



Virtual Board of Directors Meeting

Thursday, 26 March 2020

Via Email

PG/SH

19 March 2020

Dear Colleague

A meeting of the **Board of Directors** will be held virtually with comments to be shared via email to all Board Members to allow for debate and actions to be captured centrally as an accurate record from the papers circulated. Please review the papers as usual prior to **Thursday, 26 March 2020** and forward any comments / issues to be raised in advance of this date.

Yours sincerely



Paul Garvin
Chairman

Agenda

		Led by
1.	(1.00pm) Apologies for Absence	Chairman
2.	(1.00pm) Declaration of Interest	Chairman
3.	(1.00pm) Minutes of the meeting held on, 30 January 2019 (enclosed)	Chairman
4.	(1.10pm) Matters Arising	Chairman

Items for Information

5.	(1.15pm) Report of the Chairman (enclosed)	Chairman
6.	(1.25pm) Report of the Chief Executive (enclosed)	J Gillon

Performance Management

7.	(1.35pm) Integrated Compliance and Performance Report (enclosed)	L Taylor, J Lane A Sheppard & N Atkinson
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Governance

8. (1.50pm) Model Hospital Review (**enclosed**) N Atkinson / L Taylor
9. (2.00pm) Any Other Notified Business Chairman
10. Date of Next **Virtual** Meeting
(Tuesday, 28 April 2020)

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

Virtual meeting of the Board of Directors

26 March 2020

Due to the current position regarding COVID-19 the decision was made that the Board of Directors meeting would be conducted virtually. 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.

The electronic pack of papers was circulated via email and all members were provided with the opportunity to raise questions by return email. The e-mail responses and associated questions are recorded in the virtual minutes and a response is provided in each instance.

These minutes represent a formal record of the virtual meeting.

Documentation pack distributed to:

Paul Garvin, Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Philip Craig, Non-Executive Director*	PG
Brian Dinsdale, Non-Executive Director	BD
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Rita Taylor, Non-Executive Director*	RT
Ann Baxter, Associate Non-Executive Director	AB
Neil Schneider, Associate Non-Executive Director	NS
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director / Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance*	DoF
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information & Technology Officer	CI&TO
Julie Lane, Chief Nurse / Director of Patient Safety and Quality	CN/DoPS&Q
Alan Sheppard, Chief People Officer	CPO
Lynne Taylor, Director of Performance and Planning	DoP&P

Confirmation that the meeting is quorate: Confirmed by the Chair

BoD/4205 Apologies for Absence

No apologies were recorded.

BoD/4206 Declaration of Interests

The CI&TO, DoP&P and BD (Non-Executive Director) declared an interest in respect to their roles with North Tees and Hartlepool Solutions.

The DoCA&CoS, SH (Non-Executive Director) and NS (Associate Non-Executive Director) declared an interest in respect to their roles with Optimus Health Ltd.

The CITO declared an interest in respect to his role in the ICS.

* voting member

BoD/4207 Minutes of the meeting held on, Thursday, 30 January 2020

Noted: that the minutes of the meeting held on Thursday, 30 January 2020 be confirmed as an accurate record.

BoD/4208 Matters Arising

There were no matters arising.

BoD/4209 COVID-19

Non-Executive Directors raised questions in respect of the Trust's arrangements and preparations in respect of COVID-19. A summary of the questions and associated answers were as follows:

- Do we have sufficient PPE for staff including community staff visiting patients and residential homes, and are there any supply issues in relation to PPE, drugs, ventilators etc.

Supply issues were largely resolved with better regional and national coordination in place. It was noted the Trust had received regular deliveries of PPE and that stock levels were currently sufficient for staff based both in hospital and community, with proactive stock management in place to minimise the risk of any shortages. Guidance on PPE was issued nationally and was being up dated on a regular basis, with appropriate processes implemented in the Trust to ensure the most up to date information was available. The Infection Prevention and Control Group were responsible for ensuring adherence and compliance with all guidelines. There was some variation across the ICS regarding PPE for community staff and the Trust continued to work within PHE guidance which is reviewed daily through the PPE Tactical Group.

The Trust were working closely with other providers both in the Tees Valley Health and Care Partnership and North East and North Cumbria Integrated Care System on a collaborative approach to plans for increasing the number of critical care beds to manage any surge in patient numbers.

The Trust was also engaging with local businesses regarding appropriate PPE stock and some limited additional stock has been identified and revised.

Ventilators and other associated equipment e.g. hemofiltration and syringe drivers were being coordinated at a regional and national level and the Trust had confirmed our requirements.

- Are we supporting staff actively and providing up to date information, including offering counselling now and post virus and psychological support, and who is coordinating this? There has been a suggestion that the Schwartz steering group could re-purpose itself to assist with planning staff support, as it already includes representatives from clinical psychology, the Chaplaincy, Workforce and Comms (among others). However, if this is already being taken care of elsewhere (e.g. Workforce) then best keep to one group of decision-makers.

The CPO confirmed significant work was being undertaken by the Workforce Group who were overseeing the development and implementation of health and wellbeing initiatives for staff. The Trust were engaged with national initiatives as well as developing local support with Occupational Health and key stakeholders in the organisation. Information was being cascaded to all staff through a variety of means to ensure all had up to date information on the staff offer. The Group were looking at current support as well as planning for the recovery phase in terms of psychological support requirements.

The Trust had in place a Staff Psychological Support Hub (SPSH) to offer free psychological support during this challenging time.

- Is anyone going on walk-about and being visible to staff?

The Chief Executive and other members of the Executive Team had visited staff around the Trust both at UHNT and UHH and would continue to do so to ensure visibility and provide support to staff. Feedback from these visits were positive and had been well received.

- Do we have adequate protection and welfare for both Trust and LLP staff?

In terms of protection the CN/DoPS&Q confirmed the Trust were complying with all regulations and guidance in respect to ensuring the availability of PPE for staff. Work had also been undertaken in terms of education and awareness with staff so that the correct PPE was appropriately used.

The CPO confirmed the Workforce Group was ensuring the availability of appropriate resources, guidance and information to manage and support the health, wellbeing and welfare of staff. A 7-day staff absence support and management service was in place to ensure the accurate recording of staff absence and the impact on operational services. The Group also had responsibility for the planning, development and implementation of training programmes to support escalation plans, equipping staff to work outside of their normal practice. Staff side representatives were part of the Workforce Group to ensure continued engagement and involvement.

- Have we been able to facilitate staff with parking and catering concessions and take home grocery packs for staff to collect at the end of shift / helping with grocery shopping needs?

The Trust recognised the need to support staff working during unprecedented times, therefore a benefits package had been developed which promoted both national and local initiatives. This would be kept under constant review, however to date the Trust had introduced free staff parking and food during core times, 7 days a week, from 1 April 2020; and a pop-up shop providing essential groceries supported by local suppliers. Nationally, Costa offered free coffee for NHS staff for a period of time and supermarkets had dedicated times for NHS staff to shop. In addition, there had been overwhelming support from local businesses with donations of food, meals, chocolates etc, which were being distributed fairly to staff across all sites.

- Do we have a spike in staff precautionary self-isolating is it affecting sickness absence, and what is the latest position on testing staff, are we able to expedite testing in these cases?

As of the date of the meeting the Trust had 350 staff absent due to self-isolation, however it should be noted that these numbers were subject to change on a daily basis. The testing of symptomatic staff for COVID-19 had commenced, which would support staff being able to return to work as soon as possible. The national return to work call had only received a small number of positive responses to date but would be liable to change daily. The Trust would supplement this activity by sending out a personal invitation to local retirees in the near future to ascertain interest.

The Workforce team were providing a daily update regarding the numbers of staff isolating for 7 or 14 days and monitoring staff due to return to work. This included contact with staff who were self-isolating to coordinate staff testing.

- Do we have any infected staff?

At the date of the meeting no staff had tested as positive.

- Can we get an understanding of how prepared we are for any surge in activity and the possible affect it might have on non-covid patients who are not able to be discharged?

The COO reported the magnitude of such a pandemic was unprecedented in the UK for 200 years, and the Trust were responding to the dynamic nature of change through its Emergency Preparedness with plans adapted on a daily basis in response to national requirements and local intelligence. To support the questions being raised by the Non-Executive Directors a detailed planning, resilience and response briefing had been circulated to the Board of Directors, which the COO would continue to provide on a regular basis showing the current position and assurance on the plans and action taken.

The CITO reported that work was underway in conjunction with workforce colleagues to prepare technology solutions to enable, where necessary and appropriate, staff to be able to work remotely using a range of digital tools and services, thereby offering support to staff when self-isolating or creating internal capacity/space should that be required.

Furthermore, the Trust were providing regular input to, and receiving support from, the North East and North Cumbria (NENC) ICS Digital Response Cell. A range of technology solutions had been mobilised to enable staff to work in different ways, through mobile devices etc. In addition, a range of collaboration and communication tools to enable staff and patient interaction through virtual processes was available. Cost and expenditure for all of these elements were being tracked and traced as per internal financial governance systems and processes.

- Do we have staff and equipment and arrangements in place to ensure support for the highly vulnerable patients instructed to stay at home for at least the next 12 weeks?

The community service had a register of the most vulnerable patients within community settings and these people would be prioritised for their ongoing care needs. The Trust had also increased telephone contact with vulnerable patients through iSpa. There were close links with Local Authority colleagues and primary care who were also maintaining contact with vulnerable groups.

- How are staff being perceived by the public there is stories of evictions where landlords are asking staff to leave as they are frightened of catching Corvid19 have we any instances and what are we doing to support them?

The DoCA&CoS advised the Trust were not aware of any negative reporting or communication in relation to NHS staff during this period especially in relation to instances that had been reported elsewhere in the country. Public support during this time had been extremely positive, with many examples of praise and thanks. In addition, the Communications team had developed a bespoke media log specifically for COVID-19 that would capture all information.

- Are trust staff being updated about changes to referral systems around safeguarding?

The CN/DoPS&Q confirmed that any changes to referral systems around safeguarding would be communicated with the relevant staff through the Trust Lead for Safeguarding to ensure all were adhering to the most up to date requirements.

Non-Executive colleagues acknowledged and thanked the Executive team for the work being undertaken across the Trust in response to managing the current pressures and threat of COVID-19, ensuring robust emergency preparedness planning was in place whilst continuing to provide services for the population served. The Non-Executive Directors offered their help and support during this period, including the removal of any burden on the Executive team in order to keep the focus on COVID-19 response and other priority operational issues which were unrelated to COVID-19. To ensure delivery of excellent patient services and care, it was recognised staff across the organisation were key workers whether front line clinicians or working in a supportive role, contribution from all would be absolutely vital to fighting this epidemic.

The CITO confirmed feedback and recognition was appreciated and the current situation had demonstrated and amplified the significant role back office and support services play in enabling healthcare provision. From a digital perspective, technology was now being seen as an essential tool that not only improved patient care, but also helped to enable staff to work safely in many instances.

The Board of Directors is asked to acknowledge the work being undertaken in respect of the planning, resilience and management of the COVID-19 situation.

Noted.

BoD/4209 Report of the Chairman

In addition to the enclosed report, the Chairman reported that a Colorectal Consultant had been appointed and would join the Trust at the end of September.

The Board of Directors is asked to note the content of the Chairman's Report.

Noted.

BoD/4210 Report of the Chief Executive

The Board of Directors is asked to note the content of the Chief Executive's Report.

Noted.

BoD/4211 Integrated Compliance and Performance Report

The Integrated Compliance and Performance Report provided an overview of performance for the month of February 2020. Key points were: -

- the Trust had experienced significant pressures across many key standards, however had performed relatively well in comparison to national and local outcomes.
- Pressures persisted across cancer pathways, despite recovering the November position sustainment of this proved difficult with December reporting at 70.2% and January reporting at 76.1% (77.5 patients treated/ 18.5 accountable breaches). National position reported at 73.6% with the regional position reporting at 71.3%. No Trust achieved the standard this month which was a demonstration of the pressures across the region
- the Trust achieved the Referral to Treatment (RTT) standard. An RTT improvement plan had been developed to support further reduction of the overall waiting list size, reduce longer waits and manage 26-week choice.
- Non obstetric ultrasound continued to experience pressures against the 6-week Diagnostic standard however, good recovery was noted with a significant reduction in the backlog

evident. Endoscopy has contributed to a number of breaches as a result of capacity issues. A 100-day challenge has commenced to review Endoscopy and Respiratory booking processes to ensure the available capacity was fully utilised and managed appropriately.

- Emergency activity across the organisation had seen a decrease of 9.57% (n=373) in February compared to the same period last year, with emergency activity including 951 who were treated via Ambulatory Care, equating to 26.99% of total emergency admissions.
- the Trust had performed above or within expected for the majority of efficiency and productivity indicators, demonstrating performance within trajectory across Daycase rates, Pre-operative stays, Lengths of Stay, Depth of Coding and New to Review ratios. Delayed Transfers of Care remained within trajectory, however Super Stranded patients indicated a slight rise. The Trust was required to achieve a daily average of 64 by the end of March 2020, with weekly audits on-going to support delivery.
- Outpatient DNA's and Readmissions rates remained a key area of focus, supported by robust project management and mitigating action plans
- Quality and Safety: Largely positive performance against a number of key indicators including HSMR/SHMI and Dementia Standards. Two Trust attributed cases of Clostridium Difficile was reported in January, taking the total cases to 51 against a trajectory of 51 by the end of February 2020. An overall reduction in complaints was noted from January. The Trust reported nine falls resulting in a fracture for February 2020. This had increased from zero in the previous month. Overall quality of care for the patients cared for by the Trust remained high with some challenges particularly within pressure ulcer care which was being taken forward through the tissue viability working group with representation from all clinical directorates.
- Workforce: Sickness absence remained the key pressure reporting at 4.98% in January 2020 (latest position), showing a decrease of 0.30% when compared to the previous month and remained above the revised Trust target of 4%. Long term sickness reported at 2.89%, a decrease of 0.005 when compared to the previous month. Short term sickness reported at 2.00%, an increase of 0.44% when compared to the previous month. 'Anxiety/stress/depression/other psychiatric illnesses' remained the most prevalent reason of absence. There was a continued focus to understand the underlying reasons of absence and proactive means to prevent absence where possible. Turnover and attrition rates remained within expected levels. Mandatory training and appraisal compliance was 89% and 86% respectively, remaining fairly static. The total number of active volunteers with the Trust was 223 contributing c.992 hours per week. Recruitment remained positive and the 'Home but not Alone' pilot had been extended to include Wards 30, 33 and 36. The Response Volunteer initiative was launched on 24 February, which was developed using funding from NHSE/I;
- Financial position: The year to date Group position at Month 11 was a surplus of £1.3m compared to a planned deficit of (£1.3m), therefore the Group was £2.6m ahead of plan. The Trust was forecasting to deliver its CIP plans for 2019/20. Cash levels stood at £19.9m at the end of February. Debtor days and creditor days had worsened by 3 days in comparison to 2018/19 levels.

Non-Executive members acknowledged and commended staff for the hard work to maintain good performance despite the current pressures being faced. The ongoing work to address performance against the waiting times for diagnostics and Cancer standards was acknowledged as well as the good outcomes on wheelchair referrals following an excellent response to the challenge.

Non-Executive members raised a number of questions, a summary of the questions and associated answers were as follows:

- What are the links with Local Authorities, particularly around discharge arrangements, resources and safeguarding. All are developing their own separate continuity plans, and there is not enough liaison between LAs. I understand there will be further announcements from DoH tomorrow about additional resources going to CCGs to facilitate speedy discharges. This will require some new pooled budget arrangements with local authorities. Is the Trust involved in these discussions?

The implementation of national discharge guidance had been closely coordinated with Stockton and Hartlepool LA. The Care Group Director for Healthy Lives had a daily call with counterparts in the Local Authorities in order work collaboratively and to monitor any pressures. This had been highly effective and also provided a useful planning forum to coordinate support for Care Homes.

The contingency planning issues were being addressed within the Local Resilience Forum (LRF), covering the whole of the Tees locality. The Trust were participants within the LRF and some concerns regarding the robustness and operation of the LRF would be fed back.

- Are Trust staff being updated about changes to referral systems around safeguarding?

The CN/DoPS&Q confirmed that any changes to referral systems around safeguarding would be communicated with the relevant staff through the Trust Lead for Safeguarding to ensure all were adhering to the most up to date requirements.

- Are we still providing essential diagnostics and treatments for cancer, heart and stroke patients etc? Also issues of concern are the wellbeing of patients in the cancer pathways and frailty as pressure from COVID19 ramps up over the next 4weeks?

The DoP&P confirmed at this point in time plans were being developed to support the on-going treatment of all emergency, urgent and cancer patients, whilst ensuring patients within the community received the care needed to keep them safe.

It was noted currently only routine outpatient appointments had been impacted by revised ways of working, either being contacted through non face to face appointments, referred back to their GP, or if appropriate, moved to an appointment in the future. The Trust were working closely with GP and CCG colleagues to ensure all patients were tracked appropriately until a point in the future where the position moved to business as usual, supported by recovery plans which were under development.

The DoP&P advised patients waiting for a non-urgent elective procedure had been cancelled from 23 March with appropriate clinical review undertaken to mitigate any risk of deterioration due to delays in treatment. It was confirmed that cancer referrals/diagnostics and treatments had not been impacted upon at this stage.

- Do we need to keep a separate note of sickness levels in relation to self-isolation against known infection and sickness directly related to the pressure of work?

The CPO reported that self-isolation due to COVID-19 was being recorded and reported separately to sickness in order to continuously monitor the position. The Trust were monitoring the absence related to stress anxiety and depression closely and allowing access to more health and well-being opportunities both from internal psychology and counselling teams and via recommended on-line providers. As part of planned recovery the Workforce team were also considering approaches to ongoing mental health management for staff.

- Have we a "holiday" in respect of appraisals and mandatory training?

The CPO confirmed the impact of COVID-19 was recognised as an unavoidable pressure on achieving appraisals and training compliance, therefore this would be taken into consideration when reviewing performance against trajectories. It was noted a 'holiday' or pause in requirements had not been officially announced. A paper would be presented to the Executive Team on 31 March 2020 regarding appraisal and mandatory training.

- Are we looking at our volunteers as many are likely to be retired and therefore in the at risk category for COVID-19?

The DoCA&CoS confirmed that a significant number of volunteers were captured in the at risk category and were self-isolating. In order to assess the impact on volunteering capacity, an exercise had been undertaken with all volunteers to ascertain their availability and willingness to continue to contribute time during this period. Responses were outstanding from some volunteers, however, a substantial number had suspended their involvement. A process had been implemented to ensure they were kept in touch with as the majority had indicated support once the position with COVID-19 had recovered. In addition, fresh requests from individuals offering to volunteer were being received and the team were working with Workforce to look at ways to bring in a timely manner.

- Falls with fracture is disappointing given previous outcomes?

The CN/DoPS&Q advised an increase in falls with fracture for February 2020, reporting nine falls an increase from zero the previous month. A thematic analysis was being undertaken to understand the areas, times and reasons for this large increase, initial review was indicating no key themes evident in any particular ward areas.

KR, Chair of the Planning, Performance and Compliance Committee reported a virtual meeting of the Committee had been held on 25 March 2020 where the Integrated Performance report had been scrutinised with the Trust performing above or within expected for the majority of efficiency and productivity indicators. Key points of note had been a welcome downward trend of Outpatient DNA's and recognition of the implementation of the Menopause support group and Mental Health First Aiders as a positive development especially in the challenging times currently being faced.

KR, Chair of the Planning, Performance and Compliance Committee reported concern was raised in relation to readmission rates, although this remained a key area of work, supported by robust project management and mitigating action plans, COVID-19 pressures would likely impact on the ability to make significant progress at this stage. It was also noted there had been a slight increase in the number of super stranded patients, work was underway with weekly audits to support delivery, although it was recognised overall the trajectory had been very good. Similarly, there remained some challenges with category 2 pressure ulcer care, which was being addressed and taken forward through the tissue viability working group with representation from all clinical directorates.

The Board of Directors is asked:

- (i) that, performance against the key operational, quality and workforce standards is acknowledged.
- (ii) that, the on-going financial pressures, however with a positive month 11 position against plan, is recognised.
- (iii) that, the on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward is acknowledged.

- (iv) that, the Trusts participation to be a pilot site testing the new proposed access standards and continuation of this throughout the winter period is noted.
- (v) that, the successful management of seasonal pressures alongside the added pressures of Covid-19 is noted.

Noted.

BoD/4212 Model Hospital Review

The DoP&P and DoF provided an overview of the Trusts current position against the National Cost Collection Index (NCCI) position and how this had influenced the Trust's improved position within the Model Hospital Benchmarking Data. It was reported the Trust's NCCI for the financial year 2018/19 was 94, which was the Trust's lowest index since 2012/13 and it suggested the Trust was 6% more cost effective than the national average. After peaking with an index of 100 in 2017/18, excellent progress had been made demonstrated in achieving an improved position. The index also showed the Trust was the most cost effective in the North East and North Cumbria ICS.

It was noted NCCI data was used to support the development of currencies, setting prices for NHS services in England, and by a number of arms-length-bodies which produce benchmarking data e.g. Model Hospital and Getting It Right First Time (GIRFT). The latest release of the Model Hospital data (2018/19) indicated the Trust had made significant improvements in delivering efficiency savings over the previous year, with the high level Weighted Activity Unit (standardised measure of average cost for delivering a unit of activity) now reporting at £3,255 against the 2017/18 position of £3,552.

The Board of Directors is asked:

- (i) that, the improved position against the National Cost Collection data is noted;
- (ii) that, the on-going year on year delivery of productivity and efficiency savings is recognised; and
- (iii) that, the robust governance programme in place to monitor the development and delivery of productivity and efficiency savings is acknowledged.

Noted.

BoD/4213 Any Other Notified Business

a) SIRO / Cyber / Tech

The CITO reported that due to the current COVID-19 situation the submission date of 31 March 2020 for the Data Protection Security Toolkit has been deferred until September, and at that point the Senior Information Risk Owner's Data Protection and Cyber Assurance Report would be presented to the Board of Directors. It was highlighted that despite the heightened state of alert for data and cyber security there had been no critical incidents to date, although the Trust was raising awareness of the current and increasing threats and was strengthening the; *people, process and technology* activities accordingly.

b) CCG Merger

Posmyk Boleslaw, HAST CCG reported that the merger between Darlington, Hartlepool and Stockton, and South Tees CCGs had been approved and would take effect from 1 April 2020.

The new named officers were as follows:

Clinical Chair: Posmyk Boleslaw

Accountable Officer: Dave Gallagher
Chief Finance Officer: Mark Pickering
Director of Nursing & Quality: Jean Golightly
Secondary Care Doctor: David Emerton
Medical Director: Janet Walker
Lay Member Audit: Karen Dales
Lay Member Patient and Public Involvement: Michelle Thompson
Lay Member: Caroline Githsham
Independent Member: Andie Mackay
Primary Health Care Professionals: Drs Jessica Hollingsworth, James Nevison & Hassan Thahir

Posmyk Boleslaw, HAST CCG asked it be noted on record, recognition of the work and professionalism of all secondary care colleagues working 24/7 at this time of COVID-19 nationwide challenge.

Noted.

BoD/4214 Date and Time of Next Meeting

Resolved: that, the next virtual meeting be held on Tuesday, 28 April 2020.

Signed: 

Date: 3 April 2020

Title of report:	Chairman's Report									
Date:	26 March 2020									
Prepared by:	Paul Garvin, Chairman									
Executive Sponsor:	Paul Garvin, Chairman									
Purpose of the report	This purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>COVID-19</p> <p>I wanted to place on record my thanks for all of the work undertaken by all members of staff in preparing our response to COVID-19. This has not been an easy task for anyone yet our response has been outstanding while still carrying on with day to day activities.</p> <p>Your efforts are very much appreciated and will help us get through the coming months.</p> <p>Tees Integrated Care Partnership</p> <p>I have attended a number of meetings with Richard Douglas (NHSI/E) and Richard Barker, Regional Director with a view to progressing acute services collaboration across Tees. The most recent meetings included Julie Gillon, Chief Executive and the Chair and Chief Executive of South Tees Hospitals NHS FT.</p> <p>The appear to have reached an agreement (yet to be confirmed in writing) that Julie will lead the work on the Clinical Services Strategy and the move to a Group structure. We will seek to appoint an independent Group Chair but the individual Trusts will continue to have their own Chairs for the foreseeable future.</p> <p>Julie will lead the work on the development of a Memorandum of Understanding and Terms of Reference for the Group and person specification information for the Chair.</p> <p>Whilst we had hoped to move at some pace, it is now likely that the impact of COVID-19 will result in much of the working slowing if not stopping for the foreseeable future.</p> <p>Meeting with Health Minister</p> <p>The Chief Executive and I have met with Edward Argar MP (No. 2 at the Department of Health), Alex Cunningham MP and Matt Vickers MP to discuss capital investment plans for North Tees and Hartlepool. The positive meeting included a discussion on Seed funding to work up a more detailed OBC for consolidation in due course.</p> <p>We are awaiting a written response from the minister in the near future.</p>										

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
Recommendation	The Board of Directors is asked to receive and note the content of this report

Board of Directors

Title of report:	Chief Executive Report										
Date:	26 March 2020										
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 our People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> • Winter Resilience • Coronavirus (COVID-19) • NHS Leadership Academy Board Simulation Event • Trust Staff Survey • Coffee time with Staff • Finance Accreditation from the Finance Leadership Council • Integrated Care System/Integrated Care (ICS/ICP) Partnership Update • Annual Operating Plan • Chief Operating Officer with NHS England and NHS Improvement visit to the North East • VIP visits • Health equity in England: The Marmot Review, 10 years on • North East Public Health Conference 											
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

26 March 2020

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 Winter Resilience

The Trust has continued to manage winter resilience in a controlled and successful manner. Whilst dealing with periods of surge in activity the Trust has seen a continued decrease in surgical cancellations this winter. From November 2019 to January 2020, only two of the 2,998 elective operations scheduled were cancelled due to winter bed pressures. This represents a further reduction in cancellation rates compared to the same period last year, when the Trust needed to cancel just six out of 3,152 operations.

The Trust continues to progress with its flu vaccination campaign. This year the Trust is supporting 'get a jab – give a jab' and has pledged for every staff member who receives a flu vaccine the Trust will donate a vaccine to UNICEF to protect children around the world. To date 4,321 vaccines have been donated. Our current vaccination rate is just under 80%.

2.1.2 Coronavirus (COVID-19)

In common with other NHS organisations, the Trust has been preparing for the potential impact of COVID-19 (coronavirus). Following a government COBRA meeting held on 3 March 2020, NHS England declared a level 4 incident which is the highest level of emergency. The Tees Stakeholders met on 4 March and will meet weekly thereafter to pull together plans for the Tees Valley in the event of an outbreak. The Trust has developed an Incident Management Team operational 7 days a week supported by liaison and co-ordination.

Whilst the World Health Organisation (WHO) Director General assessed the COVID-19 outbreak be characterised as a Pandemic on 11 March, the UK has planned extensively over the years for events such as this. The Department of Health and Social Care has issued an action plan with phases of response from contain, delay, research through to mitigate.

Updates and information are received on a daily basis nationally from Public Health England and the government and the Trust strategic control mechanism is managing the operational escalation planning and response.

2.2 Strategic Objective: Valuing our People

2.2.1 NHS Leadership Academy Board Simulation Event– 4 March 2020

The NHS Leadership Academy, as part of the Ready Now Programme hosted a Board Simulation Event on 4 March 2020 which the Director of Finance and I were invited to take part in. The learning experience for participants was instrumental in preparing individuals to respond in-the-moment to arising challenges and proved to be a fantastic learning experience for aspiring BAME (black, Asian and minority ethnic) leaders working within the NHS

2.2.2 Trust Staff Survey 2019

The results of the annual NHS Staff Survey have been released which show an overall improved position. I would like to personally thank all staff who completed the survey. A 55% response rate was achieved, a significant increase from 45% in 2018. Following publication of the results, the Trust is reviewing the detail of the survey in order to develop action plans to take forward improvements in the next 12 months.

2.2.3 Coffee time with staff

The informal sessions with staff that are held on a monthly basis continued during February. These sessions are popular and provide an opportunity for staff to meet with myself and other senior colleagues on a 'drop in' basis. Sessions are held across both sites and enable staff to have time to ask questions and raise concerns, whilst providing a forum to talk about successes and ambitions.

2.2.4 Finance department awarded new accreditation from the Finance Leadership Council

The Finance team has officially been awarded the Future Focused Finance Accreditation Level 1, from the Finance Leadership Council which is recognition of their commitment to improving services and office processes. This is testament to the team who demonstrate the best finance skills and development culture and provide a key enabling mechanism in supporting financial improvements in the Trust.

2.3 Strategic Objective: Transforming our Services

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

The development of the ICS decision making and governance framework is an ongoing iterative process, and will be kept regularly under review especially given the national expectation that the future principle is 'system by default'. A series of development sessions is underway with a key purpose to provide mechanisms to build consensus and ensure delivery of agreed priorities. The clear articulation of the governance model for the ICS programme and workstreams, through to the operational delivery arm of the system at ICP level will provide a streamlined approach. The model will recognise the importance of subsidiarity and place-based relationships, and the statutory authority of their constituent bodies.

Work continues on building a governance and partnership infrastructure in the Tees Valley. The governance and resource plan for this work has been approved by all NHS Chief Executive Officers and Accountable Officers. The revised structure will focus on the system making the difference, as a whole, in terms of; improved clinical outcomes, improved safety and the delivery of the finance and efficiencies plan, utilising the Tees Valley Health and Care Partnership as the main vehicle of decision making, leadership and partnership.

The Trust Locality Directors will play a key part in delivering the strategic objectives through developing relationships and collaborative working.

2.3.2 Annual Operating Plan 2020/21

The Operational Planning and Contracting guidance for 2020/21 was published on 30 January 2020 by NHS England and NHS Improvement (NHSE/I). This guidance establishes the delivery task for both NHS providers and commissioners covering system planning, finance, operational performance and workforce. The focus for 2020/21 is very much on shared system delivery goals; therefore, work is ongoing to reflect this across the provider plans. The draft plan was submitted on 5 March, with the final plan due to be submitted on the 29 April 2020.

2.3.3 Clinical Services Strategy

Work continues on developing resilient services both within Teesside and across the localities. The Clinical Services Strategy Board is managing and monitoring progress of the developing

clinical networks for Urgent and Emergency Care, Stroke and Women and Children's Services and key elective workstreams. Underpinning implementation plans are being developed for each area of work, supported by resources and project management teams from each Provider organisation.

Discussions are ongoing in terms of funding for capital works required to support the implementation of the Clinical Services Strategy in fit for the future premises.

2.3.4 NHS Chief Operating Officer/NHS Improvement Chief Executive visit to the North East

Amanda Pritchard, NHS England Chief Operating Officer/NHS Improvement Chief Executive visited the North East and North Cumbria for a roundtable event on Tuesday, 3 March to meet with NHS and Health and Social Care Leaders.

I attended the event where discussion focussed on key areas impacting on current service delivery and key priorities going forward including coronavirus containment; system performance (stability and improvement); financial performance improvement and leadership values in the NHS as a result of the roll out of the People Plan. Feedback from the event indicated the value of the openness and the discussion opportunity afforded by the North East.

2.3.5 VIP Visits

Throughout the course of 2020 key VIPs from a local, regional and national perspective will be invited to visit, providing an opportunity for the Trust to showcase the great work and services delivered locally and across the wider system. These meetings will be used to share the ambitions for the Tees Valley in line with the objectives set out by the Long Term Plan.

Matt Vickers, MP for Stockton South visited the Trust on 17 January 2020, following which he returned to the organisation on Friday, 13 March to shadow senior members of the emergency care team at the University Hospital of North Tees.

As part of the Year of the Nurse and Midwife, Chief Nursing Officer for England, Ruth May will be visiting the Trust on Thursday, 30 April 2020.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Health Equity in England: The Marmot Review 10 Years On (February 2020)

A new report, Health Equity in England: The Marmot Review 10 Years On, has been published by the Institute of Health Equity. It confirms that for the first time in more than 100 years, life expectancy has failed to increase for a decade across the country. It also finds that over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010. The 10-year on review was commissioned by the Health Foundation.

The report is a stark warning that more must be done to address the wider determinants of health as well as to focus on public health and prevention as a key pillar of a sustainable health and care system. The NHS long term plan includes a helpful commitment to treating people closer to home, where appropriate, however, cuts to public health budgets in recent years have been linked to an increase in hospital admissions, which makes clear the case for sufficient investment in a more preventative approach. This problem can only be addressed when government, local authorities and the wider health and care system come together to empower people and give them the right tools to make healthy choices

2.4.2 North East Public Health Conference

The North East Public Health Conference was held on Thursday, 12 March 2020. The theme for the conference was underpinned by the Marmot Review's six policy objectives, showcasing

local practice and research from across the North East with the aim of sharing learning and enabling attendees to reflect upon experiences of tackling health inequalities across the public health system to ensure prioritisation of prevention in the North East.

3. Recommendations

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives.

Julie Gillon
Chief Executive

Board of Directors

Title of report:	Integrated Compliance and Performance Report									
Date:	26 March 2020									
Prepared by:	Lindsey Wallace									
Executive Sponsor:	Lynne Taylor									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce for December and Q3 2020.									
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:										
<ul style="list-style-type: none"> The report outlines the Trust's compliance against key access standards in February including quality, workforce and finance in accordance with the SOF. The Trust has experienced significant pressures across many standards this month however has performed relatively well in comparison to national and local outcomes. Pressures remain within Cancer standards and Diagnostics. Operational efficiency standards indicate improvement, however with further work required across readmission rates and theatre utilisation. Quality standards indicate positive performance against a number of key indicators, including HSMR/SHMI, C-difficile, Dementia standards and level 1 and 2 pressure ulcers. Sickness absence remains the key pressure within the Workforce standards, however with multiple actions implemented to understand the underlying reasons. The year to date position is a surplus (£1.3m). This compares to a planned deficit of (£1.3m). The Trust is therefore £2.6m ahead of plan at this point in the year. 										
How this report impacts on current risks or highlights new risks:										
<p>Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures.</p> <p>Financial recovery continues to be the Trust's key challenge.</p> <p>Compliance for sickness absence continues to be a key pressure.</p> <p>Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee									
Recommendation	Board are asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

26 March 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Director of Nursing, Patient Safety and Quality, Director of Workforce and Director of Finance

Strategic Aim and Strategic Objective: Putting Patients First

1. Introduction/Purpose

- 1.1 The integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of February 2020. Due consideration has been given to both positive and negative variances and progress against monthly, annual and in year improvement targets.
- 1.2 The Integrated Dashboard is attached in Appendix 1- 5, with additional commentary provided against key metrics, providing month on month trend analysis. Appendix 1 outlines the trend analysis against the key Compliance indicators, Appendix 2 outlines Operational Efficiency and Productivity, Appendix 3 demonstrates Quality metrics, Appendix 4 Workforce and Appendix 5 relates to Finance.

2. Performance Overview

- 2.1 The Trust has experienced significant pressures across many standards during February.
- 2.2 Pressures persist across cancer pathways, despite recovering the November position sustainment of this proved difficult with December reporting at 70.2% and January reporting at 76.1% (77.5 patients treated/ 18.5 accountable breaches). National position reported at 73.6% with the regional position reporting at 71.3%. No Trust achieved the standard this month which is a demonstration of the pressures across the region.
- 2.3 There is national recognition of the pressures faced against the current cancer standards with a review and consultation of the Cancer Waiting Times underway. The Cancer Manager has provided feedback on behalf of the Trust. Potential changes include allowing watchful waits in some circumstances, active monitoring and removal with the two week wait standard, which will be replaced by the 28-day faster diagnosis standard.
- 2.4 The Trust continues to address issues within the weekly cancer PTL meeting to escalate any delays immediately and continues to work in collaboration with the Cancer Alliance and CCG colleagues. The cancer escalation framework has been updated to ensure senior level oversight. Key issues impacting on delivery include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity. The Tertiary centre has similar pressures; therefore, collaborative working is under review, linked into the ICS/P work. In general, the Trust is seeing more complex

pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.

- 2.5 The Trust reported compliance against the Referral to Treatment (RTT) standard. An RTT improvement plan has been developed to support further reduction of the overall waiting list size, reduce longer waits and manage 26-week choice. This will be monitored on a monthly basis through the RTT PTL Group, with Care Group specific actions identified.
- 2.6 An average of 227 patients were waiting over 26 weeks in February which equates to 1.9% of the overall RTT waiting list (excluding MSK and Dental). Patients waiting over 26 weeks are minimal in comparison to national and regional positions, however further work is on-going to reduce these patients in line with the NHS Long Term Plan commitment. The Trust has set up steering group to assess and manage this expectation.
- 2.7 The Trust has seen some recovery against appointment slot issues (ASIs) for outpatient appointments reporting at (5.3%) however compare favourably to the national (19.4%) and regional position (15.6%) although pressures persist.
- 2.8 Non obstetric ultrasound continues to experience pressures against the 6-week Diagnostic standard however good recovery is noted with a significant reduction in the backlog evident. Endoscopy has contributed to a number of breaches this month as a result of capacity issues. A 100-day challenge has commenced to review Endoscopy and Respiratory booking processes to ensure the available capacity is fully utilised and managed appropriately.
- 2.9 Emergency activity across the organisation has seen a decrease of 9.57% (n=373) in February compared to the same period last year, with emergency activity including 951 who were treated via Ambulatory Care, equating to 26.99% of total emergency admissions.
- 2.10 The February report indicates the Trust has performed above or within expected for the majority of efficiency and productivity indicators, demonstrating performance within trajectory across Daycase rates, Pre-operative stays, Lengths of Stay, Depth of Coding and New to Review ratios. Delayed Transfers of Care remain within trajectory, however Super Stranded patients indicated a slight rise. The Trust is required to achieve a daily average of 64 by the end of March 2020, with weekly audits on-going to support delivery.
- 2.11 Outpatient DNA's and Readmissions rates remain a key area of focus, supported by robust project management and mitigating action plans.
- 2.12 The Trust continues to remain within the expected range for both HSMR and SHMI values. The latest HSMR value is now 91.30 (December 2018 to November 2019), this has decreased from the previously unreported 92.17 (November 2018 to October 2019). The latest SHMI value is now 98.53 (November 2018 to October 2019), this has decreased from the previously reported value of 99.02 (October 2018 to September 2019).
- 2.13 For January 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired). The Trust total for the financial year stands at 51, against a trajectory of 51 by the end of February 2020.

- 2.14 The Trust is reporting 11 stage 3 complaints for February 2020. This has decreased from the 16 stage 3 complaints in January 2020.
- 2.15 The Trust is reporting nine falls resulting in a fracture for February 2020. This has increased from zero in the previous month. The total of 9 for has doubled the Trusts number of Falls with Fracture to 18. A thematic analysis is being undertaken to understand the areas, times and reasons for this large increase in falls with a fracture.
- 2.16 The Trust continues with its excellent performance in relation to dementia standards maintaining 100% compliance.
- 2.17 Increased acuity of patients and a significant increase in patients requiring enhanced care has led to an increase in HCA fill rate on night duty. An evaluation of the current enhanced care provision is complete and will be presented to Executive team for consideration.
- 2.18 Overall quality of care for the patients cared for by the Trust remains high with some challenges particularly within pressure ulcer care which is being taken forward through the tissue viability working group with representation from all clinical directorates.
- 2.19 The sickness absence rate for January 2020 is reported at 4.98%, which is 0.98% above the revised Trust target of 4.0%. In comparison to the previous month's sickness absence rate of 5.28%, there has been a decrease in the Trust's sickness absence rate of 0.3%.
- 2.20 The long term sickness absence rate for January 2020 is reported at 2.89% a decrease of 0.05% when compared to the previous month (3.60%). The short-term sickness absence rate for January 2020 is reported at 2.09%, an increase of 0.44% when compared to the previous month (1.65%).
- 2.21 The cost of sickness absence is reported as £199,902 for the month of January 2020. This has decreased by £6,863 compared to December 2019 (£206,765).
- 2.22 'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 35.7% for December, which is an increase of 2% compared to December 2019 (33.7%).
- 2.23 Work with Square One Law continues, with bespoke absence management training sessions taking place with managers across the Trust. Specific support is being implemented in areas from each of the Care Groups; providing dedicated legal advice in relation to the management of complex absence cases; balancing with appropriate and relevant support to the individuals.
- 2.24 Health and Wellbeing support for staff is continuously reviewed to ensure provision is fit for purpose and meets the needs of staff and the Trust. Future areas of development to complement the current strategy are; Suicide Prevention, Carers within the workforce, Bereavement/extended leave, Witness Support and non-clinical supervision
- 2.25 Able Future is available to Trust employees as an alternative to counselling. If eligible an application is sent to the Department of Work and Pensions and an initial meeting is arranged following which 6 months' support is provided with a 'light touch' for a further 2 months. If an employee is not eligible, they are signposted for appropriate support. Alliance also remains available to all employees.

- 2.26 A Menopause Support Group has been established to increase awareness and support across the Trust. The next meeting is 20 April 2020 at the University of Hospital of Hartlepool.
- 2.27 Three Mental Health First Aid Sessions have been held to date providing employees with Mental Health First Aid awareness to complement the wellbeing strategies already in place. Further sessions are in the process of being commissioned and an action plan is being developed for the implementation of Mental Health First Aiders into the Trust.
- 2.28 The second pilot of the Stress Working Group will commence in March within the Outpatient Department, work continues with the Finance department who took part in the first pilot.
- 2.29 The Attendance Management Policy has been incorporated to include the Trust's pledge to 'Dying Matters', version 15 will be available in a few weeks following due process.
- 2.30 Departments with a higher than expected absence rates continue to attend and present at Workforce Committee to provide assurance that actions are in place locally and absence is being managed appropriately.
- 2.31 The turnover rate for February 2020 is reported at 9.38% which has reduced by 0.33% when compared to the previous month (9.71%). The attrition figure for February 2020 is reported at 1.35%, an increase of 0.02% when compared to the previous month (1.33%).
- 2.32 The overall compliance for mandatory training for February 2020 is 89%, which has remained consistent with the previous month.
- 2.33 Appraisal compliance is reported at 86% for February 2020, which has increased by 1% compared to the previous month (85%).
- 2.34 As at 29 February 2020 the Trust has 223 internal volunteers and 117 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). The number of internal volunteers is on an increasing trajectory and time on average that internal volunteers contribute per week equates to 992 hours, taking into account any notified absences, which is the equivalent to 26.8 WTE. The aim is to reach the target of 1,000 hours per week committed by volunteers by the end of March 2020.
- 2.35 Volunteer recruitment continues with an assessment centre held in February generating 13 successful applicants. Recruitment to support the developing 'Home but not Alone' programme is planned during March, with the next assessment centre for applicants interested in general volunteering roles scheduled to take place in April.
- 2.36 Work continues with the 'Home but not Alone' programme, with the Project Steering Group agreeing an extension of the pilot areas to include Wards 30, 33 and 36. As part of the project, meetings have taken place during February to discuss options for longer term development and sustainability of the programme. A workshop was facilitated with Helpforce and the Nuffield Trust, attended by key stakeholders internally, to explore how the programme can be expanded and identification of the criteria and requirements needed for successful evaluation.

- 2.37 On 24 February 2020 the Response Volunteer Initiative was launched following the Trust securing funding from NHS England/NHS Improvement to develop the role of volunteers during periods of severe pressure. A number of volunteers are now in place who support the emergency department from Monday to Saturday. Feedback from both volunteers and staff will be collated on a regular basis in order to inform improvements to support service delivery. A review of the initial pilot is planned at the end of March.
- 2.38 The support offered by volunteers within Women's and Children's Services continues to be developed. The Breast Feeding Support Group is to be re-established with volunteers recruited to support this initiative currently going through the pre-employment check process. Training will be provided to these volunteers during March and the launch of the group will be widely publicised.
- 2.39 The development of a pilot to support patients undergoing cancer treatment at Hartlepool is underway. A number of volunteer drivers have expressed an interest in supporting this pilot and a role profile to provide support in the most beneficial and effective way is being worked through.
- 2.40 Helpforce are supporting the Trust to explore opportunities for volunteers to support patients and their families at the end of life. Visits to trusts in the North West have taken place to review their practice and learn from them which has resulted in initial discussions with key stakeholders in the Trust. At a recent volunteer seminar, proposals were put forward to volunteers to gauge interest with positive feedback.
- 2.41 The Trust is also becoming more involved in volunteer development in the North East and North Cumbria Integrated Care System. Links are being made with the other trusts in the region over the coming weeks/months to share best practice and volunteer roles, whilst developing initiatives that support the ambitions within the Long Term Plan.

3. Finance Overview

- 3.1 The Group Month 11 (February) year to date position is a surplus of £1.3m. This compares to a planned deficit of (£1.3m). The Group is therefore £2.6m ahead of plan at this point in the year.
- 3.2 The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.
- 3.3 Cash levels stand at £19.9m at the end of February. Debtor days have worsened by 3 days in comparison to the year to date 2018/19 and creditor days have worsened by 3 days in comparison to 2018/19 levels.

4. Key Challenges

- 4.1 Continuous and sustainable achievement of key access standards across elective, emergency, cancer and diagnostic pathways, alongside managing the seasonal pressures.
- 4.2 Delivery against the Model Hospital operational efficiency recommendations and associated cash releasing savings.

- 4.3 Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections which is reflected within the Board Assurance Framework.
- 4.4 Compliance for appraisal and sickness absence continues to be significantly adrift from the target position. Plans are in place to monitor and improve percentage compliance.
- 4.5 Financial recovery continues to be the Trust's key challenge, however is on track to deliver in 2019/20.

5. Conclusion/Summary

- 5.1 The Trust has performed relatively well against the majority of key operational national and local standards within February, notwithstanding the on-going capacity pressures, compounded by the seasonal increases in activity. The Trust continues to develop the performance reporting framework to ensure it meets the needs of both corporate and directorate level delivery, reflecting the multiple internal and external performance requirements.
- 5.2 The Trust continues to work closely with NHSI colleagues to deliver robust financial recovery plans.

6. Recommendations

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards.
- Recognise the on-going financial pressures, however with a positive month 11 position against plan.
- Acknowledge the on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.
- Note the Trusts participation to be a pilot site testing the new proposed access standards and continuation of this throughout the winter period.
- Note the successful management of seasonal pressures alongside the added pressures of Covid-19.

Lynne Taylor, Director of Planning and Performance
Julie Lane, Director of Nursing, Patient Safety and Quality
Alan Sheppard, Director of Workforce
Neil Atkinson, Director of Finance



Integrated Performance and Compliance Report

February 2020



Integrated Performance & Compliance

Integrated Performance and Compliance Dashboard - February 2020

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Emergency Care Activity	Feb-20					<p>On aggregate, activity saw a decrease compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net decrease of 2.2% (n=310) in the month of February, with admissions also seeing a decrease of 15.3% (n=334) which is unusual for the time of year.</p> <p>Field testing of the new Emergency Care standards continues. Data will remain non disclosable including the four hour target.</p> <p>The number of mutual aid requests, diverts and deflections received from neighbouring organisations continue. That said the Trust has managed ambulance handovers well keeping delays to a minimum and one of the lowest in the region (details can be found in subsequent section, handover delays >30 and >60 mins).</p>
New Cancer 31 days subsequent Treatment (Drug Therapy)	Jan-20	98.0%	98.9%	99.1%		The Trust achieved this standard for the month of January (latest validated position).
New Cancer 31 days subsequent Treatment (Surgery)	Jan-20	94.0%	100.0%	97.7%		
New Cancer 62 days (consultant upgrade)	Jan-20	85.0%	88.2%	91.7%		
New Cancer 62 days (screening)	Jan-20	90.0%	82.9%	91.1%		The Trust underachieved against this standard for the month of January due to pressures with capacity (14.5/17.5) however numbers were low at 3 breaches.
New Cancer GP 62 Day (New Rules)	Jan-20	85.0%	76.1%	78.4%		Pressures persist across cancer pathways, despite recovering the November position sustainment of this proved difficult with December then reporting at 70.2% and into January reporting at 76.1% (77.5 patients treated/ 18.5 accountable breaches). National position reported at 73.6% with the regional position reporting at 71.3%. No Trust achieved the standard this month which is a demonstration of the pressures across the region.

Integrated Performance and Compliance Dashboard - February 2020

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
New Cancer Current 31 Day (New Rules)	Jan-20	96.0%	98.5%	99.7%		The Trust achieved this standard for the month of January (latest validated position).
New Cancer Two week Rule (New Rules)	Jan-20	93.0%	93.2%	93.0%		The Trust recovered the position this month despite pressures around capacity and patient choice reporting at 93.2%
Breast Symptomatic Two week Rule (New Rules)	Jan-20	93.0%	95.5%	94.5%		The Trust achieved this standard for the month of January (latest validated position).

Integrated Performance and Compliance Dashboard - February 2020

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
RTT incomplete pathways wait (92%)	Feb-20	92.00%	94.19%	92.71%		
RTT incomplete pathways wait (92nd percentile)	Feb-20	28.00	16.00	17.30		The Trust has reported compliance against the RTT standard with an upward trend noted against the national and regional position (See Benchmarking section for details).
RTT incomplete pathways wait (Median)	Feb-20	7.20	6.00	5.60		
RTT incomplete pathways >52 week wait	Feb-20	0	0	0		No patient has waited more than 52 weeks for treatment.
Number of patients waiting less than 6 weeks for diagnostic procedures	Feb-20	99.00%	95.63%	91.70%		The Trust is now seeing good recovery against this standard with an improved position against non obstetric ultrasound with breaches reducing. Capacity issues persist within Endoscopy however capacity and demand analysis is underway together with a 100 day challenge.
CIDs -Referral information	Jan-20	50.00%	93.33%	95.89%		
CIDs- Referral to Treatment information	Jan-20	50.00%	96.48%	96.81%		The Trust continues to perform well against the Community Information Datasets, with all standards reporting above the 50% targets.
CIDs- Treatment Activity Information	Jan-20	50.00%	94.22%	95.45%		

Integrated Performance and Compliance Dashboard - February 2020

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights	<p>The Trust has experienced significant pressures particularly around the cancer standards and diagnostic tests in February. The Trust is also managing emergency care pathways well during seasonal pressures with the added pressures of Covid 19 testing. Business continuity and escalation plans are being developed as part of the national agenda to manage this situation.</p>					
Conclusion and recommendation	<p>Whilst the Trust has robust governance processes in place for the monitoring and management of all performance standards there is recognition that current pressures across the whole health economy may ultimately impact on consistent delivery, therefore presents an on-going risk. This risk is outlined within the Trust's Risk Register and Board Assurance Framework, with supporting mitigation and recovery plans, alongside internal and external governance assurance processes.</p> <p>Please note:</p> <ul style="list-style-type: none"> • Performance against the key operational, quality and workforce standards. • Recognise the on-going financial and operational pressures. • The detailed review of performance against the Single Oversight Framework and NHS Long Term Plans requirements and the key national indicators including compliance, workforce, quality and finance. • The on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward. <p>The effective management to date of seasonal and Covid 19 pressures.</p>					

Integrated Performance and Compliance Dashboard - February 2020



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
New to Review ratio (cons led)	Jan-20	1.45	1.41	1.29		The Trust will continue with the outcome from the 100 day challenge to roll out lessons learnt to further reduce reviews where clinically appropriate though a reduction is noted.
Outpatient DNA (new)	Feb-20	7.20%	7.50%	7.74%		New DNA rates continue to show a downward trend. Some specialties are ringing patients in addition to the automated reminder service and the Trust is considering the use of an electronic patient portal. A Patient Survey has been developed to understand reasons why patient's DNA with positive results in lung health.
Outpatient DNA (review)	Feb-20	9.00%	9.14%	9.86%		Work is ongoing to reduce the number of clinic cancellations to avoid confusion for patients.
Length of Stay Elective	Nov-19	3.33	2.14	-		The Trust is reporting within target and significantly below the peer target (HED latest data)
Length of Stay Emergency	Nov-19	4.26	3.41	-		
Day case Rate	Nov-19	76.61%	78.48%	-		No exceptions to report. The Trust works well to ensure appropriate procedures are undertaken as a day case where clinically appropriate to do so. Work will take place to review conversion rates.
Pre - Op Stays	Feb-20	4.50%	1.20%	1.66%		The internal pre-op stay data indicates the Trust is reporting in a very positive position keeping pre op stays to a minimum. The Trust also benchmarks in a positive position for this standard against its peers as demonstrated within the Use of Resources review.

Integrated Performance and Compliance Dashboard - February 2020



EFFICIENCY AND PRODUCTIVITY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Revised Occupancy Trust	Feb-20	85.00%	89.97%	91.65%		Bed pressures continue to be felt across the organisation during times of surge with resilience beds opened in accordance with the winter plan and as staffing resource allows. 370 resilience beds were open over the month of February (range 1-38). Ward 37 was opened for 1 day in February for 4 patients.
Readmission rate 30 days (Elective admission)	Dec-19	0.00%	4.70%	4.44%		The Trust recognises further work is required to reduce potential avoidable readmissions. Care Groups review readmissions and present findings, and lessons learnt, to the 'Excellence as our standard' group.
Readmission rate 30 days (Emergency admission)*	Dec-19	9.73%	13.53%	14.09%		Results are monitored on a quarterly basis via the Planning, Performance and Compliance Committee. Care Groups have submitted action plans to demonstrate learning following audits. Q3 Trust performance available via Model Hospital reports at 9.67% which is a reduction to the previous quarter.
Readmission rate 30 days (Total)	Dec-19	7.70%	10.01%	9.99%		
ASI's - (No SLOT analysis)	Jan-20	4.00%	5.30%	5.20%		The Trust has continued to experience pressures with capacity within outpatients resulting in appointment slot issues however remain the lowest in region (15.6% regional average with a range of 5.3% to 39.6%) and nationally (19.4%).
Cancelled procedures (Non medical)	Feb-20	0.80%	0.24%	0.47%		The Trust had 23 procedures cancelled on the day for non medical which was a significant increase on last month which saw 7 procedures cancelled. Staff sickness and out of time being the main reasons.
Readmission within 28 days of non medical cancelled operation	Feb-20	0	0	1		No patient waited more than 28 days.

Integrated Performance and Compliance Dashboard - February 2020



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Feb-20	0	10	66		The North East (NEAS) average handovers greater than 30 minutes reported an unvalidated position of 167 (range 43 – 444), with the average over 60 minutes reporting at 30 (range 0 – 148). NEAS report the Trust at 63 for >30 minutes and 5 >60 minutes whereas internal validated reports the Trust at 10 >30 minutes and 1 >60 minutes.
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Feb-20	0	1	15		The Trust reported 50.1% ambulance turnaround times (valid) within 30 minutes during February, in comparison the North East's position at 38.6% with performance ranging between 29.0% and 50.1%.
TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Feb-20	17.00%	8.13%	14.08%		TCS 19 is used to monitor the progress being made in reducing avoidable emergency admissions for patients on a community case load, covering a defined set of conditions : Diabetes complications, Nutritional deficiencies, Iron deficiency anaemia, Hypertension, Congestive heart failure, Angina, Chronic obstructive pulmonary disease and Asthma. No exceptions to report.
TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Jan-20	93.50%	97.96%	98.25%		TCS 24 - The percentage of patients on a community caseload achieving improvement, as measured using a validated assessment tool appropriate to the scope of the practice, is used by the Community Integrated Assessment Team (CIAT) to monitor progress during/post treatment. No exceptions to report.
TCS 35 - % of standard wheelchair referrals completed within five days	Feb-20	90.00%	90.54%	70.54%		The Care Group has worked hard to improve performance against this standard with significant improvements noted this month resulting in achievement.
Delayed Transfers of Care	Feb-20	3.50%	1.84%	1.67%		The Trust is already working hard as part of an Integrated Discharge Team which is led by a senior member of the team who has devolved responsibility to escalate actions required to progress individual discharges more promptly.
Super Stranded Reduction (per day average)	Feb-20	65	67	62		The Trust has seen an increase in the number of super stranded patients more recently as a result of seasonal pressures however remains on target to deliver against the year end trajectory (reduce to an average of 64 by the end of March 2020).

Performance Overview / Key Highlights

The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) benchmarking data available in the main menu. The report indicates the Trust is performing above or within expected for the majority of indicators and also demonstrates improvement in indicators where performance has previously been below the national average.

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Nov-19	108.00	91.30		<p>The latest HSMR value is now 91.30 (December 2018 to November 2019), this has decreased from the previously unreported 92.17 (November 2018 to October 2019). The value of 91.30 continues to remain inside the 'as expected' range; the national mean is 100.</p> <p>When benchmarked against the same period last year (December 2017 to November 2018) this has decreased from 100.37 to 91.30.</p>
HSMR Crude mortality Rate (Rolling 12 month value)	Nov-19	3.63%	3.37%		<p>The Trust crude mortality rate for HSMR has decreased to 3.37% (December 2018 to November 2019) from 3.43% (November 2018 to October 2019).</p> <p>When benchmarked against the same period last year (December 2017 to November 2018) this has decreased from 3.63% to 3.37%.</p>
SHMI Mortality rate (Rolling 12 month value)	Oct-19	109.00	98.53		<p>The latest SHMI value is now 98.53 (November 2018 to October 2019), this has decreased from the previously reported value of 99.02 (October 2018 to September 2019).</p>
SHMI Crude mortality Rate (Rolling 12 month value)	Oct-19	3.57%	3.44%		<p>The Trust crude mortality rate for SHMI is now 3.44% (November 2018 to October 2019), this has decreased from the previously reported value of 3.46% (October 2018 to September 2019).</p> <p>When benchmarked against the same period last year (November 2017 to October 2018) this has decreased from 3.57% to 3.44%.</p>
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Feb-20	90.00%	100.00%		<p>The Trust is reporting that 100% of patients aged 75 and over, who were admitted as emergencies, stayed more than 72 hours were asked the dementia case finding question.</p>
Dementia - % of patients undergone a diagnostic assessment	Feb-20	90.00%	100.00%		<p>The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.</p>
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Feb-20	90.00%	100.00%		<p>The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Complaint Stage 1 - Informal	Feb-20	64	88		<p>The Trust is reporting 88 stage 1 complaints for February 2020. This has decreased from the 97 stage 1 complaints in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has increased from 64 to 88.</p>
Complaint Stage 2 - Formal Meeting	Feb-20	13	3		<p>The Trust is reporting 3 stage 2 complaints for February 2020. This has decreased from the 8 stage 2 complaints in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 13 to 3.</p>
Complaint Stage 3 - Formal Chief Executive Letter	Feb-20	30	11		<p>The Trust is reporting 11 stage 3 complaints for February 2020. This has decreased from the 16 stage 3 complaints in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 30 to 11.</p>
Never Events	Feb-20	0	0		<p>There has been no Never Events reported in this period.</p>
Category 2 Pressure Ulcers (In-Hospital)	Jan-20	15	29		<p>The Trust is reporting 29 category 2 pressure ulcers for January 2020. This has increased from 21 category 2 ulcers reported for December 2019.</p> <p>When benchmarked against the same period last year (January 2019) this has increased from 15 to 29 cases.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Category 3 Pressure Ulcers (In-Hospital)	Jan-20	3	2		<p>The Trust is reporting 2 category 3 pressure ulcers for January 2020. This has remained the same from the previous reporting period.</p> <p>When benchmarked against the same period last year (January 2019) this has decreased from 3 to 2.</p>
Category 4 Pressure Ulcers (In-Hospital)	Jan-20	0	1		<p>The Trust is reporting 1 category 4 pressure ulcer for January 2020. This has increased from zero cases in December 2019.</p> <p>When benchmarked against the same period last year (January 2019) this has increased from zero to 1 case.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Trend	Details
Fall - No Injury (In-Hospital)	Feb-20	72	64		<p>The Trust is reporting 64 falls resulting in no injury for February 2020. This has increased from the 57 falls reported for January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 72 to 64.</p>
Fall - Injury, No Fracture (In-Hospital)	Feb-20	20	20		<p>The Trust is reporting 20 falls resulting in an injury, but no fracture for February 2020. This has increased from the 15 falls resulting in an injury reported for January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has remained the same at 20.</p>
Fall - With Fracture (In-Hospital)	Feb-20	3	9		<p>The Trust is reporting 9 falls resulting in a fracture for February 2020. This has increased from the zero falls resulting in a fracture reported for January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has increased from 3 to 9.</p> <p>There is a thematic analysis being undertaken to understand the areas, times and reasons for this large increase in falls with a fracture.</p>
VTE Risk Assessment	Feb-20	95.00%	97.36%		<p>The Trust is reporting that 97.36% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during February 2020. This has decreased from 97.66% reported in January 2020.</p>
Hand Hygiene Compliance	Feb-20	95.00%	99.00%		<p>The overall Trust compliance score for hand hygiene is 99% for February 2020; this has remained the same from the previously reported period of January 2020.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Clostridium difficile (C.diff)	Feb-20	5	2		<p>For February 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired), this has remained the same from the previous reporting period.</p> <p>The Trust total stands at 51, against a trajectory of 51 by the end of February 2020.</p>
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Feb-20	0	0		<p>The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in February 2020. This remains the same from previous reporting period and the target of zero cases.</p>
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Feb-20	3	1		<p>The Trust is reporting 1 Trust attributed case of MSSA bacteraemia for February 2020. This has increased from the zero cases reported in the previous period of January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 3 to 1.</p>
Escherichia coli (E.coli)	Feb-20	1	6		<p>The Trust is reporting 6 Trust attributed cases of E coli bacteraemia in February 2020. This has increased from the 1 reported case in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has increased from 1 to 6 cases.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Klebsiella species bacteraemia (Kleb sp)	Feb-20	2	0		<p>The Trust has reported zero Trust attributed cases of Klebsiella species bacteraemia in February 2020. This has decreased from the 3 cases reported in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 2 to zero.</p>
Pseudomonas aeruginosa bacteraemia (Ps a)	Feb-20	0	0		<p>The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in February 2020. This has remained the same from the previous reporting period.</p> <p>When benchmarked against the same period last year (February 2019) this has remained the same at zero cases.</p>

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	70.00%	91%		The in-patient position for Friends and Family for 'Would Recommend' was 91% for February 2020; this has decreased from the previously reported 93% in January 2020.
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	70.00%	78%		The A&E position for Friends and Family for 'Would Recommend' was 78% for February 2020; this has decreased from the reported 86% in January 2020.
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	70.00%	100%		For maternity – (Question 2 – birth) the Friends and Family 'Would Recommend' is 100% for February 2020; this has increased from the previously reported 83% for January 2020.
Registered Nurse/Midwife day shift fill rates	Feb-20	>=80% and <=109.99%	83.57%		Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of February 2020 is 83.57%, down from 83.67% in January 2020.
Registered Nurse/Midwife Night shift fill rates	Feb-20	>=80% and <=109.99%	92.62%		Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of February 2020 is 92.62%, down from 93.01% in January 2020.

Integrated Performance and Compliance Dashboard - February 2020



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Care Staff day shift fill rates	Feb-20	>=80% and <=109.99%	100.82%		Care Staff day shift fill rates across inpatient areas for the month of February 2020 is 100.82%, up from 99.05% in January 2020.
Care Staff Night shift fill rates	Feb-20	>=110% and <=125.99%	144.91%		Care Staff night shift fill rates across inpatient areas for the month of February 2020 is 144.91%, down from 149.66% in January 2020.
Trust - Harm Free Care %	Jan-20	97.50%	97.94%		The Trusts overall Harm Free care in January 2020 was 97.94%, this has remained the same from the previous reporting period.

Performance Overview / Key Highlights	<p>The latest data for the Trusts HSMR is 91.30; this has decreased from the previously unreported 92.17, with the Trusts latest SHMI at 97.55, this has increased from the previously reported position of 96.19</p> <p>For February 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired), this has remained the same from the previous reporting period. The Trust total stands at 51 cases of Clostridium difficile infection (34 HOHA - Hospital Onset Healthcare Acquired and 17 COHA - Community Onset Healthcare Acquired), against a trajectory of 51 by the end of February 2020.</p>
Conclusion and recommendation	<p>The Board of Directors is asked to note the content of the report; current performance and work to continuously improve. The Board are asked to note the excellent HSMR and SHMI values which continue to remain within the expected range, along with the on trajectory position for Cdiff.</p>

Integrated Performance and Compliance Dashboard - February 2020



WORKFORCE

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Sickness	Jan-20	4.00%	4.98%	5.30%		<p>The sickness absence rates for February 2020 are not yet available.</p> <p>The sickness absence rate for January 2020 is reported at 4.98%, which is 0.98% above the revised Trust target of 4.0%. The long term sickness absence rate for January 2020 is reported at 2.89% a decrease of 0.05% when compared to the previous month (3.60%). The short-term sickness absence rate for January 2020 is reported at 2.09%, an increase of 0.44% when compared to the previous month (1.65%).</p> <p>The cost of sickness absence is reported as £199,902 for the month of January 2020. This has decreased by £6,863 compared to December 2019 (£206,765).</p> <p>Benchmarking</p> <p>The latest national sickness absence data available is for the month of October 2019 and supplied by NHS Digital.</p> <p>The sickness rate for North Tees and Hartlepool is 5.23%, which is 0.22% above the regional average and 0.63% above the NHS average.</p> <p>Four North East Trust's report a rate lower than the regional average; three report a rate lower than the national average.</p> <p>The highest sickness absence rate in the North East region for October 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.74%.</p>
Turnover (12 months rolling data)	Feb-20	10.00%	9.38%	9.73%		<p>The turnover rate for February 2020 is reported at 9.38% which has reduced by 0.33% when compared to the previous month (9.71%). The attrition figure for February 2020 is reported at 1.35%, an increase of 0.02% when compared to the previous month (1.33%).</p>
Mandatory Training	Feb-20	80%	89%	88%		<p>The overall compliance for mandatory training for February 2020 is 89%, which has remained consistent with the previous month.</p>
Appraisals	Feb-20	95%	86%	86%		<p>Appraisal compliance is reported at 86% for February 2020, which has increased by 1% compared to the previous month (85%).</p>



WORKFORCE

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights	<p>North Tees & Hartlepool NHS Foundation Trust</p> <p>When comparing January 2020 to the previous months' sickness absence rate of 5.28%, there has been a decrease in the Trust's sickness absence rate of 0.3%.</p> <p>'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 35.7% for December, which is an increase of 2% compared to December 2019 (33.7%).</p> <p>As at 29 February 2020 the Trust has 223 internal volunteers and 117 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). The number of internal volunteers is on an increasing trajectory and time on average that internal volunteers contribute per week equates to 992 hours, taking into account any notified absences, which is the equivalent to 26.8 WTE. The aim is to reach the target of 1,000 hours per week committed by volunteers by the end of March 2020</p>					
Conclusion and recommendation	<p>The Board is asked to note the contents within the workforce report and positive performance against standards together with the on-going work to integrate performance reporting.</p>					

Integrated Performance and Compliance Dashboard - February 2020

APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK



Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4		
Cancer	Target		98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%					
	New Cancer 31 days subsequent Treatment (Drug Therapy)	Jan-20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	99.1%	98.9%					
	Target		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%				
	New Cancer 31 days subsequent Treatment (Surgery)	Jan-20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	97.7%	100.0%	100.0%	92.3%	97.7%	100.0%					
Cancer	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%				
	New Cancer 62 days (consultant upgrade)	Jan-20	80.0%	75.0%	88.9%	80.0%	95.5%	88.9%	85.7%	90.4%	77.8%	95.7%	88.2%	91.7%	88.2%					
	Target		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%				
	New Cancer 62 days (screening)	Jan-20	97.2%	97.4%	100.0%	98.2%	96.2%	92.3%	96.8%	95.3%	90.3%	92.5%	88.0%	91.1%	82.9%					
Cancer	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%					
	New Cancer GP 62 Day (New Rules)	Jan-20	80.1%	80.2%	90.3%	83.3%	78.1%	82.4%	80.7%	80.1%	79.2%	85.8%	70.2%	78.4%	76.1%					
	Target		96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%					
	New Cancer Current 31 Day (New Rules)	Jan-20	97.9%	96.5%	98.4%	97.6%	99.4%	99.1%	98.6%	99.0%	100.0%	100.0%	99.1%	99.7%	98.5%					
Cancer	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%					
	New Cancer Two week Rule (New Rules)	Jan-20	90.6%	91.8%	91.1%	91.1%	93.3%	93.2%	93.0%	93.2%	93.6%	93.3%	92.1%	93.0%	93.2%					
	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%					
	Breast Symptomatic Two week Rule (New Rules)	Jan-20	88.8%	92.6%	94.7%	91.7%	95.5%	97.7%	98.0%	96.9%	94.4%	95.9%	93.2%	94.5%	95.5%					
RTT	Target		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%			
	RTT incomplete pathways wait (92%)	Feb-20	94.00%	94.24%	94.06%	94.10%	93.85%	92.82%	92.37%	93.02%	92.53%	92.98%	92.62%	92.71%	93.28%	94.19%				
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00				
	RTT incomplete pathways wait (92nd percentile)	Feb-20	15.70	16.30	16.40	16.10	16.40	17.40	17.70	17.30	17.60	16.70	17.70	17.30	16.60	16.00				
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20				
	RTT incomplete pathways wait (Median)	Feb-20	5.40	5.30	5.40	5.40	5.40	5.70	5.70	5.70	5.40	5.40	6.10	5.60	6.10	6.00				
Diagnostics	Target		99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%			
	Number of patients waiting less than 6 weeks for diagnostic procedures	Feb-20	98.11%	99.19%	99.69%	99.01%	99.02%	90.66%	89.29%	93.09%	94.44%	93.24%	87.50%	91.70%	88.73%	95.63%				
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%				
	CIDs -Referral information	Jan-20	96.23%	95.98%	96.37%	96.16%	95.82%	96.15%	96.25%	96.07%	96.35%	95.84%	95.42%	95.89%	93.33%					
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%					
	CIDs- Referral to Treatment information	Jan-20	95.82%	95.44%	95.72%	95.65%	95.61%	94.52%	96.59%	95.64%	96.62%	97.17%	96.62%	96.81%	96.48%					
CIDS	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%					
	CIDs- Treatment Activity Information	Jan-20	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%	94.52%	95.45%	94.22%					

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4
New to review	Target		1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45			
	New to Review ratio (cons led)	Jan-20	1.20	1.34	1.31	1.26	1.32	1.26	1.27	1.28	1.35	1.37	1.29	1.29	1.41			
DNA	Target		7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%		
	Outpatient DNA (new)	Feb-20	8.84%	8.65%	8.26%	8.50%	7.68%	7.83%	7.25%	7.52%	7.89%	7.26%	8.11%	7.74%	7.40%	7.50%		
DNA	Target		9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
	Outpatient DNA (review)	Feb-20	11.26%	11.56%	9.78%	10.85%	10.10%	9.97%	10.50%	10.13%	9.88%	9.25%	10.54%	9.86%	9.52%	9.14%		
LOS	Target		3.20	3.20	3.18	3.19	3.34	3.15	3.34	3.28	3.33	3.33						
	Length of Stay Elective	Nov-19	1.75	1.81	1.85	1.85	1.89	2.03	2.10	2.10	2.13	2.14						
LOS	Target		4.08	4.09	4.08	4.08	4.20	4.08	4.29	4.19	4.26	4.26						
	Length of Stay Emergency	Nov-19	3.42	3.43	3.40	3.40	3.41	3.40	3.42	3.42	3.41	3.41						
Day case	Target		76.59%	76.54%	76.66%	76.60%	76.66%	76.65%	76.65%	76.65%	76.50%	76.61%						
	Day case Rate	Nov-19	77.17%	76.64%	77.16%	77.16%	76.95%	77.14%	77.14%	77.14%	78.12%	78.48%						
Day case	Target		4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%		
	Pre - Op Stays	Feb-20	2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%	1.56%	1.20%		
Occupancy	Target		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%		
	Revised Occupancy North Tees	Feb-20	89.94%	91.11%	92.08%	91.04%	92.24%	91.06%	92.53%	91.94%	92.52%	95.27%	90.47%	92.73%	91.93%	90.77%		
Occupancy	Target		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%		
	Revised Occupancy Hartlepool	Feb-20	72.72%	75.91%	77.99%	75.54%	67.11%	64.87%	66.45%	66.83%	67.30%	78.12%	83.05%	75.71%	89.52%	76.63%		
Occupancy	Target		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%		
	Revised Occupancy Trust	Feb-20	88.80%	90.09%	91.14%	90.01%	90.59%	89.35%	90.81%	90.28%	90.83%	94.06%	90.07%	91.65%	91.79%	89.97%		

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4
Readmissions *	Target		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
	Readmission rate 30 days (Elective admission)	Dec-19	3.97%	3.89%	4.55%	4.09%	3.89%	4.66%	4.79%	4.60%	4.25%	4.41%	4.70%	4.44%				
	Target		9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%				
	Readmission rate 30 days (Emergency admission)*	Dec-19	14.77%	14.87%	15.06%	15.06%	12.40%	14.36%	14.73%	14.70%	14.64%	13.57%	13.53%	14.09%				
Readmissions *	Target		7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%				
	Readmission rate 30 days (Total)	Dec-19	10.37%	9.91%	10.43%	10.31%	8.71%	10.24%	10.38%	10.32%	10.09%	9.58%	10.01%	9.99%				
EDS	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
	Electronic Discharge Summaries within 24 hours (incl. A&E)	Feb-20	89.59%	91.86%	93.15%	91.55%	91.56%	90.71%	89.84%	90.72%	91.48%	92.28%	90.94%	91.58%	93.04%	92.84%		
C-sections	Target		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%		
	Emergency c-section rates	Feb-20	15.12%	11.76%	19.91%	15.54%	12.98%	12.28%	14.51%	13.20%	10.95%	16.75%	14.29%	14.00%	14.01%	15.13%		
ASI's	Target		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%			
	ASI's - (No SLOT analysis)	Jan-20	5.40%	3.80%	3.10%	4.10%	3.20%	3.40%	4.10%	3.57%	4.00%	6.10%	5.60%	5.20%	5.30%			
Theatres	Target		72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%		
	Operation Time Utilisation	Jan-20	75.70%	71.80%	75.06%	74.10%	75.25%	72.83%	77.48%	75.40%	74.55%	76.17%	69.41%	73.63%	70.77%	74.29%		
	Target		87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%		
	Run Time Utilisation	Jan-20	88.61%	88.01%	89.05%	89.19%	90.92%	87.41%	94.05%	91.25%	89.39%	88.40%	84.01%	87.53%	86.40%	87.51%		
Theatres	Target		92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%		
	Planned Session Utilisation *	Jan-20	95.16%	94.95%	93.09%	92.64%	75.11%	90.98%	91.22%	91.17%	92.43%	91.82%	91.29%	91.18%	91.67%	92.86%		

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4
	Target		0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%		
	Cancelled procedures (Non medical)	Feb-20	0.42%	0.46%	0.33%	0.40%	0.46%	0.71%	0.83%	0.66%	0.14%	0.67%	0.67%	0.47%	0.19%	0.24%		
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Readmission within 28 days of non medical cancelled operation	Feb-20	0	0	0	0	1	1	1	3	0	1	0	1	1	0		
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Cancelled Urgent Operations for second time	Feb-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Target		8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%		
	Cancelled on day of operation	Jan-20	8.01%	7.80%	7.28%	7.69%	8.27%	9.21%	7.21%	8.27%	9.23%	6.35%	7.64%	7.86%	6.48%	7.58%		
	Target		33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%		
	Late Start %	Jan-20	32.44%	41.08%	34.63%	36.10%	35.50%	38.81%	40.37%	37.96%	39.93%	45.00%	42.74%	42.27%	43.01%	41.39%		
	Target		46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%		
	Early Finishes %	Jan-20	44.27%	43.77%	43.11%	43.71%	46.95%	46.12%	36.30%	42.93%	44.37%	36.00%	47.72%	42.27%	47.20%	47.62%		
	Target		12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%		
	Session overruns (>30 minutes)	Jan-20	14.50%	13.80%	14.13%	14.13%	16.03%	14.16%	15.19%	15.50%	12.97%	19.67%	12.03%	14.98%	16.78%	12.82%		
A&E	Target		00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15		
	A&E Time to Initial Assessment -Ambulance arrivals (95th percentile) - Type 1	Feb-20	00:44	00:41	00:46	00:44	00:52	00:46	00:49	00:49	00:46	00:56	01:01	00:53	00:41	00:44		
	Target		01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00		
	A&E Time to Initial Treatment (Median) - Type 1	Feb-20	01:03	01:00	01:03	01:02	01:14	01:07	01:08	01:09	01:03	01:30	01:23	01:18	00:55	01:00		
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%		
A&E unplanned returns within 7 days - Type 1	Feb-20	1.67%	1.60%	1.36%	1.54%	1.46%	1.49%	1.37%	1.44%	1.06%	1.60%	1.53%	1.40%	1.81%	1.64%			
Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%			
A&E left without being seen - Type 1	Feb-20	3.45%	3.22%	3.43%	3.43%	3.92%	3.93%	3.73%	3.86%	3.23%	4.33%	3.86%	3.81%	2.57%	3.04%			

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4
	<i>Target</i>																	
	A&E Time to departure (95th percentile) - Type 1	Feb-20	05:51	05:47	06:19	06:02	06:31	06:25	06:43	06:34	06:26	07:33	07:29	07:15	06:43	06:36		
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Feb-20	10	9	12	31	10	17	8	35	5	23	38	66	21	10		
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Feb-20	0	0	0	0	0	0	0	0	1	7	7	15	1	1		
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	A&E 12 Hour Trolley waits - Type 1	Feb-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Screening	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
	Diabetic Retinopathy Screening	Feb-20	98.52%	98.54%	98.47%	98.51%	98.60%	98.24%	98.28%	98.37%	98.40%	98.11%	98.33%	98.28%	98.34%	98.45%		
TCS	<i>Target</i>		17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%		
	TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Feb-20	13.33%	9.52%	11.92%	11.39%	11.43%	9.13%	8.86%	9.60%	13.13%	14.37%	14.93%	14.08%	9.38%	8.13%		
	<i>Target</i>		93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%		
	TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Jan-20	100.00%	100.00%	98.70%	99.58%	98.02%	99.00%	97.50%	98.35%	98.11%	98.39%	94.40%	98.25%	97.96%			
TCS	<i>Target</i>		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		
	TCS 35 - % of standard wheelchair referrals completed within five days	Feb-20	94.16%	91.26%	95.54%	93.42%	76.24%	70.89%	61.01%	69.03%	61.46%	71.35%	88.64%	70.54%	79.26%	90.54%		
Audiology	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	<i>Target</i>		18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30		
Audiology	Audiology non admitted wait (92nd percentile)	Feb-20	6.00	4.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00	5.00	5.00	5.00	4.00	5.00		
	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
Patient identifier	Patient Identifier Indicator	Jan-20	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%	94.52%	95.45%	94.22%			

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4	
EOL	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%				
	End of Life measure	Jan-20	83.08%	84.95%	82.20%	83.64%	80.81%	87.65%	82.89%	83.81%	79.45%	81.88%	82.14%	81.32%	87.18%				
DTOC	<i>Target</i>		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%			
	Delayed Transfers of Care	Feb-20	2.52%	2.08%	2.43%	2.34%	3.02%	2.43%	2.31%	2.59%	1.77%	1.67%	1.56%	1.67%	1.75%	1.84%			
Super Stranded	<i>Target</i>		68	68	68	68	67	67	67	67	66	66	66	66	65	65	64		
	Super Stranded Reduction (per day average)	Feb-20	61	66	65	64	62	72	76	70	63	62	62	62	72	67			

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
Unplanned	Target		169.8	169.8	169.8	169.8	154.4	154.4	154.4	154.4	167.9	167.9	167.9	167.9	199.7			
	Emergency admissions for acute conditions that should not usually require hospital admission	Jan-20	151.2	163.8	159.7	160.6	171.2	161.1	150.7	164.7	123.8	175.0	183.3	180.2	159.3			
	Target		20.02	20.02	20.02	20.02	23.0	22.99	22.99	22.99	23.36	23.36	23.36	23.36	21.51			
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Jan-20	13.35	16.69	21.13	17.1	22.3	10.01	26.70	19.65	15.57	23.36	18.91	19.28	30.03			
	Target		56.8	56.8	56.8	56.8	60.5	60.5	60.5	60.5	67.4	67.4	67.4	67.4	73.3			
Stroke	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Jan-20	85.3	67.0	55.5	70.7	53.0	55.8	60.3	58.0	82.1	74.0	74.0	77.5	78.5			
	Target		23.36	23.36	23.36	23.36	14.46	14.46	14.46	14.46	105.67	105.67	105.67	105.67	44.49			
	Unplanned hospitalisation for respiratory tract infections in under 19s	Jan-20	28.92	21.13	16.69	22.3	8.90	5.56	16.69	10.38	34.48	81.20	135.71	83.80	55.62			
	Target		80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%			
Stroke	Stroke admissions 90% of time spent on dedicated Stroke unit	Jan-20	82.61%	92.86%	96.30%	89.70%	97.67%	92.59%	96.00%	95.24%	96.72%	96.55%	90.91%	95.09%	89.74%			
	Target		75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%			
	High risk TIAs assessed and treated within 24 hours	Jan-20	77.78%	100.00%	66.67%	80.00%	100.00%	83.33%	100.00%	92.86%	100.00%	100.00%	50.00%	92.86%	60.00%			

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)



APPENDIX 4 - WORKFORCE

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Staff	<i>Target</i>		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%			
	Sickness	Jan-20	4.55%	4.94%	4.91%	4.77%	4.64%	4.62%	4.15%	4.39%	5.30%	5.42%	5.28%	5.30%	4.98%			
	<i>Target</i>		10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%		
	Turnover (12 months rolling data) - revised methodology from Nov-18 *	Feb-20	8.59%	8.92%	8.97%	8.97%	9.39%	9.54%	9.65%	9.65%	9.86%	9.73%	9.73%	9.73%	9.71%	9.38%		
	<i>Target</i>		80.0%	80.0%	80.0%	80.0%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%		
Mandatory Training	Feb-20	86.0%	87.0%	87.0%	87.0%	88.00%	87.00%	87.00%	87.00%	87.00%	87.00%	88.00%	88.00%	89.00%	89.00%			
<i>Target</i>		95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%			
Appraisals	Feb-20	84.0%	83.0%	83.0%	83.0%	84.00%	85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	85.00%	86.00%			

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4		
HMSR	Target HSMR Mortality Rates (Rolling 12 month value)	Nov-19	109.00	109.00	109.00		108.00	108.00	108.00		108.00	108.00	108.00		108.00	108.00								
		Nov-19	96.17	95.80	93.66		91.07	92.20	91.40		92.00	92.90	93.00		92.17	91.30								
HMSR	Target HSMR Crude mortality Rate (Rolling 12 month value)	Nov-19	3.46%	3.49%	3.54%		3.72%	3.66%	3.68%		3.63%	3.60%	3.59%		3.59%	3.63%								
		Nov-19	3.45%	3.41%	3.29%		3.26%	3.30%	3.27%		3.31%	3.39%	3.43%		3.43%	3.37%								
SHMI	Target SHMI Mortality rate (Rolling 12 month value)	Oct-19	110.00	110.00	110.00		109.00	109.00	109.00		109.00	109.00	109.00		109.00									
		Oct-19	98.71	98.01	97.11		96.20	96.88	96.15		96.19	97.55	99.02		98.53									
SHMI	Target SHMI Crude mortality Rate (Rolling 12 month value)	Oct-19	3.64%	3.64%	3.66%		3.67%	3.59%	3.58%		3.60%	3.54%	3.49%		3.57%									
		Oct-19	3.40%	3.38%	3.37%		3.35%	3.37%	3.32%		3.34%	3.42%	3.46%		3.44%									
Dementia	Target Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Feb-20	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
		Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Target Dementia - % of patients undergone a diagnostic assessment	Feb-20	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
		Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dementia	Target Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Feb-20	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
		Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Complaints	Complaint Stage 1 - Informal	Feb-20	74	60	59	193	57	42	55	154	63	78	70	211	64	49	50	163	73	64				
		Feb-20	73	64	60	197	61	79	87	227	83	85	99	267	97	75	66	238	97	88				
	Complaint Stage 2 - Formal Meeting	Feb-20	10	10	8	28	7	9	6	22	14	8	8	30	7	9	6	22	5	13				
		Feb-20	5	13	8	26	7	5	6	18	13	4	9	26	7	7	7	21	8	3				
Complaints	Complaint Stage 3 - Formal Chief Executive Letter	Feb-20	18	19	7	44	18	6	10	34	16	16	12	44	28	20	12	60	14	30				
		Feb-20	14	30	10	54	13	12	13	38	9	15	14	38	15	16	9	40	16	11				

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)

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Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Risks	Corporate & Departmental Risks (Red)	Feb-20	5	4	4	13	3	3	3	9	6	9	8	23	8	10	8	26	9	7			
		Feb-20	9	7	7	23	6	6	7	19	7	7	7	21	7	7	6	20	5	4			
Never Events	Never Events	Feb-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Feb-20	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0		
Pressure Ulcers	Target	Jan-20	0	3	3	6	0	2	2	4	3	4	3	10	4	6	8	18	8				
	Category 1 Pressure Ulcers (In-Hospital)	Jan-20	8	6	8	22	7	11	7	25	19	7	3	29	9	3	4	16	8				
	Target	Jan-20	13	19	16	48	13	26	13	52	14	17	14	45	9	19	15	43	15				
	Category 2 Pressure Ulcers (In-Hospital)	Jan-20	15	28	15	58	23	26	27	76	24	24	28	76	20	19	21	60	29				
	Target	Jan-20	1	2	0	3	5	5	1	11	0	2	4	6	3	2	1	6	3				
Category 3 Pressure Ulcers (In-Hospital)	Jan-20	3	4	5	12	4	3	1	8	4	3	5	12	3	1	2	6	2					
Target	Jan-20	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0				
Category 4 Pressure Ulcers (In-Hospital)	Jan-20	0	1	0	1	1	0	0	1	1	0	0	1	0	0	0	0	0	1				
Falls	Fall - No Injury (In-Hospital)	Feb-20	90	106	105	301	119	98	79	296	82	82	87	251	81	79	79	239	84	72			
		Feb-20	84	72	80	236	74	90	76	240	67	87	77	231	82	67	69	218	57	64			
	Fall - Injury, No Fracture (In-Hospital)	Feb-20	32	27	25	84	13	11	8	32	15	10	9	34	18	21	23	62	28	20			
Fall - With Fracture (In-Hospital)	Feb-20	28	20	16	64	19	22	21	62	21	20	17	58	12	22	21	55	15	20				
	Feb-20	2	1	2	5	1	1	1	3	1	1	1	3	1	3	4	8	2	3				
VTE	Target	Feb-20	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%			
	VTE Risk Assessment	Feb-20	97.83%	96.90%	97.86%	97.53%	97.75%	97.16%	97.57%	97.49%	96.71%	97.02%	97.30%	97.01%	97.52%	97.39%	97.08%	97.33%	97.66%	97.36%			

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APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Hand Hygiene Compliance	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%			
	Hand Hygiene Compliance	Feb-20	96.00%	96.00%	97.00%	96.00%	96.00%	97.00%	98.00%	97.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%	99.00%	98.00%	99.00%	99.00%	99.00%		
Infections	Target		1	1	1	3	5	5	5	15	4	5	4	13	4	5	4	13	5	5			
	Clostridium difficile (C.diff)	Feb-20	5	5	2	12	4	7	3	14	2	6	10	18	5	6	3	14	2	2			
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Feb-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Target		1	3	4	8	1	2	1	4	0	2	2	4	3	1	4	8	1	3			
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Feb-20	1	3	1	5	0	7	1	8	4	2	2	8	2	2	2	6	0	1			
	Target		5	1	1	7	4	3	3	10	8	2	3	13	5	3	2	10	2	1			
Escherichia coli (E.coli)	Feb-20	2	1	3	6	3	6	4	13	4	7	4	15	5	6	2	13	1	6				
Target		6	1	2	9	1	2	3	6	2	2	2	6	0	3	1	4	1	2				
Klebsiella species bacteraemia (Kleb sp)	Feb-20	1	2	1	4	2	0	0	2	1	0	1	2	1	1	0	2	3	0				
Target		1	0	0	1	0	1	2	3	0	0	1	1	1	1	2	4	1	0				
Pseudomonas aeruginosa bacteraemia (Ps a)	Feb-20	1	0	0	1	0	0	0	0	0	0	0	0	2	1	0	3	0	0				
FFT	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%			
	Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	97.00%	97.00%	98.00%	97.00%	99.00%	98.00%	97.00%	98.00%	95.00%	97.00%	99.00%	97.00%	98.00%	96.00%	98.00%	97.00%	93.00%	91.00%			
	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%			
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	91.00%	89.00%	88.00%	89.00%	89.00%	84.00%	92.00%	88.00%	74.00%	80.00%	88.00%	81.00%	75.00%	82.00%	100.00%	86.00%	86.00%	78.00%				
Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%				
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Feb-20	100.00%	100.00%	98.00%	99.00%	97.00%	99.00%	100.00%	99.00%	100.00%	100.00%	95.00%	98.00%	89.00%	94.00%	100.00%	94.00%	83.00%	100.00%				

Integrated Performance and Compliance Dashboard - February 2020 (2018-2019 against target)

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Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4		
Workforce	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%		
	Registered Nurse/Midwife day shift fill rates	Feb-20	90.33%	85.38%	84.82%	86.84%	84.71%	84.71%	84.26%	84.56%	85.14%	83.02%	82.70%	83.62%	84.11%	86.08%	86.17%	85.45%	83.67%	83.57%				
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	
	Registered Nurse/Midwife Night shift fill rates	Feb-20	96.42%	93.56%	91.32%	93.77%	92.44%	92.79%	93.26%	92.83%	94.69%	93.47%	93.01%	93.72%	94.21%	91.44%	91.53%	92.39%	93.01%	92.62%				
Safety Thermometer	Target		>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%		
	Care Staff day shift fill rates	Feb-20	88.71%	89.11%	92.55%	90.12%	91.73%	92.03%	95.66%	93.14%	97.80%	99.74%	96.22%	97.92%	97.43%	98.97%	99.05%	98.48%	99.05%	100.82%				
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	
	Care Staff Night shift fill rates	Feb-20	129.77%	117.87%	119.03%	122.22%	123.39%	122.06%	119.22%	121.56%	118.05%	132.00%	133.03%	127.69%	131.66%	138.41%	138.69%	136.25%	149.66%	144.91%				
Safety Thermometer	Target		97.84%	97.84%	97.84%	97.84%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%		
	Trust - Harm Free Care %	Jan-20	97.86%	98.75%	98.49%	98.37%	98.57%	98.53%	97.25%	98.12%	98.75%	99.30%	97.80%	98.62%	98.16%	98.23%	97.94%	98.11%	97.94%					
Safety Thermometer	Target		2.16%	2.16%	2.16%	2.16%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%		
	Trust - New Harm %	Jan-20	2.14%	1.25%	1.51%	1.63%	1.43%	1.47%	2.75%	1.88%	1.25%	0.70%	2.20%	1.38%	1.84%	1.77%	2.06%	1.89%	2.06%					

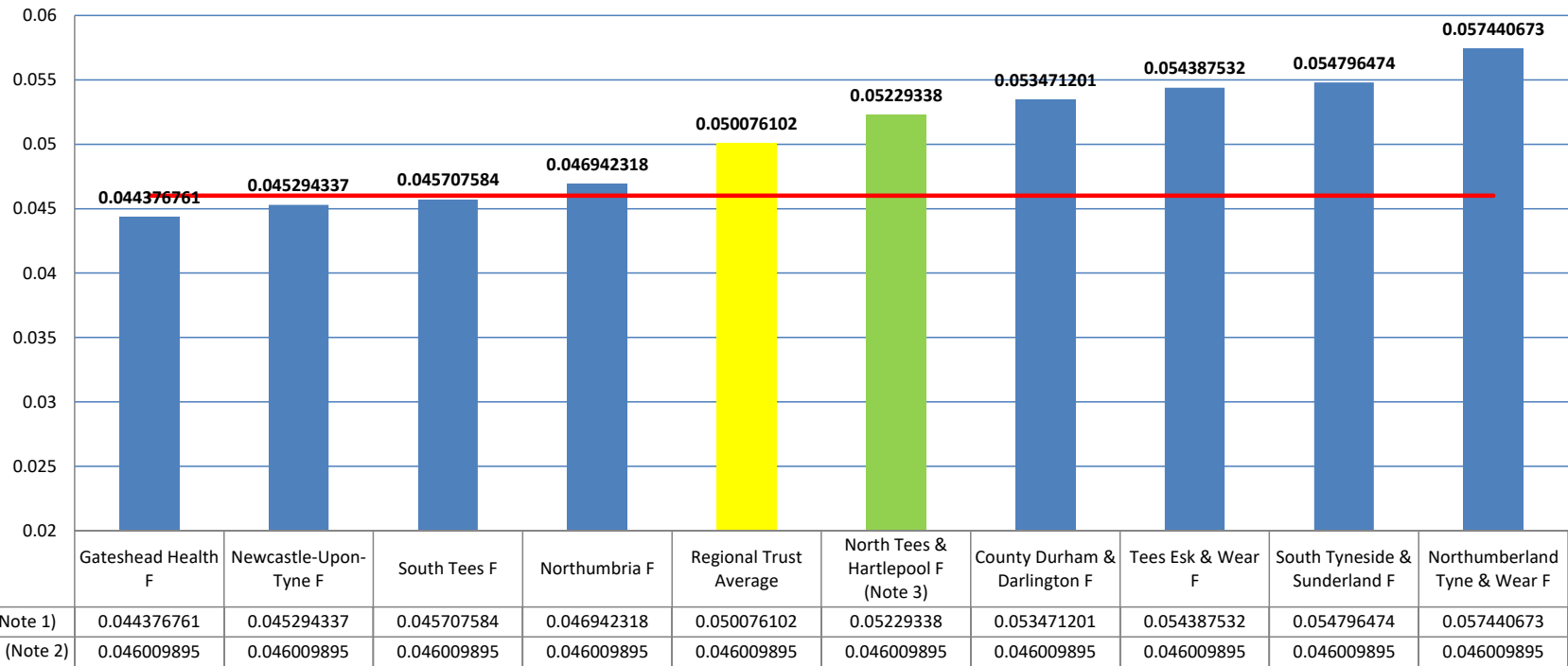


Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT February 20										
Incomplete Pathways waiting <18 weeks	83.5%		93.3%	91.8%	N/A	91.0%	88.2%	92.5%	81.6%	87.3%
Half of patients wait less than										
Half of admitted patients wait less than										
19 out of 20 patients wait less than										
Half of Non admitted Pathways waited less than										
19 out of 20 patients wait less than										

Cancer 62 Day Standard January 20	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		85.48 (106/124)	93.44 (28.5/30.5)	100 (1.5/1.5)	88.24 (15/17)	79.66 (23.5/29.5)	75 (9/12)	88.89 (8/9)	88.24 (7.5/8.5)	87.5 (13/16)
Lung		57.58 (57/99)	87.5 (7/8)	71.05 (13.5/19)	77.78 (10.5/13.5)	62.5 (2.5/4)	31.25 (5/16)	61.11 (5.5/9)	44.12 (7.5/17)	64 (5.5/12.5)
Gynae		54.35 (25/46)	0 (0/0.5)	88.89 (4/4.5)	60 (3/5)	46.67 (3.5/7.5)	56.25 (4.5/8)	100 (1/1)	39.29 (5.5/14)	63.64 (3.5/5.5)
Upper GI		53.13 (34/64)	63.64 (3.5/5.5)	61.54 (4/6.5)	41.67 (5/12)	0 (0/1)	38.24 (6.5/17)	78.57 (5.5/7)	50 (4/8)	78.57 (5.5/7)
Lower GI		65.68 (55.5/84.5)	33.33 (1/3)	83.33 (7.5/9)	50 (5/10)	36.36 (4/11)	44.12 (7.5/17)	81.82 (9/11)	89.66 (13/14.5)	94.44 (8.5/9)
Uro (incl testes)		64.19 (138/215)	64 (16/25)	75.23 (41/54.5)	43.9 (9/20.5)	25.81 (4/15.5)	56.9 (16.5/29)	62.26 (16.5/26.5)	80.46 (35/43.5)	0 (0/0.5)
Haem (incl AL)	Data not available	71.11 (32/45)	57.14 (2/3.5)	60 (3/5)	25 (1/4)	100 (3/3)	83.33 (7.5/9)	78.57 (5.5/7)	66.67 (5/7.5)	83.33 (5/6)
Head & Neck		65.22 (30/46)	100 (1/1)	68.18 (7.5/11)	85.71 (3/3.5)	0 (0/0)	66.67 (10/15)	100 (0.5/0.5)	53.85 (7/13)	50 (1/2)
Skin		93.68 (163/174)	0 (0/0)	100 (5/5)	100 (14.5/14.5)	0 (0/0)	95.45 (63/66)	100 (3.5/3.5)	92.68 (38/41)	95.45 (39/44)
Sarcoma		75 (6/8)	0 (0/0.5)	0 (0/1)	0 (0/0)	0 (0/0)	90 (4.5/5)	100 (0.5/0.5)	100 (1/1)	0 (0/0)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		60 (3/5)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/1)	66.67 (2/3)	100 (1/1)	0 (0/0)
All		71.33 (649.5/910.5)	76.13 (59/77.5)	74.36 (87/117)	66 (66/100)	56.64 (40.5/71.5)	68.72 (134/195)	73.72 (57.5/78)	73.67 (124.5/169)	79.02 (81/102.5)



North East Region Trusts - Sickness Rates October 2019



North East Region Trusts - Sickness Rates October 2019 (*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for October 2019. North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column. The red line is the average rate for the whole of the NHS in England.

Gateshead Health report the lowest sickness absence rate for October 2019 at 4.44%.

The sickness rate for North Tees and Hartlepool is 5.23%, which is 0.22% above the regional average and 0.63% above the NHS average.

Four North East Trust's report a rate lower than the regional average; three report a rate lower than the national average.

The highest sickness absence rate in the North East region for October 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.74%.

Integrated Performance and Compliance Dashboard - February 2020 Benchmark HED



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		Position ⓘ	👁
Indicator		Current	Previous	Change	Peer	National		
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	9.35% (Nov 2018 - Oct 2019)	9.28% (Oct 2018 - Sep 2019)	0.07 ↑	7.49%	7.55%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	2.11% (Nov 2018 - Oct 2019)	2.08% (Oct 2018 - Sep 2019)	0.03 ↑	2.00%	1.96%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	5.15% (Nov 2018 - Oct 2019)	5.10% (Oct 2018 - Sep 2019)	0.05 ↑	4.53%	4.20%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	7.59% (Nov 2018 - Oct 2019)	7.51% (Oct 2018 - Sep 2019)	0.08 ↑	6.64%	5.98%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	10.53% (Nov 2018 - Oct 2019)	10.48% (Oct 2018 - Sep 2019)	0.05 ↑	9.25%	8.13%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Jan 2020)	ⓘ	8.48% (Dec 2018 - Nov 2019)	8.47% (Nov 2018 - Oct 2019)	0.01 ↑	7.66%	7.42%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Jan 2020)	ⓘ	2.31 (Dec 2018 - Nov 2019)	2.31 (Nov 2018 - Oct 2019)	No Change	2.37	2.13		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Jan 2020)	ⓘ	0.00% (Dec 2018 - Nov 2019)	0.00% (Nov 2018 - Oct 2019)	No Change	8.49%	8.18%		
DTOC - Proportion of delayed bed days (12 mth rolling) DToc, HES Inpatients (Jan 2020)	ⓘ	2.02% (Jan 2019 - Dec 2019)	2.11% (Dec 2018 - Nov 2019)	-0.09 ↓	2.44%	4.19%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Jan 2020)	ⓘ	88.87% (Jan 2019 - Dec 2019)	88.92% (Dec 2018 - Nov 2019)	-0.05 ↓	75.41%	69.63%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Jan 2020)	ⓘ	95.73% (Jan 2019 - Dec 2019)	95.83% (Dec 2018 - Nov 2019)	-0.10 ↓	90.82%	85.95%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Jan 2020)	ⓘ	93.51% (Jan 2019 - Dec 2019)	93.59% (Dec 2018 - Nov 2019)	-0.08 ↓	88.76%	82.34%		
Day case realisation rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	97.04% (Dec 2018 - Nov 2019)	97.08% (Nov 2018 - Oct 2019)	-0.04 ↓	95.15%	95.83%		
Day case rate (12 mth rolling) HES Inpatients (Jan 2020)	ⓘ	86.67% (Dec 2018 - Nov 2019)	86.65% (Nov 2018 - Oct 2019)	0.02 ↑	83.43%	71.37%		

Integrated Performance and Compliance Dashboard - February 2020 Benchmark HED



Average excess length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.10 (Dec 2018 - Nov 2019)	0.10 (Nov 2018 - Oct 2019)	No Change	0.39	0.47	
Average length of stay (12 mth rolling) HES Inpatients (Jan 2020)	3.30 (Dec 2018 - Nov 2019)	3.29 (Nov 2018 - Oct 2019)	0.01 ↑	4.12	4.49	
Average elective length of stay (12 mth rolling) HES Inpatients (Jan 2020)	2.14 (Dec 2018 - Nov 2019)	2.13 (Nov 2018 - Oct 2019)	0.01 ↑	3.33	4.29	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Jan 2020)	3.41 (Dec 2018 - Nov 2019)	3.41 (Nov 2018 - Oct 2019)	No Change	4.26	4.51	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.20 (Dec 2018 - Nov 2019)	0.20 (Nov 2018 - Oct 2019)	No Change	0.23	0.23	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.01 (Dec 2018 - Nov 2019)	0.01 (Nov 2018 - Oct 2019)	No Change	0.03	0.04	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.34 (Dec 2018 - Nov 2019)	0.34 (Nov 2018 - Oct 2019)	No Change	0.46	0.47	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.82 (Dec 2018 - Nov 2019)	0.82 (Nov 2018 - Oct 2019)	No Change	0.98	0.89	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	0.21 (Dec 2018 - Nov 2019)	0.21 (Nov 2018 - Oct 2019)	No Change	0.35	0.29	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2020)	1.27 (Dec 2018 - Nov 2019)	1.27 (Nov 2018 - Oct 2019)	No Change	1.69	1.63	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Jan 2020)	35.51% (Dec 2018 - Nov 2019)	35.34% (Nov 2018 - Oct 2019)	0.17 ↑	33.01%	33.67%	
Elective stranded rate (12 mth rolling) HES Inpatients (Jan 2020)	5.95% (Dec 2018 - Nov 2019)	6.00% (Nov 2018 - Oct 2019)	-0.05 ↓	11.38%	11.80%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Jan 2020)	16.06% (Dec 2018 - Nov 2019)	16.06% (Nov 2018 - Oct 2019)	No Change	18.76%	19.43%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Jan 2020)	0.91% (Dec 2018 - Nov 2019)	0.92% (Nov 2018 - Oct 2019)	-0.01 ↓	2.12%	2.98%	
Emergency super-stranded rate (12 mth rolling) HES Inpatients (Jan 2020)	3.39% (Dec 2018 - Nov 2019)	3.36% (Nov 2018 - Oct 2019)	0.03 ↑	4.72%	5.12%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Jan 2020)	91.72% (Dec 2018 - Nov 2019)	92.03% (Nov 2018 - Oct 2019)	-0.31 ↓	78.44%	78.78%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Jan 2020)	0.42% (Dec 2018 - Nov 2019)	0.36% (Nov 2018 - Oct 2019)	0.06 ↑	0.88%	0.86%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Jan 2020)	82.69 (Dec 2018 - Nov 2019)	82.20 (Nov 2018 - Oct 2019)	0.48 ↑	105.16	99.04	Low (>95%)



REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	Annual Budget (£'000s)	Current Month £000's			Year to Date £000's		
		Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)
Income	303,455	23,917	23,930	13	277,261	279,023	1,762
Pay	211,338	17,578	17,807	(229)	194,259	195,210	(951)
Operating Non Pay	75,970	6,265	6,586	(321)	69,067	68,088	979
Pass through drugs and device	13,070	1,078	1,118	(40)	12,114	12,157	(43)
Total Operating Costs	300,378	24,921	25,512	(590)	275,439	275,455	(16)
EBITDA	3,077	(1,004)	(1,582)	(577)	1,822	3,568	1,746
Interest, Depreciation and PDC	13,285	1,107	1,482	(375)	12,178	11,410	768
Surplus/Deficit before PSF	(10,208)	(2,112)	(3,064)	(953)	(10,356)	(7,842)	2,514
Impairment			0	0		0	0
PSF	10,208	1,133	1,148	15	9,073	9,106	33
Surplus/Deficit after PSF	0	(978)	(1,916)	(938)	(1,283)	1,264	2,547

Statement of Financial Position

	Plan (£'000s)	Actual
Assets, Non Current	129,186	127,292
Assets, Current	33,606	41,805
Total Assets	162,792	169,097
Liabilities, current	(49,743)	(52,034)
Net current assets (current assets less current liabilities)	(16,137)	(10,229)
Liabilities, non current	(24,541)	(25,180)
Total Assets Employed	88,508	91,883
Taxpayers Equity	88,508	91,883

Commentary

The Group Month 11 (February) year to date position is a surplus of £1.3m. This compares to a planned deficit of (£1.3m). The Group is therefore £2.6m ahead of plan at this point in the year.

The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.

Cash levels stand at £19.9m at the end of February. Debtor days have worsened by 3 days in comparison to the year to date 2018/19 and creditor days have worsened by 3 days in comparison to 2018/19 levels.

Board of Directors

Title of report:	Model Hospital Review									
Date:	March 2020									
Prepared by:	Lynne Taylor Director of Planning and Performance Neil Atkinson, Director of Finance									
Executive Sponsor:	Lynne Taylor Director of Planning and Performance Neil Atkinson, Director of Finance									
Purpose of the report	This paper provides an overview of the Trust's current position against the NCCI position and how this has influenced the Trust's improved position within the Model Hospital Benchmarking Data.									
Action required:	Approve		Assurance	X	Discuss		Information			
Strategic Objectives supported by this paper:	Putting Patients First	x	Valuing our People		Transforming our Services		X	Health and Wellbeing		
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The National Cost Collection Index (NCCI) is a measure of the relative cost difference between NHS providers.</p> <p>During the summer of 2019, 223 providers submitted either patient-level data or reference costs to NHS Digital. The Trust's NCCI for the financial year 2018/19 is 94. This is the Trust's lowest index since 2012-13 and it suggests that the Trust is 6% more cost effective than the national average.</p> <p>The NCC data is used to support the development of currencies, setting prices for NHS services in England, and by a number of arms-length-bodies which produce benchmarking data e.g. Model Hospital and Getting It Right First Time (GIRFT).</p> <p>The Model Hospital is a digital information service designed to help NHS Providers to improve their productivity and efficiency.</p> <p>The latest release of the Model Hospital data (2018/19) indicates the Trust has made significant improvements in delivering efficiency savings over the previous year, with the high level Weighted Activity Unit (standardised measure of average cost for delivering a unit of activity) now reporting at £3,255 against the 2017/18 position of £3,552.</p> <p>The productivity and efficiency savings made to date have been supported by robust governance processes, closely monitored through the delivered through the Finance and Transformation groups, with day to day project management overseen by the Project Management and Improvement Group.</p> <p>The annual efficiency programme is built into the Business Planning cycle, aligned to the allocated Cost Improvement Programme.</p>										

How this report impacts on current risks or highlights new risks:	
<p>This report provides additional assurance to the Board that the Trust is consistently delivering year on year productivity and efficiency savings to support financial recovery.</p>	
Committees/groups where this item has been discussed	Finance Committee
Recommendation	<p>The Board of Directors is asked to:</p> <p>Note the improved position against the National Cost Collection Index data</p> <p>Recognise the on-going year on year delivery of productivity and efficiency savings, as reflected in the Model Hospital Benchmarking data</p> <p>Acknowledge the robust governance programme in place to monitor the development and delivery of productivity and efficiency savings.</p>