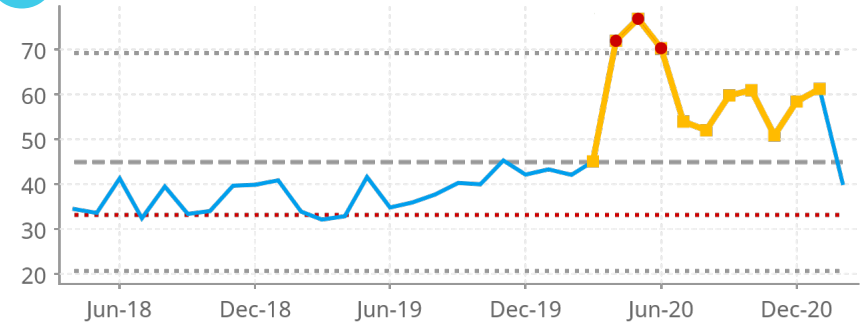
Cancelled on Day of Operation

Month	Performance	Standard
Feb-21	5.88%	8.80%



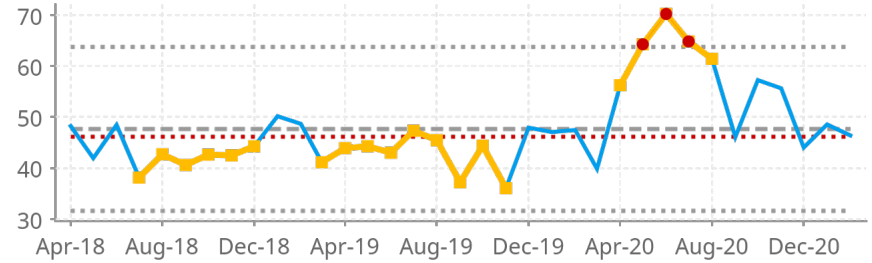
Late Start %

Month	Performance	Standard
Feb-21	40.21%	33.11%



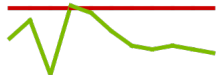
Early Finishes %

Month	Performance	Standard
Feb-21	46.39%	46.13%



Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	*Performance*	*Standard*	*2 Year Trend*	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Feb-21	78.16%	93.50%		
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	Feb-21	81.25%	90.00%		
Diabetic Retinopathy Screening	Feb-21	68.34%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	Feb-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	Feb-21	6.00	18.30		

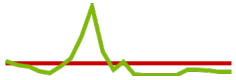
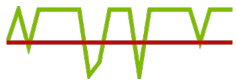
Diabetic Retinopathy Screening

Diabetic retinopathy screening has been affected by the pandemic, with all screening services paused during the first wave, in line with national guidance.

Work is now on-going to tackle the backlog of invites, with the national focus shifting from achievement of the current standard to recovery. This will be achieved through a phased approach based on capacity.

Efficiency & Productivity

NHS
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 hosptial admission	Feb-21	80.00	120.29		
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Feb-21	8.90	13.15		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Feb-21	40.50	59.03		
PHQ - Unplanned hospitalision for respiratory tract infections in under 19s	Jan-21	6.67	20.69		
Stroke admisisons - 90% of time spent on dedicated stroke unit.	Feb-21	100.00%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	Feb-21	100.00%	75.00%		

PHQ Indicators

The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.

No exceptions to report within the SPC charts, with controlled variation across all the standards, however recognising the impact of the Covid pandemic and associated changes in pathway management, which is evident in the drop in activity from March 20 onwards.

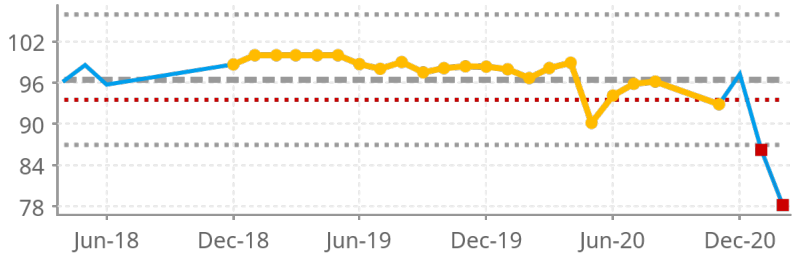
Efficiency & Productivity

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

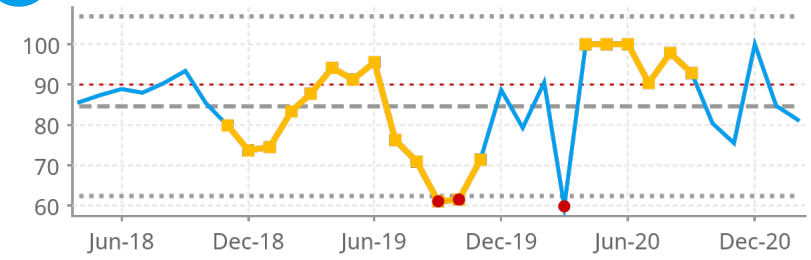
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool

Month	Performance	Standard
Feb-21	78.16%	93.50%



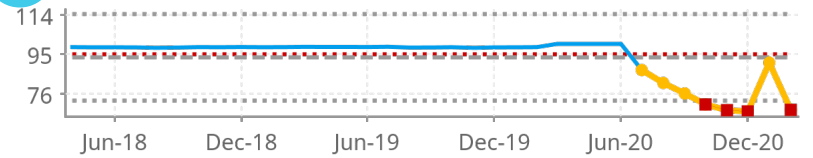
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks

Month	Performance	Standard
Feb-21	81.25%	90.00%



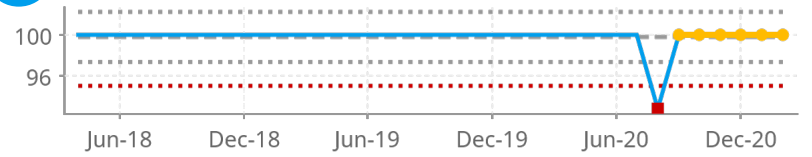
Diabetic Retinopathy Screening

Month	Performance	Standard
Feb-21	68.34%	95.00%



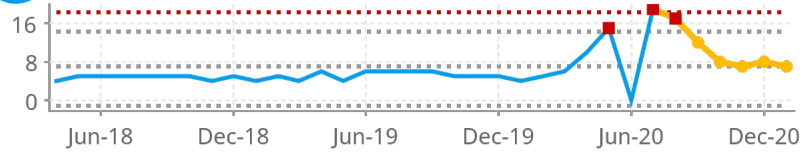
The % of Patients treated within 18weeks of referral to Audiology

Month	Performance	Standard
Feb-21	100.00%	95.00%



Audiology non-admitted wait (92nd Percentile)

Month	Performance	Standard
Feb-21	6.00	18.30



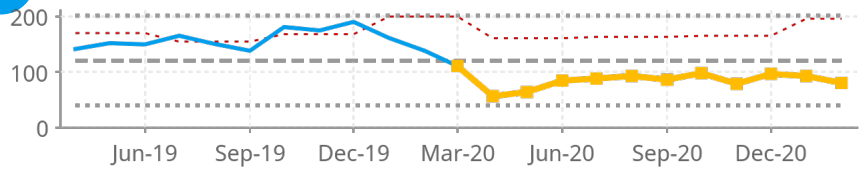
Efficiency & Productivity

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

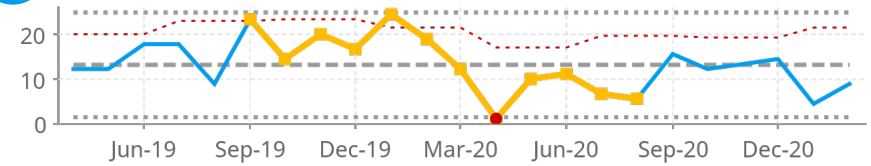
PHQ - Emergency Admissions for Acute Conditions that should not usually require hosptial admission

Month	Performance	Standard
Feb-21	80.00	120.29



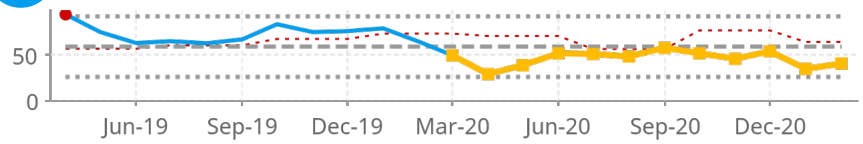
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s

Month	Performance	Standard
Feb-21	8.90	13.15



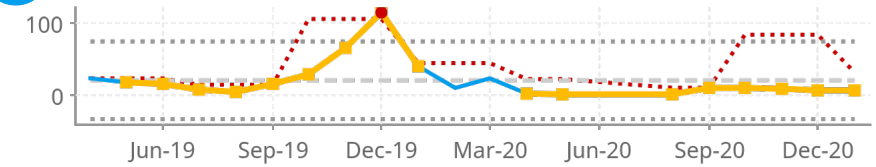
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

Month	Performance	Standard
Feb-21	40.50	59.03



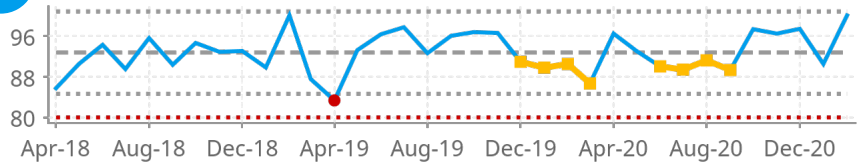
PHQ - Unplanned hospitalision for respiratory tract infections in under 19s

Month	Performance	Standard
Jan-21	6.67	20.69



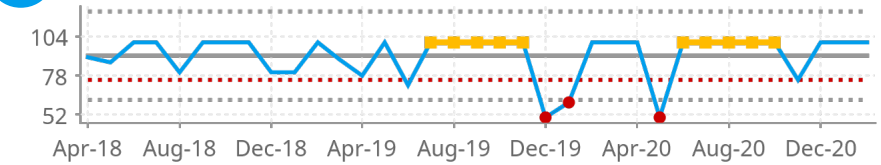
Stroke admisisons - 90% of time spent on didicat unit.

Month	Performance	Standard
Feb-21	100.00%	80.00%



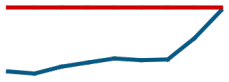
High Risk Trans Ischaemic Attack assessed and t

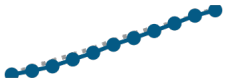
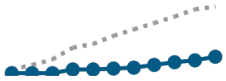
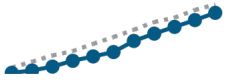
Month	Performance	Standard
Feb-21	100.00%	75.00%



Safety & Quality

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Jan 20 - Dec 20	99.65	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Oct 19 - Sep 20	99.94	
Dementia KPI 1	✓	Feb-21	100.00%	
Dementia KPI 2	✓	Feb-21	100.00%	
Dementia KPI 3	✓	Feb-21	100.00%	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✓	Apr to Feb	895	917	
Stage 2 Complaint	✓	Apr to Feb	21	76	
Stage 3 Complaint	✓	Apr to Feb	126	143	

Narrative

Mortality

The latest HSMR value is currently reporting at 99.65 (January 2020 to December 2020) which has increased from the previous rebased value of 96.48 (December 2019 to November 2020). The latest SHMI value is now 99.94 (October 2019 to September 2020) which has decreased from the previous rebased value of 100.00 (September 2019 to August 2020).

Complaints

Due to Covid-19 restrictions, although the Trust offers virtual meetings, some complainants have chosen a written response rather than face-to-face meetings. This has therefore decreased stage 2 and increased stage 3 complaints slightly. The main theme in complaints is in relation to the lack of communication to families and carers due to restrictions in visiting. The Trust has implemented actions to mitigate this risk.

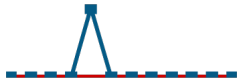
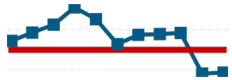
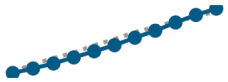
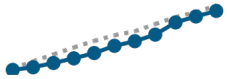
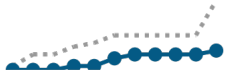
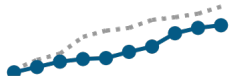
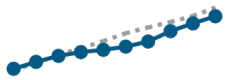
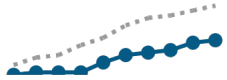
The Trust is reporting 72 stage 1 complaints for February 2021. This value falls within the SPC control limits (47-116), and is lower than the mean of 82.

The Trust is reporting 4 stage 2 complaints for February 2021. This value falls within the SPC control limits (-2-11), and is comparative with the mean of 4. The run of values above or below the average (mean) line represents a natural variation in the data.

The Trust is reporting 15 stage 3 complaints for February 2021. This value falls within the SPC control limits (3-21), and is above the mean of 12. The run of values above or below the average (mean) line represents a natural variation in the data.

Safety & Quality

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	Trend
Red Risks	✓	Feb-21	0	1	
Never Events	✓	Feb-21	0	0	
VTE %	✗	Feb-21	93.88%	95.00%	
Fall No Injury	✗	Apr to Feb	842	810	
Fall Injury	✓	Apr to Feb	210	194	
Fall Fracture	✓	Apr to Feb	5	18	
Pressure Cat1	✓	Apr to Jan	57	78	
Pressure Cat2	✓	Apr to Jan	211	241	
Pressure Cat3	✓	Apr to Jan	14	28	
Pressure Cat4	✓	Apr to Jan	3	3	

Narrative

VTE%

The Trust is reporting that 93.88% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during February 2021; this is slightly below the National Standard of 95.00%.

Falls

The trust has recently appointed a new lead for falls who is reviewing the current falls prevention and management system; this is being developed using an assurance framework approach. The development of this assurance framework will lead to the development of a risk mitigation plan that can be supported with the use of a project methodology to drive forward specific areas of improvement.

The Trust is reporting 78 falls resulting in no injury for February 2021, remaining within the upper control limit of 100. However, the cumulative of 842 for Apr to Feb 2021 is greater than the 810 for Apr to Feb 2020 period.

The Trust is reporting 18 Falls resulting in an injury for February 2021. The 18 falls remains within the upper Control Limit of 30.

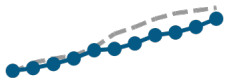
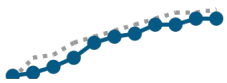
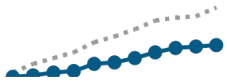
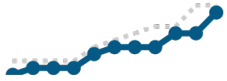
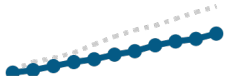
There have been two falls with fracture in February 2021.

Pressure Ulcers

In the January 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management.

Safety & Quality

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	Trend
Hand Hygiene	✓	Feb-21	98%	95%	
Clostridium difficile	✓	Apr to Feb	43	51	
MRSA	✗	Apr to Feb	1	0	
MSSA	✓	Apr to Feb	20	23	
Ecoli	✓	Apr to Feb	22	48	
Klebsiella	✓	Apr to Feb	9	10	
Pseudomonas	✓	Apr to Feb	3	3	
CAUTI	✓	Apr to Feb	199	327	

Narrative

Hand Hygiene

The overall Trust compliance score for hand hygiene is 98% for February 2021; this has decreased from 99% in January 2021. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team.

Infections

For February 2021, the Trust is reporting 6 Trust attributed case of Clostridium difficile infection (4 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 4 cases were reported.

The Trust reported 43 hospital acquired Clostridium difficile infections April to February 2021 compared to 51 for April to February 2020, a 16% reduction. The Trust has reported an improved position against for Cdiff, MSSA, Ecoli, Klebsiella and Cauti's infections for the cumulative April 2020 to February 2021 period, with Pseudomonas remaining the same.

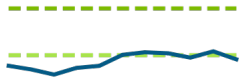
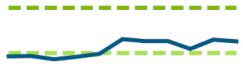
One case of MRSA was reported in the January 2021 period.

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

The number of hospital onset Covid-19 cases (positive test > 8days after admission) reported an increase in November 2020, correlating to the period when community transmission were high and there was also an increase in hospital outbreaks. Significant work has been undertaken by the organisation to reduce nosocomial infections, led by the Infection, Prevention and Control team, with the Trust reporting zero cases of suspected hospital acquired Covid cases as at the end of February.

Safety & Quality

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved				
		Month	*Performance*	*Standard*	*Trend*
Friends and Family Test (FFT) - Emergency	✓	Feb-21	86.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	✓	Feb-21	91.00%	75.00%	
Friends and Family Test (FFT) - Maternity	✓	Feb-21	100.00%	75.00%	
UNIFY - RN Day	✗	Feb-21	77.35%	>=80% and <=109.99%	
UNIFY - RN Night	✓	Feb-21	87.71%	>=80% and <=109.99%	
UNIFY - HCA Day	✗	Feb-21	68.72%	>=80% and <=109.99%	
UNIFY - HCA Night	✗	Feb-21	87.36%	>=110% and <=125.99%	

Narrative

Friends and Family Test

The FFT process changed in April 2020 to a single question with more focus on the narrative that is supplied with the feedback. This has created a wealth of patient and family feedback that is available for all clinical teams

The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for rating the service 'Very Good or Good' was 86% for February 2021.

The In-patient Friends and Family position for rating the service 'Very Good or Good' was 91% for February 2021.

The Maternity (Delivery) Friends and Family position for rating the service 'Very Good or Good' was 100% for February 2021.

All three metrics January FFT percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to improve the amount of feedback.

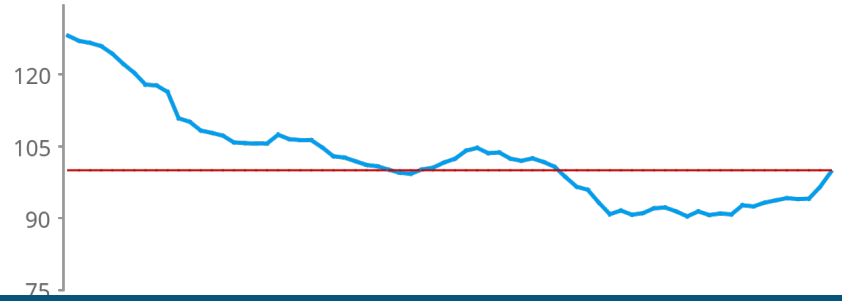
UNIFY

Nursing fill rate reflects the increased demand on the workforce during Covid-19 to safely meet the needs of patients with a higher acuity. In February 2021, 3 out of the 4 metrics reported below the standards reflective of the workforce pressures within the period. Successful recruitment drives and the reduced Covid sickness absence has seen the Trust's nursing resource position improve during March.

Additional Detail Charts

Hospital Standardised Mortality Ratio

Month	Performance
Jan 20 - Dec 20	99.65



Summary Hospital-Level Mortality Indicator

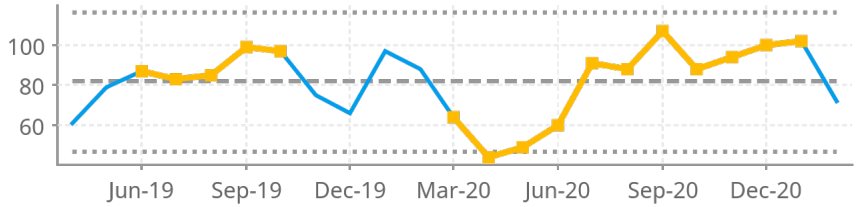
Month	Performance
Oct 19 - Sep 20	99.94

	Month	Performance
Dementia KPI 1	Feb-21	100.00%
Dementia KPI 2	Feb-21	100.00%
Dementia KPI 3	Feb-21	100.00%

Statistical Process Control (SPC) Charts

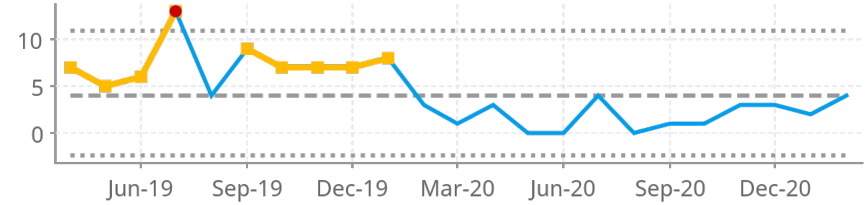
Stage 1 - Informal

Month	Performance	Standard
Apr to Feb	895	917



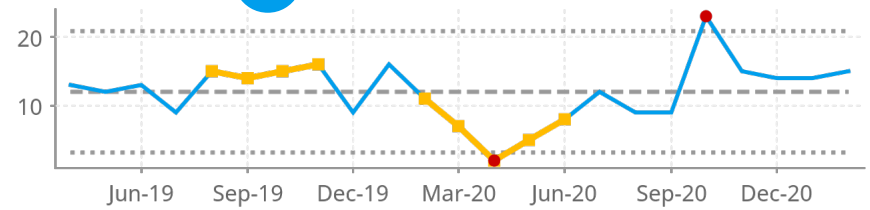
Stage 2 - Meeting

Month	Performance	Standard
Apr to Feb	21	76



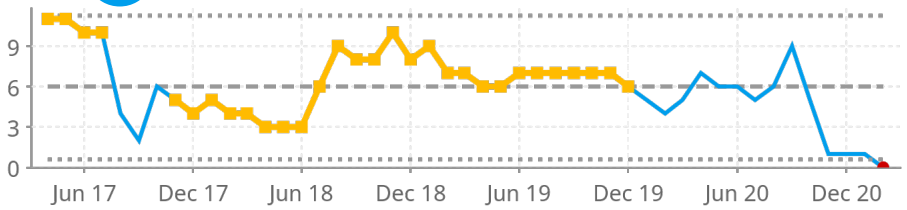
Stage 3 - Formal

Month	Performance	Standard
Apr to Feb	126	143

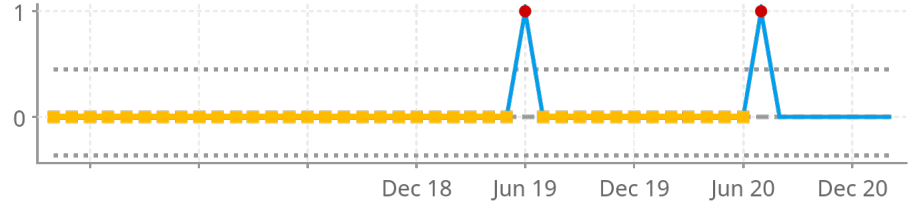


Red Risks

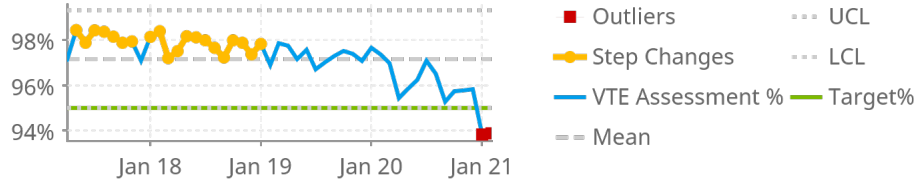
Month	Performance	Standard
Feb-21	0	1



Month	Performance	Standard
Feb-21	0	0



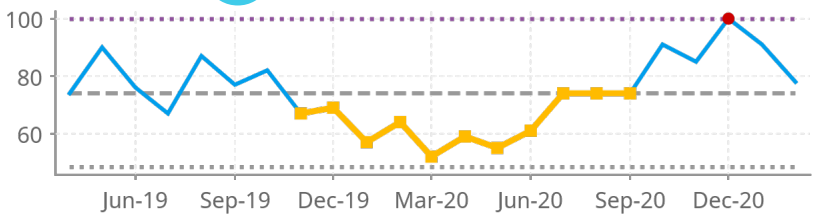
rformance	Standard
Feb-21 93.88%	95.00%



Statistical Process Control (SPC) Charts

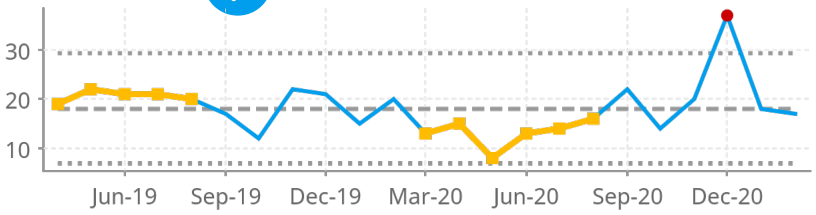
Falls No Injury

Month	Performance	Standard
Apr to Feb	842	810



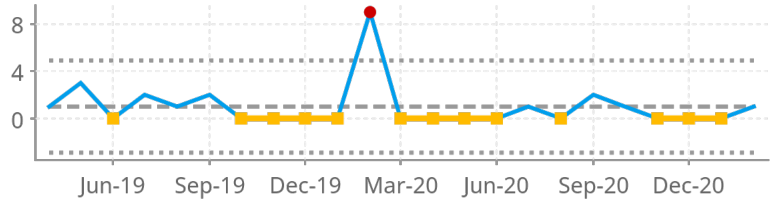
Falls Injury

Month	Performance	Standard
Apr to Feb	210	194



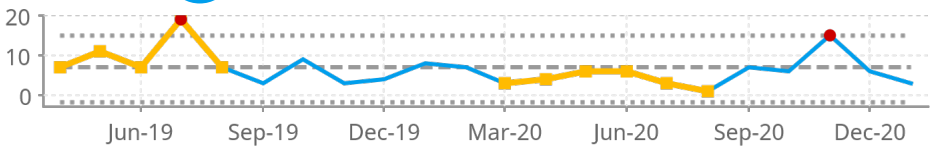
Falls Fracture

Month	Performance	Standard
Apr to Feb	5	18



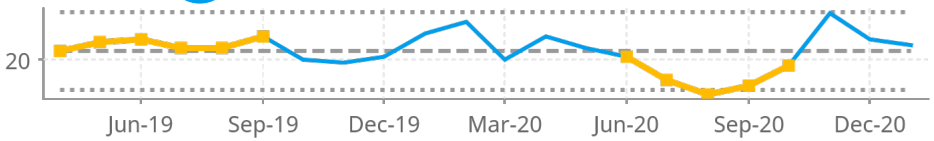
Pressure Ulcer Cat 1

Month	Performance	Standard
Apr to Jan	57	78



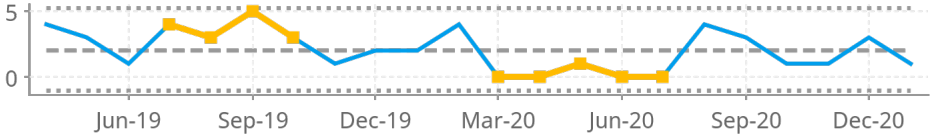
Pressure Ulcer Cat 2

Month	Performance	Standard
Apr to Jan	211	241



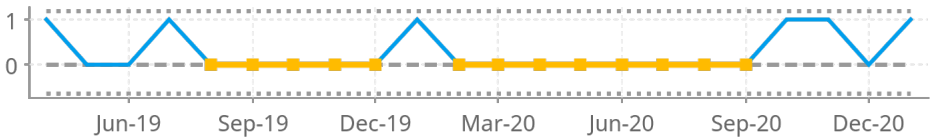
Pressure Ulcer Cat 3

Month	Performance	Standard
Apr to Jan	14	28



Pressure Ulcer Cat 4

Month	Performance	Standard
Apr to Jan	3	3



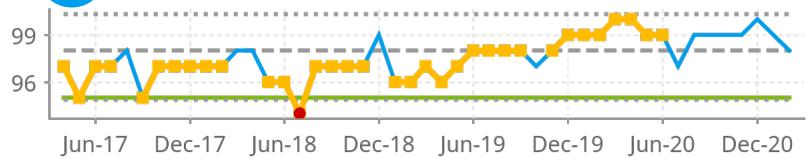
Safety & Quality

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

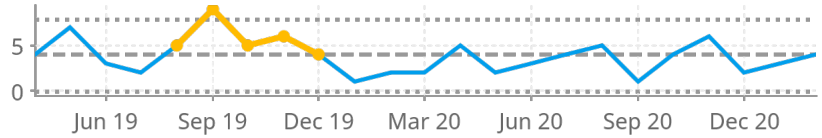
Hand Hygiene

Month	Performance	Standard
Feb-21	98%	95%



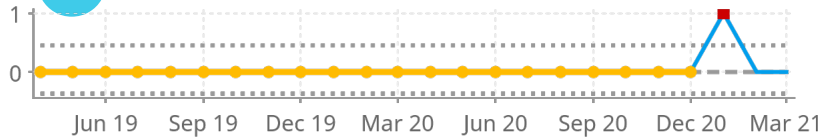
Cdiff

Month	Performance	Standard
Apr to Feb	43	51



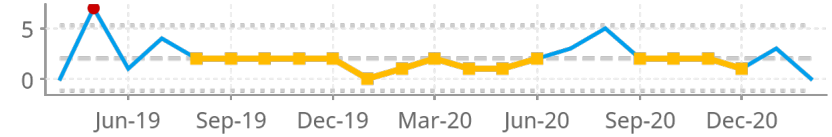
MRSA

Month	Performance	Standard
Apr to Feb	1	0



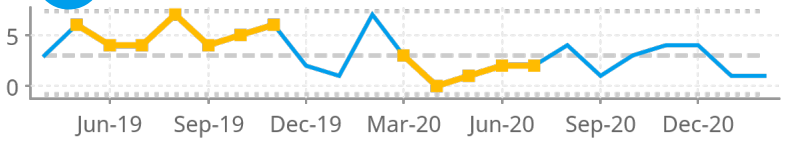
MSSA

Month	Performance	Standard
Apr to Feb	20	23



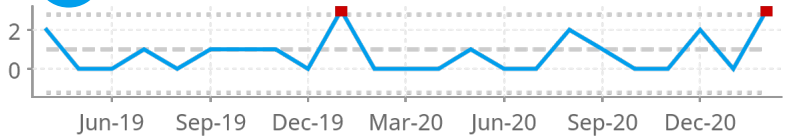
Ecoli

Month	Performance	Standard
Apr to Feb	22	48



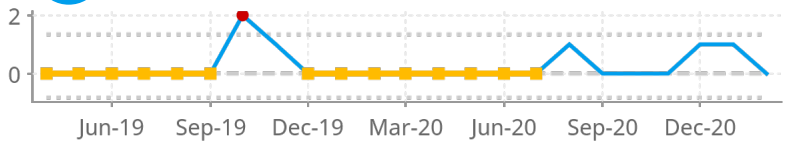
Klebsiella

Month	Performance	Standard
Apr to Feb	9	10



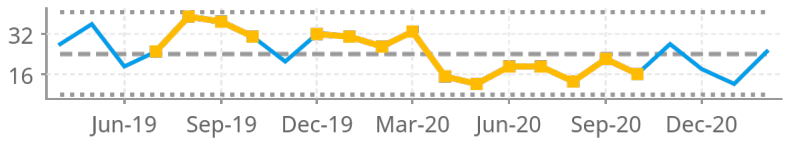
Pseudomonas

Month	Performance	Standard
Apr to Feb	3	3



CAUTI

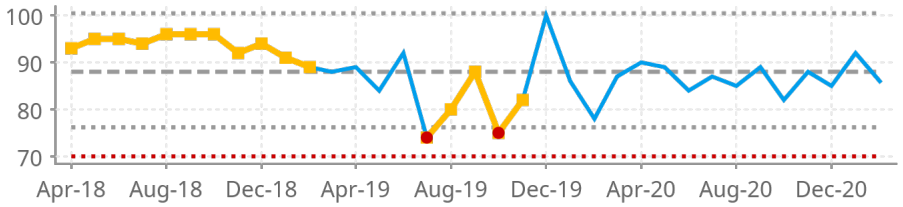
Month	Performance	Standard
Apr to Feb	199	327



Statistical Process Control (SCP) Charts

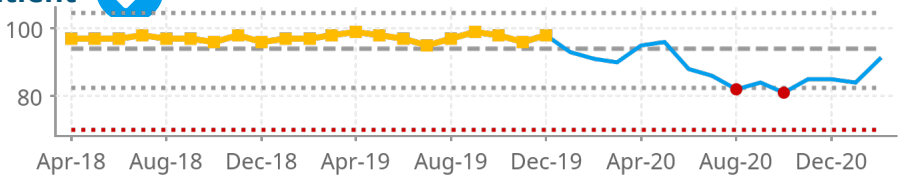
FFT Emergency Care

Month	Performance	Standard
Feb-21	86.00%	75.00%



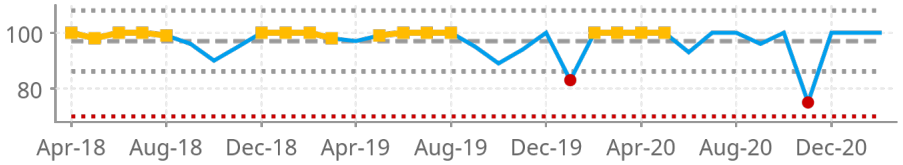
FFT Inpatient

Month	Performance	Standard
Feb-21	91.00%	75.00%



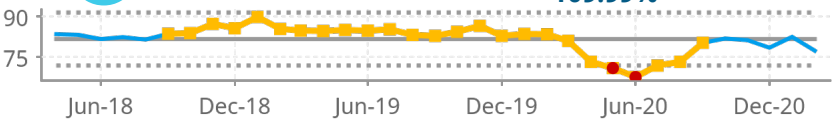
FFT Maternity

Month	Performance	Standard
Feb-21	100.00%	75.00%



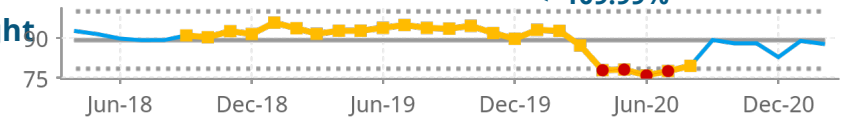
UNIFY RN Day

Month	Performance	Standard
Feb-21	77.35%	>=80% and <=109.99%



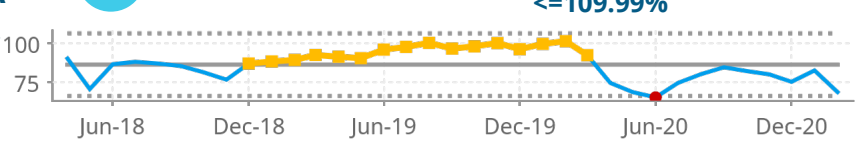
UNIFY RN Night

Month	Performance	Standard
Feb-21	87.71%	>=80% and <=109.99%



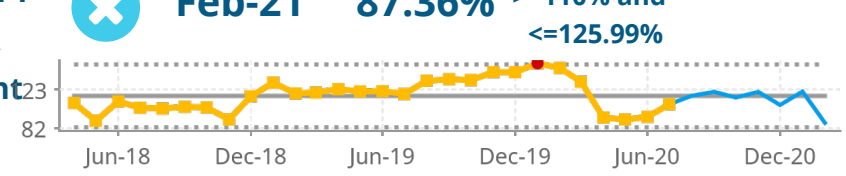
UNIFY HCA Day

Month	Performance	Standard
Feb-21	68.72%	>=80% and <=109.99%

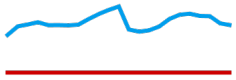


UNIFY HCA Night

Month	Performance	Standard
Feb-21	87.36%	>=110% and <=125.99%



Workforce

Standard	Standard Achieved				Narrative
	Month	*Performance*	*Standard*	*2 Year Trend*	
Sickness					The sickness absence rate for January 2021 is reported at 6.79%, a decrease of 0.44% compared to the previous month. This is broken down into 2.11% attributable to Covid-19 related sickness and 4.68% attributable to other sickness. The cost of sickness absence is reported as £587,082, an increase of £178,197 compared to December (£408,885). There were 145 further cases of Covd-19 related staff absence in February 2021, broken down into 89 staff absent for 10 days and 56 who self-isolated for 14 days.
✗	Jan-21	6.79%	4.00%		
Appraisals					'Chest & respiratory problems' (under which Covid-related sickness is recorded) was the top sickness reason in January, accounting for 32% of days lost. 'Anxiety /stress/depression' was the second highest reason, accounting for 24% of sickness absences.
✗	Feb-21	80.45%	95.00%		
Turnover					Appraisal compliance is reported as 80% in February, which is unchanged from the previous month. Mandatory Training is also unchanged at 87% and Staff Turnover is 7.66%, a decrease of 0.01% since January.
✓	Feb-21	7.66%	10.00%		
Mandatory Training					Sickness key actions:
✗	Feb-21	87.22%	80.00%		• 'Sickness Absence' Clinics to support staff • Contact with all staff absent with covid related absence at 10 day interval • Contact with all CEV staff and risk assessment processes • Range of H&WB activity • Recruitment campaign for 'support workers' to assist clinical areas • Corporate/Community staff supporting clinical areas

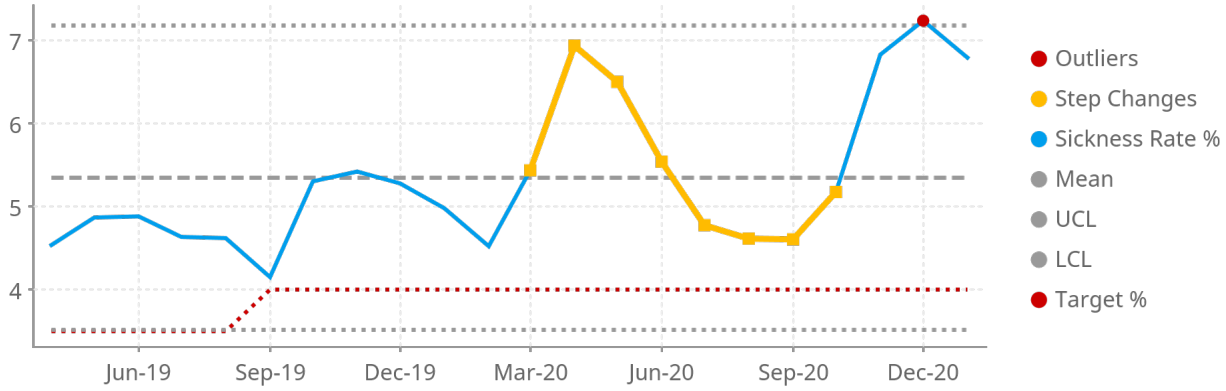
Workforce

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

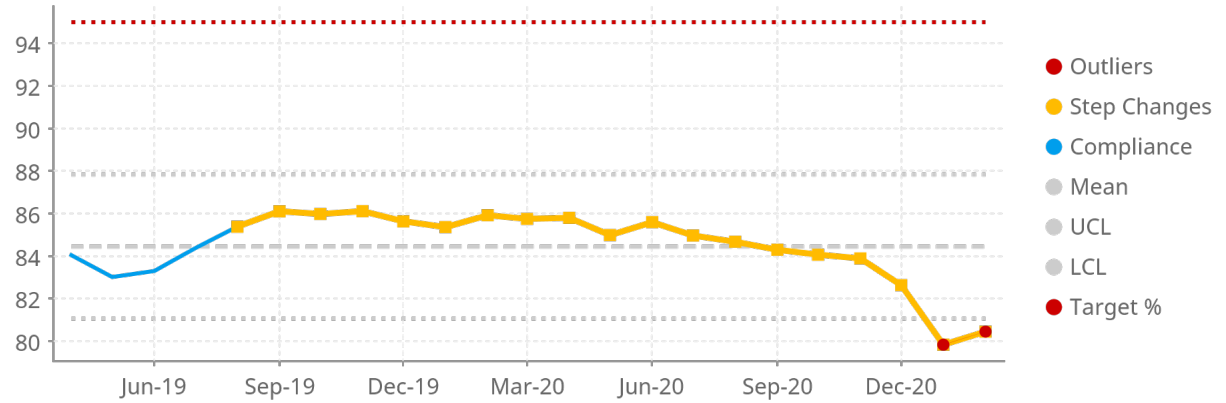
Sickness

Month	Performance	Standard
Jan-21	6.79%	4.00%



Appraisal

Month	Performance	Standard
Feb-21	80.45%	95.00%



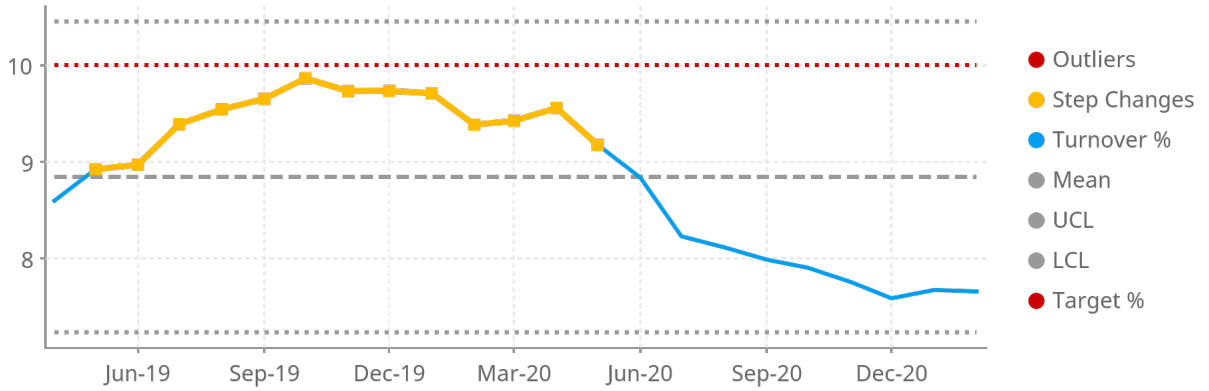
Workforce

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

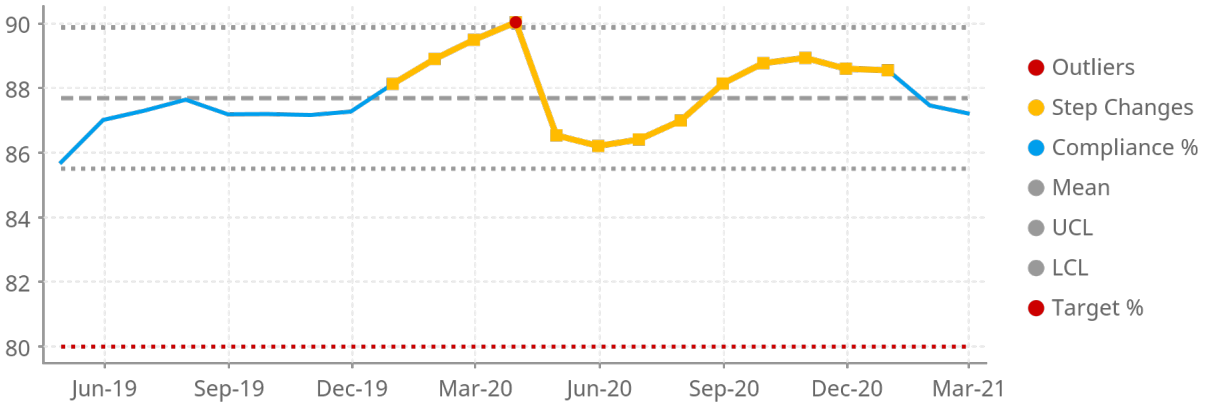
Turnover

Month	Performance	Standard
Feb-21	7.66%	10.00%



Mandatory Training

Month	Performance	Standard
Feb-21	87.22%	80.00%



Finance Overview

Income/Expenditure

	Plan (£000)	Actual (£000)	
In Month	49	1,423	☺
YTD			☺
Forecast	(871)	5,900	☺

Balance Sheet

£m

Cash YTD	71.6
Cash Forecast*	42.0

*Reflects the removal of advanced monthly payment

Capital

	Plan (£m)	Actual (£m)	
In Month	2.1	1.8	😐
YTD	18.1	11.8	😐
Forecast	21.3	19.7	😐

Use of Resources*

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

*UOR suspended in 2021 - manual calculations

** Rating will only improve with increased cash reserves

North Tees and Hartlepool NHS Foundation Trust
Board of Directors

Title of report:	Ockenden Assurance Update Report										
Date:	25 March 2021										
Prepared by:	Rachel Scott / Stephanie El-Malak										
Executive Sponsor:	Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality										
Purpose of the report	To provide an overview of the status of the Immediate and Essential Recommendations made by the Ockenden Report.										
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				
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

- The report outlines the Trust's compliance against the seven Immediate and Essential Actions required by the Ockenden report, which was released in December 2020.
- It follows on from the completion of the Maternity Services Assessment and Assurance Tool that was submitted to NHS England on the 15 February 2021.
- The Trust is compliant with all of the actions required and has identified further improvements which are in the process of being implemented
- This report details the activities being taken to improve compliance.

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

The Ockenden report has highlighted risks that the Trust are aware of and have taken actions to mitigate.

Committees/groups where this item has been discussed	Executive Team Meeting
Recommendation	The Board is asked to review this paper, make any recommendations as they see fit and provide support for the ongoing activities to ensure robust systems are in place to meet these actions

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors April 2021

Ockenden Assurance Update Report

Report of the Chief Nurse/ Director of Patient Safety and Quality

1. Introduction/Purpose

1.1 The Shrewsbury and Telford independent review of maternity services was commissioned in April 2017 by the then Secretary of State for health and social care.

1.2 Review triggered following concerns raised by parents after a “cluster” of avoidable deaths of babies shortly before or after birth.

1.3 The Shrewsbury and Telford Hospitals NHS Trust has confirmed that the total number of family cases the review team is now looking into stands at 1862.

1.4 The independent review at The Shrewsbury and Telford Hospital NHS Trust (SaTH) concluded that there were serious failings in the service provided to women and babies, which resulted in death, serious harm, and were not addressed at many levels. The interim report published in December 2020 set out its emerging findings and recommendations following the investigation of 250 cases. This paper briefly summaries the Trusts benchmark against this and progress against the seven immediate and essential actions required. A gap analysis against the actions has been completed using the Maternity Services Assessment and Assurance Tool provided.

1.5 The Ockenden Assurance tool has been updated and submitted to NHS England on the 15 February 2021.

1.6 The gap analysis has demonstrated that the North Tees and Hartlepool Foundation Trust Maternity Service has no significant risks related to the immediate and essential actions highlighted by the Ockenden Report. It has however provided insight into the areas for potential improvement to ensure robust processes and systems are in place to underpin our current practices.

1.7 An Obstetrics and Gynaecology working group has been set up to meet fortnightly to ensure actions are progressed in a timely manner.

1.8 A further report will be published once all family cases have been reviewed. It is expected there will be further actions to review following that publication in 2021.

2. Current Position

SECTION 1	Recommendation	Actions Needed	Status	Progress
1. Enhanced Safety	a) A plan to implement the Perinatal Clinical Quality Surveillance Model	Awaiting final tool from LMS. Interim action to implement NHSI provided tool to be functional from 1/04/2021	Partially Met	LMS development in progress. Interim model implemented from 1/04/21 will meet recommendation.
	b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Continue with current processes and maintain compliance with all essential requirements. Quarterly SI reviews to be reported to Executive Team and Trust Board. Continue with current processes and maintain compliance with all essential requirements.	Met	Ongoing - expect to provide report to Exec team and Board at the next quarterly meeting. Clarity required regarding the forum and frequency (Ps&Qs) for reporting.
2. Listening to Women and their Families	a) 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	1. Support MVP Lay –chair to develop Quarterly service users meeting, with professional and service user attendance, to ensure coproduction of services. 2. The development of family and friends in line with the Trusts text system for gathering feedback 3. To appoint independent senior advocate role reporting into trust and LMS board awaiting job description/ guidance from NHS.	Met	1. HOM bi monthly meetings in place with core maternity staff and MVP lay chair Quarterly meetings planning in progress via teams with representation planned from NED 2. Family and Friends Service meeting scheduled for this week with corporate Patient Safety & Quality team 3. LMS board meeting - regional chief midwife reported the senior advocate role is still with NHSI - update expected April.
	b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named Non-Executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and			

	ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.			
3. Staff Training and working together	a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly, which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place. C) Confirmation that funding allocated for maternity staff training is ring-fenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety	1. Audit compliance with attendance at ward rounds locally developed as interim solution 2. Align and assess the core competency framework provided by NHS England following the Ockenden report with our mandatory training plans and assess for gaps. 3. Monitor compliance of wider MDT at maternity training.	Met	1. Planning in progress for audit in April. Audit schedule developed for quarterly. 2. Plans in progress to be signed off by LMS - Currently meet the core competency framework 3. MDT training schedule in place - evidence can be provided
4. Managing Complex Pregnancy	a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	1. Carry out quarterly baseline audits to be undertaken to monitor Consultant allocation to provide assurance and compliance quarterly. 2. Development of a signed proforma to share appropriate information in regards to their management plan and confirm consent.	Met	1. Alternations to handheld notes to capture recording of data complete. - next delivery of notes will include this information. Ink stamp in use as interim measure during current supply of notes. 2. Engagement with midwives to ensure compliance with collecting information and recording - report to monitor compliance

	c) Where a complex pregnancy is identified there must be early specialist involvement and management plans agreed between woman and team			
5. Risk assessment throughout pregnancy	a) 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 (PSCP). Regular audit mechanisms are in place to assess PCSP compliance	Education and full rollout for need to assess risk at every contact and a stamp is used, as an assurance mechanism to record on the patient's paper notes that the risk assessment has been been reviewed and updated. Contribute to the single electronic record system via the MCN.	Met	Activity ongoing with MCN in regards to a Business Case for Badgernet Electronic record system.
6. Monitoring Fetal Wellbeing	a) 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.	1. Successful recruitment of lead midwife post 2. Embedding post into clinical practice 3. Role description for lead obstetrician to be developed 4. Reporting process to be developed to ensure outcomes are delivered	Met	Fetal Monitoring Midwife interviews to be held end of March. Lead obstetrician role job descriptor to be formalised and job planned accordingly.

7. Informed Consent	a) 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.	1. Pathways to be shared via the Trust website - maternity section of website to be developed exploring alternative technology solutions.	Met	Meeting held with with Communications team to create maternity site (agreed). Follow up meeting scheduled for April. New pathway in draft - to be approved by healthcare records and included on site.

3. Key Challenges / Risks

3.1 Engagement of the wider Trust personnel to support the activities that need to be completed.

3.2 Although compliant with actions, activity is required to ensure resilience around some processes and systems currently being used – for example, the introduction of a single electronic record system.

4. Conclusion/Summary

4.1 The Ockenden Report has highlighted some key areas for review and improvements across Maternity services.

4.2 A gap analysis has confirmed that the North Tees and Hartlepool Foundation Trust Maternity Service has no significant risks related to the immediate and essential actions highlighted by the Ockenden Report. It has provided further insight into areas for potential improvement to ensure robust processes and systems are in place to underpin our current practices.

4.3 A group has been set up to oversee the required improvements and ensure they are progressed and implemented accordingly.

4.4 The group are also working collaboratively with the Local Maternity System and Managed Clinical Network colleagues to ensure an ICP approach.

4.5 The same approach will be taken in regards to the concluding report still to be published.

5. Recommendations

The Board of Directors is asked to:

- Review and consider the content of this report
- Recommend any further actions as they see fit.
- Provide support for the ongoing activities to ensure robust systems are in place to meet these actions.

Stephanie El-Malak, Head of Midwifery
Lindsey Robertson, Chief Nurse/ Director of Patient Safety

NHS
North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title of report:	Slavery and Human Trafficking Statement										
Date:	25 March 2021										
Prepared by:	Hilton Heslop, Head of Strategy & Corporate Affairs										
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Purpose of the report	To present the Slavery and Human Trafficking Statement for 2021/22 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:

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 2022.

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.

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.

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.

The appended statement has been developed with input from a number of key stakeholders.

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.

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 2022.

Slavery and Human Trafficking Statement 2021/22

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 2022.

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 and employs approximately 4,800 medical, nursing, allied health professionals, clinical and non-clinical support staff with a total annual turnover of around £326 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 race, colour, religion, gender (including pregnancy), sexual orientation, marital status, gender identity, national origin, age, disability, 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
    - Grievance 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

Neil Mundy
Interim Joint Chair

Julie Gillon
Chief Executive