



# **Board of Directors Meeting**

**Thursday, 26 November 2020  
at 1pm**

**Boardroom  
University Hospital of North Tees**

PG/SH

19 November 2020

Telephone: 01642 617617  
www.nth.nhs.uk

Dear Colleague

A meeting of the **Board of Directors** will be held on **Thursday, 26 November 2020 at 1:00 pm in the Boardroom, University Hospital of North Tees.**

Yours sincerely



**Paul Garvin**  
Chairman

### Agenda

	<b>Led by</b>
1. (1.00pm) Apologies for absence	Chairman
2. (1.00pm) Declaration of Interest	Chairman
3. (1.00pm) Minutes of the meeting held on, 29 October 2020 ( <b>enclosed</b> )	Chairman
4. (1.05pm) Matters Arising / Action Log	Chairman

#### Items for Information

5. (1.10pm) Chairman's Report (verbal)	Chairman
6 (1.20pm) Chief Executive's Report ( <b>enclosed</b> )	J Gillon

#### Strategic Management

7. (1.35pm) Corporate Strategy Progress Report ( <b>enclosed</b> )	B Bright
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#### Performance Management

8. (1.45pm) COVID-19 Brief ( <b>enclosed</b> )	L Buckley
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9. (1.55pm) Integrated Compliance and Performance Report ( <b>enclosed</b> )	L Taylor, L Robinson, N Atkinson & A Sheppard
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## **Operational**

10. (2.10pm) Emergency, Preparedness, Resilience & Response Core Standards (**enclosed**) L Buckley
11. (2.20pm) Slavery and Human Trafficking Statement 2020-21 (**enclosed**) B Bright
12. (2.25pm) COVID Vaccination Plan (verbal) A Sheppard
13. (2.35pm) Any Other Notified Business Chairman
14. Date of Next Meeting  
(**Thursday, 28 January 2021, Boardroom, University Hospital of North Tees**)

# **Glossary of Terms**

## **Strategic Aims and Objectives**

### **Putting Our Population First**

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

### **Valuing People**

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

### **Transforming Our Services**

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

### **Health and Wellbeing**

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

## North Tees and Hartlepool NHS Foundation Trust

### Video-conference meeting of the Board of Directors

Thursday, 26 November 2020 at 1 pm

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

These minutes represent a formal record of the video-conferencing meeting.

#### The electronic pack of papers was circulated to the full Board

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

#### In attendance: -

Samantha Sharp, Personal Assistant (note taker)

#### In attendance via video conferencing: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton  
John Edwards, Elected Governor for Stockton  
Mary King, Elected Governor for Easington  
Alan Smith, Elected Governor for Hartlepool

#### BoD/4382 Apologies for Absence / Welcome

Apologies for absence received Rita Taylor, Associate Non-Executive Director

#### BoD/4383 Declaration of Interests

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

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

#### BoD/4384 Minutes of the meeting held on, Thursday, 29 October 2020

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\* voting member

**Resolved:** that, the minutes of the meeting held on Thursday, 29 October 2020 be confirmed as an accurate record.

**BoD/4385 Matters Arising / Action Log**

**a. BoD/4358 Winter Plan 2020/21**

The COO reported that a number of schemes included within the 2020/21 Winter Plan had been instigated together with financial profiling. With the increase in COVID-19 positive patients and sickness absence levels amongst staff, re-profiling and skill mix were being reviewed in order to manage the current challenges. A system approach continued with information on pressures being communicated across the region. This was being managed effectively at the moment with the potential for additional support identified from primary care.

**Resolved:** that, the verbal update be noted.

**BoD/4386 Chairman's Report**

The Chairman reported that the Trust held its annual Shining Stars event virtually on Thursday, 19 November. This was hosted by SH with the CE and Chairman providing an introduction and the CE visiting recipients to present their awards personally following the virtual event. All nominations were of a high calibre with many of those receiving awards highlighting their team's contribution during these challenging times. In addition, many said that the Trust was a great place to work and that they felt part of a family and proud to work for the organisation. Those nominated this year would be invited to attend the 2021 event should this go ahead.

SH commended the Employee Engagement Team for organising such a successful event and forwarded the thanks of the Governors and Board for their hard work highlighting how much the Trust valued staff particularly during the current pandemic. The Chairman echoed his thanks to the Executive team and staff who continued to support patients to recover from COVID-19.

**Resolved:** that, the verbal updates be noted.

**BoD/4387 Chief Executive's Report**

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

- A fourth response phase was expected from NHSE/I and whilst this had not been received there was a focus on controlling nosocomial infections, continuing to respond resiliently to COVID-19 and managing cancer services. The rates of infection in Stockton and Hartlepool had started to decrease in the past week following a significant rise in recent weeks. Hartlepool currently had the highest rate of infection in the North East and Cumbria with Stockton being third. 30% of beds within the Trust were now occupied with COVID-19 patients and the CE highlighted that very few elective procedures had been cancelled which was testament to the hard work of staff. The Trust was coming to the end of the flu campaign with 76% of staff being vaccinated. It was hoped that further staff would come forward for the vaccine and work continued to promote this. Asymptomatic testing of staff for COVID-19 would commence shortly. The Trust continued to work with the integrated COVID hub in Newcastle to support the mass vaccination of staff against COVID-19 with Trusts remaining responsible for their own staff. The vaccines were awaiting final approval and the CE highlighted the huge logistical effort required to vaccinate staff;
- The NHS were commencing steps to prepare for the end of the Brexit transition period on 31 December 2020. Concern was raised as to the availability of medical supplies

- across the country with mitigation plans in place;
- Staff had been invited to take part in the National NHS staff survey which would run until 27 November 2020, with the results anticipated in March 2021. To date, circa 50% of staff had responded;
- Terms of reference for the North East and North Cumbria Provider Collaborative had been agreed and the CE outlined the areas of initial focus within the agreed forward plan;
- Since the launch of the online pregnancy registration form in November 2019, over 4000 mothers had registered their details and medical history online;
- The Trust was hosting a virtual visit by NHS Providers on 1 December to discuss key priorities and the effect the pandemic has had on Trust staff and future support;
- The Prevention Board held a virtual event on 12 November which focused on health inequalities in the region particularly focussing on the impact of COVID-19.

The Chairman highlighted the encouraging update on the staff flu vaccination programme and the MD/DCE reported on a recent study undertaken by Public Health England which highlighted the potential outcomes for patients who have a dual or co-infection of both COVID-19 and flu highlighting a 43.1% risk of mortality when contracting both viruses together. In comparison, national statistics showed a 27% risk of mortality for those contracting COVID-19 and 5% for those contracting flu.

In response to a comment made by JE, the CE highlighted that the Trust had exceeded its initial and revised recruitment target for the COVID-19 vaccination trial with 532 participants. This was positive for the organisation and the research alliance across the Tees Valley.

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

## **BoD/4388 Corporate Strategy Progress Report**

The DoCA&CoS provided an update on the Trust's Corporate Strategy, which had been agreed by the Board in late 2019 and presented to the local Health and Wellbeing Boards. In addition, staff and Governors had been engaged in developing the strategy.

The DoCA&CoS reminded the Board of the vision, values, strategic aims and the strategic measures and metrics contained within the Corporate Strategy and how this aligned with the Long Term Plan highlighting that this had become embedded across the organisation. During Quarter 4, the strategy would be further developed in conjunction with Care Groups and Directorates. To provide an online, digital platform, the strategy and its sections would be updated with links to each of the supporting strategies on the Trust's website.

It was noted that the progress of the Corporate Strategy had been delayed due to COVID-19 and other priorities and that a soft launch via the CE's blog and internal communications had been undertaken.

JE questioned how progress against some metrics and measures could be quantified and it was highlighted that this would be discussed further within the Care Groups and would be challenged and monitored through the Performance, Planning and Compliance Committee.

- Resolved:** (i) that, the progress and plans for the next stage of the Corporate Strategy be noted; and
- (ii) that, the timeline for delivery of the supporting strategies by the end of Quarter 4 be noted.

## **BoD/4389 COVID-19 Brief**

The COO reported that there were currently 156 confirmed cases of COVID-19 within the Trust, eight in ITU; six on mechanical ventilation. There had been a total of 230 confirmed deaths since March 2020.

The COO provided an update on the levels of COVID-19 infections within the community outlining the Trust's response to the continuing pandemic. Although the number of new daily admissions had plateaued over the previous few days, the COO highlighted that the public should not become complacent and should continue to follow Government restrictions.

Pressures in respect to staffing continued with twice daily staff management meetings being held to ensure safe staffing levels were maintained in all areas. Staff ratio in terms of patient acuity and skill mix continued to be monitored. Risk assessments were being undertaken on those currently in the 'Clinically Extremely Vulnerable' (CEV) Group prior to their anticipated return to work the following week.

**Resolved:** that, the continued impact of COVID-19 infections on the local population and the consequent impact on hospital admissions be recognised.

## **BoD/4390 Integrated Compliance and Performance Summary**

The DoP&P provided an overview highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of October 2020 in respect of performance, efficiency and productivity, quality and safety, workforce and finance.

The Trust continued to experience significant pressures across the delivery of a number of standards as a result of the backlog linked to the COVID-19 pandemic, impacting upon a number of indicators. Routine referrals continued to be accepted and cancer and urgent procedures would continue as business as usual. Key points were:-

- Single Oversight Framework – The Trust compared favourably nationally and regionally in respect to the RTT, cancer standards and diagnostic waits. However, a number of patients were now reporting in the over 52 weeks' bracket which had increased slightly on the previous month (31 against 27). 6 of the 8 cancer standards were achieved in September with the Trust failing to meet the 62-day cancer standard and the breast 2-week rule standard. Good recovery in respect to diagnostic pathways were noted with a positive trend evident against recovery trajectories;
- Operational Efficiency and Productivity Standards: The reporting of delayed transfers of care was currently under review and had been removed from the October dashboard. However, the Trust maintained a positive position in respect to super-stranded patients though an increase was noted. The area of greatest concern continued to be discharging patients with a positive COVID-19 result to a designated care setting and the COO provided an update on work being undertaken to address this;
- Quality and Safety: The Trust had performed well against a number of quality indicators despite COVID-19 recovery. HSMR and SHMI reported within expected limits. The number of Trust acquired C-Diff cases in October had increased from one to four when compared to the previous month although a reduction was noted when compared to the same period the previous year. A reduction in a number of other infection control indicators was also noted. There had been 14 falls resulting in an injury but no fracture in October 2020, showing a decrease from 22 cases the previous month. The Trust



reported 100% compliance with dementia standards. There had been a rise in both Stage 2 and 3 complaints with many raising concerns around lack of communication whilst visitors were not permitted in the hospital;

- Workforce: The staff sickness absence rate for September reported at 4.6%, 0.44% attributable to COVID-19 related sickness. 100% of BAME staff and 59% of staff in other risk groups had completed risk assessments. Those who had not completed a risk assessment had been contacted to encourage completion. Appraisal compliance was reported as 84% in October, mandatory training 89% and staff turnover 7.90%. The main focus regarding health and wellbeing of staff for October was the launch of the annual flu campaign. Active volunteers continued to increase with the Trust reporting 113 at the end of October. This trend was expected to continue with currently 40 applications in process and two vacancies out to advert;
- Finance: Guidance from NHSE/I set out the financial arrangements for 1 April to September 2020 with the Trust reporting a breakeven position in each month. From Month 5, the Trust introduced revised 8-month control totals to support delivery of a breakeven position at year-end, this being underpinned by the reintroduction of the Financial Management Performance Framework. System allocated financial envelopes had now been issued for Month 7 to Month 12 with the Trust submitting a year-end deficit plan of £871k to NHSE/I. At Month 7 2020/21, a modest surplus position of £604k was being reported. The year to date net contributions from Optimus and the LLP were £272k and £1.469m respectively, both reporting ahead of plan. The Group cash balance was £68.6m, driven by cash received in advance for November 2020 block payment and delays in the capital programme. Debtor days had decreased by eight days and creditor days had increased by 18 days in comparison to 2019/20.

KR requested an update on the reporting of sickness absence and on planning for a subsequent wave of COVID-19. The DoP&P provided an update on work being undertaken to plan for a potential third wave following the easing of lockdown measures over Christmas. Risk assessments for those currently identified at CEV were ongoing with significant work being undertaken to allow those who were able, to work remotely. Presentation of the third wave was expected to be similar to that seen in waves 1 and 2 and modelling would be undertaken to plan for appropriate beds and the impact on staff. The COO reported that 'trigger' measures had been set with the Senior Operational Manager taking responsibility to manage the daily position with this being stepped up and down according to pressures within the system. The CE reported that staff absence levels were the highest ever seen with additional shifts being offered to cover where necessary. Staff health and wellbeing was a top priority with the Trust providing support to staff as required. Different ways of working were being considered across the pathways to support patients in their own homes if appropriate. The Trust were looking to undertake a proactive recruitment campaign to provide additional resource to support healthcare workers on the front line and it was also noted that this would support the local economy by providing employment and equipping those in the community with the necessary skills to undertake a job in healthcare.

Following a comment from the Chairman in respect to the decreases seen in the rate of infections across the Trust, the CN/DoPS&Q reported that a piece of work was being undertaken to understand whether a decrease in visitors had influenced this.

JE asked for clarity around sickness absence and whether sickness reported in wave 1 was the same as in wave 2 highlighting that not only was the Trust addressing the pandemic but also recovering services to normal levels. The CPO explained that 'anxiety/stress/depression' consistently reported at mid-30% as the reason for absence both before and during the pandemic. The CPO provided assurance that measures were in place to address areas of concern.

SH reported that he had chaired the Workforce Committee on behalf of NS where the

outpatient's team gave a presentation around taking ownership and supporting their own colleagues during the current pandemic. He highlighted that this was commendable and queried whether this could be rolled out across the Trust. The CPO highlighted that it was important to understand how staff felt and advised that trends in sickness were being reviewed to provide better insight and learning.

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards during October be noted; and
  - (ii) that, the on-going financial pressures be recognised; and
  - (iii) that, the on-going operational monitoring and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged.

### **BoD/4391 Emergency, Preparedness, Resilience and Response Core Standards**

The COO reported on the Trust's compliance against the Emergency Preparedness Resilience and Response Core Standards (EPRR) issued by NHS England. For 2020/21, NHSE/I had issued an amendment to the assessment and reporting requirements focusing on three main areas:-

- Progress made by organisations against EPRR core standards that were reported as partially or non-compliant in 2019/20;
- Assurance on the process of capturing and embedding learning from the first wave of the COVID-19 pandemic; and
- Inclusion of progress and learning on preparations for winter planning.

Each year organisations completed a self-assessment and of the 64 applicable standards, the Trust was fully compliant against 60 and partially compliant against 4. In addition, the Trust was partially compliant against two of the five long term adaptation planning standards. An action plan had been developed to address those areas of partial compliance.

Reviews of the response to and recovery from the first wave of the COVID-19 pandemic had been undertaken and the COO highlighted areas identified as best practice and areas for improvement.

- Resolved:**
- (i) that, the report be received as assurance that the Trust continued to meet its requirements in respect of EPRR compliance; and
  - (ii) that, the ongoing progress to close the gap between partial and full compliance in all areas of the EPRR core standards be noted; and
  - (iii) that, the continued oversight of EPRR functions through the Trust Resilience Forum be supported.

### **BoD/4392 Slavery and Human Trafficking Statement 2020/21**

The DoCA&CoS presented the Trust's Slavery and Human Trafficking Statement for 2020/21 highlighting that minor changes had been made from the previous year's statement. The Trust statement also incorporated its two subsidiary companies: NTH Solutions LLP and Optimus Health Limited.

The Trust had due diligence in place to assess supplier risk and how it conducts business supplemented by internal policies. Once approved the Statement would be published on the Trust's website.

A full review of the statement would be undertaken in January 2021 and would be brought back to the Board of Directors in either March or April 2021 to agree.

AB highlighted that she welcomed the review of the statement commenting that the current statement read very corporately and queried whether some of the language could be changed. The DoCA&CoS advised that she would consider this as part of the review.

- Resolved:** (i) that, the Trust's Modern Slavery and Human Trafficking Statement for year ending 31 March 2021 be approved; and  
(ii) that, a full review of the Trust's Modern Slavery and Human Trafficking statement be fully reviewed in January 2021 and brought back to the Board of Directors for approval in March 2021.

#### **BoD/4393 COVID Vaccination Plan**

The COO provided an update on the COVID-19 vaccination plan highlighting that this would be coordinated through the regional integrated hub. The current plan was for the NHS to release the Pfizer vaccine to vaccinate all healthcare workers at the Trust. This vaccine was currently awaiting final medical authority approval and the COO highlighted that this would be administered in two doses 21 days apart and seven days after the administration of a flu vaccine. The Trust continued to work with its partners to provide support and an implementation plan for a mass vaccination programme continued to be developed.

The CPO reported that SystmOne would be used to book appointments for staff and that following vaccination, staff must be observed for 30 minutes. In response to a query from the Chairman, the CITO reported that SystmOne would update GP and secondary care health care records.

**Resolved:** that, the verbal update be noted.

#### **BoD/4394 Any Other Notified Business**

##### **a. Governor Representation**

The Chairman invited those Governors present via videoconference whether they would like to comment on any business discussed at this meeting.

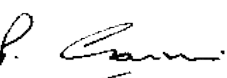
Governors' thanked the Board for the opportunity to join the meeting virtually and sought clarity and assurance around the bed base across the Trust, safe discharges, infection control and patient visitation.

**Resolved:** that, the verbal updates be noted.

#### **BoD/4395 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on Thursday, 28 January 2021 in the Boardroom at the University Hospital of North Tees

The meeting closed at 2:45 pm

Signed: 

Date: 28 January 2021

## BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
<b>2020</b>						
30 January 2020	BoD/4178	<b>Capital Programme Performance 2019/20</b> That the Council of Governors receive an update on sickness absence at their meeting on 7 May	A. Sheppard			Postponed due to COVID-19 - Another date to be agreed
29 October 2020	BoD/4361	<b>Engaging with our Black, Asian and Minority Ethnic (BAME) Workforce</b> Update on both the WRES and WDES action plans be presented at a future Board Seminar	A. Sheppard			

### Completed actions (to be removed following next meeting)

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
30 July 2020	BoD/4302	<b>NHS Workforce Race Equality Standard 2020 (WRES)</b> Results of the WRES be published on the Trust's internet site by Friday, 28 September 2020	A. Sheppard	28 September 2020	28 September 2020	
30 July 2020	BoD/4302	<b>NHS Workforce Race Equality Standard 2020 (WRES)</b> CPO to provide an update back to the Board of Directors on 29 October 2020 in respect to actions taken in response to the WRES	A. Sheppard	29 October 2020	29 October 2020	On agenda for Public BoD 29 October 2020
30 July 2020	BoD/4303	<b>NHS Workforce Disability Equality Standard 2020 (WDES)</b> Results of the WDES to be published on the Trust's internet site by 31 October 2020.	A. Sheppard	31 October 2020	31 October 2020	

## Board of Directors

Title of report:	Chief Executive Report									
Date:	26 November 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 People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> <li>• COVID-19 update and Phase 3 recovery including, COVID-19 vaccine and Long COVID</li> <li>• Revised bed model and configuration</li> <li>• Brexit/EU Exit</li> <li>• Shining Stars event – 17 November 2020</li> <li>• Listening into Action</li> <li>• NHS Staff Survey</li> <li>• Integrated Care System and Integrated Care Partnership Update</li> <li>• Clinical Services Strategy</li> <li>• Online Pregnancy Registrations</li> <li>• Helpforce Wall of Fame</li> <li>• NHS Providers Virtual Visit – 1 December 2020</li> <li>• Prevention Board Virtual event – 12 November 2020</li> </ul>										
How this report impacts on current risks or highlights new risks:										
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.										
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.									
Recommendation	The Board of Directors is asked to 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 November 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 COVID-19 update and Phase 3 recovery

###### Incident Management

NHS England and NHS Improvement reinstated level 4 incident management across the NHS on 5 November 2020. The Trust had already reinstated its incident Command Centre (ICC) across seven days in anticipation of this change. The ICC is in place to support rapid decision making supplemented by the normal site management and escalation processes.

The Strategic Command meeting, (Gold Command), and the tactical groups have continued to meet to coordinate the strategic response to COVID-19 with a route of rapid escalation to the Executive Team as required.

###### Phase 3 recovery

The Trust has maintained strong performance against the recovery trajectories of services that were temporarily paused. Delivery of the Phase 3 plan recovery trajectories will become increasingly challenging due to the continued and increasing impact of COVID-19 during the current second, and any subsequent, wave. Operational delivery is likely to be impacted, whilst the Trust retains focus on keeping patients safe and supporting staff wellbeing.

The Trust profile of elective activity reflects the pressures in acute providers across the north-east and is managed in line with escalation triggers developed at an ICS level. Providers are working together to provide mutual aid and continue to develop elective hub proposals to maximise capacity across the ICP and ICS.

A fourth response phase approach is expected from NHSE/I and whilst this has not been received there is a focus on controlling nosocomial Infections, continuing to resiliently respond to COVID and managing cancer services.

###### COVID-19 numbers

The rolling seven-day positive incidence of COVID-19 per 100,000 population, continues to rise in Hartlepool and Stockton communities.

The number of COVID-19 positive patients admitted has increased significantly over the past couple of weeks with the average number of new admissions being 12 per day for the period 14 October to the 13 November compared to an average of 5 per day during the period 13 September to 14 October.

The infection rate increase in communities is leading to a consequential rise in admissions into the Trust.

<b>Total COVID Admissions</b>	<b>1147</b>
Total Admissions Base Wards	1074
Total Admissions ITU	73
Number of Discharges	783
<b>% Discharged</b>	<b>68.27%</b>
<b>Number of Deaths Positive COVID</b>	<b>204</b>
<b>% Deceased</b>	<b>17.79%</b>
<b>% still in Hospital</b>	<b>13.94%</b>

## COVID-19 vaccine

Trials continue regarding the development of an approved COVID-19 vaccine and the Trust had reached its initial recruitment target for the NOVAVAX COVID vaccine trial at Hartlepool. 365 patients have been recruited against a target of 350 and the Trust has been asked to extend the recruitment period to engage a further 60-80 participants.

There is further work required to review efficacy and safety data of the vaccine and the Trust is an active member of the ICS COVID Vaccine working group developing plans for the vaccination of staff in line with expected timescales this winter.

## 'Long COVID'

NHSE/I has advised that people suffering 'long COVID' symptoms will be offered specialist help at clinics across England. The Healthy Lives Care Group is developing proposals for delivering this service through the community hub with the objective that provision could be in conjunction with partners in health and social care.

### 2.1.2 Revised bed model and configuration

A revised bed configuration, reported at the last Board of Directors meeting within the Winter Plan, has now been implemented with a focus on flexible red and green pathways to support flow. The Urgent and Emergency Care department is undergoing temporary reconfiguration pending the completion of the capital works to house paediatric assessment and improve capacity in the department.

### 2.1.3 Brexit/EU Exit

Following the UK exit from the European Union on 31 January 2020, the country is now in a transition period that ends on 31 December 2020. The NHS is to commence steps to prepare for the end of the transition period. Whatever the outcome of negotiations there will be changes that affect the health and care sector, for example, how medical products are imported. It has been outlined that the NHS must be agile in order to implement what has been agreed, for example any changes to cost recovery charging arrangements.

The NHS will be using a single operational response model for COVID-19 and the end of the EU transition period to avoid confliction and reduce burden on the system. The designated SRO for the Trust is Neil Atkinson, Director of Finance.

In the coming weeks, the government will be issuing guidance for the NHS on what mitigations need to be put in place to prepare for the default outcome. To support this guidance, Professor Keith Willet, Strategic Incident Director for EU Exit will be hosting an 'end of transition period' webinar.

## 2.2 Strategic Objective: Valuing our People

### **2.2.1 Shining Stars Event – 17 November 2020**

The awards ceremony is an annual event to celebrate the outstanding work in place across the organisation, recognising the efforts employed by staff in their commitment and dedication to quality and patient experience – with excellence as our standard. Unfortunately, the impact of COVID-19 has meant a change to plans this year, however, I was fortunate enough to visit and present recipients personally with their awards. The importance of this event cannot be underestimated and the recognition it affords to staff, especially this year in light of the challenges that have been faced by all. The event, although facilitated in a slightly different way, demonstrates the ethos of the organisation and the values it espouses. I would like to congratulate all winners and all those nominated for their outstanding contribution to performance, safety, quality, patient experience and overall service delivery.

### **2.2.2 Listening into Action**

The Trust recently invested in the Listening into Action (LiA) programme/App to gather the thoughts and feedback from staff, both in areas that the Trust do well in and areas that can be improved. Analysis was undertaken around key themes derived from a pulse check survey with actions identified both from a 'corporate' perspective and from a 'local' perspective. Overall, 34 actions were identified as having a corporate impact. These actions have been assigned to members of the Trust's LiA Navigation Team. In addition, progress is monitored and discussed with the Executive Team on a weekly basis.

### **2.2.3 NHS Staff Survey 2020**

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK, which all NHS Trusts are required to participate in. It gathers views on staff experience at work around key areas, and includes: appraisal and development. health and wellbeing. staff engagement and involvement.

The survey launched on Monday 14 September 2020 and will continue to follow the same approach and timings as in previous years, with many of the same questions being asked, in the same way. This will allow a comparison of data to previous years and enable the Trust to compare question responses and theme scores to life before COVID-19 in a way that will provide invaluable insight. Some changes have been made, including the addition of some specific questions about the COVID-19 pandemic, in order to give a more in depth understanding of the impact the pandemic has had on NHS staff. The survey will be open until Friday 27 November 2020, with results from the survey anticipated to be reported out in March 2021.

## **2.3 Strategic Objective: Transforming our Services**

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

Following the initial meeting of the North East and North Cumbria Provider Collaborative, terms of reference have now been agreed. The group will meet on a six weekly basis with the intent of each meeting having a focus on activity contained within the agreed forward plan. The areas of initial focus will include the following: -

- Capital prioritisation
- Clinical strategy linking to the optimising health system work stream
- Service priorities across NENC e.g. breast diagnostics
- Opportunities for efficiency initiatives
- Closer joint working and integration between providers

### **2.3.2 Clinical Services Strategy**



Following the Clinical Services Strategy event held on 16 October, each of the clinical work streams continues to develop proposals that underpin the service redesign across the Tees Valley, the clinical teams are also working to translate the proposal into implementation plans to realise the transformation and closer networking.

## **2.4 Strategic Objective: Health and Wellbeing**

### **2.4.1 Online Pregnancy Registrations**

The Trust is proud to announce that since the launch of the online pregnancy registration form in November 2019 over 4000 mothers have registered their details and medical history online, a fantastic achievement for the women and children's service team.

### **2.4.2 Helpforce – Wall of Fame**

A number of volunteers in the Trust have been recognised nationally by Helpforce and added to their hall of fame for their contribution to voluntary services and their testimonials can be accessed by visiting <https://helpforce.community/connecting/news-stories>

### **2.4.3 NHS Providers Virtual Visit – 1 December 2020**

Both the Chairman and I have been contacted by Saffron Cordery, Deputy Chief Executive for NHS Providers to host a virtual visit with the Executive team to discuss key priorities, the effect of the pandemic on Trust staff and future support. The event is due to take place on 1 December 2020.

### **2.4.4 Prevention Board Virtual Event – 12 November 2020**

A virtual event was held on 12 November chaired by Dr Guy Pilkington, GP and Chair of West Newcastle CCG. The event focused on health inequalities in the region with key speakers presenting on COVID-19 Health Inequalities Impact Assessment for the North East; Population Health Management: Health Inequalities and COVID Recovery; and the role of the Consultant in Public Health in NHS Foundation Trusts.

Participants for the event included representation from the Regional Prevention Board, ICS Partnership Board/Assembly, ICS Leadership, other ICS work streams, NHS Health Inequalities Executive Leads, Local Authorities, CCGs, PCNs, Voluntary and Community Sector. The Trust was represented at the event by the Medical Director/Deputy Chief Executive and other senior staff to ensure alignment to strategic intent.

## **3. Recommendations**

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

**Julie Gillon**  
**Chief Executive**

## Board of Directors

Title of report:	Corporate Strategy Progress report									
Date:	26 November 2020									
Prepared by:	Hilton Heslop, Head of Strategy and Corporate Affairs									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	The purpose of the report is to provide the Board of Directors with an update on the position of the Trust's Corporate Strategy, the strategic measures and metrics that have been developed in consultation, and a review of the next steps needed to embed the strategy within the Trust.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	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 Corporate Strategy was agreed by the Board of Directors and the Executive Team in the latter stages of 2019 with a view to a launch of the document early in 2020. In re-developing the Trust's values, much work was conducted with staff groups through the Employee Engagement Team to understand the views of new recruits and long standing substantive members of staff.</p> <p>The four new values that were chosen very closely reflected the views of the staff and are now fully embedded right across the organisation, and are promoted through every possible network using the CARE acronym – Collaborative, Aspirational, Respect and Empathy.</p> <p>The strategy, and its sections, will be updated with links to each of the supporting strategies – Quality and Safety, Digital &amp; Technology, Finance, People, Research &amp; Development, Estates and the Clinical Services Strategy. This work will be completed by the end of quarter 4 to provide an online, digital approach to the Corporate Strategy.</p> <p>The strategic measures were previously agreed at a Strategy Session in September 2020 and are presented at Appendix 1 along with the necessary milestones for completion.</p>										
How this report impacts on current risks or highlights new risks:										
No new risks have been identified.										
Committees/groups where this item has been discussed	Executive Management Team Executive Strategy Session									
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• note the progress and plans for the next stage of the Corporate Strategy; and</li> <li>• note the timeline for delivery of the supporting strategies by the end of quarter 4.</li> </ul>									

# North Tees & Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

26 November 2020

### Corporate Strategy - Progress Report

#### Report of the Director of Corporate Services and Chief of Staff

## 1. Introduction

- 1.1 This report provides the Board of Directors with an update on the position of the Trust's Corporate Strategy, the strategic measures and metrics that have been developed in consultation, and a review of the next steps needed to embed the strategy within the Trust ensuring alignment with the strategic aims of the Tees Valley Health and Care Partnership and the wider aims of the healthcare system.

## 2. Background

- 2.1 The Corporate Strategy was agreed by the Board of Directors and the Executive team in the latter stages of 2019 with a view to a launch of the document early in 2020. The strategy was presented to Health and Wellbeing Boards (HWBB) in all three locations – Stockton, Hartlepool and County Durham – and was well received by each HWBB. There was extensive and positive interaction with staff groups during the refresh of the Corporate Strategy with feedback and views of staff reflected and represented, where practicable in the final document.
- 2.2 Staff and Governors contributed to the discussion and debate centering on the vision and values with a general steer towards the central aim of population health. This has been a key focus for the Trust since and staff groups are now well versed in the central aims of reducing health inequalities through making every contact count and, whilst key indicators and outcomes are still in development, the basic premise of population health is understood in most parts of the organisation.
- 2.3 The arrival of COVID-19 impacted the original plans for launching the strategy and a more achievable low key launch was preferable as a result of the developing pandemic and the restrictions that came with it.

## 3 Our Corporate Strategy – ‘You Matter, We Care’

### 3.1 Vision

The Corporate Strategy is a much more streamlined document and encourages the reader to acknowledge the changes in acute healthcare services in the Tees Valley and ambitions of the Trust in developing a more collaborative state for the benefit of all of the population. There is no longer focus on the immediate geographic areas that surround the organisation but there is a wider view beyond the natural boundaries with a vision to:

***‘Provide the best healthcare for everyone in our population’.***

- 3.2 The vision is clear, but there are also some challenges for the Trust in achieving this aim built around the delivery of interventions across a wider integrated health and care system and the financial stability that will be required across the wider system. However, the Trust will continue to demonstrate strong and effective collaboration, will place trust in its partners and stakeholders, and by doing so the organisation and the wider system will move towards improving and integrating services from a clinical

effectiveness, quality and safety perspective, improving patient experience and encouraging innovation and inclusivity.

- 3.3 The Trust, and its partners in primary, secondary, tertiary and social care, know that the health and care landscape needs to change in a transformative way so that communities can become healthier, fitter and less reliant on hospital services in years to come, and this can only be achieved by managing the health of the population better.

### 3.4 Values

In re-developing the Trust's values, much work was conducted with staff groups through the Employee Engagement Team to understand the views of new recruits and long standing substantive members of staff. The four new values that were chosen very closely reflected the views of the staff and are now fully embedded right across the organisation, and are promoted through every possible network:

***Collaborative • Aspirational • Respect • Empathy***

- 3.5 Collaborating with partners and people by using the expertise of many to achieve continuous improvement in the healthcare sector, and demonstrating that we are Aspirational as an organisation and as individuals in the pursuit of excellence as standard is important to the organisation.

Respect remains as a core value and continues to demonstrate that staff maintain respectful relationships with patients, their families, and their individual colleagues, and that by showing Empathy they are committed to maintaining a culture that embraces compassion and the delivery of care that everyone can be proud of.

The values succinctly and concisely articulate the views of staff and the organisation. The four values can be clearly defined and whilst they intentionally spell out the '**CARE**' acronym, they are as powerful individually as they are collectively.

### 3.6 Strategic Aims

The Trust introduced a new Care Group structure in 2019, replacing the old-style directorates under three distinct groupings – Healthy Lives, Collaborative Care and Responsive Care. The role of the care groups is reflected within the strategy and the strategic aims, and this has been incorporated into the re-design of the Corporate 'Triangle'.

The four strategic aims remain largely unchanged with only the revision to 'putting patients first' by replacing this with 'our population':

- **Putting our Population First** – through the effective engagement of carers, families and friends and relevant stakeholders, to ensure all members of our population are central in conversations;
- **Valuing people** – ensuring every member of staff, patient and their families, and indeed all members of our communities feel valued when either working in the organisation, or experiencing and making use of our services;
- **Transforming our services** – continually review, improve and grow our healthcare services whilst maintaining performance and compliance without compromising safety or quality;
- **Health and Wellbeing** – ensuring that the health needs of everyone within our population are reflected and catered for in the services we provide, and by

focusing our priorities on contributing to the population health management of those in our communities.

The strategic aims are translated into measures and metrics, and how we measure and review the metrics is explained later in this report.

#### **4.0 How we ‘use’ the Corporate Strategy**

- 4.1 Strategies, whilst normally used to drive, inform and reflect strategic direction for Boards are, in the main, left largely untouched on websites in most organisations. The Trust needs to make sure that ‘our strategy’ is updated on a regular basis to take account of the changing landscape between now and 2025 to reflect, inform and drive the direction within the Tees Valley Health and Care Partnership (TVHCP).
- 4.2 The strategy should be seen as a working, evolving document and the opportunity should be taken to ensure all supporting strategies are reviewed and up-dated where necessary by directorates, and re-packaged in a uniform style so that hyperlinks can be placed over individual strategies to allow the reader then to navigate directly to that source, and this should also include regular reference to the direction of the TVHCP and the role of the Trust in this process. A short piece of work with each directorate will ensure a ‘technical advancement’ can be added to the strategy on-line, to make the process more interactive.
- 4.3 In addition, the publicity and marketing of the strategy within and out with the Trust will need to be revisited to ensure that notice and directional boards, screensavers, website etc are updated. Some of this work has taken place as planned in April, however, further work is required which unfortunately has been impacted by COVID.

### **5 Strategic Measures and Metrics**

- 5.1 There has been significant revision of the measures and metrics that supported the previous Corporate Strategy (2016-21) and the revisions during this period have largely been driven by the alignment with the NHS Long Term Plan.
- 5.2 The previous strategic measures consisted mainly of detailed operational indicators that are already captured, monitored and managed through existing systems and performance management standards. This was discussed at Executive Team in September and it was agreed a more strategic focus to measures and metrics should form the basis of the next stage.
- 5.3 Six key areas were chosen to ensure alignment with the NHS Long Term Plan and all six areas are aligned to at least one of the Trust’s Corporate/Strategic aims:
  - Personalised Care – Outpatients
  - People
  - Technology & Digital
  - Population Health
  - Volunteering
  - Sustainable Development
- 5.4 A table showing the agreed strategic measures and metrics is attached at Appendix 1. Some measures will be further developed with directorates during Quarter 4 and will be monitored, and measured, at 6 monthly intervals with reports to Executive Team and Board of Directors.
- 5.5 Progress will be measured commencing with the following milestones:

Milestone	By When
Measures and Metrics agreed by Executive Team	September 2020
Board of Directors review	November 2020
Update to the Council of Governors	December 2020
Internal Audit review of Corporate Strategy	January 2021
Executive Team Strategy Session	February 2021
Board/ETM Annual Review	March 2021
Review/Planning Trust Annual Report	March/April 2021

5.6 The measures and metrics will be reviewed bi-annually by the Board of Directors, however, more regular review will be undertaken by the Executive team, via strategy sessions. This will enable performance to be monitored so that, where appropriate, measures and metrics can be flexed to take account of over achievement or changes to the health and care landscape in Tees Valley and/or national influences.

## 6 Recommendations





6.1 The Board of Directors is asked to:





- note the progress and plans for the next stage of the Corporate Strategy; and
- note the timeline for delivery of the supporting strategies by the end of quarter 4.

**Prepared by:** Hilton Heslop, Head of Strategy & Corporate Affairs

**Sponsored by:** Barbara Bright, Director of Corporate Affairs & Chief of Staff

## Appendix 1 Corporate Strategy Measures & Metrics

Strategic Measure	Metric	Corporate Lead	Link to Strategic Objective				
<b>Outpatients</b> 	Deliver 40% non-face-to-face appointments by 2023  <b>How this will be delivered:</b>  12% increase in video consultations 30% reduction in phone consultations	Levi Buckley	Transforming our Services				
<b>People</b> 	Deliver a sustainable plan to achieve an improved overall staff engagement score by 2025  <b>How this will be delivered:</b>  Develop incremental annual improvement targets for the leadership, quality and engagement metrics as part of Excellence as Standard – work in progress	Alan Sheppard	Valuing People				
<b>Technology &amp; Digital</b> 	Achieve HIMMS 6 on our path to full digital maturity (DMA Index) by 2025  <b>How this will be delivered:</b>  HIMMS 6 to be delivered by 2022 with Digital Road Map planning in place by 2025 to achieve full digital maturity HIMMS 7 (DMA) beyond 2025	Graham Evans	Transforming our Services				
<b>Population Health &amp; Wellbeing</b> 	Improve healthy lifestyles within our community, give new born babies the best start in life. Ensure a Smoke, Alcohol and Substance free hospital environment for our population by making every contact count  <b>How this will be delivered:</b> <table border="1" data-bbox="411 1715 949 1765"> <thead> <tr> <th data-bbox="411 1715 683 1765">2020/21</th> <th data-bbox="683 1715 949 1765">2021/22</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="411 1776 949 2045"> <ul style="list-style-type: none"> <li>• Develop PMIO documentation &amp; Communication strategy</li> <li>• Identify post-COVID risk/rehab factors</li> <li>• Identify breast/infant feeding champions – Training</li> <li>• Smoking cessation/Nicotine Replacement therapy</li> </ul> </td> </tr> </tbody> </table>	2020/21	2021/22	<ul style="list-style-type: none"> <li>• Develop PMIO documentation &amp; Communication strategy</li> <li>• Identify post-COVID risk/rehab factors</li> <li>• Identify breast/infant feeding champions – Training</li> <li>• Smoking cessation/Nicotine Replacement therapy</li> </ul>		Levi Buckley	Health & Wellbeing
2020/21	2021/22						
<ul style="list-style-type: none"> <li>• Develop PMIO documentation &amp; Communication strategy</li> <li>• Identify post-COVID risk/rehab factors</li> <li>• Identify breast/infant feeding champions – Training</li> <li>• Smoking cessation/Nicotine Replacement therapy</li> </ul>							

	 <ul style="list-style-type: none"> <li>• Keeping People Safe</li> <li>• Substance misuse policy</li> <li>• Smoke free agenda</li> <li>• Liver clinics</li> <li>• Endoscopy/FIT – 28-day faster diagnosis standard</li> <li>• Optimal Lung Pathway – earlier diagnosis</li> </ul>		
<p><b>Volunteering</b></p> 	<p>Double the number of volunteers in our hospitals by 2025</p> <p><b>How this will be delivered:</b></p> <ul style="list-style-type: none"> <li>• Grow our volunteering service in both our hospitals</li> <li>• Provide wide-ranging placements for all</li> <li>• Focus on developing young volunteers aged 16-25</li> <li>• Develop the link between volunteering and work</li> </ul>  <p>Baseline 2019/20</p> <p>Year 1</p> <p>Year 2</p> <p>Year 3</p> <p>Year 4</p> <p>Year 5</p>	<p>Barbara Bright</p>	<p>Putting our population First</p>
<p><b>Sustainable Development</b></p> 	<p>Reduce the Trust's carbon footprint by 5% each year by 2025</p> <p><b>How this will be delivered:</b></p> <p>A fully sustainable action plan covering the period 2020-2030 will be developed by 2021.</p> <p>5% reduction each year to be achieved through range of efficiency projects and working with all staff to change culture.</p> <p>Achieving 5% reduction each year will bring the Trust closer to achieving net zero carbon emissions by 2045.</p>	<p>Barbara Bright</p>	<p>Health &amp; Wellbeing</p>



## Board of Directors

Title of report:	COVID-19 Update									
Date:	26 November 2020									
Prepared by:	Levi Buckley, Chief Operating Officer									
Executive sponsor:	Levi Buckley, Chief Operating Officer									
Purpose of the report	The purpose of this report is to provide the Board of Directors with a further update on the levels of COVID-19 infections within the community and the hospital.									
Action required:	Approve		Assurance	√	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	√	Valuing People	√	Transforming our Services	√	Health and Wellbeing	√		
Which CQC Standards apply to this report	Safe	√	Caring		Effective		Responsive	√	Well Led	√
Executive Summary and the key issues for consideration/ decision:										
This report notes the rates of COVID-19 infection with Stockton on Tees and Hartlepool.										
How this report impacts on current risks or highlights new risks:										
No new risks identified.										
Committees/groups where this item has been discussed	Strategic Command Group Executive Management Team									
Recommendation	The Board of Directors is asked to: <ul style="list-style-type: none"> <li>Recognise the continued impact of COVID-19 infections on the local population and the consequent impact on hospital admissions.</li> </ul>									

# North Tees & Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

26 November 2020

### COVID-19 update

#### Report of the Chief Operating Officer

##### 1. Purpose

The purpose of this report is to provide the Board of Directors with a further update on the levels of COVID-19 infections within the community and the hospital.

##### 2. Local COVID-19 activity

*National Position 16/11/20	Number of Cases	Number of Deaths
UK	1,369,318	51,934 (Inc. hospital deaths & some community deaths. Reporting methodology changed Aug 2020)
North East	8,839	1,981 (hospital deaths only)
North Cumbria	5,420	204 (hospital deaths only)

\* Table 1: Covid-19 Activity. Based on nationally reported info. Source NHSE/I (Please note that due to the different reporting systems/timeframes there are slight discrepancies between the national, regional and local reported statistics.)

Within North Tees the rates of infection continue to increase with Stockton-on-Tees reporting 397.9 cases per 100k population (seven day rolling aggregate) and Hartlepool reporting 481.6 per 100k population (seven day rolling aggregate). Hartlepool is currently reporting the highest seven-day average within the North East.

The charts below demonstrate the daily new infection rate per 100k population for Stockton and Hartlepool. This illustrates some variation in daily rates and this informs regional and local modelling of the likely impact of new infections on hospital admissions and deaths.

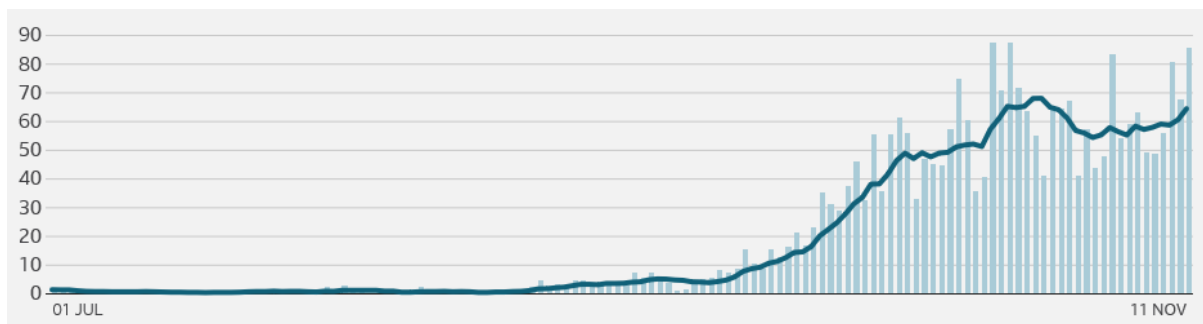


Chart 1: Daily reported new infections for Stockton. (validated 11 November 2020)

■ Daily cases per 100,000 people ■ Seven-day average

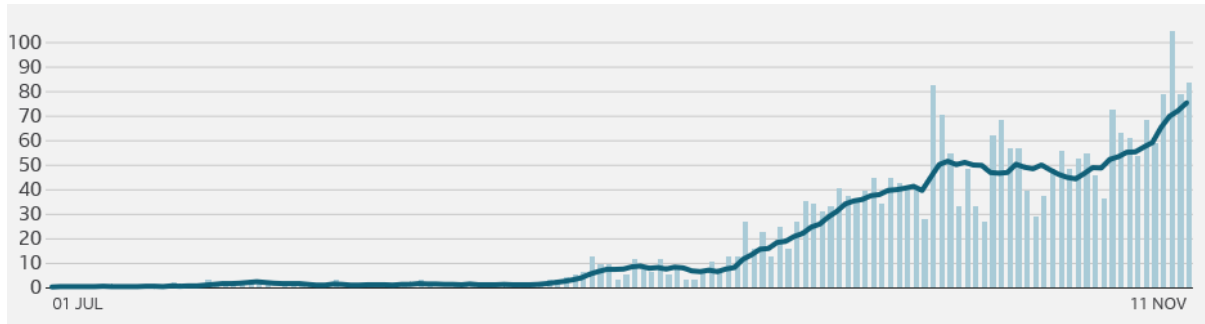


Chart 2: Daily reported new infections for Hartlepool. (validated 11 November 2020)

■ Daily cases per 100,000 people ■ Seven-day average

<b>NTHFT Internal Position as at 16/11/2020</b>	<b>Number of Positive Cases (total)</b>	<b>Number of Positive Cases in ITU</b>	<b>Number of Deaths (cumulative)</b>
North Tees and Hartlepool	146	6	198

\* Table 2: Internal Covid-19 positive case and deaths.

### 3. Recommendation

The Board of Directors is asked to:

- Recognise the continued impact of COVID-19 infections on the local population and the consequent impact on hospital admissions.

## North Tees and Hartlepool NHS Foundation Trust Board of Directors

Title of report:	Integrated Compliance and Performance Report									
Date:	26 November 2020									
Prepared by:	Lindsey Wallace, Head of Planning, Performance and Development									
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance									
Purpose of the report	The purpose of the report is to provide an overview of the integrated performance for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<ul style="list-style-type: none"> <li>The report outlines the Trust's compliance against key access standards in October 2020 including compliance, quality, workforce and finance in accordance with the SOF.</li> <li>The Trust has continued to experience significant pressures across many standards including the impact of Covid-19 with most key indicators impacted upon.</li> <li>Quality standards indicate positive performance against a number of key indicators, including HSMR/SHMI, C-difficile, Dementia standards.</li> <li>Sickness absence remains the key pressure within the workforce standards, however with multiple actions implemented to understand the underlying reasons.</li> <li>The impact of 'Wave 2', further lockdown restrictions and additional pressures this may bring to recovery and managing winter pressures.</li> </ul>										
How this report impacts on current risks or highlights new risks:										
Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery and winter.										
Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee									
Recommendation	The Board of Directors is asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures resulting from the second wave of Covid-19.									

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

26 November 2020

### Integrated Compliance and Performance Report

#### Report of the Director of Planning and Performance, Chief Nurse/ Director of Patient Safety and Quality, Chief People Officer and Director of Finance

#### 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 October 2020.
- 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 Finance.
- 1.3 The Trust continues to support the national 'Clinical prioritisation and Validation Programme' as patient pathways remain open in relation to RTT, Cancer and Diagnostics. As suggested nationally, patients are being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates' however with an additional focus on patients who have been waiting the longest. Close collaboration across the regional network in relation to cancer management continues, including the utilisation of the independent sector to support capacity requirements.
- 1.4 The following sections provide a high level summary of the Trust's position against a number of the key performance standards.
- 1.5 The proposed improved Corporate Dashboard was approved at the November Board seminar, with a transition into the Trust business intelligence tool 'Yellowfin'. This will see the integration of an SPC approach to reporting, alongside supporting exception narrative. The aim is to roll out this report in readiness for the January Board meeting.

#### 2. Performance Overview

##### 2.1 Compliance

- 2.1.1 Whilst the Trust is focused on recovery, the increased pressures linked to the 2nd wave of the COVID-19 pandemic is significantly impacting on the delivery of non-elective, urgent and routine services. The impact of reduced staffing resource due to further shielding requirements for clinically extremely vulnerable staff (see workforce section), COVID-19 sickness, isolation and test and trace absences has resulted in the requirement to review elective services from the beginning of November. This has allowed the release of staff to support the pressured clinical areas, as surge in demand continues.
- 2.1.2 Routine referrals continue to be accepted where appropriate and cancer and urgent procedures will continue as business as usual, with cancellations kept to a minimum,

supported by additional electives moving across to the Hartlepool elective unit to ensure on-going delivery of the elective program. Other additional services have also been reviewed to release further staff to support the ward areas i.e. AHPs. The associated risks have been reviewed to reflect the changes.

- 2.1.3 At this point in time, the overall position for a number of key standards including RTT, cancer and diagnostics remains positive compared to national and regional position, with teams working hard to maintain business as usual alongside recovery and pandemic pressures.
- 2.1.4 The Trust remains one of the top reporting organisations in the region against the Referral to Treatment standards, however with a number of patients now reporting in the over 52 weeks' bracket (n=31) which has increased slightly on last month (n=27). Recovery plans are in place to ensure any delayed pathways are kept to an absolute minimum. Patient choice to delay treatment, continues to impact upon the long waiter position.
- 2.1.5 Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways unavoidable as the Trust, and patients, adhered to national guidance. However, 6 of the 8 standards were achieved in September. The 62-day referral to treatment standard reported at 77.2% validated position and the breast 2ww reported at 91.1%. Only 2 Trusts in the region achieved the 62-day standard with performance across the region ranging from 71.43% to 100% (North Cumbria though only 2 patients) a North East average of 80%.
- 2.1.6 The 2ww has seen an improvement compared to previous months, reporting first in the region at 93.3%. The regional range was 57.2% - 93.3%.
- 2.1.7 National guidance in relation to the pandemic led to significant pressures within the diagnostic pathway however good recovery is now noted, with a positive trend evident against recovery trajectories.
- 2.1.8 Emergency activity across the organisation continues to report a reduction, indicating a decrease of 23.93% (n=1005) in October compared to the same period last year. Emergency activity included 658 who were treated via Ambulatory Care, equating to 20.60% of total emergency admissions.
- 2.1.9 Revised capacity management is in place to manage Covid-19 (Red) and non Covid-19 (Green) areas and whilst a reduced bed base is noted, Care Groups are currently reviewing the ability to flex in alignment with surge/increased demand, as staffing resource allows.
- 2.1.10 The reporting of Delayed Transfers of Care in the historical format is currently under review with future reporting which may include criteria to reside and designated areas. The Trust maintains a positive position in relation to super stranded patients, reflective of the improved integrated pathway management across health and social care though an increase is noted.

## 2.2 **Quality**

- 2.2.1 The latest HSMR value is currently reporting at 95.77 (September 2019 to August 2020) which has increased from the previously reported 94.98 position (August 2019 to July 2020). The latest SHMI value is now 97.61 (June 2019 to May 2020) which has decreased from the previously reported value of 98.20 (May 2019 to April 2020).

- 2.2.2 For October 2020 the Trust is reporting 4 Trust attributed case of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 1 case was reported (1 COHA - Community Onset Healthcare Acquired).
- 2.2.3 The Trust reported 25 hospital acquired Clostridium difficile infections April to October 2020 compared to 37 for April to October 2019, a 32% reduction.
- 2.2.4 The Trust has reported an improved position against for Cdiff, MSSA, Ecoli, Pseudomonas and Cauti's infections for the cumulative April 2020 to October 2020 period, with MRSA remaining the same. The Trust reported 16 stage 3 complaints for October 2020. This has increased from the 9 stage 3 complaints in September 2020.
- 2.2.5 The Trust reported 14 falls resulting in an injury, but no fracture for October 2020. This has decreased from the 22 falls resulting in an injury reported for September 2020.

### 2.3 Workforce

- 2.3.1 The sickness absence rate for September 2020 reported at 4.6%. This is broken down into 0.44% attributable to Covid-19 related sickness and 4.17% attributable to other sickness. The cost of sickness absence is reported as £258,700 for September 2020 which has decreased by £9,626 compared to August (£268,326).
- 2.3.2 'Anxiety/stress/depression' was the top sickness reason in September, accounting for 33% of days lost. 'Other musculoskeletal problems' was the second top reason (13%), with 'Chest & respiratory problems' the third highest (10%). There were 459 further cases of COVID-19 related staff absence in October, broken down into 237 Staff members who were absent for 10 days and 222 who self-isolated for 14 days.
- 2.3.3 COVID-19 risk assessments for higher risk staff continue to be undertaken by line managers supported by Workforce; to-date 100% of BAME staff, and 59% of staff in other risk groups, have had an assessment completed.
- 2.3.4 Appraisal compliance is reported as 84% in October, the same rate as in September. Mandatory Training is also the same at 89% and Staff Turnover is 7.90%, a decrease of 0.08% on the September figure.
- 2.3.5 Following the Government announcement and the introduction of the New National Restrictions from 5th November, the Trust has revisited those staff that were previously 'shielding', the majority of whom had returned to their substantive roles. All those now considered 'Clinically Extremely Vulnerable' have been contacted by Workforce to immediately work from home to complete the duties of their substantive role, or assigned duties from a central team. This applies to approximately 126 staff across the Trust.
- 2.3.6 Sharon McArthur from Miss Menopause delivered a webinar to 20 managers from across the Trust to raise aware of Menopause in the Workplace as part of World Menopause Day. This will enable them to better support their staff. Arrangements are being made for internal key trainers to deliver to a wider audience.
- 2.3.7 Whilst acknowledging current pressures, the Stress Working Party are continuing with their valuable work. Focus groups for Outpatients, and follow-up questionnaires to Finance, have been arranged for December and plans are being made to meet the

senior team of Pathology to scope out the implementation of the project within this area. Staff wellbeing initiatives started in recent months continue to be progressed – building/alteration work on the Wellbeing Hubs on both sites is underway and the ‘Listening in Action’ app continues to enable the Trust to provide timely responses to staff concerns/ideas.

- 2.3.8 The main focus regarding health and wellbeing for October has been the launch of the annual flu campaign. Sixty-two percent of staff had been immunised as of 22<sup>nd</sup> October and the ongoing campaign is aiming for 90% immunisation of front-line staff over the next few months.
- 2.3.9 Work has continued to ensure the needs of patients, staff and the organisation are supported where possible by the volunteer service. External partners, such as Radio Stitch and the RVS, have been resuming activities and the return of existing volunteers, combined with ongoing recruitment, has led to an increase in numbers in recent months, with the Trust counting 113 active volunteers as at 31 October 2020. This trend is expected to continue, with currently 40 applications in process and two vacancies out to advert.
- 2.3.10 Due to the current lockdown and increased numbers of COVID-19 patients within the Trust, the service is cognisant of the areas volunteers can support and continue to work closely with these areas to develop new roles and improvements that will enable the most appropriate use of volunteer provision. The Home but not Alone project has resumed and work is underway with key stakeholders to ensure benefits are maximised, as well as further work being undertaken to enhance and increase volunteer numbers in line with winter plans.

### **3. Finance Overview**

- 3.1 NHSI/E guidance set out the revised financial arrangements for 1st April to September 2020 to ensure to ensure that the NHS has sufficient money to do what it is needed during this period; that the costs of dealing with COVID-19 are captured and funded, and that financial governance is maintained. For the 6-month period we reported a breakeven position in each month.
- 3.2 With effect from M5, the Trust introduced revised 8-month control totals to support delivery of a breakeven position at year-end. This action was underpinned by the reintroduction of the Financial Management Performance Framework to ensure robust financial control of the financial position.
- 3.3 System allocated financial envelopes have now been issued for M7 to M12, which includes;
- Block income
  - System top up
  - Growth monies
  - COVID-19 funding
- 3.4 Based upon our agreed allocation for M7-M12, the Trust submitted a year-end deficit plan of £0.871m for 2020/21 to NHSI/E. The deficit position is driven by the difficulty the Trust is expected to experience in recovering non-NHS income and an increase in the provision of annual leave.
- 3.5 In the first month of operating within system allocated envelopes, our M7 position is showing a modest surplus £0.604m which is being driven by robust cost control. It



should be noted that normalised pay run rates are consistent with 2019/20 and non-pay run rates are below 2019/20 run rates, however, we anticipate that the costs associated with the second wave of COVID-19 are expected to increase.

- 3.6 The year to date net contribution from Optimus is £272k against a plan of £168k (£104k ahead of plan). The year to date net contribution from the LLP is £1,469k against a plan of £1,064k (£404k ahead of plan).
- 3.7 At M7, the Group cash balance is £68.6m, driven by cash received in advance from the DH for November 2020 activity and delays in the capital programme.
- 3.8 Debtor days have decreased by 8 days in comparison to 2019/20 and creditor days have increased by 18 days in comparison to 2019/20 – due to a general delay in timeliness of invoices sent to the Trust due to Covid-19.

#### **4. Key Challenges**

- 4.1 The management of the Covid-19 2<sup>nd</sup> wave impact alongside the requirement to deliver Phase 3 recovery.
- 4.2 Management of the impact of Wave 2 alongside the winter pressures, inclusive of the increased sickness levels associated with higher infection rates, shielding and test and trace.
- 4.3 The delivery of business as usual will encompass new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point and will form the basis of the annual business planning cycle moving into 2021.
- 4.4 Financial impact of Covid-19 on the in-year recovery.

#### **5. Conclusion/Summary**

- 5.1 The Trust continues to experience significant pressures as a result of the Covid-19 pandemic, inevitably impacting on the delivery of access standards, despite recovery plans being fully implemented. Additional pressures are now faced during the peak of the second wave with multiple factors impacting on the ability to deliver of all services.
- 5.2 Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance. In addition to this, the Trust has continued with 'business as usual' daily SitRep reports, including field testing of the emergency care standards, alongside multiple additional Covid-19 SitRep reports with weekend reporting reintroduced.
- 5.3 The impact of Covid-19 'self- isolation' for staff continues to contribute to the overall resource pressures together with increased infection rates currently being witnessed in wave 2.

#### **6. Recommendations**

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards during October.
- Recognise the on-going financial pressures.

- Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

**Lynne Taylor, Director of Planning and Performance**  
**Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality**  
**Alan Sheppard, Chief People Officer**  
**Neil Atkinson, Director of Finance**



# Integrated Performance and Compliance Report

## October 2020



Integrated Performance & Compliance


# Integrated Performance and Compliance Dashboard - October 2020

## SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q2	Trend	Details
Emergency Care Activity	Oct-20					On aggregate, activity saw a decrease in October compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net decrease of 27.7% (n=4113) with admissions also seeing a decrease of 25.0% (n=576).
New Cancer 31 days subsequent Treatment (Drug Therapy)	Sep-20	98.0%	100.0%	100.0%		The Trust achieved against this standard (September validated position) and for Q2 (validated) with all patients treated within standard.
New Cancer 31 days subsequent Treatment (Surgery)	Sep-20	94.0%	100.0%	93.1%		The Trust achieved against this standard (September validated position) . However under achieved Q2 validated position with 121 out of 130 patients treated within time
New Cancer 62 days (consultant upgrade)	Sep-20	85.0%	100.0%	91.5%		The Trust achieved against this standard (September validated position) and for Q2 (validated) with all patients treated within standard.
New Cancer 62 days (screening)	Sep-20	90.0%	100.0%	88.9%		The Trust achieved against this standard for the month of September (latest validated position). The Screening programmes were paused during Covid however a restart programme began in September. Q2 is reporting at 88.9% (validated) with 20 out of 22.5 patients treated within time.
New Cancer GP 62 Day (New Rules)	Sep-20	85.0%	77.2%	81.6%		Pressures continue to impact on the Trusts ability to achieve this standard during September, with 49 out of 63.5 accountable patients treated within time. Only 2 Trusts achieved this standard. The regional position reported at 80.18%. Q2 is reporting at 81.6% (validated).
New Cancer Current 31 Day (New Rules)	Sep-20	96.0%	96.3%	96.8%		The Trust achieved against this standard for the month of September (latest validated position). Q2 is reporting at 96.8% (validated).
New Cancer Two week Rule (New Rules)	Sep-20	93.0%	93.3%	91.3%		The Trust achieved this standard in month of September (latest validated position). Q2 is validated reporting at 91.3%.
Breast Symptomatic Two week Rule (New Rules)	Sep-20	93.0%	91.1%	89.4%		The Trust underachieved this standard for the month of September (latest validated position), with 194 out of 213 referrals being seen within 14 days, mainly as a result of clinical triage, patient choice and reduced capacity in accordance with national guidance surrounding social distancing. The regional average position is reporting at 68.73 %. Q2 is validated reporting at 89.4%.
RTT incomplete pathways wait (92%)	Oct-20	92.00%	92.43%	79.67%		
RTT incomplete pathways wait (92nd percentile)	Oct-20	28.00	17.30	31.10		The disruption to services as a result of the Covid-19 pandemic continues, in the main as a result of patients choosing to delay treatment for various reasons and national guidance around isolation and swabbing pre procedures. Whilst the Trust continues to experience some long waits, it remains one of the top performing Trusts across the region. A regional position reporting an average of 68.73%, with a range of 0-1525 patients waiting over 52 weeks. For the month of October the Trust is reporting 31 (27 in September) patients waiting over 52 weeks. A increase in the overall waiting list size is noted (14.20%, n= 2058, compared to January 2020 position) with increased waiting times across incomplete, 92nd percentile and median waits, all of which have been unavoidable. To add context to this, Cumbria and North East regions performance ranged from 53.3% to 95.7%. Clinicians have been reviewing patients and providing advice and guidance back to the care of the GP where appropriate, based on clinical need and priority.
RTT incomplete pathways wait (Median)	Oct-20	7.20	6.40	6.50		
RTT incomplete pathways >52 week wait	Oct-20	0	31	33		



Number of patients waiting less than 6 weeks for diagnostic procedures	Oct-20	99.00%			 <p>Performance against the 6 week diagnostic standard continues to show improvement with a further 25% (n=139) reduction in over 6 week waits compared to the previous months position.</p>

# Integrated Performance and Compliance Dashboard - October 2020



## EFFICIENCY AND PRODUCTIVITY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Trend	Details
New to Review ratio (cons led)	Sep-20	1.37	1.50		A slight increase is noted this month however noting a reduced standard compared to the same time last year
Outpatient DNA (new)	Oct-20	7.20%	7.67%		A reduction in overall DNA rates continues. When compared to October 2019, DNA rates have seen an overall decrease of 2.09% (n=276).
Outpatient DNA (review)	Oct-20	9.00%	8.11%		
Average depth of coding	Sep-20	3.01	7.46		Average depth of coding has maintained a positive position during the COVID pandemic.
Length of Stay Elective	Aug-20	3.64	1.56		Despite Covid-19 pressures, the Trust is reporting within target and significantly below the peer target (HED latest data)
Length of Stay Emergency	Aug-20	4.06	3.46		
Day case Rate	Aug-20	74.23%	77.81%		As daycase procedures begin to increase a positive position is noted.
Revised Occupancy Trust	Oct-20	95.00%	84.75%		The Trust continues to manage beds on a flexible basis to accommodate surges in demand. Resilience plans in place to flex as necessary following an increase in Covid-19 admissions.
Operation Time Utilisation	Oct-20	72.86%	67.79%		The task and finish group continues with a review of all theatre metrics in line with Model Hospital and includes a full review of the impact of IPC restrictions and pre operative processes that may impact on the current planning of lists.
Run Time Utilisation	Oct-20	87.07%	82.63%		
Planned Session Utilisation *	Oct-20	92.50%	86.77%		
Cancelled on day of operation	Oct-20	8.80%	6.43%		
Late Start %	Oct-20	33.11%	64.09%		
Early Finishes %	Oct-20	46.13%	57.09%		
Session overruns (>30 minutes)	Oct-20	12.89%	13.09%		

## Integrated Performance and Compliance Dashboard - October 2020



### EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Cancelled procedures (Non medical)	Oct-20	0.80%	0.35%		Pressures of the second wave of Covid moving into winter has unfortunately impacted upon cancellations with a small number of patients affected. It is inevitable that some procedures will be cancelled for various reasons including non adherence to guidelines such as isolation and swabbing principles.
Cancelled Urgent Operations for second time	Oct-20	0	0		The Trust had 16 procedures cancelled on the day (0.35%) for non medical reasons, with the main reasons being lack of theatre time and Covid restrictions.
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Oct-20	0	43		The North East (NEAS) average Handover over 60 minutes reporting at 11 (range 0 – 63). NEAS report the Trust at 66 delays >30 minutes and 10 >60 minutes whereas internal validated reports the Trust at 43 >30 minutes and 8 >60 minutes.
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Oct-20	0	8		
Delayed Transfers of Care	Oct-20	3.50%	1.33%		The reporting of Delayed Transfers of Care in the historical format is currently under review with a revised measurement to be agreed, which may include criteria to reside and designated settings going forward.
Super Stranded Reduction (per day average)	Oct-20	62	41		The Trust maintains a positive position in relation to super stranded patients, reflective of the improved integrated pathway management across health and social care though an increase is noted.

## Integrated Performance and Compliance Dashboard - October 2020



### QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Aug-20	106.00	95.77		The latest HSMR value is now 95.77 (September 2019 to August 2020), this has increased from the previously reported 94.98 (August 2019 to July 2020). The value of 95.77 continues to remain inside the 'as expected' range; the national mean is 100. When benchmarked against the same period last year (September 2018 to August 2019) this has increased from 92.90 to 95.77
SHMI Mortality rate (Rolling 12 month value)	May-20	110.00	97.61		The latest SHMI value is now 97.61 (June 2019 to May 2020), this has decreased from the previously reported value of 98.20 (May 2019 to April 2020). When benchmarked against the same period last year (June 2018 to May 2019) this has increased from 96.88 to 97.61.
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Oct-20	90.00%	100.00%		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.
Dementia - % of patients undergone a diagnostic assessment	Oct-20	90.00%	100.00%		The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Oct-20	90.00%	100.00%		The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.
Complaint Stage 1 - Informal	Oct-20	97	88		The Trust is reporting 88 stage 1 complaints for October 2020. This has decreased from the 107 stage 1 complaints in September 2020. When benchmarked against the same period last year (October 2019) this has decreased from 97 to 88.
Complaint Stage 2 - Formal Meeting	Oct-20	7	1		The Trust is reporting 1 stage 2 complaint for October 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (October 2019) this has decreased from 7 to 1.
Complaint Stage 3 - Formal Chief Executive Letter	Oct-20	15	16		The Trust is reporting 16 stage 3 complaints for October 2020. This has increased from the 9 stage 3 complaints in September 2020. When benchmarked against the same period last year (October 2019) this has increased from 15 to 16.
Corporate & Departmental Risks (Red)	Oct-20	7	5		The Trust is reporting 5 Corporate Red Risks for October 2020.
Never Events	Oct-20	0	0		There has been no Never Events reported in this period.



# Integrated Performance and Compliance Dashboard - October 2020




## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Category 2 Pressure Ulcers (In-Hospital)	Sep-20	28	11		The Trust is reporting 11 category 2 pressure ulcers for September 2020. This has increased from 5 category 2 ulcers reported for August 2020. When benchmarked against the same period last year (September 2019) this has decreased from 28 to 11 cases.
Category 3 Pressure Ulcers (In-Hospital)	Sep-20	5	3		The Trust is reporting 3 category 3 pressure ulcers for September 2020. This has decreased from 4 category 3 ulcers reported for August 2020. When benchmarked against the same period last year (September 2019) this has decreased from 5 to 3 cases.
Category 4 Pressure Ulcers (In-Hospital)	Sep-20	0	0		The Trust is reporting zero category 4 pressure ulcer for September 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (September 2019) this has remained the same at zero.
Fall - No Injury (In-Hospital)	Oct-20	82	91		The Trust is reporting 91 falls resulting in no injury for October 2020. This has increased from the 74 falls reported for September 2020. When benchmarked against the same period last year (October 2019) this has increased from 82 to 91.
Fall - Injury, No Fracture (In-Hospital)	Oct-20	12	14		The Trust is reporting 14 falls resulting in an injury, but no fracture for October 2020. This has decreased from the 22 falls resulting in an injury reported for September 2020. When benchmarked against the same period last year (October 2019) this has increased from 12 to 14.
Fall - With Fracture (In-Hospital)	Oct-20	0	1		The Trust is reporting 1 fall resulting in a fracture for October 2020. This has decreased from 2 falls reported in the previous period. When benchmarked against the same period last year (October 2019) this has increased from zero to 1 fall.
VTE Risk Assessment	Oct-20	95.00%	95.74%		The Trust is reporting that 95.74% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during October 2020. This has increased from 95.28% reported in September 2020.
Hand Hygiene Compliance	Oct-20	95.00%	99.00%		The overall Trust compliance score for hand hygiene is 99% for October 2020; this has remained the same from the previous reporting period.
Clostridium difficile (C.diff)	Oct-20	5	4		For October 2020 the Trust is reporting 4 Trust attributed case of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 1 case was reported (1 COHA - Community Onset Healthcare Acquired). The Trust has not been set a trajectory for 2020-21 yet, so no targets can be aligned for each month. This will be updated when the trajectory has been set.

# Integrated Performance and Compliance Dashboard - October 2020



## QUALITY AND SAFETY

Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Oct-20	0	<b>0</b>		The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in October 2020. This remains the same from previous reporting period and the target of zero cases.
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Oct-20	2	<b>2</b>		The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for October 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (October 2019) this has remained the same at 2 cases.
Escherichia coli (E.coli)	Oct-20	5	<b>2</b>		The Trust is reporting 2 Trust attributed case of E coli bacteraemia in October 2020. This has increased from the 1 case previously reported in September 2020. When benchmarked against the same period last year (October 2019) this has decreased from 5 to 2.
Klebsiella species bacteraemia (Kleb sp)	Oct-20	1	<b>0</b>		The Trust has reported zero Trust attributed case of Klebsiella species bacteraemia in October 2020. This has decreased from hte 1 cases reported in September 2020. When benchmarked against the same period last year (October 2019) this has decreased from 1 to zero cases.
Pseudomonas aeruginosa bacteraemia (Ps a)	Oct-20	1	<b>0</b>		The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in October 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (October 2019) this has decreased from 1 to zero cases.
CAUTI	Oct-20	31	<b>16</b>		For October 2020 the Trust is reporting 16 Trust attributed cases of a catheter-associated urinary tract infection (CAUTI), this has decreased from the 22 cases reported in the previous reporting period.
Friends & Family - (Ward) [National Score based on % 'Very Good' & 'Good']	Oct-20	70.00%	<b>81%</b>		The in-patient Friends and Family position for the new method of rating the service 'Very Good or Good' was 81% for October 2020, this has decreased from 84% reporting in September 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Friends & Family - (A&E/Urgent Care) [National Score based on % 'Very Good' & 'Good']	Oct-20	70.00%	<b>82%</b>		The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for the new method of rating the service 'Very Good or Good' was 82% for October 2020. This has decreased from 89% reported in September 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.

# Integrated Performance and Compliance Dashboard - October 2020



## QUALITY AND SAFETY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Trend	Details
Friends & Family - (Birth) [National Score based on % 'Very Good' & 'Good']	Oct-20	70.00%	100%		<p>The Maternity (Delivery) Friends and Family position for the new method of rating the service 'Very Good or Good' was 100% for October 2020. This has increased from 96% reported in September 2020.</p> <p>The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.</p>

## Integrated Performance and Compliance Dashboard - October 2020



### QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Registered Nurse/Midwife day shift fill rates	Oct-20	>=80% and <=109.99%	<b>81.88%</b>		Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of October 2020 is 81.88%.
Registered Nurse/Midwife Night shift fill rates	Oct-20	>=80% and <=109.99%	<b>87.88%</b>		Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of October 2020 is 87.88%.
Care Staff day shift fill rates	Oct-20	>=80% and <=109.99%	<b>82.26%</b>		Care Staff day shift fill rates across inpatient areas for the month of October 2020 is 82.26%
Care Staff Night shift fill rates	Oct-20	>=110% and <=125.99%	<b>114.23%</b>		Care Staff night shift fill rates across inpatient areas for the month of October 2020 is 114.23%.

#### Performance Overview / Key Highlights

The latest HSMR value is now 95.77 (September 2019 to August 2020), this has increased from the previously reported 94.98 (August 2019 to July 2020), the latest SHMI value is now 97.61 (June 2019 to May 2020), this has decreased from the previously reported value of 98.20 (May 2019 to April 2020).

For October 2020 the Trust is reporting 4 Trust attributed case of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 1 case was reported (1 COHA - Community Onset Healthcare Acquired). There has been no trajectory set for 2020-21 as of yet, when it has been set, this will be cascaded.

The Trust finished the cumulative position from April 2020 to September 2020 in a better position than April 2019 to September 2019 for Cdiff, MSSA, Ecoli, Pseudomonas and Cauti's, and the same for MRSA.

#### Conclusion and recommendation

Please note the content of the report; current performance and work to continuously improve. The HSMR and SHMI values which continue to remain within the expected range, even though the HSMR has increased slightly. The Infections cumullative positions for 2020 reporting infections categories area all lower than at the same point in 2019.

Integrated Performance and Compliance Dashboard - October 2020



WORKFORCE

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q2	Trend	Details
Sickness	Sep-20	4.00%	4.60%	4.58%		<p>The sickness absence rates for October 2020 are not yet available.</p> <p>The sickness absence rate for September 2020 is reported at 4.60%, which is 0.60% above the Trust target of 4.0%. This is broken down into 0.41% attributable to COVID-19-related sickness and 4.19% attributable to other sickness.</p> <p>The cost of sickness absence is reported as £258,700 for September 2020. This has decreased by £9,626 compared to August (£268,326).</p> <p>Benchmarking</p> <p>The latest national sickness absence data available is for the month of June 2020 and supplied by NHS Digital.</p> <p>The sickness rate for North Tees and Hartlepool is 5.57%, which is 1.03% above the regional average and 1.53% above the NHS average. The Trust has the highest sickness rate in the region this month.</p> <p>Gateshead Health NHS Foundation Trust report the lowest sickness absence rate for June 2020 at 3.73%.</p>
Turnover (12 months rolling data)	Oct-20	10.00%	7.90%	7.98%		<p>The Trust Staff Turnover figure in October is 7.90%, a decrease of 0.08% from the September figure of 7.98%.</p>
Mandatory Training	Oct-20	80%	89%	89%		<p>Mandatory Training compliance is reported as 89% in October, the same rate as in September.</p>
Appraisals	Oct-20	95%	84%	84%		<p>Appraisal compliance is reported as 84% in October, the same rate as in September.</p>
Performance Overview / Key Highlights	<p>North Tees &amp; Hartlepool NHS Foundation Trust</p> <p>When comparing September 2020 to the previous months' sickness absence rate of 4.61%, there has been a decrease in the Trust's sickness absence rate of 0.01%.</p> <p>The sickness rate breaks down into 0.41% attributable to COVID-19-related sickness and 4.19% attributable to other sickness.</p> <p>'Anxiety/stress/depression' was the top sickness reason in September, accounting for 33% of days lost. 'Other musculoskeletal problems' was the second top reason (13%), with 'Chest &amp; respiratory problems' the third highest (10%).</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 - October 2020



APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
A&E	Target		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00								
	Total Time in Department (Mean) Type 1 & 3	Oct-20	97.26	99.82	103.50	100.20	120.29	105.79	106.21	106.00	102.25	102.30	112.00	105.52	113.35								
Cancer	Target		98.0%	97.7%	98.0%	97.9%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%									
	New Cancer 31 days subsequent Treatment (Drug Therapy)	Sep-20	98.9%	90.4%	98.9%	99.1%	100.0%	100.0%	92.9%	97.9%	100.0%	100.0%	100.0%	100.0%									
	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%									
	New Cancer 31 days subsequent Treatment (Surgery)	Sep-20	100.0%	92.3%	95.2%	95.7%	77.8%	84.6%	100.0%	89.5%	80.0%	88.6%	100.0%	97.7%									
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%									
	New Cancer 62 days (consultant upgrade)	Sep-20	88.2%	93.8%	90.5%	90.7%	100.0%	83.3%	91.7%	93.3%	88.9%	82.4%	100.0%	90.4%									
	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%									
	New Cancer 62 days (screening)	Sep-20	82.9%	100.0%	92.0%	92.0%	90.0%	27.0%	14.3%	60.2%	50.0%	50.0%	100.0%	95.3%									
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%									
	New Cancer GP 62 Day (New Rules)	Sep-20	76.1%	73.9%	87.3%	79.3%	85.0%	80.0%	80.4%	81.9%	91.0%	77.7%	77.2%	80.1%									
	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%									
	New Cancer Current 31 Day (New Rules)	Sep-20	98.5%	99.2%	97.8%	98.5%	92.5%	93.3%	95.3%	93.8%	98.8%	95.3%	96.3%	99.0%									
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%									
	New Cancer Two week Rule (New Rules)	Sep-20	93.2%	93.8%	93.3%	93.5%	91.5%	94.6%	88.3%	91.0%	89.4%	91.0%	93.3%	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%									
Cancer	Breast Symptomatic Two week Rule (New Rules)	Sep-20	95.5%	96.9%	95.8%	96.1%	81.8%	93.8%	64.3%	73.0%	87.3%	89.3%	91.1%	96.9%									

Integrated Performance and Compliance Dashboard - October 2020



APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
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%								
	RTT incomplete pathways wait (92%)	Oct-20	93.28%	94.19%	93.84%	93.79%	88.44%	79.09%	69.66%	37.65%	69.81%	79.94%	87.43%	79.67%	92.43%								
	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								
	RTT incomplete pathways wait (92nd percentile)	Oct-20	16.60	16.00	17.10	16.60	20.40	25.40	28.90	27.20	30.40	31.90	30.90	31.10	17.30								
	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								
Diagnostics	RTT incomplete pathways wait (Median)	Oct-20	6.10	6.00	7.60	6.60	10.10	12.90	14.10	8.70	6.10	6.00	7.40	6.50	6.40								
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0								
	RTT incomplete pathways >52 week wait	Oct-20	0	0	0	0	0	3	16	6	37	34	27	33	31								
	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%								
	Number of patients waiting less than 6 weeks for diagnostic procedures	Oct-20	88.73%	95.63%	90.19%	91.67%	43.26%	40.15%	64.59%	48.60%	74.42%	78.01%	87.39%	79.86%	90.09%								
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%									
	CIDs -Referral information	Sep-20	93.33%	95.10%	100.00%	95.89%	100.00%	100.00%	100.00%	96.16%	100.00%	100.00%	97.04%	98.45%									
	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%									
	CIDs- Referral to Treatment information	Sep-20	96.48%	97.35%	97.09%	96.94%	99.95%	98.21%	98.08%	95.65%	97.40%	97.62%	97.83%	97.83%									
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%									
	CIDs- Treatment Activity Information	Sep-20	94.22%	94.08%	100.00%	95.89%	100.00%	100.00%	100.00%	95.68%	100.00%	100.00%	93.92%	96.81%									

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
<b>New to review</b>	<i>Target</i>		1.45	1.45	1.45	1.45	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37									
	New to Review ratio (cons led)	Sep-20	1.41	1.32	1.41	1.41	1.30	1.08	1.35	1.35	1.40	1.46	1.50	1.50									
<b>DNA</b>	<i>Target</i>		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)	Oct-20	7.40%	7.50%	7.78%	7.87%	5.17%	4.59%	6.01%	5.50%	6.32%	6.97%	7.12%	6.98%	7.67%								
	<i>Target</i>		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)	Oct-20	9.52%	9.14%	9.43%	9.37%	6.54%	5.99%	5.76%	6.18%	7.61%	8.21%	8.00%	8.09%	8.11%								
<b>Coding</b>	<i>Target</i>		3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01									
	Average depth of coding	Sep-20	6.93	6.92	6.89	6.89	7.30	7.37	7.39	7.39	7.36	7.44	7.46	7.46									
<b>LOS</b>	<i>Target</i>		3.40	3.40	3.14	3.31	3.17	3.18	3.60	3.32	3.60	3.64											
	Length of Stay Elective	Aug-20	2.13	2.12	2.03	2.03	1.94	1.87	1.69	1.69	1.65	1.56											
	<i>Target</i>		4.20	4.20	4.19	4.20	4.20	4.19	4.11	4.17	4.11	4.06											
	Length of Stay Emergency	Aug-20	3.44	3.45	3.52	3.52	3.50	3.48	3.49	3.49	3.45	3.46											
<b>Day case</b>	<i>Target</i>		76.62%	76.68%	76.01%	76.44%	75.58%	75.33%	75.00%	75.30%	74.59%	74.23%											
	Day case Rate	Aug-20	78.63%	79.45%	79.04%	79.04%	79.83%	79.98%	77.30%	77.30%	77.27%	77.81%											
	<i>Target</i>		4.50%	4.50%	4.50%	4.50%					4.50%	4.50%	4.50%	4.50%	4.50%								
	Pre - Op Stays	Oct-20	1.56%	1.20%	1.21%	1.42%					2.69%	5.17%	3.46%	3.57%	2.70%								
<b>Occupancy</b>	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	Revised Occupancy North Tees	Oct-20	91.93%	90.77%	73.93%	86.89%	56.71%	69.96%	73.92%	65.11%	76.21%	81.02%	87.13%	81.57%	85.79%								
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%		95.00%	95.00%	95.00%	95.00%	95.00%								
Revised Occupancy Hartlepool	Oct-20	89.52%	76.63%	79.44%	82.46%	Closed	Closed	Closed		43.15%	27.63%	63.78%	45.25%	50.34%									
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	Revised Occupancy Trust	Oct-20	91.79%	89.97%	74.20%	86.65%	56.71%	69.96%	73.92%	65.11%	75.72%	79.35%	86.41%	80.64%	84.75%								
<b>Bed days</b>	<i>Target</i>		998	998	998	2994	506	506	506	1518	506	506	506	1518	506								
	Excess bed days	Oct-20	257	545	982	1784	193	207	256	656	201	150	193	544	88								
	<i>Target</i>		535	535	535	1605	317	317	317	951	317	317	317	951	317								
Delayed bed days	Oct-20	281	270	206	757	36	33	110	179	162	126	99	387	171									
<b>Readmissions *</b>	<i>Target</i>		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)	Aug-20																					



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

APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY



Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
	<i>Target</i>		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)*	Aug-20	13.40%	12.66%	10.92%	12.65%	13.79%	16.87%	16.47%	16.08%	17.15%	13.66%											
	<i>Target</i>		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)	Aug-20	9.19%	8.79%	7.89%	8.77%	12.30%	14.39%	12.55%	13.27%	12.32%	10.29%											
<b>EDS</b>	<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%								
	Electronic Discharge Summaries within 24 hours (incl. A&E)	Oct-20	93.04%	92.84%	91.99%	92.65%	91.96%	91.10%	92.92%	92.03%	93.80%	91.54%	91.06%	92.11%	89.81%								
<b>C-sections</b>	<i>Target</i>		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	Oct-20	14.01%	15.13%	11.47%	13.44%	7.58%	12.56%	18.26%	13.82%	18.78%	18.09%	19.44%	18.80%	15.87%								
<b>Theatres</b>	<i>Target</i>		72.86%	72.86%	72.86%	72.86%					72.86%	72.86%	72.86%	72.86%	72.86%								
	Operation Time Utilisation	Oct-20	70.77%	74.29%	72.92%	72.65%					59.68%	64.43%	68.99%	65.49%	67.79%								
	<i>Target</i>		87.07%	87.07%	87.07%	87.07%					87.07%	87.07%	87.07%	87.07%	87.07%								
	Run Time Utilisation	Oct-20	86.40%	87.51%	86.88%	86.92%					78.24%	81.15%	85.16%	82.34%	82.63%								
	<i>Target</i>		92.50%	92.50%	92.50%	92.50%					92.50%	92.50%	92.50%	92.50%	92.50%								
	Planned Session Utilisation *	Oct-20	91.67%	92.86%	76.23%	84.62%					83.12%	56.56%	80.25%	77.40%	86.77%								
	<i>Target</i>		0.80%	0.80%	0.80%	0.80%					0.80%	0.80%	0.80%	0.80%	0.80%								
	Cancelled procedures (Non medical)	Oct-20	0.19%	0.24%	0.66%	0.50%					0.14%	0.25%	0.39%	0.27%	0.35%								
	<i>Target</i>		0	0	0	0					0	0	0	0	0								
	Readmission within 28 days of non medical cancelled operation	Oct-20	1	0	4	5					1	3	2	5	0								
	<i>Target</i>		0	0	0	0					0	0	0	0	0								
	Cancelled Urgent Operations for second time	Oct-20	0	0	0	0					0	0	0	0	0								
	<i>Target</i>		8.80%	8.80%	8.80%	8.80%					8.80%	8.80%	8.80%	8.80%	8.80%								
	Cancelled on day of operation	Oct-20	6.48%	7.58%	9.31%	8.44%					7.26%	7.46%	6.86%	7.15%	6.43%								
	<i>Target</i>		33.11%	33.11%	33.11%	33.11%					33.11%	33.11%	33.11%	33.11%	33.11%								
	Late Start %	Oct-20	43.01%	41.39%	44.53%	42.93%					53.91%	52.00%	60.42%	56.83%	64.09%								
	<i>Target</i>		46.13%	46.13%	46.13%	46.13%					46.13%	46.13%	46.13%	46.13%	46.13%								
	Early Finishes %	Oct-20	47.20%	47.62%	40.08%	45.16%					64.84%	62.40%	46.18%	54.24%	57.09%								
	<i>Target</i>		12.89%	12.89%	12.89%	12.89%					12.89%	12.89%	12.89%	12.89%	12.89%								
	Session overruns (>30 minutes)	Oct-20	16.78%	12.82%	18.62%	16.00%					10.16%	12.80%	14.58%	13.10%	13.09%								

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
A&E	<i>Target</i>		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	Oct-20	1.81%	1.64%	0.90%	1.46%	0.49%	0.45%	0.43%	0.46%	1.34%	0.97%	0.79%	1.02%	1.44%								
	<i>Target</i>		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	Oct-20	2.57%	3.04%	2.34%	2.65%	1.61%	2.01%	1.61%	1.75%	1.78%	3.02%	3.12%	2.66%	2.40%								
	<i>Target</i>		15	15	15	15.00	15	15	15	15.00	15	15	15	15	15								
	Time to Initial Assessment (mean) Type 1 & 3	Oct-20	9.08	9.42	8.59	9.03	9.40	7.28	7.33	8.00	6.32	6.80	6.94	6.69	7.48								
	<i>Target</i>		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	Oct-20	21	10	29	60	7	1	12	20	10	26	21	57	43									
<i>Target</i>		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	Oct-20	1	1	4	6	0	0	0	0	0	0	1	1	8									
<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0									
A&E 12 Hour Trolley waits - Type 1	Oct-20	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%									
	Diabetic Retinopathy Screening	Oct-20	98.34%	98.45%							87.44%	81.25%	76.20%	81.62%									
TCS	<i>Target</i>		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	Oct-20	97.96%	96.70%	98.10%	98.90%	98.90%		94.12%	97.56%	95.83%	96.15%											
	<i>Target</i>		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%			5.00%	5.00%	5.00%	5.00%	5.00%								
TCS35b - % of wheelchair referrals not completed within 8 weeks but completed within 18 weeks	Oct-20	4.90%	1.35%	15.76%	8.00%	0.00%	0.00%			10.62%	2.21%	7.72%	6.63%	24.41%									
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%								
	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Oct-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			91.48%	92.75%	100.00%	94.43%	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								
Audiology non admitted wait (92nd percentile)	Oct-20	4.00	5.00	6.00	6.00	10.00	15.00			19.00	17.00	12.00	22.00	8.00									
Patient identifier	<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%									
	Patient Identifier Indicator	Sep-20	94.22%	94.08%	100.00%	95.89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.92%	96.81%									
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%									
	End of Life measure	Sep-20	87.18%	86.96%	84.04%	86.07%	83.04%	84.02%	81.41%	82.93%	87.12%	83.33%	79.31%	82.68%									
Super Stranded	<i>Target</i>		65	65	64	65	64	64	64	64	63	63	63	63	62								
	Super Stranded Reduction (per day average)	Oct-20	72	67	66	68	13	20	27	20	31	40	46	39	41								

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4		
<b>Unplanned</b>	<i>Target</i>		199.7	199.7	199.7	199.7	160.6	160.6	160.6	160.6	163.0	163.0	163.0	163.0										
	Emergency admissions for acute conditions that should not usually require hospital admission	Sep-20	159.3	137.5	106.3	135.3	56.5	63.5	83.8	68.1	87.8	92.8	84.8	89.0										
	<i>Target</i>		21.51	21.51	21.51	21.51	17.06	17.06	17.06	17.06	19.65	19.65	19.65	19.65										
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Sep-20	30.03	21.13	13.35	21.51	1.11	10.01	11.12	7.42	6.67	5.56	15.57	11.87										
	<i>Target</i>		73.3	73.3	73.3	73.3	70.7	70.7	70.7	70.7	56.4	56.4	56.4	56.4										
<b>Stroke</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Sep-20	78.5	64.5	49.5	60.1	28.8	39.8	56.8	41.8	50.0	48.3	58.0	52.4										
	<i>Target</i>		44.49	44.49	44.49	44.49	22.25	22.25	22.25	22.25	10.38	10.38	10.38	10.38										
	Unplanned hospitalisation for respiratory tract infections in under 19s	Sep-20	55.62	12.24	26.70	31.52	2.22	1.11	0.00	1.11	0.00	1.11	10.01	3.71										
	<i>Target</i>		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 admissions 90% of time spent on dedicated Stroke unit	Oct-20	89.74%	90.48%	86.67%	88.89%	96.36%	93.02%	90.00%	89.70%	89.36%	91.18%	89.29%	89.91%	97.30%									
<b>Stroke</b>	<i>Target</i>		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	Oct-20	60.00%	100.00%	100.00%	84.62%	85.71%	50.00%	100.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%									

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



APPENDIX 4 - WORKFORCE

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun-20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan-21	Feb-21	Mar-21	Q4		
Staff	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%										
	Sickness	Sep-20	4.98%	4.52%	5.43%	5.01%	6.93%	6.50%	5.54%	6.20%	4.77%	4.61%	4.60%	4.58%										
	Target		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 *	Oct-20	9.71%	9.38%	9.42%	9.42%	9.56%	9.17%	8.83%	8.83%	8.23%	8.11%	7.98%	7.98%	7.90%									
	Target		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%									
Mandatory Training	Oct-20	89.0%	89.0%	90.0%	90.0%	87.0%	86.0%	86.0%	86.0%	87.0%	88.0%	89.0%	89.0%	89.0%										
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%										
Appraisals	Oct-20	85.0%	86.0%	86.0%	86.0%	86.0%	85.0%	86.0%	86.0%	85.0%	85.0%	84.0%	84.0%	84.0%										



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



APPENDIX 3 - QUALITY AND SAFETY

			Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4	
<b>Falls</b>	Fall - No Injury (In-Hospital)	Oct-20	79	79	84	72	80	236	74	90	76	240	67	87	77	231	82			
			67	69	57	64	52	173	59	55	61	175	74	96	74	244	91			
	Fall - Injury, No Fracture (In-Hospital)	Oct-20	21	23	28	20	16	64	19	22	21	62	21	20	17	58	12			
			22	21	15	20	13	48	15	8	13	36	14	16	22	52	14			
	Fall - With Fracture (In-Hospital)	Oct-20	3	4	2	3	4	9	1	3	0	4	2	1	2	5	0			
			0	0	0	9	0	9	0	0	0	0	1	0	2	3	1			
<b>VTE</b>	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%				
	VTE Risk Assessment	Oct-20	97.39%	97.08%	97.66%	97.36%	96.98%	97.53%	95.44%	95.85%	96.24%	95.84%	97.09%	96.51%	95.28%	96.29%	95.74%			
<b>Hand Hygiene Compliance</b>	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%				
	Hand Hygiene Compliance	Oct-20	98.00%	99.00%	99.00%	99.00%	100.00%	96.00%	100.00%	99.00%	99.00%	99.33%	97.00%	99.00%	99.00%	98.33%	99.00%			
<b>Infections</b>	Target		5	4	5	5	5	15	4	7	3	14	2	6	10	18	5			
	Clostridium difficile (C.diff)	Oct-20	6	4	2	2	2	6	5	2	3	10	4	6	1	11	4			
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Oct-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Target		1	4	1	3	1	5	0	7	1	8	4	2	2	8	2			
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Oct-20	2	2	0	1	3	4	1	1	2	4	3	5	2	10	2			
	Target		3	2	2	1	3	6	3	6	4	13	4	7	4	15	5			
	Escherichia coli (E.coli)	Oct-20	6	2	1	6	4	11	0	1	2	3	2	4	1	7	2			
Target		3	1	1	2	1	4	2	0	0	2	0	2	1	3	1				
Klebsiella species bacteraemia (Kleb sp)	Oct-20	1	0	3	0	0	3	0	1	0	1	0	1	1	2	0				
Target		1	2	1	0	0	1	0	0	0	0	0	0	1	1	1				
Pseudomonas aeruginosa bacteraemia (Ps a)	Oct-20	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0				
CAUTI	Oct-20								28	37	19	84	25	39	37	101	31			
			21	32	31	27	33	91	15	12	19	46	16	13	22	51	16			
<b>FFT</b>	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%				
	Friends & Family - (Ward) [National Score based on % 'Very Good' & 'Good']	Oct-20	96.00%	98.00%	93.00%	91.00%	90.00%	97.00%	95.00%	96.00%	88.00%	93.00%	86.00%	85.00%	84.00%	85.00%	81.00%			
	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%			
	Friends & Family - (A&E/Urgent Care) [National Score based on % 'Very Good' & 'Good']	Oct-20	82.00%	100.00%	86.00%	78.00%	87.00%	89.00%	90.00%	89.00%	84.00%	87.67%	87.00%	85.00%	89.00%	87.00%	82.00%			
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%				
Friends & Family - (Birth) [National Score based on % 'Very Good' & 'Good']	Oct-20	94.00%	100.00%	83.00%	100.00%	100.00%	99.00%	100.00%	100.00%	50.00%	83.33%	100.00%	90.00%	96.00%	95.33%	100.00%				

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	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%								
	Registered Nurse/Midwife day shift fill rates	Oct-20	86.08%	86.17%	83.67%	83.57%	79.30%	86.84%					72.39%	73.86%	80.73%	75.66%	81.88%								
	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%							
	Registered Nurse/Midwife Night shift fill rates	Oct-20	91.44%	91.53%	93.01%	92.62%	85.61%	93.77%					77.52%	79.32%	84.90%	80.58%	87.88%								
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%								
	Care Staff day shift fill rates	Oct-20	98.97%	99.05%	99.05%	100.82%	89.08%	90.12%					75.57%	80.78%	88.57%	81.64%	82.26%								
Workforce	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%								
	Care Staff Night shift fill rates	Oct-20	138.41%	138.69%	149.66%	144.91%	125.04%	122.22%					105.57%	114.47%	118.52%	112.85%	114.23%								



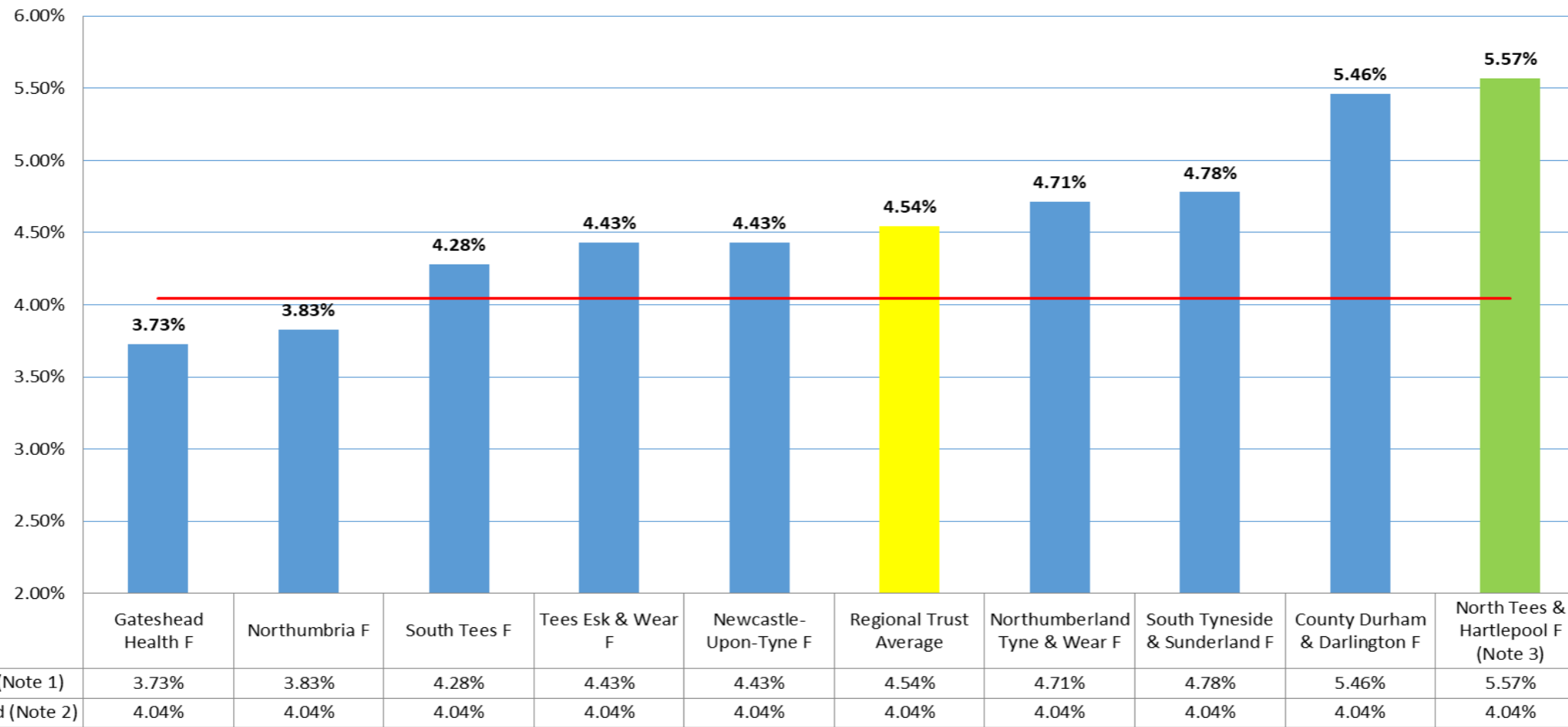
Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT September 20</b>										
Incomplete Pathways waiting <18 weeks	<b>60.6%</b>		<b>87.4%</b>	<b>78.7%</b>	<b>95.7%</b>	<b>71.8%</b>	<b>66.4%</b>	<b>83.3%</b>	<b>53.3%</b>	<b>60.2%</b>
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 September 20	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		<b>85.09 (97/114)</b>	<b>94.12 (16/17)</b>	<b>100 (2/2)</b>	<b>0 (0/0)</b>	<b>83.33 (20/24)</b>	<b>85.37 (17.5/20.5)</b>	<b>95.56 (21.5/22.5)</b>	<b>100 (9/9)</b>	<b>73.68 (11/19)</b>
Lung		<b>74.32 (55/74)</b>	<b>64.71 (5.5/8.5)</b>	<b>64.71 (5.5/8.5)</b>	<b>100 (1/1)</b>	<b>84.62 (5.5/6.5)</b>	<b>63.64 (7/11)</b>	<b>75 (3/4)</b>	<b>84.21 (16/19)</b>	<b>80.65 (11.5/15.5)</b>
Gynae		<b>65.96 (31/47)</b>	<b>100 (4.5/4.5)</b>	<b>83.33 (7.5/9)</b>	<b>100 (1/1)</b>	<b>57.14 (4/7)</b>	<b>57.14 (2/3.5)</b>	<b>66.67 (2/3)</b>	<b>38.46 (5/13)</b>	<b>83.33 (5/6)</b>
Upper GI		<b>58.33 (28/48)</b>	<b>83.33 (2.5/3)</b>	<b>75 (3/4)</b>	<b>0 (0/0)</b>	<b>28.57 (1/3.5)</b>	<b>37.14 (6.5/17.5)</b>	<b>100 (7/7)</b>	<b>56.25 (4.5/8)</b>	<b>90 (3.5/5)</b>
Lower GI		<b>62.89 (61/97)</b>	<b>68 (8.5/12.5)</b>	<b>74.19 (11.5/15.5)</b>	<b>0 (0/0)</b>	<b>20 (1/5)</b>	<b>69.57 (8/11.5)</b>	<b>82.35 (14/17)</b>	<b>75.56 (17/22.5)</b>	<b>23.08 (1/13)</b>
Uro (incl testes)		<b>82.71 (110/133)</b>	<b>75 (9/12)</b>	<b>84.09 (37/44)</b>	<b>0 (0/0)</b>	<b>72.22 (6.5/9)</b>	<b>87.1 (13.5/15.5)</b>	<b>93.88 (23/24.5)</b>	<b>75 (21/28)</b>	<b>0 (0/0)</b>
Haem (incl AL)	Data not available	<b>78.95 (30/38)</b>	<b>50 (2/4)</b>	<b>100 (8.5/8.5)</b>	<b>0 (0/0)</b>	<b>100 (4.5/4.5)</b>	<b>80 (2/2.5)</b>	<b>83.33 (5/6)</b>	<b>80 (4/5)</b>	<b>66.67 (4/7.5)</b>
Head & Neck		<b>75.68 (28/37)</b>	<b>0 (0/0)</b>	<b>88.89 (8/9)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>93.75 (15/16)</b>	<b>0 (0/0)</b>	<b>28.57 (2/7)</b>	<b>80 (3/5)</b>
Skin		<b>96.41 (188/195)</b>	<b>0 (0/0)</b>	<b>100 (5.5/5.5)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>92.59 (50/54)</b>	<b>100 (12/12)</b>	<b>100 (45/45)</b>	<b>97.45 (75.5/78.5)</b>
Sarcoma		<b>83.33 (5/6)</b>	<b>0 (0/1)</b>	<b>100 (2/2)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>100 (2/2)</b>	<b>0 (0/0)</b>	<b>100 (1/1)</b>	<b>0 (0/0)</b>
Brain/CNS		<b>100 (1/1)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>100 (1/1)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>
Children's		<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>
Other		<b>50 (1/2)</b>	<b>100 (1/1)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/1)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>	<b>0 (0/0)</b>
All		<b>80.18 (635/792)</b>	<b>77.17 (49/63.5)</b>	<b>83.8 (90.5/108)</b>	<b>100 (2/2)</b>	<b>71.43 (42.5/59.5)</b>	<b>79.81 (124.5/156)</b>	<b>91.15 (87.5/96)</b>	<b>79.05 (124.5/157.5)</b>	<b>76.59 (114.5/149.5)</b>





### North East Region Trusts - Sickness Rates June 2020



#### North East Region Trusts - Sickness Rates June 2020 (\*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for June 2020. 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 NHS Foundation Trust report the lowest sickness absence rate for June 2020 at 3.73%.

The sickness rate for North Tees and Hartlepool is 5.57%, which is 1.03% **above** the regional average and 1.53% **above** the NHS average. It is the **highest** rate in the region this month.

# Integrated Performance and Compliance Dashboard - October 2020 Benchmark HED



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking <sup>i</sup>		
Indicator		Current	Previous	Change	Peer	National	Position <sup>i</sup>
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	9.43% (Aug 2019 - Jul 2020)	9.31% (Jul 2019 - Jun 2020)	0.12 ↑	7.60%	7.82%	
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	2.26% (Aug 2019 - Jul 2020)	2.20% (Jul 2019 - Jun 2020)	0.06 ↑	2.17%	2.04%	
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	5.11% (Aug 2019 - Jul 2020)	5.05% (Jul 2019 - Jun 2020)	0.06 ↑	4.85%	4.34%	
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	7.54% (Aug 2019 - Jul 2020)	7.47% (Jul 2019 - Jun 2020)	0.07 ↑	7.09%	6.17%	
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	10.49% (Aug 2019 - Jul 2020)	10.42% (Jul 2019 - Jun 2020)	0.07 ↑	9.78%	8.34%	
Outpatient DNA rate (12 mth rolling) HES Outpatients (Oct 2020)	<sup>i</sup>	7.62% (Sep 2019 - Aug 2020)	7.65% (Aug 2019 - Jul 2020)	-0.03 ↓	7.27%	6.99%	
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Oct 2020)	<sup>i</sup>	2.44 (Sep 2019 - Aug 2020)	2.41 (Aug 2019 - Jul 2020)	0.03 ↑	2.46	2.21	
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Oct 2020)	<sup>i</sup>	0.00% (Sep 2019 - Aug 2020)	0.00% (Aug 2019 - Jul 2020)	No Change	11.78%	11.33%	
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Aug 2020)	<sup>i</sup>	87.65% (Aug 2019 - Jul 2020)	88.84% (Jul 2019 - Jun 2020)	-1.19 ↓	73.45%	68.83%	
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Aug 2020)	<sup>i</sup>	91.93% (Aug 2019 - Jul 2020)	93.30% (Jul 2019 - Jun 2020)	-1.37 ↓	87.75%	82.71%	
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Aug 2020)	<sup>i</sup>	88.41% (Aug 2019 - Jul 2020)	90.21% (Jul 2019 - Jun 2020)	-1.80 ↓	79.06%	69.25%	
Day case realisation rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	96.58% (Sep 2019 - Aug 2020)	96.74% (Aug 2019 - Jul 2020)	-0.16 ↓	94.91%	95.68%	
Day case rate (12 mth rolling) HES Inpatients (Oct 2020)	<sup>i</sup>	83.01% (Sep 2019 - Aug 2020)	83.66% (Aug 2019 - Jul 2020)	-0.65 ↓	83.75%	69.22%	

# Integrated Performance and Compliance Dashboard - October 2020 Benchmark HED



Average excess length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.10 (Sep 2019 - Aug 2020)	0.11 (Aug 2019 - Jul 2020)	No Change	0.36	0.44	
Average length of stay (12 mth rolling) HES Inpatients (Oct 2020)	3.27 (Sep 2019 - Aug 2020)	3.27 (Aug 2019 - Jul 2020)	No Change	4.01	4.48	
Average elective length of stay (12 mth rolling) HES Inpatients (Oct 2020)	1.56 (Sep 2019 - Aug 2020)	1.64 (Aug 2019 - Jul 2020)	-0.08	3.64	4.51	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Oct 2020)	3.46 (Sep 2019 - Aug 2020)	3.45 (Aug 2019 - Jul 2020)	0.01	4.06	4.46	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.21 (Sep 2019 - Aug 2020)	0.21 (Aug 2019 - Jul 2020)	No Change	0.23	0.23	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.01 (Sep 2019 - Aug 2020)	0.01 (Aug 2019 - Jul 2020)	No Change	0.03	0.03	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.35 (Sep 2019 - Aug 2020)	0.35 (Aug 2019 - Jul 2020)	No Change	0.41	0.45	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.89 (Sep 2019 - Aug 2020)	0.89 (Aug 2019 - Jul 2020)	No Change	1.01	0.94	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	0.20 (Sep 2019 - Aug 2020)	0.20 (Aug 2019 - Jul 2020)	No Change	0.35	0.28	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Oct 2020)	1.36 (Sep 2019 - Aug 2020)	1.36 (Aug 2019 - Jul 2020)	No Change	1.66	1.63	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Oct 2020)	35.70% (Sep 2019 - Aug 2020)	35.59% (Aug 2019 - Jul 2020)	0.11	35.21%	33.55%	
Elective stranded rate (12 mth rolling) HES Inpatients (Oct 2020)	4.15% (Sep 2019 - Aug 2020)	4.55% (Aug 2019 - Jul 2020)	-0.40	13.04%	12.39%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Oct 2020)	17.12% (Sep 2019 - Aug 2020)	17.08% (Aug 2019 - Jul 2020)	0.04	18.12%	20.08%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Oct 2020)	0.52% (Sep 2019 - Aug 2020)	0.65% (Aug 2019 - Jul 2020)	-0.13	2.46%	3.26%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Oct 2020)	93.06% (Sep 2019 - Aug 2020)	93.01% (Aug 2019 - Jul 2020)	0.05	77.25%	77.63%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Oct 2020)	0.35% (Sep 2019 - Aug 2020)	0.40% (Aug 2019 - Jul 2020)	-0.05	1.03%	0.91%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Oct 2020)	73.13 (Sep 2019 - Aug 2020)	73.16 (Aug 2019 - Jul 2020)	-0.03	91.59	88.36	Low (>95%)



REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

**Statement of Comprehensive Income (SoCI)**

	<u>Current Month £000's</u>
	<u>Actual (£'000s)</u>
Income exc. donated asset income	28,015
Pay	17,328
Operating Non Pay	7,366
Pass through drugs and devices	1,201
Total Operating Costs	<u>25,895</u>
EBITDA	<u>2,119</u>
Interest, Depreciation and PDC	1,515
Surplus/Deficit before PSF	<u>604</u>
Impairments	0
Capital donations / grants I&E impact	0
Surplus/(Deficit) for the year	<u><u>604</u></u>

**Statement of Financial Position**

	<u>Actual (£'000s)</u>
Assets, Non Current	112,337
Assets, Current	84,937
Total Assets	<u>197,275</u>
Liabilities, current	<u>(89,391)</u>
Net current assets (current assets less current liabilities)	<u>(4,454)</u>
Liabilities, non current	<u>(25,817)</u>
Total Assets Employed	<u>82,066</u>
Taxpayers Equity	82,066

**Commentary**

NHSI/E guidance set out the revised financial arrangements for 1st April to September 2020 to ensure to ensure that the NHS has sufficient money to do what it is needed during this period; that the costs of dealing with COVID-19 are captured and funded, and that financial governance is maintained. For the 6-month period we reported a breakeven position in each month.

With effect from M5, we introduced revised 8-month control totals to support the Trust to deliver a breakeven position at year-end. This action was underpinned by the reintroduction of the Financial Management Performance Framework to ensure robust financial control of the financial position.

System allocated financial envelopes have now been issued for M7 to M12, which includes;

- Block income
- System top up
- Growth monies
- COVID-19 funding

Based upon our agreed allocation for M7-M12, we submitted a year-end deficit plan of £0.871m for 2020/21 to NHSI/E. The deficit position is driven by the difficulty the Trust is expected to experience in recovering non-NHS income and an increase in the provision of annual leave.

In the first month of operating within system allocated envelopes, our M7 position is showing a modest surplus £0.604m which is being driven by robust cost control. It should be noted that normalised pay run rates are consistent with 2019/20 and non-pay run rates are below 2019/20 run rates, however, we anticipate that the costs associated with the second wave of COVID-19 are expected to increase.

The year to date net contribution from Optimus is £272k against a plan of £168k (£104k ahead of plan). The year to date net contribution from the LLP is £1,469k against a plan of £1,064k (£404k ahead of plan).

At M7, the Group cash balance is £68.6m, driven by cash received in advance from the DH for November 2020 activity and delays in the capital programme.

Debtor days have decreased by 8 days in comparison to 2019/20 and creditor days have increased by 18 days in comparison to 2019/20 – due to a general delay in timeliness of invoices sent to the Trust due to Covid-19.

## Board of Directors

Title of report:	EPRR Annual Assurance Process and Winter Planning									
Date:	26 November 2020									
Prepared by:	Stewart Ellison, Emergency Planning Officer									
Executive sponsor:	Levi Buckley, Chief Operating Officer									
Purpose of the report	<p>The Trust is subject to an annual programme set out by NHS England and NHS Improvement to provide assurance against the existing emergency preparedness and business continuity preparations within the Trust and to help highlight any areas for improvement.</p> <p>This report sets out the current position of the Trust against these requirements.</p>									
Action required:	Approve		Assurance	√	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	√	Valuing People		Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe	√	Caring	√	Effective	√	Responsive	√	Well Led	√
Executive Summary and the key issues for consideration/ decision:										
<p>The Trust has a statutory duty to plan for and be able to respond to a wide range of emergencies and business continuity incidents that could affect health or patient care.</p> <p>To help support and underpin this function the Trust is subject to an annual programme set out by NHS England and NHS Improvement to provide assurance against the existing emergency preparedness and business continuity preparations within the Trust and to help highlight any areas for improvement.</p> <p>NHS England and NHS Improvement issued an amendment to the assessment and reporting requirements for 2020/21. The amended process focused on three main areas:</p> <ol style="list-style-type: none"> <li>1. Progress made by organisations against EPRR core standards that were reported as partially or non-compliant in the 2019/20 process.</li> <li>2. Assurance on the process of capturing and embedding learning from the first wave of the COVID-19 pandemic.</li> <li>3. Inclusion of progress and learning on preparations for winter planning.</li> </ol> <p>This report sets out the current position of the Trust against these requirements and provides assurance of the ongoing work to deliver full compliance against the EPRR Core Standards.</p>										
How this report impacts on current risks or highlights new risks:										
This report is aligned with the EPRR risk within the BAF. A separate task and finish Group is being established, reporting to the Trust Resilience Forum to refine the current issue and risk log.										
Committees/groups where this item has been discussed	Trust Resilience Forum.									

Recommendation	<p>The Board of Directors is requested to agree to the following recommendations to help support the EPRR capabilities of the Trust:</p> <ul style="list-style-type: none"><li>• Receive the above report as assurance that the Trust continues to meet its requirements in respect of EPRR compliance;</li><li>• Note the ongoing progress to close the gap between partial and full compliance in all areas of EPRR Core Standards;</li><li>• Support the continued oversight of EPRR functions through the Trust Resilience Forum.</li></ul>
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# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

26 November 2020

### Emergency, Preparedness, Resilience & Response (EPRR) Core Standards Assurance Process

#### Report of the Chief Operating Officer

## 1. Introduction

The Trust has a statutory duty to plan for and be able to respond to a wide range of emergencies and business continuity incidents that could affect health or patient care. As a category 1 responder (Civil Contingencies Act (2004)), the Trust must be able to provide an effective response in an emergency whilst still maintaining critical service provision.

To help support and underpin this function, the Trust is subject to an annual programme set out by NHS England and NHS Improvement to provide assurance against the existing emergency preparedness and business continuity preparations within the Trust and to help highlight any areas for improvement.

To help support Trusts with their annual assurance process and winter planning, and to reflect the recognised and anticipated increase in pressures on NHS Trusts in relation to:

- Continuing impacts of COVID-19.
- Operational demands of restoring services.
- Upcoming seasonal pressures.

NHS England and NHS Improvement issued an amendment to the assessment and reporting requirements for the 2020/21. The amended process focused on three main areas:

1. Progress made by organisations against EPRR core standards that were reported as partially or non-compliant in the 2019/20 process.
2. Assurance on the process of capturing and embedding learning from the first wave of the COVID-19 pandemic.
3. Inclusion of progress and learning on preparations for winter planning.

This report sets out the current position of the Trust against these requirements.

## 2. Action plan progress for partially compliant Core Standards

2.1. The Trust's assurance rating for the 2019/20 Core Standards was assessed as **substantially compliant**. Of the 64 standards the Trust was:

- Fully compliant on 60
- Partially compliant on 4

The following standards were found to be partially compliant:

### 2.2. **Standard 20** - Shelter and Evacuation

#### Hartlepool Hospital

- The draft plan for Hartlepool Hospital was tested on 27 February 2020 in Exercise Spark.
- A follow up table top for incident management staff to walk through the response and recovery timeline was cancelled due to COVID-19.
- The plan has been reviewed by the Trust Resilience Forum (TRF).

## **North Tees Hospital**

- The North Tees Hospital plan overview was presented at Care Group Directors in 2020.
- A live ward evacuation in North Tees Tower block has not been possible to date due to Cleveland Fire Brigade advising they are not able to support a live exercise at the current time.
- The plan is being reviewed to take account of arrangements with respect to the second wave of COVID-19 and the reconfiguration of wards.
- The North Tees plan will be tabled for review at TRF once the new fire evacuation procedures have been finalised and updated in the evacuation plan.
- There is close alignment with the Fire Safety Officer and the rolling training programme for Fire Wardens.

### **2.3. Standard 51 – Business Continuity Plans**

- Business Continuity plan revision is now included in the Business Planning Cycle.
- Plans are currently undergoing revision to take account of changes implemented during the first wave.

### **2.4. Standard 53 – BC Audit**

- An independent review of the Business Continuity system to be undertaken by AuditOne during 2019/20, to identify any gaps or weaknesses has been delayed. The review is now scheduled to take place in quarter four of the current financial year.

### **2.5. Standard 55 – Assurance of commissioned providers / suppliers BCPs**

- There is no mechanism in place to review and assess business continuity arrangements of potential or existing suppliers of goods or services. The Emergency Planner and Contracts Manager have been reviewing options which could be included in future tender documentation.
- Work is still on-going to determine the basis on which to apply generic or specific questions to suppliers.
- Once finalised it will be taken through the Master Services Agreement (MSA) meeting and will be brought back to Trust Resilience Forum.

## **3. Long Term Adaptation Planning Standards**

Additionally, the Trust was assessed as partially compliant against two of the five long term adaption planning standards (these do not contribute to the overall assurance rating of the Trust). These have now been achieved, as described below.

### **3.1. Standard 16 – Risk Assess**

- After review by the Emergency Planner and Risk Management Coordinator climate change risks have now been included on Datix - **Risk 6275**.
- The current risk is two, which equals the target risk.

### **3.2. Standard 17 – Overheating Risk**

- All service leads are now required to record areas which regularly overheat on the risk register and liaise with Estates to identify any mitigating actions.



## **4. Identification and application of learning from the first wave**

Reviews of the response to and recovery from the first wave of the COVID-19 pandemic have taken place at Service, Care Group and Executive level. The following areas were highlighted as best practice or areas for improvement:

### **4.1. Business Continuity**

- Implementation of business continuity measures did not always reflect existing plans. Partly accounted for by the movement of staff between services and the dynamic nature of response.
  - To overcome this revised plans will be discussed at meetings and huddles to ensure a greater understanding of critical resourcing, supplies and routes of escalation.
- Guaranteed continuity of critical supplies including PPE and the ability to rely on mutual aid from other Trusts was a noticeable learning point.
  - This will be improved via a centralised store, which will be shared between the Trust, South Tees Hospitals and Sunderland and South Tyneside.
- The Critical Care escalation plan has been revised to remove the need to expand into Theatres. This will enable emergency and elective procedures to continue, in response to the requirements in delivering the third phase.

### **4.2 Staff Wellbeing and Communication**

- Cross service Pandemic Learning Events and engagement via the Wellbeing Bus enabled feedback to be collated and improvements made to support the workforce, improve staff wellbeing and take forward clear communications strategies.
- Reviews have shown that there is a need to have a balance between over and under messaging in order to convey key messages.
- Targeted messaging is in place and will continue to support compliance with social distancing and Infection Prevention and Control (IPC) measures.

The Trust will continue to review the lessons identified in the NHS England and NHS Improvement regional interim review of response to the first wave. Benchmarking and recommendations regarding implementation against the applicable lessons will be undertaken and reported back through the Trust Resilience Forum.

## **5. Incorporating progress and learning into wider winter planning arrangements**

- Winter plans have been shared and stress testing has enabled shared learning. Regular sharing from outbreak debriefs continues across the system.
- Partnership working through the Tees Valley Health and Care Partnership and Local A&E Delivery Board will be crucial to service delivery throughout a challenging winter period.
- The Trust was represented at the Urgent and Emergency Care Regional Winter and System Resilience event in September. This focussed on regional preparations, establishing system resilience, testing of the Integrated Care Partnership plans and offered the opportunity to share best practice.

- The Emergency Planner has provided an update to Cleveland Local Resilience Forum on the on-going work which the Trust is undertaking with respect to the impact of COVID-19 on winter preparedness which supports multi-agency response plans and procedures.
- Patient flow remains central to effective service delivery. Key drivers shared system wide in the Trust winter plan include:
  - A new command and control model with virtual links into Hartlepool and Stockton community escalation, 7 days a week, incorporating ISPA.
  - Offering support to care homes to ensure on-going compliance with IPC matters.
  - Rapid response nursing provision across admission areas to promote the role of out of hospital pathways.
  - Virtual visiting and support for effective communication with relatives.
  - Access to virtual huddles, twice daily, 7 days a week.
  - 7-day therapy provision across acute beds and in the community.
  - Home but not alone – 7-day service linked to volunteer driver scheme.

## **6. Recommendations**

It is requested that the Board of Directors support the following recommendations to help support the EPRR capabilities of the Trust:

- Receive the above report as assurance that the Trust continues to meet its requirements in respect of EPRR compliance.
- Note the ongoing progress to close the gap between partial and full compliance in all areas of EPRR Core Standards.
- Support the continued oversight of EPRR functions through the Trust Resilience Forum.

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

## Board of Directors

Title of report:	Slavery and Human Trafficking Statement									
Date:	26 November 2020									
Prepared by:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	To present the Group Slavery and Human Trafficking Statement for 2020/21 to the Board of Directors for approval, in line with requirements of section 54 (1) of the Modern Slavery Act 2015.									
Action required:	Approve	x	Assurance	x	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services		Health and Wellbeing			x
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective		Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Modern Slavery Act 2015 introduced changes in UK law, focused on increasing transparency in supply chains. Specifically, large businesses are now required to disclose the steps they have taken to ensure their business and supply chains are free from modern slavery, that is, slavery, servitude, forced and compulsory labour and human trafficking.</p> <p>Commercial organisations that supply goods or services and have a minimum turnover of £36 million are required to produce a 'slavery and human trafficking statement' each financial year. This should set out the steps taken to ensure modern slavery is not taking place in the organisation's own business and its supply chains.</p> <p>The Trust supports and has zero tolerance for slavery and human trafficking and is fully aware of its responsibilities towards service users, employees and local communities. There is an expectation that all the companies it does business with share and adhere to the same ethical values. The Trust has in place due diligence and internal policies and procedures that assess supplier risk in relation to the potential for modern slavery or human trafficking. It also operates a number of policies which support it in conducting business in an ethical manner, including recruitment and selection; equal opportunities and diversity; safeguarding; freedom to speak up; procurement; standards of business conduct; grievance and counter fraud, bribery and corruption.</p> <p>The appended statement has been developed with input from Governance, Patient Safety and Quality, Safeguarding, Procurement and Workforce.</p> <p>The statement requires approval at Board level, following which it will be published in a prominent place on the organisation's website.</p>										
How this report impacts on current risks or highlights new risks:										
No new risks have been identified.										
Committees/groups where this item has been discussed	Executive Management Team									
Recommendation	The Board of Directors is asked to approve the annual Modern Slavery and Human Trafficking statement for the year ending 31 March 2021.									



## Slavery and Human Trafficking Statement 2020/21

This statement is made pursuant to s54 of the Modern Slavery Act 2015 and sets out the steps that North Tees and Hartlepool NHS Foundation Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business, subsidiary companies or supply chain during the year ending 31 March 2021.

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

### About the organisation

North Tees and Hartlepool NHS Foundation Trust provides integrated hospital and community health services to a population of around 400,000 people in Stockton-on-Tees, Hartlepool and East Durham, including Sedgefield, Peterlee and Easington.

The Trust provides services from two main hospitals; the University Hospital of North Tees in Stockton on Tees and the University Hospital of Hartlepool and a number of outpatient and outreach clinics at our smaller community hospital in Peterlee, and in an increasing number of community locations. The breast and bowel screening services extend further, across Teesside and parts of North Yorkshire and County Durham. The Trust also provides community dental services to the whole of Teesside and many of our other community services also reach out beyond its geographical boundaries.

In alliance with North East Ambulance Services (NEAS) and the local GP Federation, the Trust delivers Integrated Urgent and Emergency Care services. The Urgent Care Centres incorporate minor injuries and illnesses, GP services and emergency care practices at both hospital sites, with Accident & Emergency delivered from North Tees Hospital.

The Trust is an active partner in the development of the Integrated Care System across Cumbria and the North East in order to drive improvements to care, and works innovatively with key stakeholders and partners to tackle the health challenges of the local population.

The Trust employs approximately 4,800 medical, nursing, allied health professionals, clinical and non-clinical support staff with a total annual turnover of around £326 million. The Trust also has two subsidiary companies, North Tees and Hartlepool Solutions Limited Liability Partnership, established on 1 March 2018 to deliver estates, facilities, supplies and procurement services whilst also operating as a commercial business entity and Optimus Health Limited, established in 2014 to deliver the outpatient and retail pharmacy service Panacea at North Tees Hospital.

The strategic objectives of the organisation are:

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

## The Trust's Commitment

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

We have zero tolerance for slavery and human trafficking and are fully aware of our responsibilities towards our service users, employees and local communities. We expect all the companies we do business with to share the same ethical values. We have a number of policies which support us in conducting business in an ethical manner, including:

- Recruitment and Selection Policy
- Equal Opportunities and Diversity Policy
- Adult Safeguarding Policy
- Safeguarding Children Policy
- Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy
- Standards of Business Conduct Policy
- Procurement Policy
- Grievance Policy
- Counter fraud, Bribery and Corruption Policy

All policies are reviewed to ensure they are working effectively every 3 years or earlier if relevant laws change or new evidence or guidance becomes available.

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

## Due Diligence

We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business.

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

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain the Trust and its subsidiary companies:

- Operates and adheres to a robust recruitment process including compliance with the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references)
- Uses agency staff from agencies on approved frameworks so that we are assured that pre-employment clearance has been obtained to safeguard against human trafficking or individuals being forced to work against their will. If there is not an available worker from a framework agency, this is escalated to senior managers and local pre-employment checks, including the right to work in the UK, are sought.
- Adheres to the principles inherent within both our safeguarding children and adult's policies. These provide clear guidance so that our employees are clear on how to raise safeguarding concerns.
- Ensures representation via the safeguarding team, on the Modern Slavery Network and the Vulnerable, Exploited, Missing, Trafficked strategic and operational groups.



- Ensures all staff are protected from poor treatment and/or exploitation by complying with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment and access to training and development opportunities.
- Has systems to encourage the reporting of concerns and the protection of staff who speak up.
- Purchases a significant number of products through NHS Supply Chain, who's 'Supplier Code of Conduct' includes a provision around forced labour. Other contracts are governed by standard NHS Terms & Conditions. High value contracts are effectively managed and relationships built with suppliers.
- Utilises existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract, these all have the requirement for suppliers to have suitable anti-slavery and human trafficking policies and processes in place. Where a suitable framework exists we use them in preference to tendering. These are run by NHS procurement hubs and contain the standard Terms & Conditions.
- Requests all suppliers to comply with the provisions of the UK Modern Slavery Act (2015), through agreement of our 'Supplier Code of Conduct', purchase orders and tender specifications. All of which will set out our commitment to confirming there is no modern slavery or human trafficking related to service delivery and business.
- The Trust upholds professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply.

### **Effective action taken to address modern slavery**

The Trust is committed to social and environmental responsibility and has zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility for overall compliance.

A Freedom to Speak Up Report is submitted to the Board of Directors on an annual basis which includes an overview of the number of concerns raised by staff and the category that they fall into.

Representation on the Stockton and Hartlepool Vulnerable, Exploited, Missing, Trafficked (VEMT) practitioners group and Missing Exploited Group (MEG) in County Durham identifies children and young people at risk. This enables the sharing of information between practitioners and helps to put safety measures in place in order to reduce risk.

As part of the procurement process and completion of the supplier questionnaire, the Trust seeks assurance that suppliers are compliant with the Modern Slavery Act 2015.

Companies should present an accurate picture, rather than avoid dealing with problems in their operations. The Home Office Guidance encourages full disclosure of any issues identified and recommends that accompanying information is provided on issues are being addressed and rectified. Good practice reporting in this regard would include:

- Disclosure of any identified instances of modern slavery and results of corrective action plans.
- Company-level grievance mechanisms, number of complaints made through these mechanisms and complaint resolution.
- Remedy and compensation provided for labour rights abuses.



- The publication of any performance indicators used, including detailing if and how business decisions are informed by performance indicators.

Information about modern slavery is available on the Trust intranet site, which reminds staff how they might recognise a victim of modern slavery and what they should do to help.

### **Training**

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

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

### **Our performance indicators**

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

### **Approval for this statement**

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

**Paul Garvin**  
Chair

**Julie Gillon**  
Chief Executive