



# **Board of Directors Meeting**

**Thursday, 28 April 2022  
at 10.30am**

**Boardroom  
University Hospital of Hartlepool  
and via MS Teams**

22 April 2022

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Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 28 April 2022 at 10.30am** in the **Boardroom, University Hospital of Hartlepool**.

Yours sincerely



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

### Agenda

		<b>Led by</b>
1. (10.30am)	Apologies for Absence	Chair
2. (10.30am)	Declaration of Interest	Chair
3. (10.30am)	Patient Story	L Robertson
4. (10.50am)	Minutes of the meeting held on, 24 March 2022 <b>(enclosed)</b>	Chair
5. (10.55am)	Matters Arising and Action Log <b>(enclosed)</b>	Chair

### Items for Information

6. (11.00am)	Report of the Joint Chair <b>(enclosed)</b>	Chair
7. (11.15am)	Joint Partnership Board Update (verbal)	S Hall
8. (11.25am)	Report of the Chief Executive <b>(enclosed)</b>	J Gillon

### Performance Management

9. (11.45am)	Board Assurance Framework 2021/22: Quarter 4 Report <b>(enclosed)</b>	H Heslop
10. (11.55am)	Integrated Compliance and Performance Report <b>(enclosed)</b>	L Hunter, L Robertson, N Atkinson & N McMillan
11. (12.10pm)	Capital Programme Performance 2021/22: Quarter 4 Report <b>(enclosed)</b>	N Atkinson

### Strategic Management

12. (12.10pm)	Priorities and Operational Planning Guidance 2022/23 <b>(enclosed)</b>	L Hunter
13. (12.20pm)	Capital and Revenue Budgets 2022/23 <b>(enclosed)</b>	N Atkinson

## Operational Issues

- |               |  |               |
|---------------|--|---------------|
| 14. (12.30pm) | Elective Recovery 2021/22 Update and 2022/23 Trajectories<br><b>(enclosed)</b> | L Buckley     |
| 15. (12.50pm) | NHS Annual Staff Survey Results 2021 <b>(enclosed)</b>                         | N McMillan    |
| 16. (1.00pm)  | Learning from Deaths 2021/22: Quarter 4 <b>(enclosed)</b>                      | D Dwarakanath |
| 17. (1.10pm)  | Any Other Business   | Chair         |

Date of next meeting

(Thursday, 26 May 2022, Boardroom, University Hospital of North Tees)

# **Glossary of Terms**

## **Strategic Aims and Objectives**

### **Putting Our Population First**

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

### **Valuing People**

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

### **Transforming Our Services**

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

### **Health and Wellbeing**

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



## North Tees and Hartlepool NHS Foundation Trust

### Minutes of a meeting of the Board of Directors held on Thursday, 24 March 2022 at 1 pm at the University Hospital of North Tees / Via Video Link

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

These minutes represent a formal record of the meeting.

#### Present -

Professor Derek Bell, Joint Chair*	Chair
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Ann Baxter, Non-Executive Director*	AB
Chris Macklin, Interim Non-Executive Director*	CM
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance*	DoF
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information and Technology Officer	CITO
Hilton Heslop, Head of Strategy and Corporate Affairs	HoS&CA
Linda Hunter, Interim Director of Performance and Planning	IDoP&P
Karen Sheard, Deputy Chief Nurse/Deputy Director of Nursing & Patient Safety DCN/DDoN&SPS	

#### In attendance: -

Margaret Docherty, Elected Governor for Stockton *[via video link]*  
Lynda White, Elected Governor for Stockton *[via video link]*  
David Russon, Elected Staff Governor *[via video link]*  
Pauline Robson, Elected Governor for Hartlepool *[via video link]*  
Ruth Dalton, Head of Communications and Marketing *[via video link]*  
Posmyk Boleslaw, Chair, Tees Valley CCG *[via video link]*  
Stuart Arnold, Local Democracy Reporter, Reach PLC *[via video link]*  
Sarah Hutt, Assistant Company Secretary  
Abi Smith, Personal Assistant (note taker)

#### BoD/4737 Apologies for Absence / Welcome

Apologies for absence were noted from, Lindsey Robertson Chief Nurse/Director of Nursing & Patient Safety, and Alan Sheppard, Chief People Officer, and Natalie McMillan, Interim Chief People Officer.

The Joint Chair welcomed everyone to the meeting.

#### BoD/4738 Declaration of Interests

Declarations of interest were noted from SH in respect to his role with Optimus Health Ltd, the CITO in respect to his role in the ICS and CM in respect to him retaining his role in Sunderland CCG until the end of June.

#### BoD/4739 Staff Story

The DCN/DDoPS&Q invited Beverley Marwood (BM) to share with members her story regarding the journey to her newly appointed role as Associate Practitioner (AP). Beverley had been a Senior Physiotherapist working in Emergency Care and began to develop admission avoidance particularly

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\* voting member

for elderly patients requiring multi-factorial support. Since then Beverley has moved to work in the Community as Support Emergency Consultant focusing on providing urgent crisis response including falls, to ensure the right patients were receiving the right care at the right time to avoid unnecessary admissions to hospital. The pathway was proven to be extremely beneficial for patients with a robust system in place, prompting discussion.

The Joint Chair thanked BM for a fantastic presentation and recognised the really great work being done with links to the strategic direction and objectives.

- Resolved:** (i) that, the staff story be noted; and  
(ii) that, the thanks of the Board be conveyed to Beverley Marwood.

#### **BoD/4740 Minutes of the meeting held on, Thursday, 27 January 2022**

- Resolved:** that, the minutes of the meeting held on, Thursday, 27 January 2022 be confirmed as an accurate record.

#### **BoD/4741 Matters Arising and Action Log**

There were no matters arising.

#### **BoD/4742 Report of the Joint Chair**

The Joint Chair conveyed sympathy relating to current events in Ukraine and acknowledged support to all Ukraine citizens during this extremely difficult time.

A summary of the report of the Joint Chair was provided with the key points highlighted. An update was provided regarding the review being undertaken by NHSE/I which was expected to conclude shortly. The Joint Chair placed on record a big thank you all staff for their continued hard work and focus to with the proposal to make a number of interim appointments following the resignation of a number of Non-Executive Directors, and the Joint Chair expressed thanks on behalf of the Board for the service they had provided to the Trust.

Other items to note included on-going departmental and site visits; plans for the staff recognition event Shining Stars, and the important role Volunteers played in supporting the organisation.

The MD/DCE reported that two truckloads of spare medical supplies had been taken to the Ukraine and wanted to thank all staff involved in this endeavour.

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

#### **BoD/4743 Joint Partnership Board Update**

The Chair provided an update from the Joint Partnership Board (JPB) which met on 16 March 2022.

The Joint Partnership Board had agreed to arrange two facilitated Board to Board sessions in order to agree next steps, which were expected to take place in May and June.

- Resolved:** (i) that, the verbal update be noted; and  
(ii) that, arrangements for two facilitated Board to Board sessions would be confirmed in due course.

#### **BoD/4744 Report of the Chief Executive**

The Chief Executive presented the Report of the Chief Executive and highlighted key points.

- COVID-19 remained as a level 4 incident nationally and there was a shift towards finding ways to live with the virus and developing different ways of managing social distancing, PPE and infection control. There were currently 54 Covid positive patients in the Trust, which was a

steady increase, however patients were not as acutely unwell.

- Flu Campaign – The winter flu campaign came to an end in February, with the final vaccination rate of 71.1%. The COVID-19 vaccination rate in staff was currently 82.3%.
- Elective Recovery – The Trust was on trajectory to achieve against the Elective Recovery Plan with zero patients waiting over 104 weeks and a small number of patients waiting over 52 weeks.
- Health and Wellbeing of staff continued to be a key focus as well as the provision of reward and recognition initiatives for staff. The CE had recently attended the commencement of the second cohort of 100 Leaders Programme and it had been humbling to hear how staff had overcome challenges and were delivering ambitious changes.
- Community Diagnostic Centres were being developed in order to provide a greater range of services for patients in community settings. A business case was in development for the creation of a new Diagnostic Hub and potential sites were currently being evaluated.
- Hartlepool Health Academy – The Trust continued to work with partners to develop a health academy as part of the national Town Deal Fund scheme.
- VIP Visits – the Trust has hosted several VIP visits in recent months, including a visit from Wes Streeting, Shadow Secretary of State for Health and Social Care, and Alex Cunningham, MP on 25 February, they visited the Breast Unit, A&E and the newly refurbished Rainbow Suite at North Tees. MP for Hartlepool Jill Mortimer, recently visited the Rowan Suite in Hartlepool.
- Celebrating the role of overseas workers in health and care - On the 4 March the Trust celebrated 'Overseas NHS Workers Day'. The Trust has staff who come from more than 50 countries across the globe.

**Resolved:** that, the contents of the report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model be noted; and

#### **BoD/4745 Board Assurance Framework Interim Report**

The HoCA&S presented the Board Assurance Framework (BAF) Interim Report for Quarter 4 and highlighted it was an interim report. It was noted that the BAF had 12 risk domains linked to the four strategic objectives – Putting our population first, Valuing People, Transforming our Services and Health and Wellbeing. There were currently three principle risks with one or more threats which were linked to: Strategic Risk 2A & 2B, Strategic Risk 3C and Strategic Risk 3E. There were no new risks.

The CITO provided an update regarding Risk 6404 which related to staffing levels in the IM&T directorate. The CE highlighted that there was significant focus in the organisation regarding the oversight and mitigation of risk which was managed through the internal committee structure to provide assurance to the Board.

**Resolved:** that, the Board Assurance Framework Quarter 4 Interim Report be noted.

#### **BoD/4746 Integrated Compliance and Performance Report**

The IDoP&P provided an overview of performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of February 2022 regarding performance, efficiency and productivity, quality and safety, workforce and finance.

Key points included:-

- Cancer position; there had been a reduced number of cancer referrals month on month, however the Trust was continuing to see challenging complex pathways. The Trust's position was comparable both regionally and nationally for the Two Week Rules and 62 Day Referral to Treatment standards. There was a National consultation underway regarding cancer standards, with the proposal to combine all 31 Day standards together and all 62 Day standards together. The latest benchmarking saw the Trust second in the region at 84% against 92% target. There was an improved position for diagnostics.
- There was a 44% reduction in patients waiting over 6 weeks.
- The Trust continued to manage ambulance handovers, and was continuing to provide mutual

aid to neighbouring trusts.

- The Patient Safety & Quality team were seeing a reduction in complaints and there was a key focus on falls and pressure ulcers. They were working collaboratively to share good practice and learning.
- Workforce; there were some challenges with nursing fill rates, however there was a robust recruitment strategy and it was noted there had been an increase in the number of nurses joining the Trust.
- Staff Sickness Absence saw a significant increase of Covid related absence in January at 4.2%. A lot of targeted work was ongoing to reduce staff sickness.
- Appraisal compliance was below target, which was mainly due to a pause during the pandemic.
- Financial position at Month 11; was reporting an in month surplus of £0.256m against a planned breakeven position and overall it was a positive position. The Trust had spent £14.1m against the Capital programme for 2021/22, which was on plan against the year to date position.

The DoF noted that due to the late release of national guidance, draft financial plans were required to be submitted by the national deadline of 19 April, an update would be brought to the Board in April.

- Resolved:**
- (i) that, the Trust's performance against the key operational, quality and workforce standards be noted; and
  - (ii) that, the significant ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged..

#### **BoD/4747 Data Protection and Cyber Assurance Report**

The CITO presented the Data Protection and Cyber Assurance Interim Position Report and highlighted the purpose of the report was to provide the Board with a mid-year update and to provide assurance regarding the on-going activities in relation to the Data Security Protection Toolkit (DSPT) readiness, which underpins these activities in advance of the 30 June 2022 DSPT submission deadline.

The Trust remained on plan to complete full assurance submission by 30 June subject to three key risks:

- Risk 1: Non-compliance with the minimum 95% completion by staff of the Data Security Mandatory Training within the year. This equated to circa 859 staff needing to complete this mandatory training with 6 weeks left to reach the 95% target.
- Risk 2: Non-compliance with DSPT assertion 9.3.8 – 'The organisation maintains a register of medical devices connected to its network' – new requirement for 2021/22. The Trust was in the process of obtaining software to achieve a connection of equipment to IP addresses.
- Risk 3: Risk that the independent audit scheduled in May 2022 may highlight actions that were not able to be completed by the DSPT submission date of the 30 June 2022 – this was due to the Trust's planned audit being rescheduled from March to May 2022.

Top 3 Key IG risk themes:

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

There were currently 24 data impact assessments under review. Robust policies and procedures were in place for Incident reporting both cyber security and personal data breaches. The Trust actively encouraged staff to report any suspected data protection and cyber breaches, awareness of threats was a key component to combating and reducing threats. A joint North & South Tees NHS FT board session, focusing on Cyber security was planned to take place on the 29 March 2022, which would provide both boards with GCHQ verified cyber awareness training.

3 current cyber security risks which had been escalated through the Board Assurance Framework:

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

The CE congratulated CITO on his new role as Executive Chief Digital Information Officer within the ICS and ICB, which was a great accolade, and wished him the best of luck with his new role.

- Resolved:** (i) that, the progress to date be noted; and  
(ii) that, the approach, governance and assurance methods outlined in the report be approved.

### **BoD/4748 Maternity Board Report – Quarter 3, 2021/22**

The DCN/DDoPS&Q presented the Maternity Board Report – Quarter 3, 2021/22 highlighting that the report provided assurance to the Board regarding improvements across maternity services. The following key points were highlighted;

- The Perinatal Mortality Review Tool (PMRT) was a nationally developed and agreed tool that facilitated a comprehensive, robust and standardised review of all perinatal deaths, which the Trust had been fully compliant with since 2018.
- The Trust was part of the Local Maternity and Neonatal System (LMNS) which promoted sharing of learning across all regional maternity services.
- In Quarter 3 no incidents met the criteria for Serious Incident (SI). Overall in Quarter 3 there had been a low number of incidents, going forward the report would demonstrate ongoing comparison relating to incidents and themes.
- The Trust was a member of a national scheme which provided support in relation to the management of legal claims against the Trust; Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme (CNST – MIS). 10 maternity safety actions were incentivised and the Trust was fully compliant with 7 out of 10.
- Final Ockenden Report due on 30 March. The interim reports showed 7 actions, and the Trust was compliant with 5 out of the 7 actions. The final report would include national recommendations.
- The importance of training had also been highlighted within the initial Ockenden Report and the CNST action plan which required 90% of maternity staff to be compliant. The Trust consistently achieved this target, reporting 92% in Quarter 3.
- Patient experience, complaints and compliments continued to be monitored and any complaints were escalated appropriately. The most common factor in complaints over the past 12 months related to communication, however it was noted that compliments exceeded complaints. Feedback data showed the Trust at 97.33% for very good/good.
- Workforce analysis demonstrated a relatively static picture across the midwifery workforce, with an increase of consultant workforce during Quarter 3. Work was continuing around recruitment.
- Key areas of improvement included; continuing to review professional leadership, development of an automated dashboard, PMIO support established for work on the current improvement plan.

The CE recognised the difficult journey undertaken within maternity services for all organisations and acknowledged that the Trust had proactively managed the situation. The Rowan Unit at the University Hospital of Hartlepool opened two years ago which had had a very positive impact in particular the holistic side of pathways for all midwives and patients. There were major learning points to come out of the Ockenden Report however the CE wanted to commend staff who had worked positively and made improvements for the ladies under this service.

- Resolved:** (i) that, the significant work and improvements to ensure the Trust achieved full compliance against the recommendations from the key national enquiries and reports be noted; and  
(ii) that, the significant work being undertaken in relation to leadership and culture across all areas of the service and the plans in place to maintain stability ensuring safety and quality are at the centre of care delivery be noted; and  
(iii) that, the impact upon the current workforce in relation to the national reports and requirements for further improvement be noted; and  
(iv) that, the review of the midwifery workforce using the nationally agreed tool “Birth Rate Plus” to identify any required resource be noted.

**BoD/4749 Modern Slavery and Human Trafficking Statement 2022/23**

The HoCA&S presented the Modern Slavery and Human Trafficking Statement 2022/23 for approval, in line with requirements of Section 54(1) of the Modern Slavery Act 2015k, confirming that the Trust had zero tolerance for slavery and human trafficking and was fully aware of its responsibilities towards service users, employees and local communities.

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

**Resolved:** that, the annual Slavery and Human Trafficking Statement 2022/23 be approved.

**BoD/4750 Any Other Business**

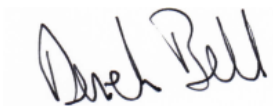
The Joint Chair advised that going forward the Public Board meeting would be held first during the morning with the Private, In Committee Board meeting to follow in the afternoon.

**BoD/4751 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on, Thursday, 28 April 2022 in the Boardroom at the University Hospital of Hartlepool.

The meeting closed at 2.30pm

Signed:



Date: 28 April 2022

## BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
27 May 2021	BoD/4537	<b>NHS Resolution Clinical Negligence Scheme for Trusts (CNST)</b> Market place event to be considered to showcase the great work being done within Maternity Services	L. Robertson			As restrictions continue to ease planning will commence for an event towards the summer.
27 January 2022	BoD/4697	<b>Patient Story</b> Thanks of the Board to be conveyed to the family for allowing their patient story to be shared with the Board	L. Robertson		Completed	
27 January 2022	BoD/4701	<b>Joint Partnership Board Update</b> Revised Terms of Reference for the Joint Partnership Board to be presented back to a future meeting for approval by the Board of Directors	S. Hutt			Terms of Reference are due for review in April/May and will be presented once approved by the Joint Partnership Board.
27 January 2022	BoD/4701	<b>Joint Partnership Board Update</b> Update on the Joint Partnership Board to be provided at each board meeting going forward	B. Bright		16 March 2022	This is now a standing agenda item on the Public Board Agenda.
27 January 2022	BoD/4702	<b>Report of the Chief Executive - Jane Metcalf</b> Letter of thanks to be sent to Professor Jane Metcalf on behalf of the Board on her retirement	D. Dwarakanath		Completed	
24 March 2022	BoD/4743	<b>Joint Partnership Board Update</b> Facilitated sessions to be arranged for both Boards to attend	S. Hutt			Two facilitated sessions are planned to take place in May and June.

## Board of Directors

Title of report:	Joint Chair's Report										
Date:	28 April 2022										
Prepared by:	Sarah Hutt, Assistant Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to update the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Department and site visits;</li> <li>• North East Chairs Meeting;</li> <li>• Car Parking</li> <li>• Joint Partnership Board</li> </ul>											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Board of Directors are asked to note the content of this report.										



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

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

**28 April 2022**

### **Report of the Joint Chair**

#### **1. Introduction**

This report provides information to the Board of Directors on key local, regional and national issues.

#### **2. Key Issues and Planned Actions**

##### **2.1 Department and site visits**

A programme of monthly visits to the University Hospital of Hartlepool have now been established with Governors invited to attend on a rotational basis. In March the areas visited included the Urgent Care Centre, Maternity Unit and ambulatory care area. This month the visit was to the main Outpatients Department. It was great to be able to meet patients and talk to staff who were all enthusiastic and proud of the services they are delivering.

##### **2.2 North East Chairs Meeting**

A meeting of the North East Chairs took place on 7 April, which was a positive well attended meeting.

There was a broad discussion and concern was raised about the importance of recognising and addressing the health and wellbeing requirements for staff following the impact of winter pressures and the ongoing effects of the COVID-19 pandemic.

##### **2.3 Car Parking**

It was announced in the media that free parking for NHS staff would cease at the end of March, which had been implemented in 2020 nationally to support staff during Covid-19 pandemic.

Both North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust plan to re-establish car parking charges in due course, however are looking at approaches to support staff at this point in time whilst maintaining our focus on patient care.

##### **2.5 Joint Partnership Board**

The Joint Partnership Board between this Trust and South Tees Hospitals NHS Foundation Trust continues to meet regularly to progress collaborative and joint working relationships with partners across the Tees Valley for the benefit of the local population. To further develop strategic plans two facilitated sessions have been scheduled for May and June 2022, which will be attended by the Boards from both trusts.

#### **3. Recommendation**

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

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

## Board of Directors

Title of report:	Chief Executive Report											
Date:	28 April 2022											
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant											
Executive Sponsor:	Julie Gillon, Chief Executive											
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.											
Action required:	Approve		Assurance			Discuss		X		Information		X
Strategic Objectives supported by this paper:	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing		X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X		
Executive Summary and the key issues for consideration/ decision:												
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> <li>• COVID-19 current position, emergency care challenges and continued recovery</li> <li>• Health and Wellbeing Strategy and Staff Survey</li> <li>• Research and Development</li> <li>• Integrated Care System and Integrated Care Board</li> <li>• North East and North Cumbria Provider Collaborative</li> <li>• Tees Provider Collaborative</li> <li>• Collaboration and the White Paper</li> <li>• Service and Estates Developments</li> <li>• Ockenden Review</li> <li>• Annual Operating Plan Priorities 2022/23</li> <li>• Faculty for Leadership and Improvement</li> <li>• North Tees and Hartlepool NHS Foundation Trust Estates Strategy</li> <li>• Tees Valley Health Summit</li> <li>• Breast Screening and COVID backlog</li> <li>• Hospital Support Workers</li> </ul>												
How this report impacts on current risks or highlights new risks:												
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.												
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.											
Recommendation	The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.											

**North Tees and Hartlepool NHS Foundation Trust**  
**Meeting of the Board of Directors**

**28 April 2022**

**Report of the Chief Executive**

**1. Introduction**

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

**2. Strategic Objective: Putting our Population First**

**2.1 Key Issues and Planned Actions**

**2.1.1 COVID-19 Current Position and Continued Recovery**

**2.1.1.1 COVID-19 Current Position**

As at 21 April 2022, the Trust is caring for 53 COVID-19 positive patients, none of which requires critical care intervention. There has been a decrease and plateauing in covid positive patients during April. Internal modelling suggests that this will continue with a potential stabilisation towards the end of the month.

The impact of the vaccination programme means that the acuity of these cases is less severe with increasing incidental numbers of patients admitted 'with Covid'

The cessation of public testing means that the community infection rates no longer provide a useful measure to inform service planning. Within the North East and North Cumbria (NE&NC) providers continue to monitor covid admissions and staff absence levels; operational impact and continued challenges in the context of the wider positioning of urgent and emergency care and elective recovery.

**2.1.1.2 Infection Prevention Control (IPC)**

The Government's '*Living With Covid*' plan (published 21 February, 2022) described the government's strategy to living with and managing Covid. The NHS continues to review the application of IPC guidance in health and care settings. The Trust continues with focused patient testing, the use of personal protection equipment and provision of lateral flow tests for staff in patient areas. IPC guidance is reviewed regularly with a risk based approach to enable robust management of patient flow, safety and quality care provision.

**2.1.1.3 Hospital Activity and Operational Challenges**

Urgent and Emergency Care continues to experience pressures similar to those experienced across the system in terms of surges in attendances, admissions and increased patient acuity. Coupled with this, the Trust regularly assists with aiding the system by accepting a number of requests for mutual aid, diverts, deflections. A number of key pieces of work is being undertaken to mitigate against these challenges, including a revised bed model, the provision of alternative care through the 2 hour Urgent Community Response to ensure the service meets the need of the population.

The Trust continues to perform well in terms of ambulance handovers, sitting second in the region. NEAS on site on 20<sup>th</sup> April to look at innovative ways to improve the patient pathways into the organisation. A significant piece of quality improvement work continues within the department including the funding to support additional staffing.

Whilst performance continues to be affected by the impact of Covid, the Trust is largely delivering against the submitted activity plans in respect of trajectories for elective recovery. At the end of March

2022 the Trust declared no patients waiting longer than 78 or 104 weeks. The Trust has submitted the final response following the publication of the 2022/23 priorities and operational planning outlining a clear plan for delivering the elective trajectories in 2022/23, including the continued support of capacity across the wider system.

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

### **2.2.1 Health and Wellbeing Strategy**

The revised Health and Well-being Strategy has three headline objectives; Putting our People First, Leadership and Culture and Engagement. The strategy was devised by the Executive Team and shared with the People Committee with support around the 'back to basics' approach from the Board. Key measurables are being developed to be owned by the wider workforce team and operational and corporate departments to drive delivery of the strategy and ensure monitoring and effective implementation. The strategy is aligned to and part of a more comprehensive approach to the staff survey and to the overarching People Plan.

### **2.2.2 Staff Survey**

The Trust has reported above average on the majority of staff survey domains and benchmarks in a positive position in peer and regional comparisons. Intense work is taking place on enabling a full understanding of results at all levels of the organisation and to ensure staff comprehend and influence future survey positioning. This is complemented with work taking place on proactive engagement, cultural development, leadership, health and well-being and equality diversity and inclusion.

### **2.2.3 Research and Development**

#### **2.2.3.1 Research and Development Update**

The year-end position for recruitment to clinical trials was 1127 and whilst this is lower than previous years, this was in part due to the high level of support for interventional, resource intense COVID Studies. A review of the research portfolio is underway to target specific trials and increase recruitment. The research team will broaden the range of specialties that are research active as a priority for the beginning of 2022/23.

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

### **2.3.1 Integrated Care System (ICS)**

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

Sam Allen, the ICB Chief Executive, will visit the Trust on 27 May 2022 to gain an understanding of the strategic direction, service provision, future ambitions, collaborative working and to meet with clinical teams. The recruitment process to the Integrated Care Board continues and a formal announcement will be made in due course regarding the Chief Nurse, Director of Strategy and Non-Executive Director posts.

A Chief Executive and ICB strategy session was held which enabled discussion around the collaborative continuum, accountability and authority of constituent partners, operational planning and financial stability. A roadmap of next steps will be built as the ICB and ICP evolve alongside stakeholder engagement.

#### **2.3.1.2 North East and North Cumbria Provider Collaborative Development Session (PvCv)**

The NENC Provider Collaborative (PvCv) continues to focus on governance and on the work plan in readiness for the new ICS formal structure with a new prospectus and memorandum of understanding under development to address key priorities and to establish effective delivery potential in the new statutory and regulatory regime.

### **2.3.2 Tees Provider Collaborative**

North Tees and Hartlepool and South Tees Hospitals Foundation Trusts continue to develop partnership working to benefit patients, with a focus on advancing the successes of clinical strategy and pathway collaboration, financial sustainability, workforce ambition and digital interoperability.

### **2.3.3 Collaboration and the NHSE/I White Paper**

In late February, the Trust welcomed the release of NHSE/I white paper 'Integration and Innovation: working together to improve health and social care for all', this indicated an accelerated case for change to 'support the NHS recovery from the pandemic and to meet future challenges'. The paper echoes the exact approach to collaboration for a more aspirant Teesside that this Trust has long held ambitions for, and mirrors the partnership approach with local, regional and national stakeholders. The Trust's ambitions for system working, to ultimately reduce inequalities to support our populations to live fuller, independent, healthier lives is the very thread through the entire organisation and frames the future strategic positioning.

### **2.3.4 Service and Estate Developments**

#### **2.3.4.1 Community Diagnostic Centre – Proposed Plans Tees**

The strategic plan for the health system in Tees is to develop diagnostic capacity in addition to a new build Community Diagnostic Centre (CDC) by the end of 2025. The ambitious plan is to enhance diagnostic services to meet future demand, support faster/earlier diagnosis and contribute to population health and tackling health inequalities. National capital funding is available to support systems with these developments.

A programme board has been established in Tees which reports to the Clinical Services Strategy Board. Approval of both the outline business case and full business case will be subject to an approval timeline of 31 March 2023.

#### **2.3.4.2 Endoscopy Training Academy**

Building work on the new Endoscopy Training Academy at the University Hospital of Hartlepool is on track and due to be completed by June 2022. Recruitment of clinical and administrative staff to support operational delivery of the academy is underway utilising funding provided by Health Education England, Northern Cancer Alliance and the Trust. The academy will be delivered collaboratively with South Tees NHS Foundation Trust.

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

### **2.4.1 Ockenden Review**

The final report into the findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospitals NHS Foundation Trust was published on 30 March 2022. The Trust is working through the essential actions for NHS Organisations with regular updates to the Board of Directors and to support staff in the development journey.

### **2.4.2 Annual Operating Plan Priorities 2022/2023**

The Trust has continued to work towards the key milestones outlined in the 2022/23 Priorities and Operational Planning Guidance, with the draft submission for finance, activity and workforce made in early March. Various assurance submissions and triangulation of these submissions has been undertaken, culminating in the final submissions throughout April 2022

### **2.4.3 Faculty for Leadership and Improvement**

The Faculty has supported the first cohort of participants starting the Quality, Service Improvement and Redesign (QSIR) programme delivered by NHSE/I. Staff will be supported to deliver a QI project using the methodologies adopted during the course of the programme. A cohort of staff will complete a practitioner programme which will equip them to train the workforce in QSIR for the future.

#### **2.4.4 North Tees and Hartlepool NHS Trust Estate Strategy**

The Trust is working on refining the estates strategy and to build the case for investment for future provision within the ambition of a new hospital. This includes case for change, vision for the future and the value proposition and benefits realisation.

#### **2.4.5 Tees Valley Health Summit**

I had the opportunity to open and chair the first Tees Valley Health Inequalities Virtual Summit on the 31 March 2021 with speakers including Professor Peter Kelly, Director of Public Health for the North East and North Cumbria, David Gallagher, Accountable Officer for the Tees Valley Clinical Commissioning Group and Director of Delivery, Place Based Planning (designate) for the ICB. The Regional Directors of Public Health have now been tasked with working with Esther Mireku the Trust Director of Public Health to deliver the ambition and aspirations for tackling health inequalities for the population we serve.

#### **2.5.6 Breast Screening and COVID backlog**

The breast care team is crediting the commitment of staff, longstanding partnership work with GPs across the region and the bravery of patients for clearing the backlog of breast cancer screening appointments created by the COVID-19 pandemic. The Trust screening service, which covers the Tees Valley and North Yorkshire, was the first to 'switch back on' during the pandemic, aiming at ensuring those who needed to access the service at pace were able to. When the service had to reduce delivery in wave one of the pandemic, this resulted in a 15,000 patient backlog.

#### **2.5.7 Hospital Support Workers**

The overwhelming success of the new support worker roles for busy hospital wards has led to the Executive Team decision to continue to recruit for the position. The entry-level positions were also a chance for people to make a first step into healthcare within the NHS. As an anchor organisation across Teesside, the Trust is dedicated to economic regeneration by innovating and working with a captive workforce in new ways. The roles, first set up 18 months ago, are six-month fixed-term contracts – during which time the Trust develops and supports the team support workers to gain full time clinical and non-clinical positions.

### **3. Recommendation**

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.

## Meeting of the Board of Directors

Title:	Board Assurance Framework Quarter 4: 2021/22									
Date:	28 April 2022									
Prepared by:	Hilton Heslop, Associate Director of Corporate Affairs & Strategy									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The aim of this paper is to provide assurance to the Board of Directors on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF) for Quarter 4; 2021/22 and the actions for addressing the identified gaps in controls and assurance.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The BAF has <b>12 risk domains</b> associated with delivery of the four strategic objectives – Putting our population first, Valuing People, Transforming our services and Health and Wellbeing. The principal risks consist of <b>35 threats</b>.</p> <p>There are currently six principal risks that include a <b>high</b> risk rating within one or more of the threats:</p> <p><b>Strategic Risk 1A</b> has a high risk (6434) aligned that relates to the ability to learn from national safety alerts linked to procurement and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and the Master Services Agreement. An additional high risk (5818) linked to potential on-compliance with IG mandatory training is currently managed through Care group internal monitoring and management of compliance.</p> <p><b>Strategic Risk 1A &amp; 2A</b> (6379) – has one associated risk relating to Pathology Consultant Staffing with challenges experienced due to vacancies, inability to recruit and increasing demand. Workforce challenges within pathology is recognised and forms part of the collaborative work and discussions of the Tees Valley and Friarage Pathology Group in looking at innovative solutions for the future.</p> <p><b>Strategic Risk 2A &amp; 3D</b> has one associated risk relating to ICT staffing levels (6404) which was reviewed during December 2021 and resulted in the risk rating increasing from moderate (9) to high (16) due to further staff leaving. Controls have been implemented to mitigate risk relating to managing project requirements to reduce that impact on business as usual, prioritising Clinical facing areas to ensure minimal impact to those areas; and employment of</p>										

four agency staff to help reduce workload. A business case and costing paper is under development in relation to staffing proposals.

**Strategic Risk 3C** has three associated high risks identified through the work of the Finance Committee in December 2021. These relate to: Cost Containment (6203), unchanged from quarter 3, and relates to the sustainability of the Trust in order to the deliver the financial plan for 2021/22; and an increase from moderate to high for Wider Health Economy Issues (6205) relating to the draft 6 Facet Survey report that underlines the fact that there is approximately 10 years of remaining life in some of the buildings (e.g. North Wing and Tower Block); and Delivery of Savings (6188) and the challenges to deliver the CIP programme for 2021/22, the current rate of progress to identify CIP for 2022/23, and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions. The risks are longer term strategic risks and will remain on the BAF with monitoring via the Finance Committee.

**Strategic Risk 3E** reflects two threats to the principal risk as being 'High' with reference to the completion of the ICP Clinical Services Strategy and the progression of the Tees Valley and North Yorkshire Provider Collaborative due to the uncertainty faced across the ICS and this will continue to be monitored and reflected in the BAF. There are no other current or emerging 'High' risks relating to performance and compliance during the current period.

The risks and threats outlined above are reflected in minutes of relevant committees in addition to Executive Director summary papers. A BAF Risk Radar is attached at Appendix 1 to demonstrate the breadth of risks currently monitored and managed by the trust. The radar will be updated on a quarterly basis to illustrate movement of risk ratings.

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

In Quarter 4 no individual strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some 'High' rated threats linked to operational risks.

The Corporate Risk Register has seven risks reporting a current risk rating of >15 (high) as follows:

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6379	Insufficient Microbiology and Histology Consultant staff with substantive availability to support / advise clinical services.	1A/2A	20	16	4
6404	Insufficient ICT Staff to support BAU, Projects and additional COVID-19 work.	2A/3D	20	16	2
6434	Procurement – Inability to easily identify real time stock position	1A	15	15	5
6203	Cost Containment	3C	16	16	6
6188	Delivery of Savings	3C	16	16	9
6205	Wider Health Economy Issues (ICP/ICS)	3C	16	16	9
5818	Non compliance with IG Mandatory Training	1A	20	16	4

Committees/groups where this item has been discussed

Patient Safety and Quality Standards Committee  
 Planning, Performance and Compliance Committee  
 Finance Committee  
 People Committee



	Transformation Committee Digital Strategy Committee Executive Management Team Audit Committee
Recommendation	The Board of Directors is asked to note the risks contained in the BAF and specifically those based on a current risk rating of >15 (High).

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

28 April 2022

### Board Assurance Framework, Quarter 4 (January – March 2021/22)

#### 1 Purpose

- 1.1 The purpose of the report is to provide assurance to the Board of Directors on the principal risks to achieving the Trust's strategic objectives.

#### 2 Background

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

#### 3 Details

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

3.4 All committees have reviewed and approved their respective BAF reports/templates as part of the assurance process..

### **3.5 High Rated Risks/threats – Quarter 4: 2021/22**

#### **Strategic Risk Patient Safety 1A**

3.6 There is an aligned high risk (6434) that relates to the ability to learn from national safety alerts. This is specifically linked to procurement and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and governance arrangements with the Master Services Agreement.

#### **Strategic Risk Patient Safety 1A & Workforce 2A**

3.7 There is one associated risk (6379) – Pathology Consultant Staffing with challenges being experienced due to vacancies. Workforce challenges within pathology is recognised and forms part of the collaborative work and discussions of the Tees Valley and Friarage Pathology Group in looking at innovative solutions for the future. The Pathology Collaborative is progressing and workforce challenges forms part of ongoing discussions both within this group as well as the wider clinical services strategy.

#### **Strategic Risk 2A Workforce and 3D Digital**

3.8 There is one associated risk relating to ICT staffing levels (6404) which was reviewed during December 2021 and resulted in the risk rating increasing from moderate (9) to high (16) due to further staff leaving. Controls have been implemented to mitigate some of the risk relating to managing project requirements to reduce that impact to BAU, prioritising Clinical facing areas to ensure minimal impact to those areas; and employment of four agency staff to help reduce workload.

3.9 A business case and costing paper is under development in relation to staffing proposals, which have been presented to the Executive Management Team.

#### **Strategic Risk Finance 3C**

3.10 The Trust Finance Committee met on 20 December 2021 and considered a number of key areas with potential impact on delivery of the Trust financial plan for 2021/22 and future years. This has resulted in one risk contained within the overall Finance BAF Risk 3C remaining unchanged as a high risk with two further risks escalating from moderate to high with a risk rating of 15 or above. The risks rated 'High' are noted below and summarised at Section 5.

#### **Finance - Cost Containment (6203)**

3.11 The risk relating to cost containment (6203) was increased in August 2021 from a score of 12 (amber) to 16 (red) and related to the draft 6-facet survey report that has been provided to the Trust in preparation for the Estate Strategy. The report noted that there is approximately 10 years of remaining life in some of the buildings (e.g. North Wing and Tower Block) and this would only be extended with significant capital investment. The Trust has acknowledged the reduction in the useful economic life of the buildings contained in the 6-facet survey report.

3.12 The Trust will continue to be involved in planning meetings, both regionally and nationally, there are no additional controls or assurances that can be detailed within the BAF and this will be clearly referenced. This threat will be monitored and managed

through Finance Committee and the progression of the Estate redevelopment programme through Executive Team and Board of Directors.

### **Finance - Wider Health Economy Issues (6205)**

- 3.13 The Finance Committee in December 2021 considered this risk and escalated the likelihood score from 3 (possible) to 4 (likely), resulting in an overall current score of 16 (RED/HIGH). This requires a focus in future years on the contribution to the wider system position and the uncertainty of capital funding and CDEL limits in future years to support the Trust with its estate plans in addition to the Health & Care Bill implications that are not yet to be defined.
- 3.14 Since the December meeting planning guidance has been released however, further information in relation to financial and technical requirements is still outstanding. Therefore, this risk will be revisited and considered during the next period to reflect an updated position. The Trust will continue to be involved in planning meetings, both regionally and nationally, there are no additional controls or assurances that can be detailed within the BAF and this is clearly referenced within the gaps in assurance and the risk reduction plan. The risk will continue to be managed by the Finance Committee to ensure mitigation and provide assurance to the Board.

### **Finance – Delivery of Savings (6188)**

- 3.15 The Finance Committee considered this risk and escalated the likelihood score from 3 (possible) to 4 (likely), resulting in an overall current score of 16 (RED/HIGH). The reasons for the increase relate to the challenges in delivering the Cost Improvement Programme (CIP) for 2021/22, and the current rate of progress to identify CIP for 2022/23.
- 3.16 A planned audit of CIP processes for 2021/22 by AuditOne is in progress. As with all other risks related to Finance, the Finance Committee will retain overall management of the risks and provide assurance through the normal channels for Board. A risk reduction plan is in place for all risks rated 16 or above.

### **Strategic Risk 3E – Innovation and Integration**

- 3.18 There are two high rated threats to the overall strategic risk to innovation and integration at an external level: ICP Clinical Strategy and Tees Valley & North Yorkshire Provider Collaborative.
- 3.20 Work to deliver the clinical strategy at ICP and ICS level continues and is in alignment with the progress and work programme of the Provider Collaborative. The Board will be aware of the process of transition that surrounds the Provider Collaborative in line with the governance structures that have been implemented and are currently being exercised through the Joint Partnership Board. However, it is clear that the Tees Provider Collaborative needs time to embed the structure, governance and cultural changes to ensure a committed and collaborative vehicle for improving health and care across the wider geography of North Yorkshire and Tees Valley.
- 3.21 The risks and threats outlined above are reflected in the minutes of the relevant Committees alongside Executive Director summary reports. A BAF Risk Radar is attached at Appendix 1 to demonstrate the breadth of risks currently monitored and managed by the trust. The radar will be update on a quarterly basis to illustrate the movement of risk ratings.

#### 4 Significant Risks

- 4.1 In Quarter 4 no overall strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some 'High' rated specific threats as noted above.
- 4.2 In respect to linked risks from the Corporate Risk Register, the following have been identified as a significant risk based on a current risk rating of >15 (High):

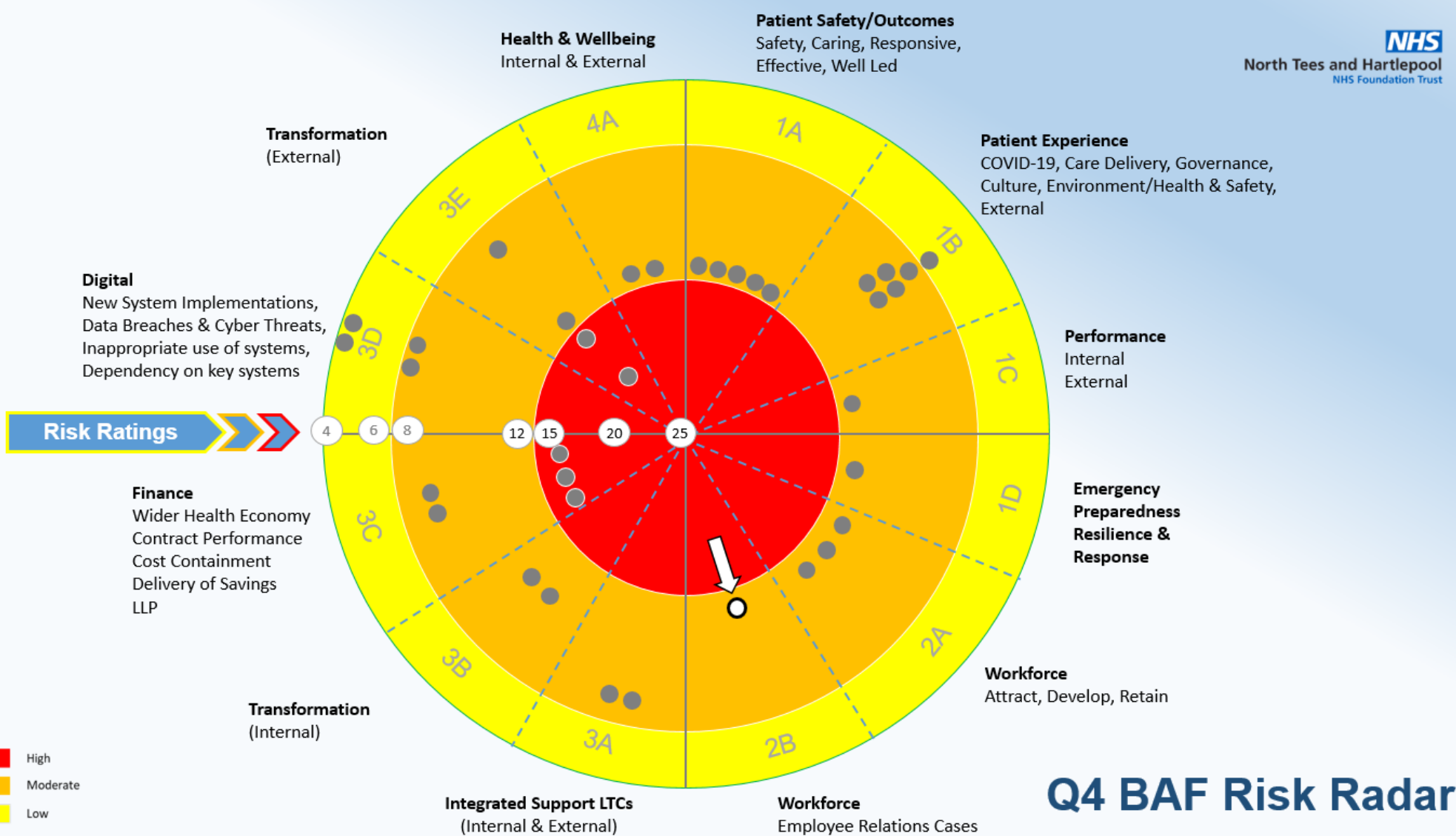
ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6379	Insufficient Microbiology and Histology Consultant staff with substantive availability to support / advise clinical services.	1A	20	16	4
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6434	Procurement – Inability to easily identify real time stock position	1A	15	15	5
6203	Cost Containment	3C	16	16	6
6188	Delivery of Savings	3C	16	16	9
6205	Wider Health Economy Issues (ICP/ICS)	3C	16	16	9
5818	Non compliance with IG Mandatory Training	1A	20	16	4

#### 5. Recommendations

- 5.1 Actions are in place and being taken forward to mitigate the risks in the above sections, and the issues form part of regular discussions at the key Committees as well as being a focus of Executive Team discussions as part of the monthly Risk Management reporting.
- 5.2 The Board of Directors is asked to note the risks contained in the BAF and specifically those that are based on a current risk rating of >15 (High).

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

# Appendix 1



# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors

Title:	Integrated Compliance and Performance Report									
Date:	28 April 2022									
Prepared by:	Lindsey Wallace – Interim Deputy Director of Planning & Performance Mark MacDonald - Interim Head of Strategy, Planning & Performance Keith Wheldon – Business Intelligence Manager									
Executive Sponsor:	Linda Hunter, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Natalie McMillan, Interim Chief of People Officer Neil Atkinson, Director of Finance									
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
The report outlines the Trust’s compliance against key access standards in March 2022 including quality, workforce and finance.										
<b>Summary</b>										
<ul style="list-style-type: none"> <li>Operational and workforce pressures continued in March, affecting performance against key standards. That said, good recovery at both a regional and national level is noted against trajectories submitted as part of the 2021/22 Priorities and Operational Planning Guidance.</li> <li>NEAS reported the Trust at 54.7% ambulance turnaround times within 30 minutes, this places the Trust 2nd regionally</li> <li>The Trust continues to respond to surges in demand and pressures within services including IPC guidelines. Additional beds opened within available resource.</li> <li>Performance and Quality standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust.</li> <li>The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures.</li> <li>An improved position for review and combined DNA rates are seen in March, improvement is noted against ‘NEW’ rates, with Paediatrics, Pain and Cardiology showing the highest rates.</li> </ul>										

<ul style="list-style-type: none"> <li>• Staff sickness continues to be a key challenge, however, an improvement has been noted in February 2022.</li> <li>• Work continues to review recruitment and retention rates which has seen a month on month increase, including alternative workforce models to meet current organisational pressures.</li> <li>• The Trust has submitted the final response following the publication of the 2022/23 priorities and operational planning in accordance with the required timelines which will feature in a revised dashboard in May 2022.</li> </ul>	
<p>How this report impacts on current risks or highlights new risks:</p>	
<p>Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery, winter and staffing resource.</p> <p>Associated risks are outlined within the Board Assurance Framework</p>	
<p>Committees/groups where this item has been discussed</p>	<p>Executive Team Meeting  Audit Committee  Planning, Performance and Compliance Committee</p>
<p>Recommendation</p>	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> <li>• The performance against the key operational, quality and workforce standards.</li> <li>• Acknowledge the significant on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.</li> </ul>





North Tees and Hartlepool  
NHS Foundation Trust

# Integrated Corporate Report



*April 2022*



# Responsible Directors

**Linda Hunter**

Interim Director of Planning & Performance

Single Oversight  
Framework

Efficiency &  
Productivity

**Lindsey Robertson**

Chief Nurse and Director of Patient Safety & Quality

Safety & Quality

**Natalie McMillan**

Interim Chief People Officer

Workforce

**Neil Atkinson**

Director of Finance

Finance

# Introduction



Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of March 2022 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

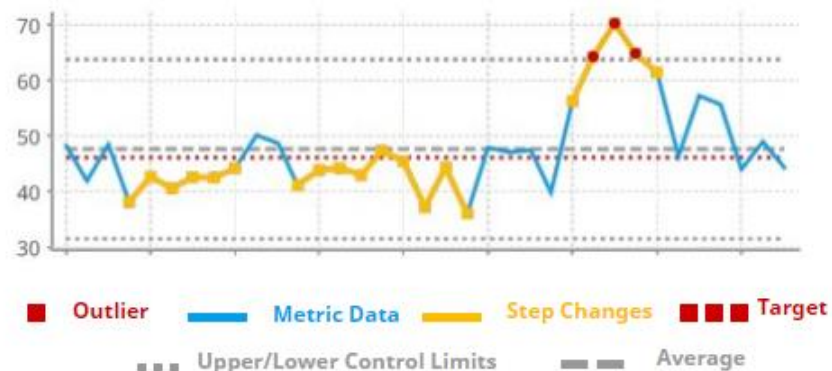
## Statistical Process Control (SPC) Charts

A **Step Change** occurs when there are 6 or more consecutive points above or below the *average*. The Trust chose 6 data points as opposed to the general rule of 7 points to enable a more timely response to variance in performance.

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

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

*Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the average. In any distribution, about 95% of values will be within 2 standard deviations of the mean.*



# Contextual Information



North Tees and Hartlepool  
NHS Foundation Trust

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The covid legacy continues to impact on performance against key standards and recovery. An agile flexible bed base continues, as staffing allows, with additional beds opened to respond to demand. Covid admissions and staff sickness saw an increase in March which has contributed to increased pressures around patient flow. A number of ambulance divers and deflections were also received into the Trust.

C Section rates have been removed from the corporate dashboard as a result of a national directive (letter from NHSE/I dated 15<sup>th</sup> February 2022).

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## SOF and Efficiency & Productivity

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position. Whilst performance continues to be affected by the impact of covid, the Trust has largely delivered against the submitted activity plans in respect of trajectories for elective recovery. At the end of March 2022 the Trust has declared no patients waiting longer than 78 or 104 weeks.

There are clear plans for delivering the elective trajectories in 2022/23 with associated workforce plans and the utilisation of Elective Recovery Funds (ERF) to provide additional capacity. This will also support the continued provision of capacity and support to the wider system.

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

Operational efficiency and productivity remains a focus-ensuring outcome measures across Outpatients, Theatres and Emergency pathways continue to be monitored and managed closely with additional high-level narrative outlined within the individual sections of the report.

## Safety & Quality

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

The latest HSMR value is currently reporting at 85.28 (January 2021 to December 2021) which has decreased from the previous rebased value of 88.17 (December 2020 to November 2021). The latest SHMI value is 96.12 (November 2020 to October 2021) which remains within the control limits.

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

The number of Stage 1 complaints has increased slightly during March 2022. The number of complaints received this month is consistent with pre-Covid status.

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



# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

Training on Attendance Management launches 21 April and is being delivered to all line managers.

Training on the management of Probationary Periods and People Practices Training continues and is being delivered to all line managers.

The process for exit interviews is being revised with pilot areas being identified for each Care Group.

The Dignity at Work Policy is now live as a standalone policy which replaces the previous B&H Policy. The Resolution Policy remains in place to address grievances.

Work continues utilising the NHS Health and Wellbeing Framework to develop the Health and Wellbeing Strategy to ensure this is fit for purpose and meeting the needs of staff across the organisation. Information from Staff Survey has been analysed in the 'We are Safe and Healthy' section to ensure that we also learn from the survey to support staff health and wellbeing.

Regular monthly topics continue with March seeing a focus on Financial Wellbeing linked to the rising costs of living. A toolkit was created and shared with the wellbeing sponsors. This also featured in the quarterly Wellbeing magazine ensuring staff are aware of all of the different ways they can be supported from a financial perspective.

As at 31st March 2022, the number of active volunteers is 246, another increase on the previous months figure. Recruitment continues at pace with 22 new starters this month, again this was offset by some student volunteers suspending their activity due to exams. Our conversations with them lead us to believe that most, if not all, will return once their exams are completed. Interest continues to remain high. We have advertised recently which has led to a further 29 applications, interviews to take place early April. Fourteen applicants are awaiting final pre-employment checks before starting with the Trust in April. Future recruitment will continue to accommodate a further 51 expressions of interest.

## Finance

At month 12, the Trust is reporting an in-month surplus of £4.802m against a planned deficit position of £0.876m which is £5.677m ahead of plan.

The Trust is reporting a year-end provisional surplus of £12.542m against a planned break-even position.

Total Trust income for 2022/23 is £382.8m (including donated asset income).

Month 12 pay expenditure totalled £32.788m (removing the impact of the pay award) of which £0.266m is additional spend relating to the Covid-19 response and includes costs associated with Covid-19 testing.

Month 12 non-pay expenditure totalled £27.242m of which £0.198m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

The month 12 year to date net contribution from Optimus is £0.272m against a plan of £0.111m (£0.161m ahead of plan) and the year to date net contribution from the LLP is £1.64m against a plan of £1.474m (£0.166m ahead of plan).

At Month 12, the Group cash balance is £80.8m, compared to a plan of £59.3m.

The Trust has spent £29.9m against an overall capital plan of £30.5m.

# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
New Cancer Two Week Rule	✘ Feb-22	88.87%	93.00%		<p><b>Cancer</b></p> <p>Challenges in delivering against cancer standards continues with similar issues experienced across the Cancer Alliance/ system. The Trust achieved five out of the nine cancer standards with issues in breast, gynaecology and colorectal. Covid and patient choice. Pressures remain across the majority of tumour specific pathways.</p> <p>Whilst the Trust under achieved against the national standards for 2ww and 62 day referral to treatment, it remains comparable to regional position.</p> <p>An improvement has been seen across a number of the key standards and significant improvement on faster diagnosis.</p> <p>In order to continue trajectory of improvement a number of initiatives are in place; 'insourcing' supporting additional in week and weekend lists, cancer navigator posts in all tumour groups and pathway reviews supported with real time intelligence through dashboard development.</p> <p>A national consultation is underway to review existing cancer standards with no date yet announced for outcome or implementation.</p>
Breast Symptomatic Two Week Rule	✘ Feb-22	85.77%	93.00%		
28-day Faster Diagnosis	✔ Feb-22	84.69%	75.00%		
New Cancer 31 Days	✔ Feb-22	99.15%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔ Feb-22	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✔ Feb-22	100.00%	94.00%		
New Cancer 62 Days	✘ Feb-22	59.18%	85.00%		
New Cancer 62 Days (Screening)	✘ Feb-22	68.48%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✔ Feb-22	90.48%	85.00%		

# Single Oversight Framework



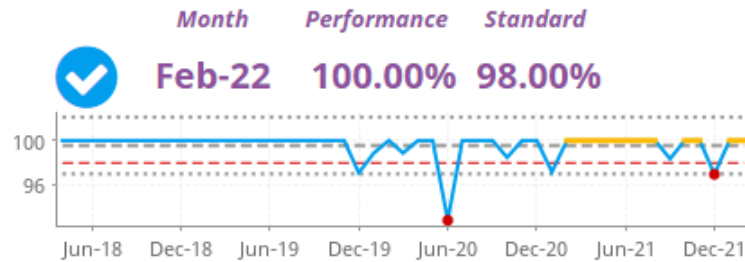
North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✘ Mar-22	82.52%	92.00%		<p><b>RTT</b></p> <p>The Trust has seen an increase to the overall RTT waiting list reporting a 5.64% (n=929) increase compared to September 2021 (standard set within H2 planning guidance). Whilst the waiting list has seen an increase, the number of patients waiting greater than 52 weeks has seen a month on month reduction reporting 44 this month compared to 54 last month.</p> <p>At the end of March 2022 the Trust has zero patients waiting longer than 78 or 104 weeks.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✔ Mar-22	26.85	28.00		
Incomplete Pathways Wait (Median)	✘ Mar-22	7.42	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✘ Mar-22	44	0		
Diagnostic Waiting Times and Activity	✘ Mar-22	92.25%	99.00%		<p><b>Diagnostics</b></p> <p>An improvement in performance is noted with a month on month reduction in the number of patients waiting longer than 6 weeks. Since December 2021 the Trust has seen a 42.7% reduction (n=429) in the number of diagnostic breaches. Key areas of pressures continue to be Endoscopy, MRI, CT and Cardiology.</p>
Community Information Dataset - Referral Information	✔ Feb-22	97.17%	50.00%		
Community Information Dataset- Referral to Treatment Information	✔ Feb-22	98.16%	50.00%		
Community Information Dataset - Treatment Activity Information	✔ Feb-22	94.44%	50.00%		
Community Information Dataset - End of Life	✔ Feb-22	85.12%	50.00%		

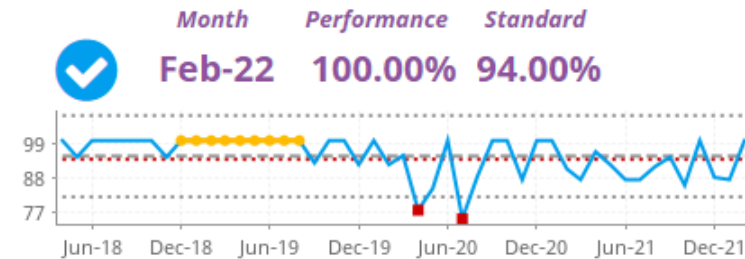


## Statistical Process Control (SPC) Charts

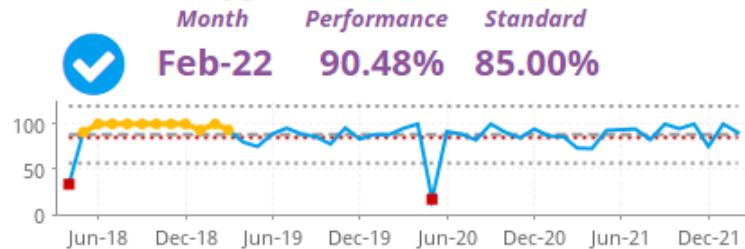
Cancer - 31 Day Drug Treatment



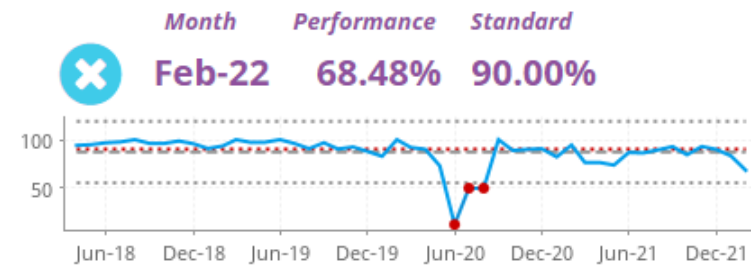
Cancer - 31 Day Surgical Treatment



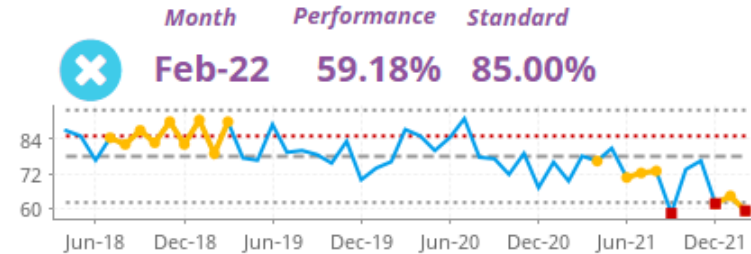
Cancer - 62 Consultant Upgrade



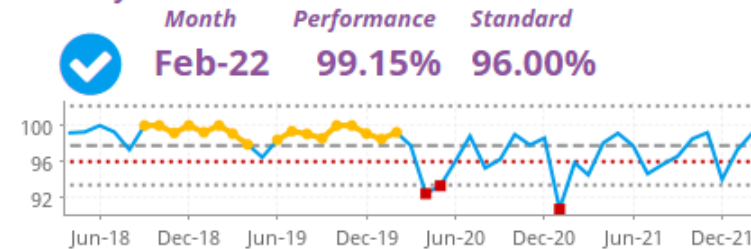
Cancer - 62 Days Screening



Cancer - 62 Days



Cancer - 31 Days



## Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule

✘

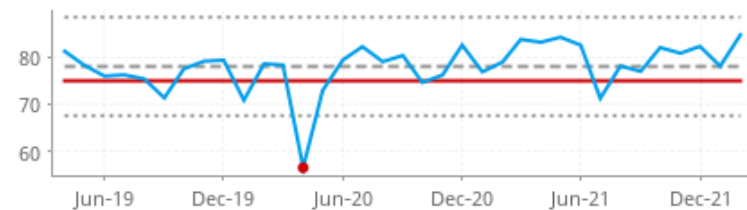
Month	Performance	Standard
Feb-22	88.87%	93.00%



Cancer - 28day Faster Diagnosis

✔

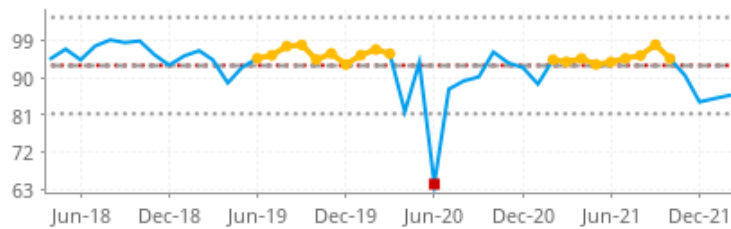
Month	Performance	Standard
Feb-22	84.69%	75.00%



Cancer - Breast Symptomatic

✘

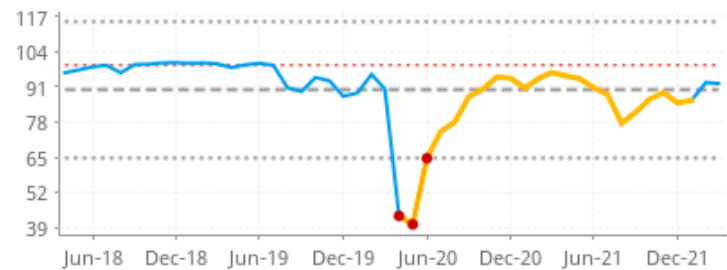
Month	Performance	Standard
Feb-22	85.77%	93.00%



Diagnostic Waiting Times

✘

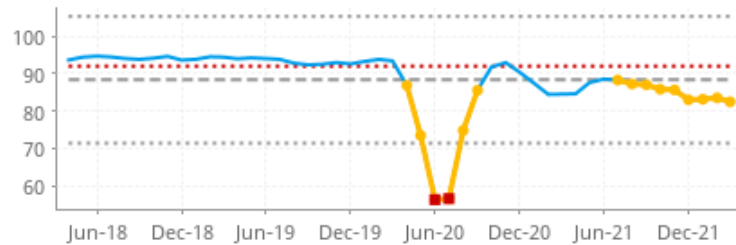
Month	Performance	Standard
Mar-22	92.25%	99.00%



## Statistical Process Control (SPC) Charts

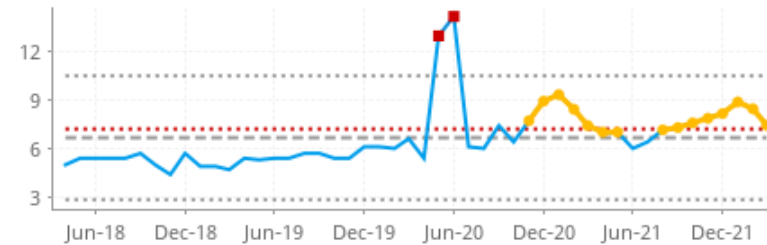
Referral To Treatment- Incomplete Pathways Wait (92%)

Month	Performance	Standard
Mar-22	82.52%	92.00%



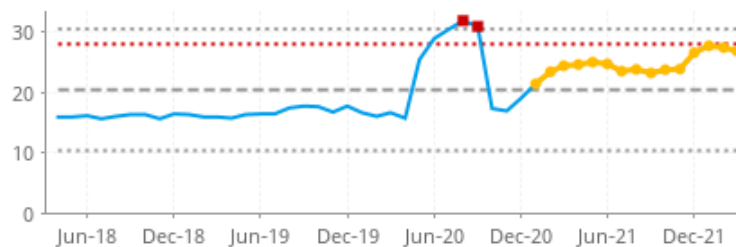
Referral To Treatment - Incomplete Pathways Wait (Median)

Month	Performance	Standard
Mar-22	7.42	7.20



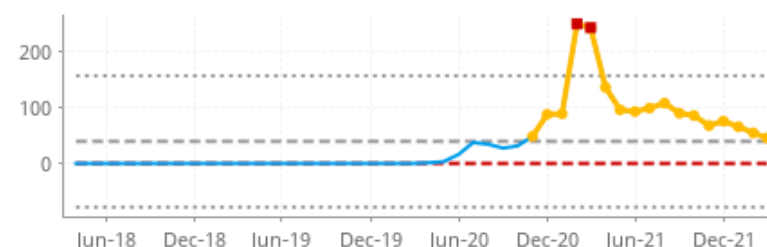
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)

Month	Performance	Standard
Mar-22	26.85	28.00



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

Month	Performance	Standard
Mar-22	45	0



# Single Oversight Framework

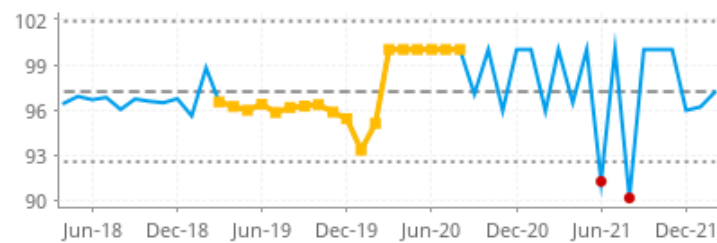


North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

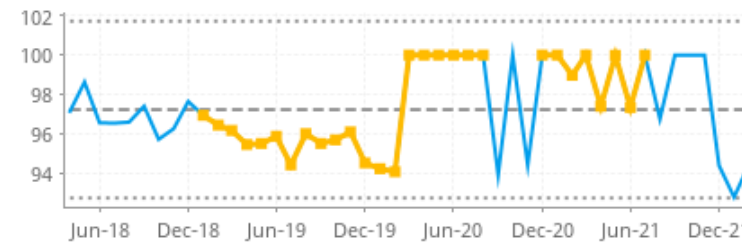
### Community Information Dataset - Referral Information

✓ **Feb-22**   **97.17%**   **50.00%**



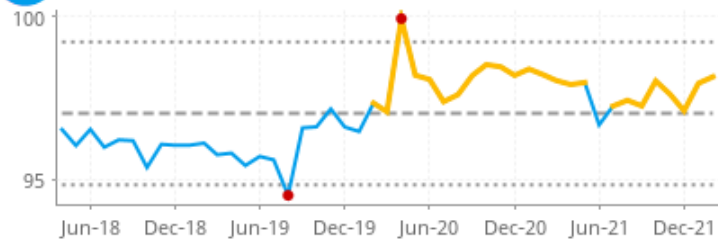
### Community Information Dataset - Treatment Activity Information

✓ **Feb-22**   **94.44%**   **50.00%**



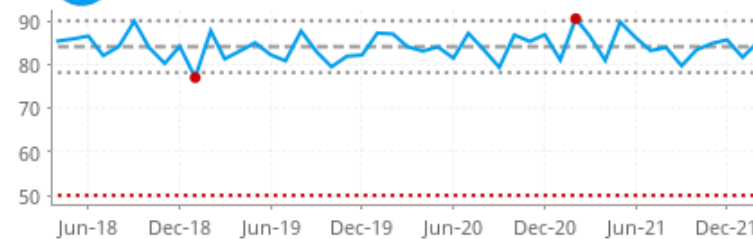
### Community Information Dataset - Referral to Treatment Information

✓ **Feb-22**   **98.16%**   **50.00%**



### Community Information Dataset - End of Life

✓ **Feb-22**   **85.12%**   **50.00%**



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✗ Mar-22	8.38%	7.20%		<p><b>Did Not Attend (DNA)</b></p> <p>An improved position for review and combined rates are seen in March. Improvement is noted against 'New' rates albeit still above target with Paediatrics, Pain and Cardiology showing highest rates (smaller numbers). Improvement strategies are underway with Paediatrics now contacting parents prior to their child's appointment by way of reminder.</p> <p>The Outpatient Transformation Group have focused on establishing a single DNA target that is the same across all care groups to ensure consistency and standardisation to allow comparisons. Virtual appointments continue in accordance with national guidance, with circa 21% of appointments offered via video/telephone with work ongoing to increase Patient Initiated Follow Ups (PIFU) in line with the recent planning submission.</p> <p><b>Bed Occupancy</b></p> <p>The Trust operated at 90.05% (average) occupancy during March with covid related admissions showing an increased trend, increasing pressures on beds and patient flow. Management of Covid and non-Covid patients continued, with resilience supported through a flexible bed base and following IPC principles. Escalation beds open throughout the month ranged from a minimum of 14, to a maximum of 34 (on the 16 March).</p> <p><b>Readmissions</b></p> <p>Readmissions saw a slight increase in January (latest available data) which is expected over the winter months. Main reasons for readmission are respiratory disorders, non-malignant hepatobiliary or pancreatic disorders and soft tissue disorders. Data cleansing and capture continues to be a focus alongside a review of the patients to consider if alternative pathways could have been considered.</p>
Outpatient Did Not Attend (Review)	✓ Mar-22	8.88%	9.00%		
Outpatient Did Not Attend (Combined)	✓ Mar-22	8.66%	9.20%		
Average Depth of Coding	✓ Feb-22	6.34	3.01		
Length of Stay - Elective	✓ Mar-22	2.32	3.14		
Length of Stay - Emergency	✓ Mar-22	3.07	3.35		
Day Case Rate	✓ Mar-22	88.31%	75.00%		
Pre-op Stays	✓ Mar-22	4.28%	4.50%		
Trust Occupancy	✗ Mar-22	90.05%	85.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✗ Jan-22	9.79%	7.70%		

# Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✘	Mar-22 89.81%	95.00%		<p><b>Electronic Discharge Summaries (EDS)</b></p> <p>A downward trend is noted in terms of summaries being complete within 24 hours however completion is being undertaken but outside of the required 24 hours. Challenges have been noted in turnaround times because of staffing sickness due to increased covid rates.</p>
Decision To Admit (DTA) (over 12 hours)	✔	Mar-22 0	0		<p>As a result, actions are underway to standardise EDS reports to enable a more targeted view of the ward position and Care Groups have been asked to undertake detailed reviews to understand the position and establish improvement methodologies.</p>
Time to Initial Assessment (mean) Type 1 & 3	✔	Mar-22 12.07	15.00		<p><b>Ambulance handover</b></p>
Number of Ambulance Handovers waiting more than 30 Mins	✘	Mar-22 11	0		<p>NEAS reported the Trust at 54.7% ambulance turnaround times within 30 minutes, this places the Trust 2nd regionally.</p>
Number of Ambulance Handovers waiting more than 60 Mins	✘	Mar-22 3	0		<p>For ambulance delays, the Trust is 3rd lowest regionally with 83 (4.73%) of arrivals delayed greater than 30 minutes. The NEAS monthly handover report indicates there were a total of 2,429 greater than 30 minutes ambulance across North East and Cumbria, ranging from 4.20% to 22.97% of arrivals.</p>
Super Stranded	✔	Mar-22 38	61		<p>The Trust is committed to improving compliance with ambulance turnaround times and continues to work with NEAS as a priority. Quality initiatives are focused on improving ambulance turnaround times and NEAS will be on site on the 20 April 2022 as part of the QI project team.</p>



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Touch Time Utilisation	✘ Mar-22	71.25%	80.00%		<p><b>Theatre</b></p> <p>The re-launch of the Peri-operative Steering Group to provide a focus and oversight of the work of the Collaborative Care Group in ensuring that compliance is on a trajectory of improvement with key pieces of work being undertaken. The Steering Group has both clinical and Exec Director leadership.</p> <p>In March 2022, theatres had 298 operations cancelled for non-medical reasons, 180 (60.40%) of which were patient choice. 44 (14.76%) of the 298 operations were cancelled on the day, which is slightly higher than previous month 32 (12.3%). The daily Theatre Prioritisation meeting remains in place to ensure that capacity is maximised.</p> <p>Medical workforce sickness was higher than the previous month however, theatre activity remained at pre-COVID levels.</p> <p>The integrated theatre work is delayed by approximately two months due to worldwide shortages of some equipment, which will continue to reduce elective capacity.</p>
Overrun Sessions	✔ Mar-22	26.03%	36.00%		
Session Utilisation	✘ Mar-22	63.00%	92.50%		
Cancelled on Day of Operation %	✔ Mar-22	7.05%	8.80%		
Cancelled procedure - Non medical	✔ Feb-22	0.43%	0.80%		
Not reappointed within 28days	✔ Feb-22	0	0		

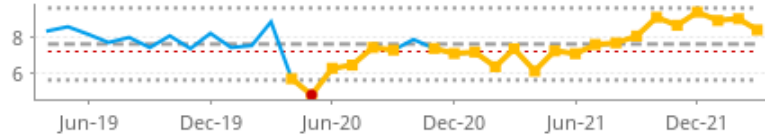
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

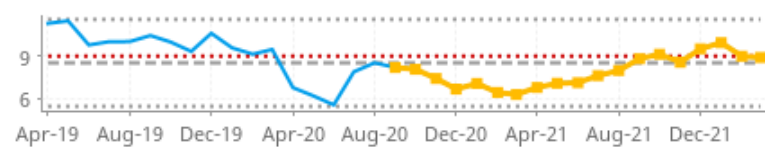
Outpatient Did not Attend (New)

Month	Performance	Standard
<b>Mar-22</b>	<b>8.38%</b>	<b>7.20%</b>



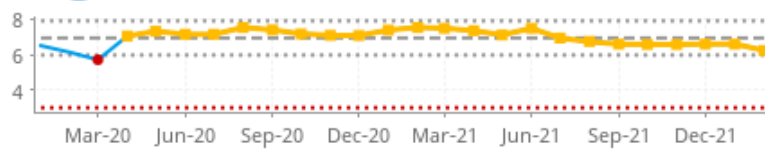
Outpatient Did Not Attend (Review)

Month	Performance	Standard
<b>Mar-22</b>	<b>8.88%</b>	<b>9.00%</b>



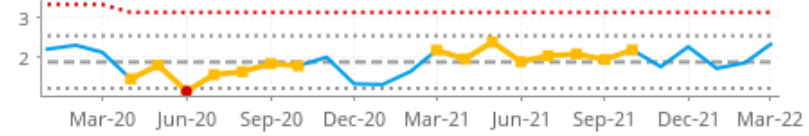
Average Depth of Coding

Month	Performance	Standard
<b>Feb-22</b>	<b>6.22</b>	<b>3.01</b>



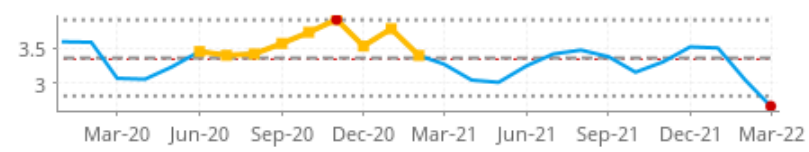
Length of Stay - Elective

Month	Performance	Standard
<b>Mar-22</b>	<b>2.31</b>	<b>3.14</b>



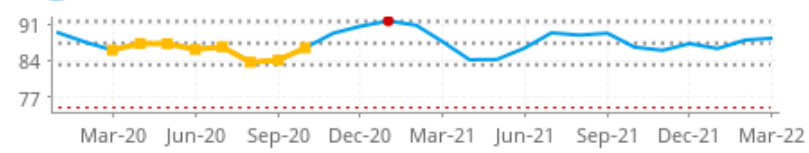
Length of Stay - Emergency

Month	Performance	Standard
<b>Mar-22</b>	<b>2.67</b>	<b>3.35</b>



Day Case Rate

Month	Performance	Standard
<b>Mar-22</b>	<b>88.28%</b>	<b>75.00%</b>





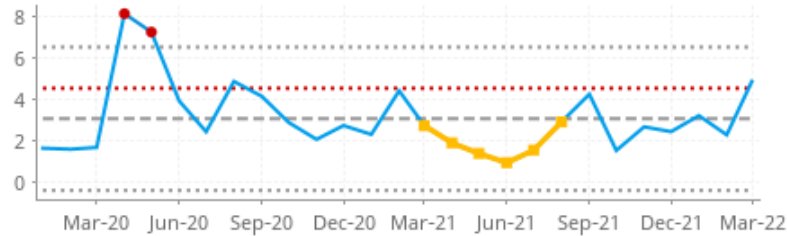
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

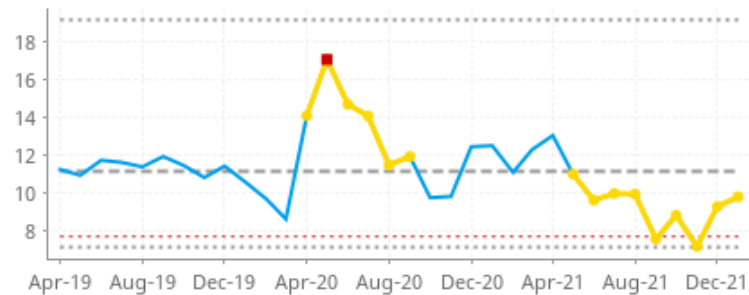
Pre-op Stays

Month Performance Standard  
✘ Mar-22 4.83% 4.50%



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

Month Performance Standard  
✘ Jan-22 9.79% 7.70%



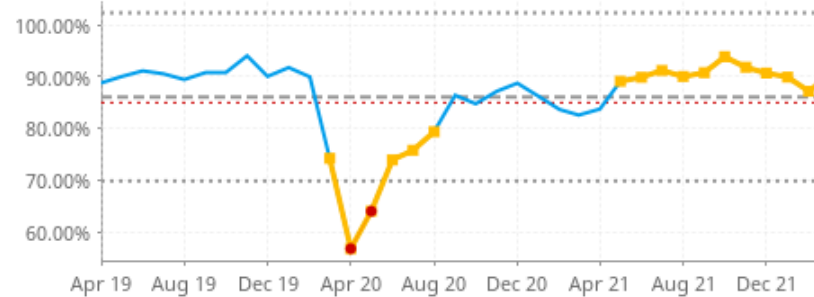
Electronic Discharge Summaries

Month Performance Standard  
✘ Mar-22 89.81% 95.00%



Trust Occupancy

Month Performance Standard  
✘ Mar-22 90.05% 85.00%

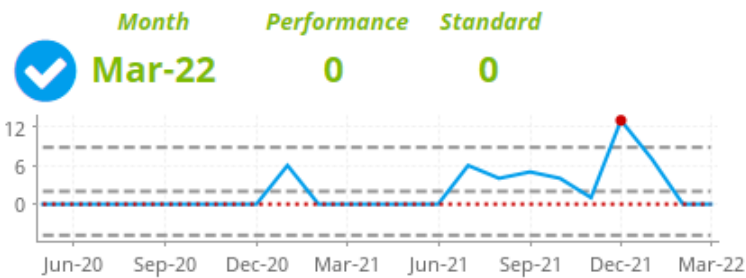


# Efficiency & Productivity

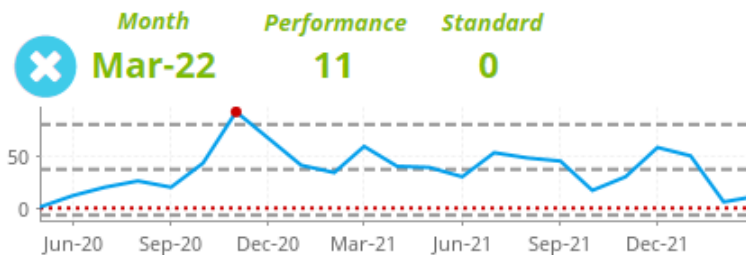


## Statistical Process Control (SPC) Charts

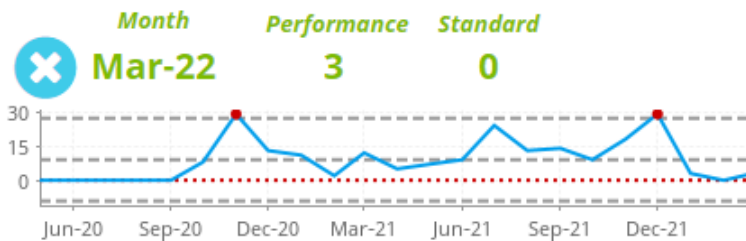
Trolley Waits over 12 hours



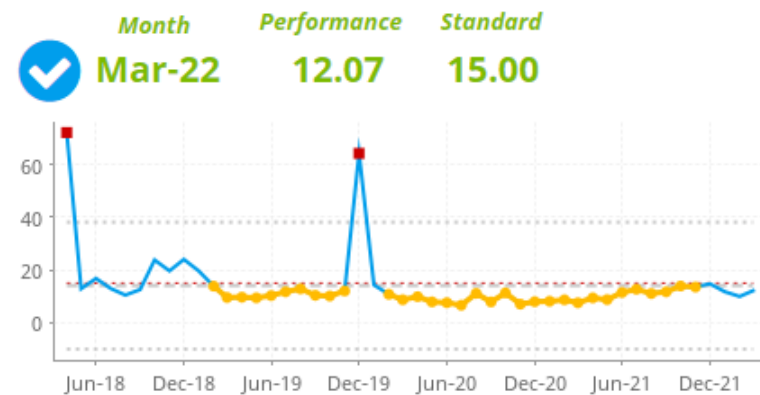
Number of Ambulance Handovers waiting more than 30 mins



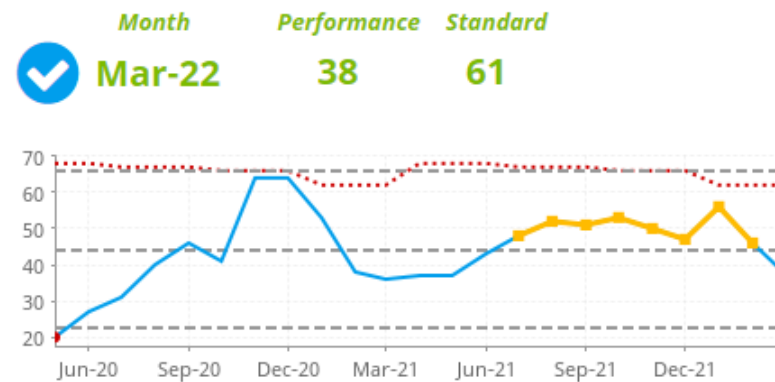
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

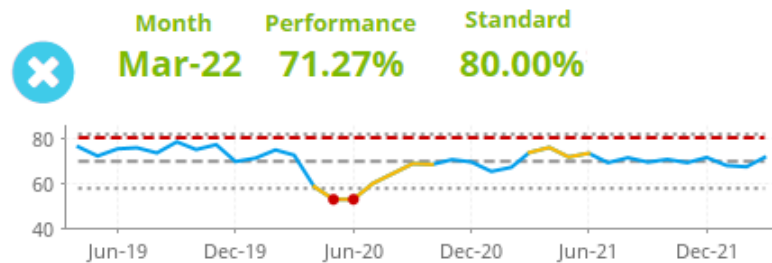


# Efficiency & Productivity

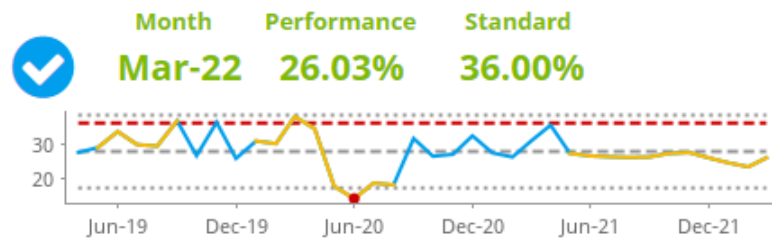


## Statistical Process Control (SPC) Charts

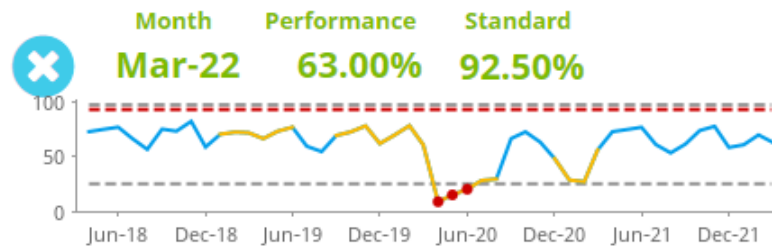
### Touch Time Utilisation



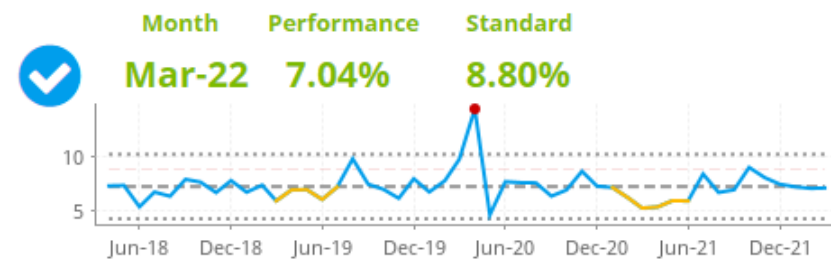
### Overrun Sessions



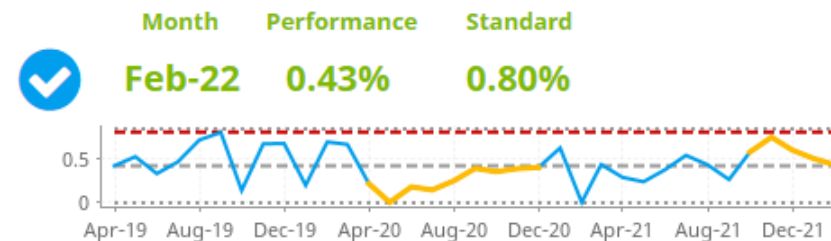
### Sessions Utilisation



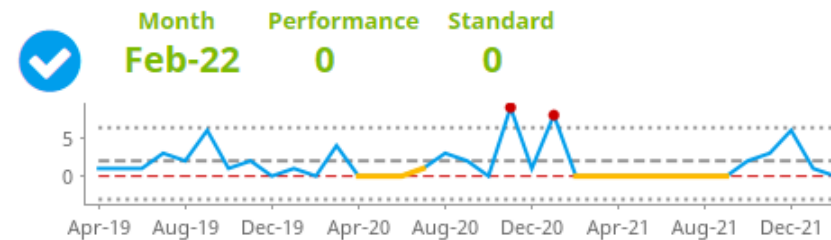
### Cancelled on Day of Operation %



### Cancelled Procedure - Non Medical



### Not reappointed within 28days



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓ Mar-22	95.54%	93.50%		<p><b>TCS Standards</b></p> <p><i>TCS35b - Wheelchair</i></p> <p>No change to the reasons for delays with the delivery of electric wheelchairs from the supplier. Whilst the Trust is working with contracts and procurement to find resolution, the service is undertaking a review and validation of the waiting list, ensuring the appropriate RTT rules are being adhered to.</p>
TCS35b - % of Wheelchair referrals completed within 18 weeks	✗ Mar-22	71.97%	90.00%		
Diabetic Retinopathy Screening	✓ Mar-22	98.47%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✓ Mar-22	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓ Mar-22	8.00	18.30		

# Efficiency & Productivity



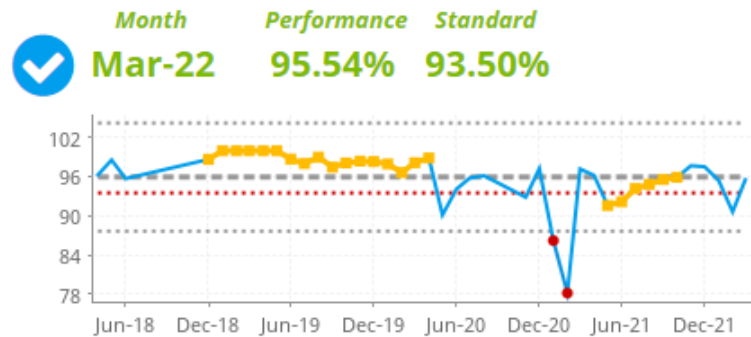
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 year Trend	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	❌ Feb-22	117.50	104.14		<p><b>PHQ Indicators</b> The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.</p> <p>These standards are currently being reviewed with a view to being revised and replaced moving into 2022/23.</p> <p><b>High Risk Trans Ischaemic Attack</b> A decline in performance can be seen in March with 6 patients not assessed within 24 hours. Whilst relatively small numbers, general themes are a result of appointment availability and patients unable to make appropriate travel arrangements at short notice. That said all breaches are discussed within the clinical team.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✅ Feb-22	14.46	14.08		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	❌ Feb-22	69.75	64.57		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✅ Feb-22	12.24	22.71		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✅ Mar-22	83.78%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	❌ Mar-22	53.85%	75.00%		

# Efficiency & Productivity

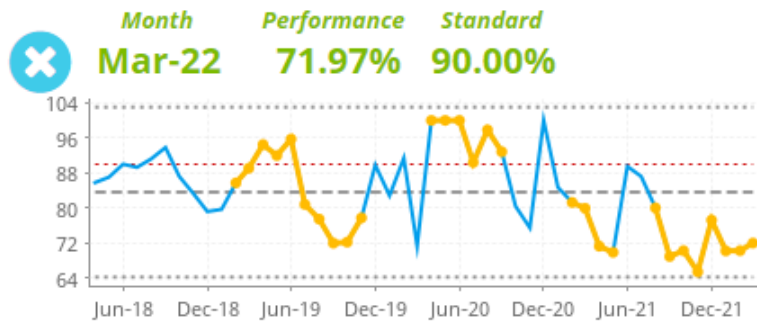


## Statistical Process Control (SPC) Charts

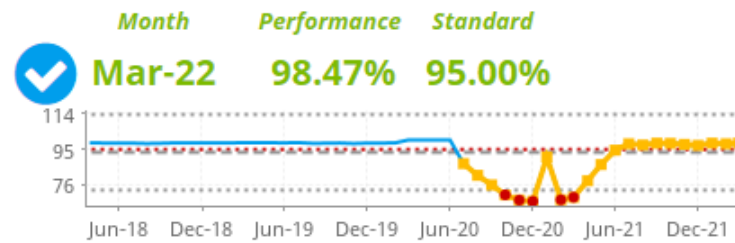
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



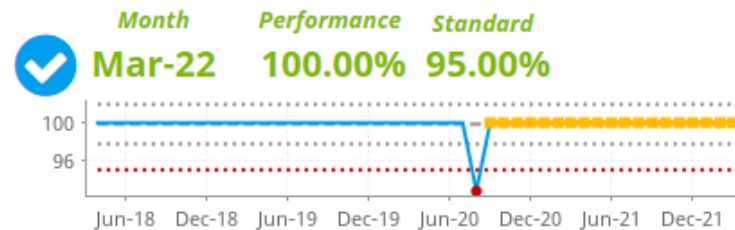
TCS35b - % of Wheelchair referrals completed within 18 weeks



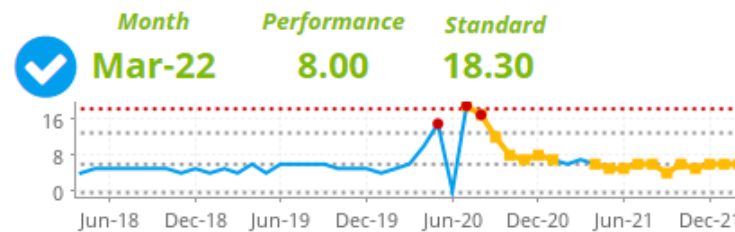
Diabetic Retinopathy Screening



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



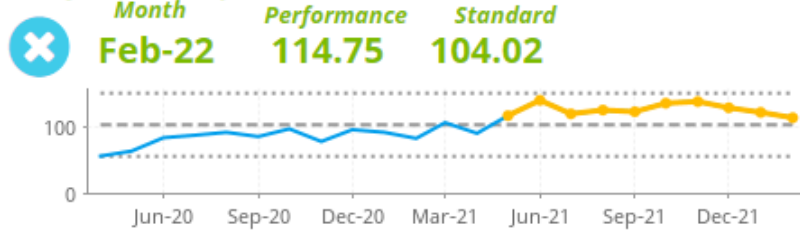
Audiology non-admitted wait (92nd Percentile)



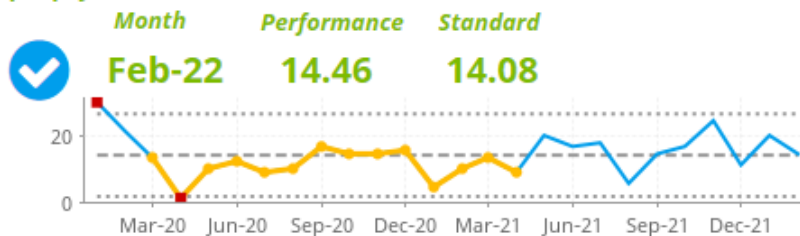


## Statistical Process Control (SPC) Charts

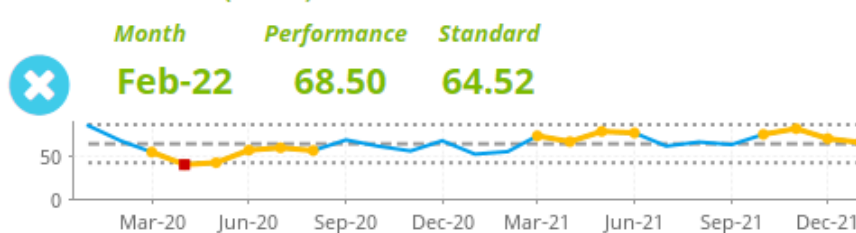
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



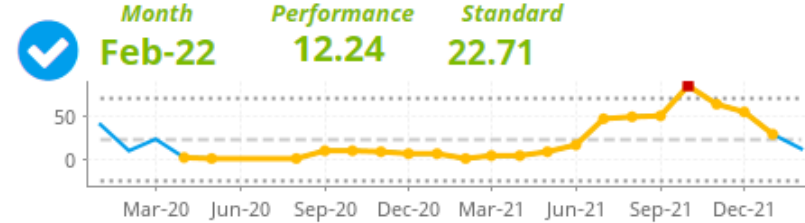
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



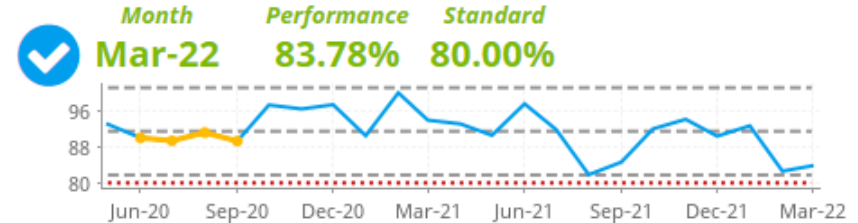
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



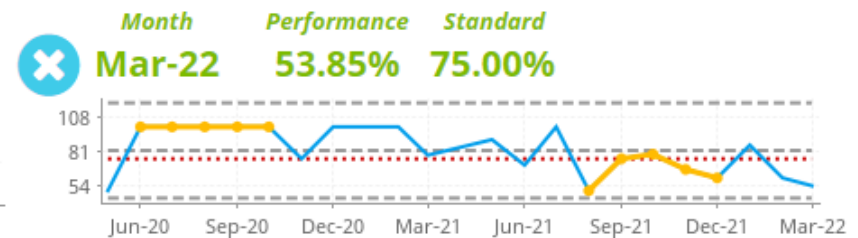
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



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



High Risk Trans Ischaemic Attack assessed and treated within 24hrs



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative
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		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Jan 21 - Dec 21	85.28	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Nov 20 - Oct 21	96.12	

**Mortality**  
The latest HSMR value is currently reporting at 85.28 (January 2021 to December 2021) which has decreased from the previous rebased value of 89.17 (December 2020 to November 2021). The latest SHMI value is now 96.12 (November 2020 to October 2021) which has increased from the previous unreported value of 95.35 (October 2020 to September 2021).

**Complaints**  
The number of complaints has slightly increased in March compared with the previous month, with a slight increase in Stage 1 and Stage 3 complaints. The number of Stage 2 complaints received is the same as the previous month. The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings have been developed to support this process.

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Mar-22	111	91	
Stage 2 Complaint	✗	Mar-22	8	5	
Stage 3 Complaint	✓	Mar-22	10	10	
Compliments	✓	Mar-22	315	248	

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

There has been a significant reduction in the number of relatives arranging virtual visits, this has reduced steadily during this year, with only one virtual visit arranged during March 2022. The number of parcels and letters delivered to the Patient Experience Team as part of the patient's property drop off service has also noted a steady decline, from 17 in February to 9 in March. Staff continue to promote virtual visiting as an alternative option to face to face visiting.















**Compliments**  
The Trust records the compliments received onto the Greatix platform. For March 2022 the number of compliments received is 315, which is higher than the mean of 248 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Red Risks	 Mar-22	8	4		<p><b>Venous Thromboembolism Compliance %</b></p> <p>The Trust is reporting that 95.29% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during March 2022; this is above the National Standard of 95.00%.</p> <p>The VTE working group continues to work collaboratively to support improvement work in areas that have low compliance.</p>
Never Events	 Mar-22	1	0		
VTE %	 Mar-22	95.29%	95.00%		<p><b>Falls</b></p> <p>The number of falls in March remains static this month; however it continues to reflect a decrease following the previously noted rise in December 2021. The majority of falls result in no harm. All falls incidents are reviewed and the level of harm confirmed following relevant investigations.</p> <p>Work is on-going with ward areas in terms of promoting risk mitigation strategies and providing appropriate education and support. The digital team continue to develop the falls documentation as well as the bed rails assessment; updates in relation to the content of risk assessments and record keeping are agreed by the Falls working group. Digital solutions are also supporting the improvement work of lying and standing blood pressures and this will be extended into medicine reconciliation/review particularly for patient requiring multiple medications.</p>
Fall No Harm	 Mar-22	75	78		
Fall Low Harm	 Mar-22	14	17		
Fall Moderate Harm	 Mar-22	1	1		
Fall Severe Harm	 Mar-22	0	0		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative	
	✔	Month	Performance	Standard	Trend	<p><b>Pressure Ulcers</b></p> <p>In the February 2022 reporting period, both Category three and four pressure ulcers stand at zero for hospital attributable cases. A decrease in reporting of category one and category two ulcers demonstrates early identification and intervention, within hospital.</p> <p>Discussions are underway to organise a pressure ulcer collaborative with regional partners. The roll out of the Purpose T risk assessment tool has gone well in the community, and training is underway for hospital staff.</p>
<b>Pressure Category 1</b> (inpatient)	✔	Feb-22	2	6		
<b>Pressure Category 2</b> (inpatient)	✔	Feb-22	18	23		
<b>Pressure Category 3</b> (inpatient)	✔	Feb-22	0	2		
<b>Pressure Category 4</b> (inpatient)	✔	Feb-22	0	0		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Hand Hygiene	✓	Mar-22	97%	95%		<p><b>Hand Hygiene</b> The overall Trust compliance score for hand hygiene is 97% for March 2022; this remains above the trust standard of 95%. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team.</p>
Clostridium difficile	✓	Mar-22	1	6		<p><b>Infections</b> In March 2022, the Trust reported one Community-onset healthcare-associated case of Clostridioides difficile infection. This is below our projected trajectory for March and takes our end of year total number of cases to 50 against a yearly target of 64. The Trust has performed well as this is significantly lower than the expected number of cases for 2021-22.</p>
MRSA	✓	Mar-22	0	0		<p>The Trust has reported three E-coli bacteraemia in March 2022. Our total number of cases for 2021-22 is 78, against a target of 117 cases. This is a significant reduction in cases and we currently are awaiting our new objectives for 2022-23.</p>
MSSA	✗	Mar-22	3	2		<p>There were no trust attributable cases reported for Pseudomonas or Klebsiella in March 2022. Unfortunately, the trust exceeded their Pseudomonas objective by three cases, reporting 14 cases against a target of 11. However, we have reported no Pseudomonas cases for the last three months. Klebsiella cases for the period of 2021-22 have ended on 15 cases, against a target of 24.</p>
Ecoli	✓	Mar-22	3	10		<p>There have been three healthcare-associated cases of MSSA in the month of March, taking the total case number to 38. Although there is no set national objective for this organism for 2021-22, there has been an increase in the number of cases and a focus on a reduction in MSSA cases is planned for 2022-23.</p>
Klebsiella	✓	Mar-22	0	2		<p>The trust continues to report 0 MRSA bacteraemias.</p>
Pseudomonas	✓	Mar-22	0	1		<p>Community prevalence of Covid-19 has remained elevated since December 2021 throughout the North East. High numbers of patients testing positive with Covid-19 throughout their hospital stay remains a challenge within the trust, as well as high staff absence. The trust currently reports two Covid-19 outbreaks on clinical areas, which remains reflective of the high community prevalence. ITU admissions for COVID-19 continue to remain low as do the number of deaths, bringing reassurance that stepping towards a life alongside Covid-19 is now the natural progression. The national directive towards 'Living with Covid-19' with a reduction in measures and testing is being implemented across the Trust, although our priority is to continue to protect the most vulnerable, the road to recovery lies ahead.</p>
CAUTI	✓	Mar-22	12	21		

# Safety & Quality



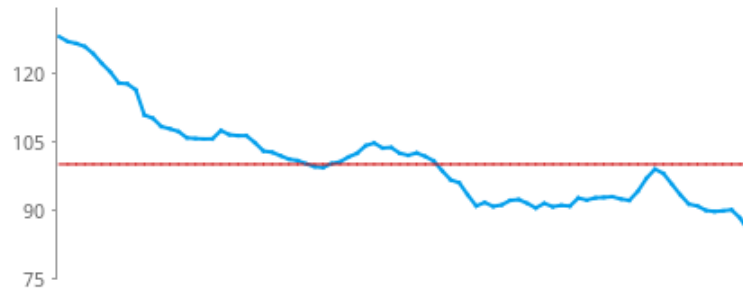
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	✓ Mar-22	82.00%	75.00%		<p><b>Friends and Family Test</b></p> <p>For March 2022 the Trust received 1,254 FFT returns, this has increased on the previous month. The Very Good or Good responses returned for March 2022 is 89.63%.</p> <p>All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.</p>
Friends and Family Test (FFT) - Inpatients	✓ Mar-22	88.00%	75.00%		
Friends and Family Test (FFT) - Maternity	✓ Mar-22	90.00%	75.00%		
UNIFY - RN Day	✗ Mar-22	76.79%	>=80% and <=109.99%		<p><b>UNIFY</b></p> <p>Nursing fill rates remain challenging due a range of factors including continued vacancies and a higher sickness absence than planned. The daily challenges have been safely managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse. The nursing fill rates presented in March 2022 show that these pressures are still evident but with a positive forecast emerging from September 2022.</p>
UNIFY - RN Night	✓ Mar-22	81.18%	>=80% and <=109.99%		
UNIFY - HCA Day	✗ Mar-22	72.25%	>=80% and <=109.99%		<p>Minimum of twice daily safe staffing meetings continue to review the acuity and dependency needs of patients to ensure the available staffing resource is deployed to the most suitable areas. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependency, underpinned by professional judgement.</p> <p>Monthly recruitment centres are on-going for both Registered Nurses and Health Care Assistants with 3wte RN and 10wte HCAs being appointed in April 2022 and approx. 35wte Pre-Reg Nurses being invited to interview in June 2022.</p>
UNIFY - HCA Night	✗ Mar-22	106.18%	>=110% and <=125.99%		

The international recruitment of up to 60wte registered nurses is currently underway which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level.

## Additional Detail Charts

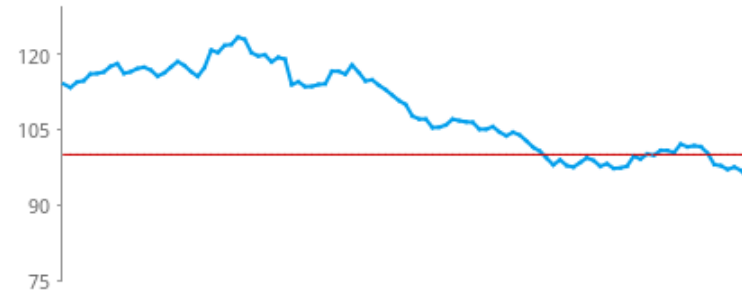
### Hospital Standardised Mortality Ratio

*Month* **Jan 21 - Dec 21**
*Performance* **85.28**



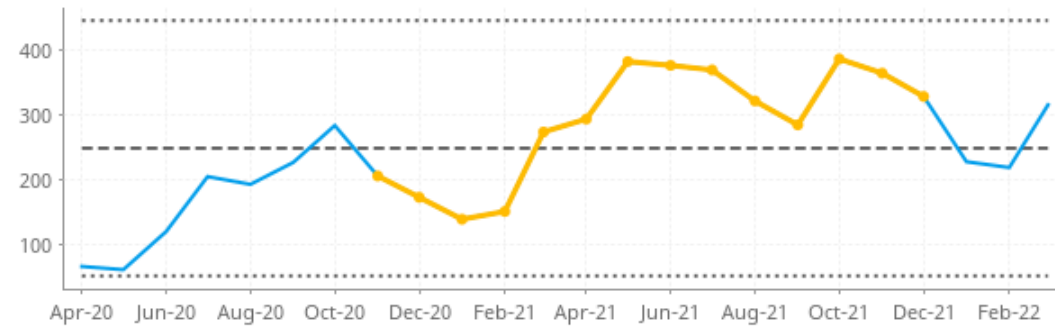
### Summary Hospital-Level Mortality Indicator

*Month* **Nov 20 - Oct 21**
*Performance* **96.12**



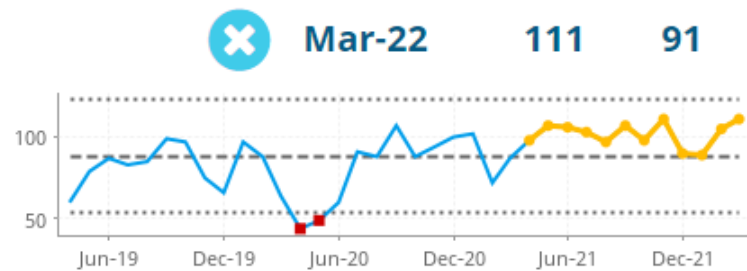
### Compliments

*Month* **Mar-22**
*Performance* **315**
*Standard* **248**

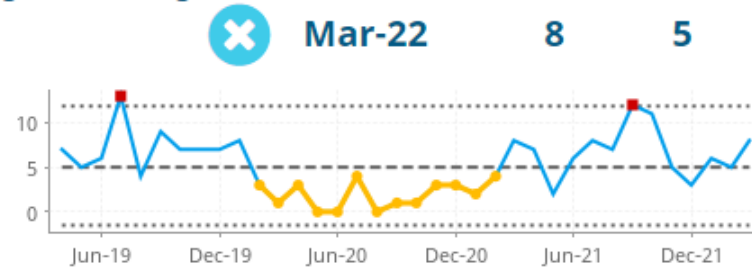


## Statistical Process Control (SPC) Charts

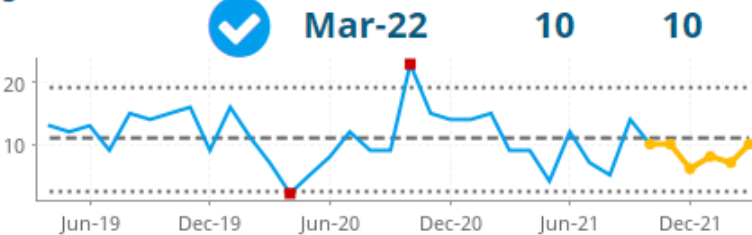
**Stage 1 - Informal**      Month      Performance      Standard



**Stage 2 - Meeting**      Month      Performance      Standard



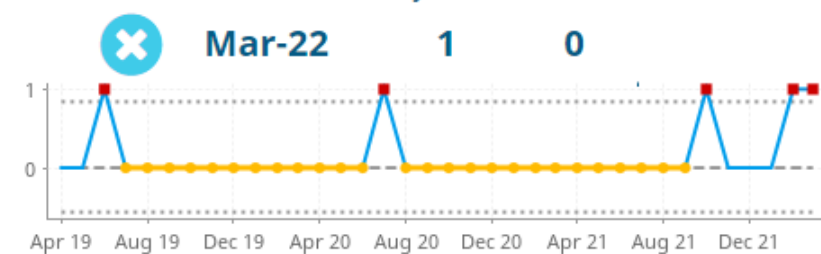
**Stage 3 - Formal**      Month      Performance      Standard



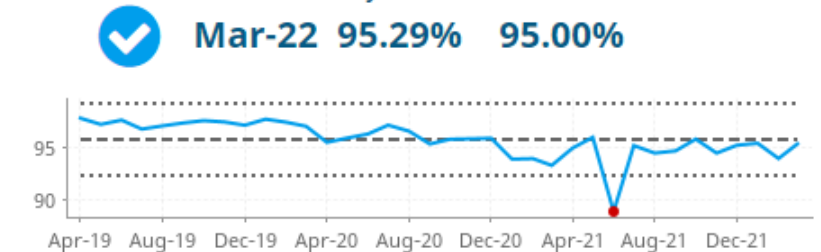
**Red Risks**      Month      Performance      Standard



**Never Events**      Month      Performance      Standard

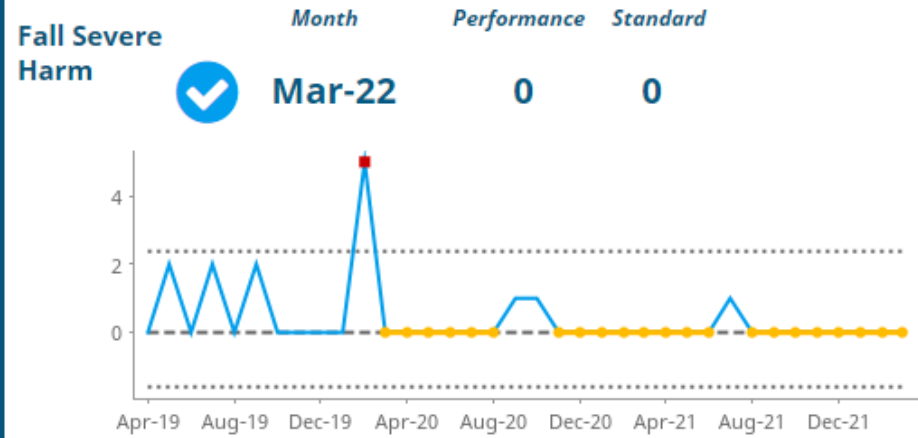
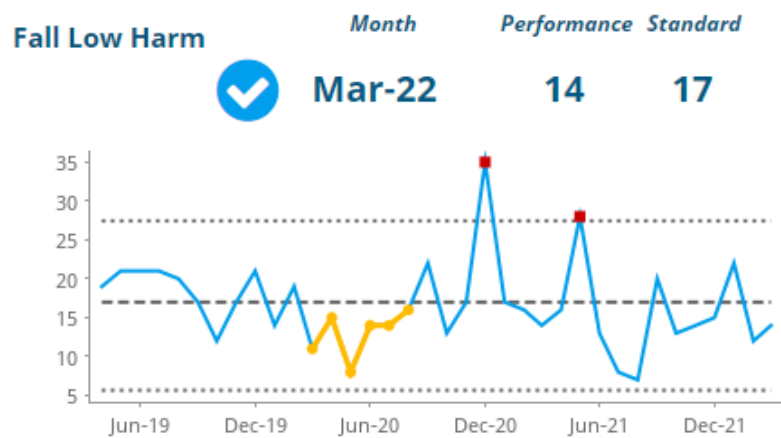
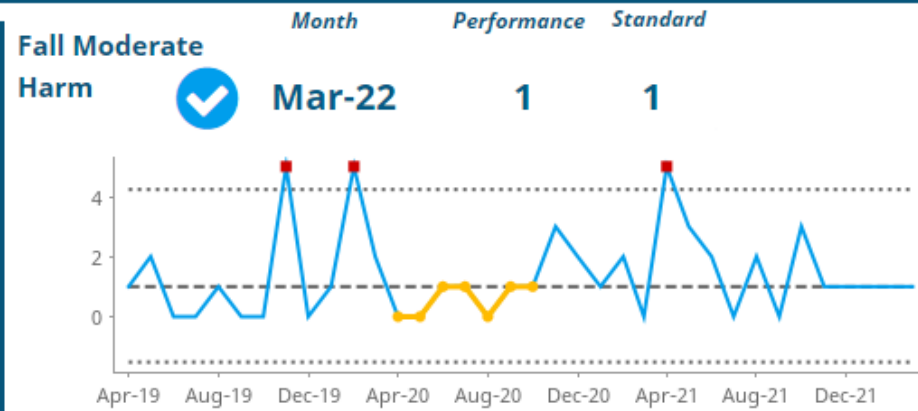
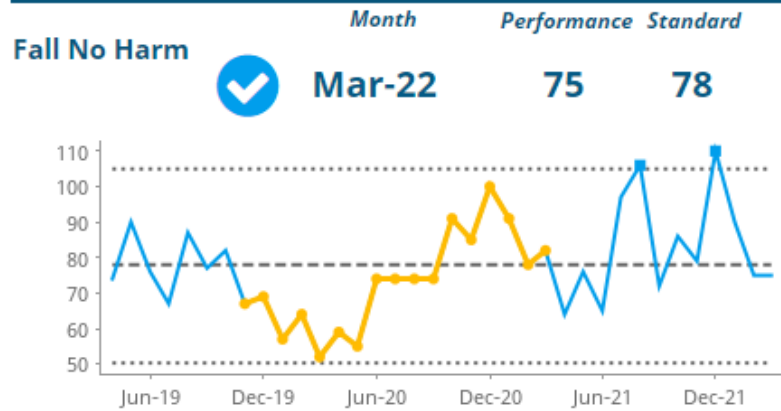


**VTE %**      Month      Performance      Standard

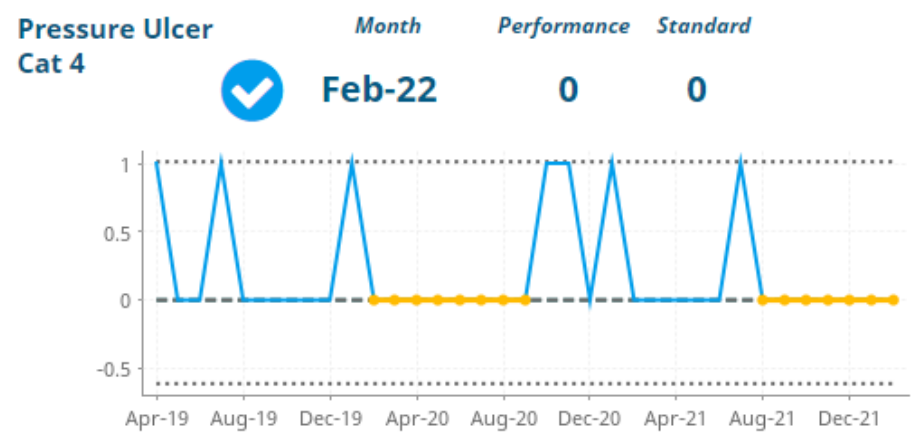
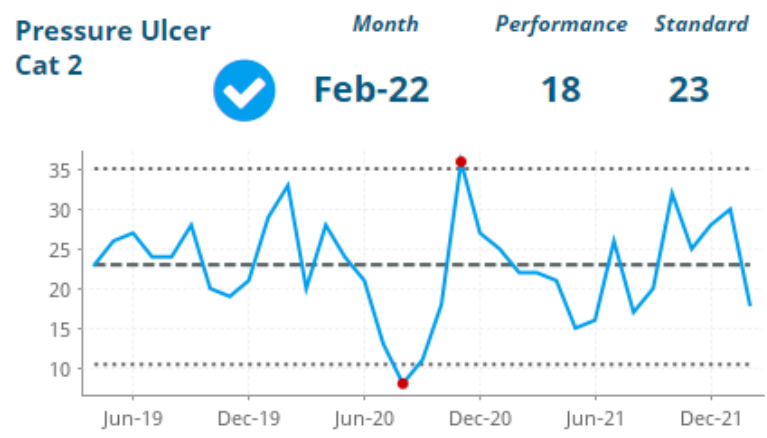
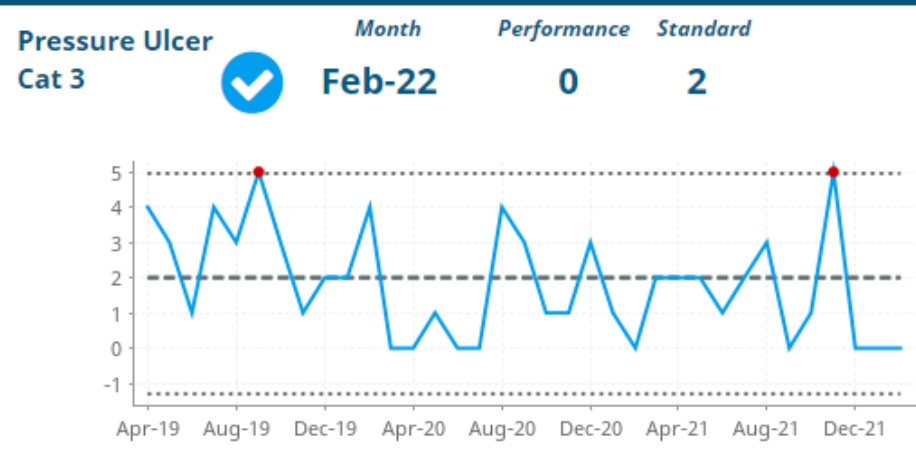
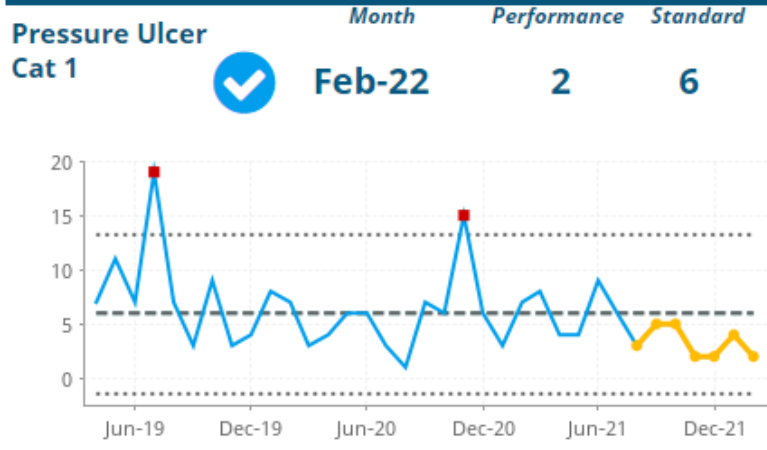




## Statistical Process Control (SPC) Charts

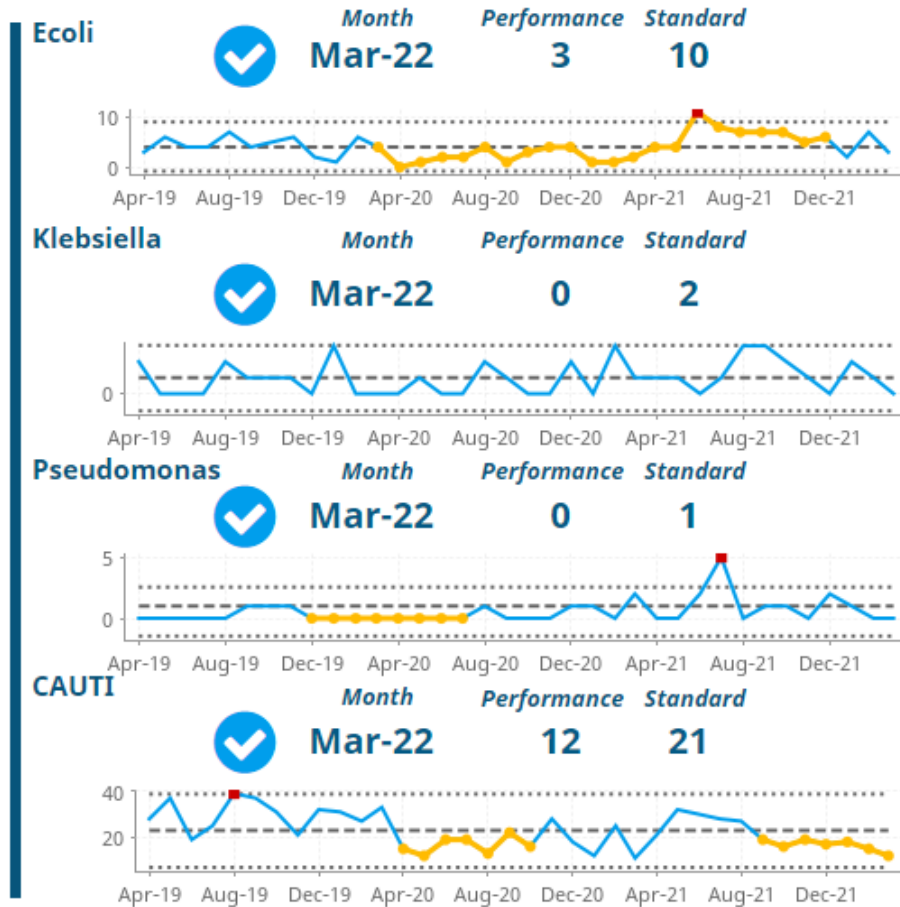
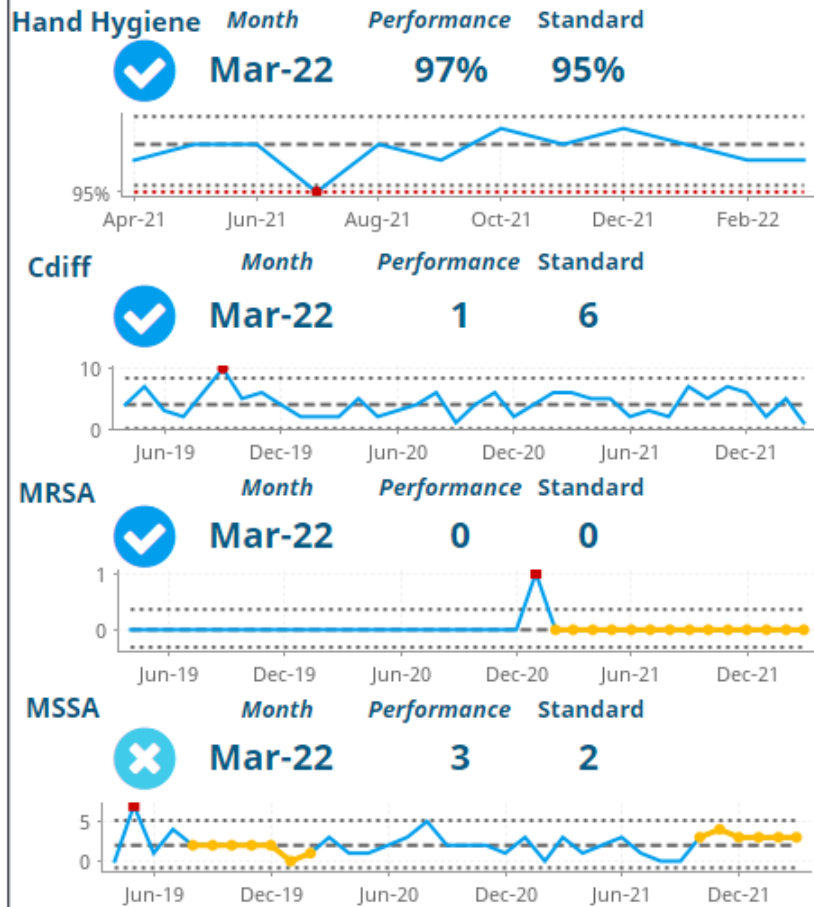


## Statistical Process Control (SPC) Charts





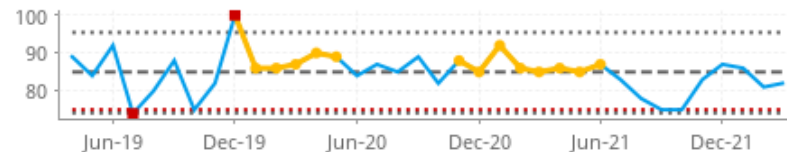
## Statistical Process Control (SPC) Charts



## Statistical Process Control (SCP) Charts

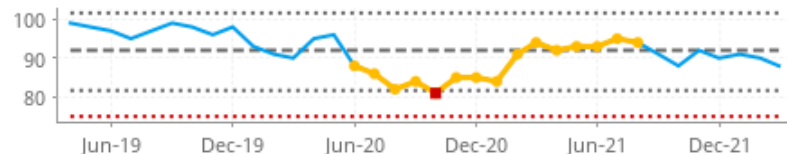
FFT Emergency Care

Month Performance Standard  
✔ Mar-22 82.00% 75.00%



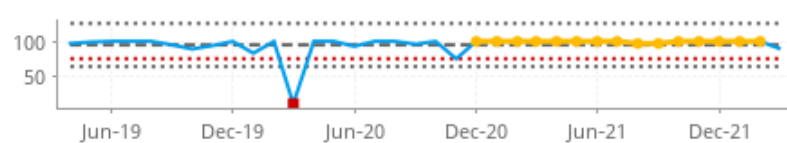
FFT Inpatient

Month Performance Standard  
✔ Mar-22 88.00% 75.00%



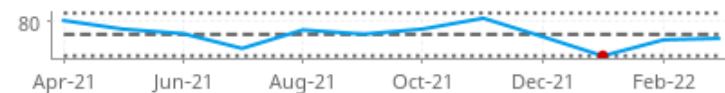
FFT Maternity

Month Performance Standard  
✔ Mar-22 90.00% 75.00%



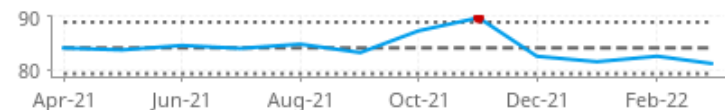
UNIFY RN Day

Month Performance Standard  
✘ Mar-22 76.79%  $\geq 80\%$  and  $\leq 109.99\%$



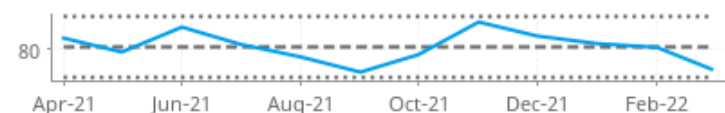
UNIFY RN Night

Month Performance Standard  
✔ Mar-22 81.18%  $\geq 80\%$  and  $\leq 109.99\%$



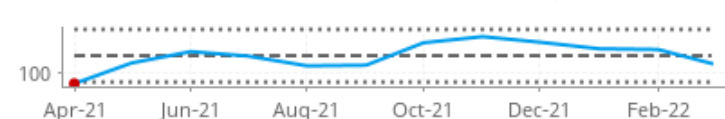
UNIFY HCA Day

Month Performance Standard  
✘ Mar-22 72.25%  $\geq 80\%$  and  $\leq 109.99\%$



UNIFY HCA Night

Month Performance Standard  
✘ Mar-22 106.18%  $\geq 110\%$  and  $\leq 125.99\%$



# Workforce

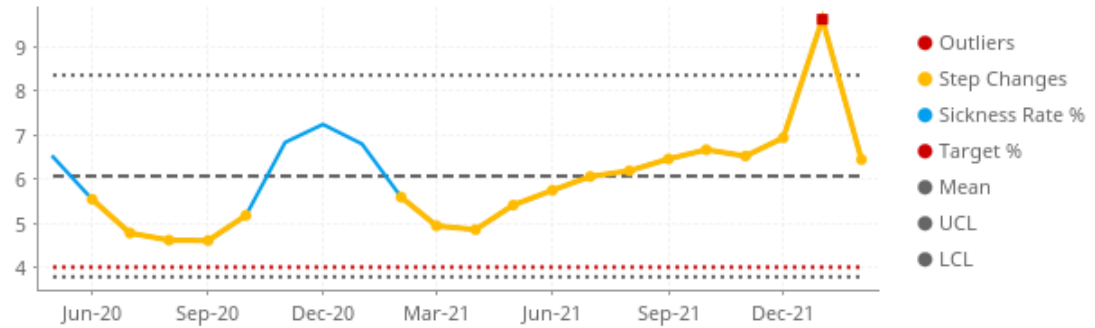


Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	2 Year Trend		
<b>Sickness</b>	✘	Feb-22	6.44%	4.00%		<p>The sickness absence rate for February 2022 is reported at 6.44%, a decrease of 3.17% compared to the previous month (9.61%). This is broken down into 1.06% attributable to Covid-19 related sickness and 5.38% attributable to other sickness.</p>
<b>Appraisals</b>	✘	Mar-22	83.46%	95.00%		<p>The cost of sickness absence in February is reported as £383,844, a decrease of £243,340 compared to January (£627,184).</p>
<b>Turnover</b>	✘	Mar-22	12.10%	10.00%		<p>'Anxiety/stress/depression' was the top sickness reason in February, accounting for 29% of all sickness absence during the month. The second highest reason was 'Chest &amp; respiratory problems', which accounted for 19% of sickness absence.</p>
<b>Mandatory Training</b>	✔	Mar-22	89.19%	80.00%		<p>There were 311 cases of Covid-19 related staff absence in March 2022, broken down into 292 staff absent for 10 days and 19 who self-isolated for 14 days.</p>
					<p>Other workforce metrics for March 2022 are:</p> <ul style="list-style-type: none"> <li>• Appraisal compliance reported as 83%, unchanged from the previous month</li> <li>• Mandatory Training compliance reported as 89%, a 1% increase on the previous month</li> <li>• Staff Turnover reported as 12.10%, an increase of 0.24% from the previous month</li> </ul>	

## Statistical Process Control (SPC) Charts

### Sickness

✘
 Month: Feb-22  
 Performance: 6.44%  
 Standard: 4.00%



### Appraisal

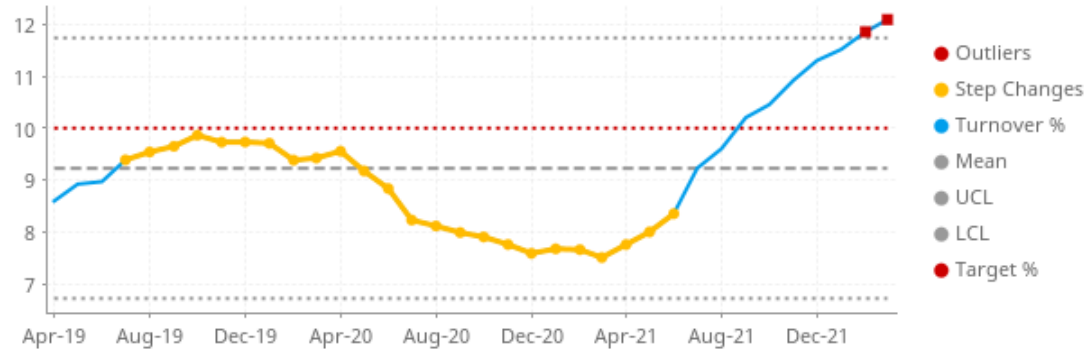
✘
 Month: Mar-22  
 Performance: 83.46%  
 Standard: 95.00%



## Statistical Process Control (SPC) Charts

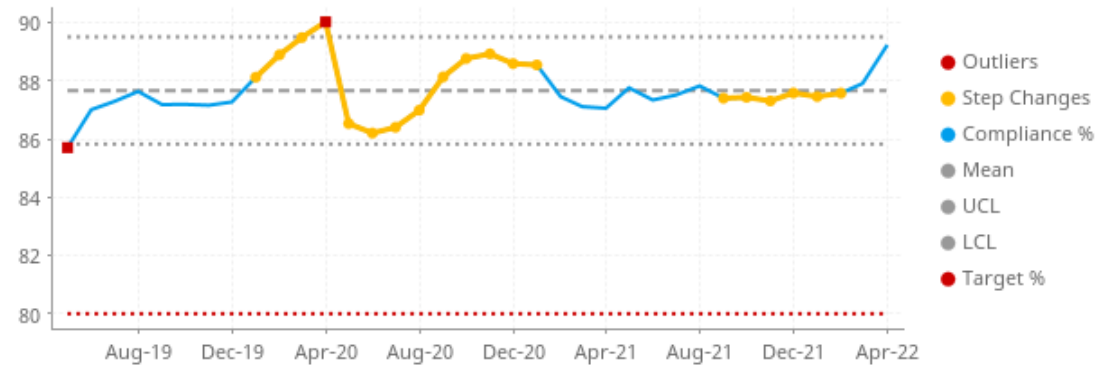
### Turnover

Month	Performance	Standard
Mar-22	12.10%	10.00%



### Mandatory Training

Month	Performance	Standard
Mar-22	89.19%	80.00%



# Finance



North Tees and Hartlepool  
NHS Foundation Trust



## Finance Overview - Month 12

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>-876</b>	<b>4,802</b>	
<b>Year to Date</b>	<b>0</b>	<b>12,542</b>	

	£m
<b>Balance Sheet</b>	
<b>Cash Actual</b>	<b>80.8</b>
<b>Cash Plan*</b>	<b>59.3</b>

\*Explained by an increase in the creditors position

	Plan (£m)	Actual (£m)	
<b>Capital</b>			
<b>In Month</b>	<b>16.4</b>	<b>16.0</b>	
<b>Year to Date</b>	<b>30.5</b>	<b>29.9</b>	

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

\*UOR suspended in 2021-2022 - manual calculations

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



# Appendix 1

## RTT and Cancer

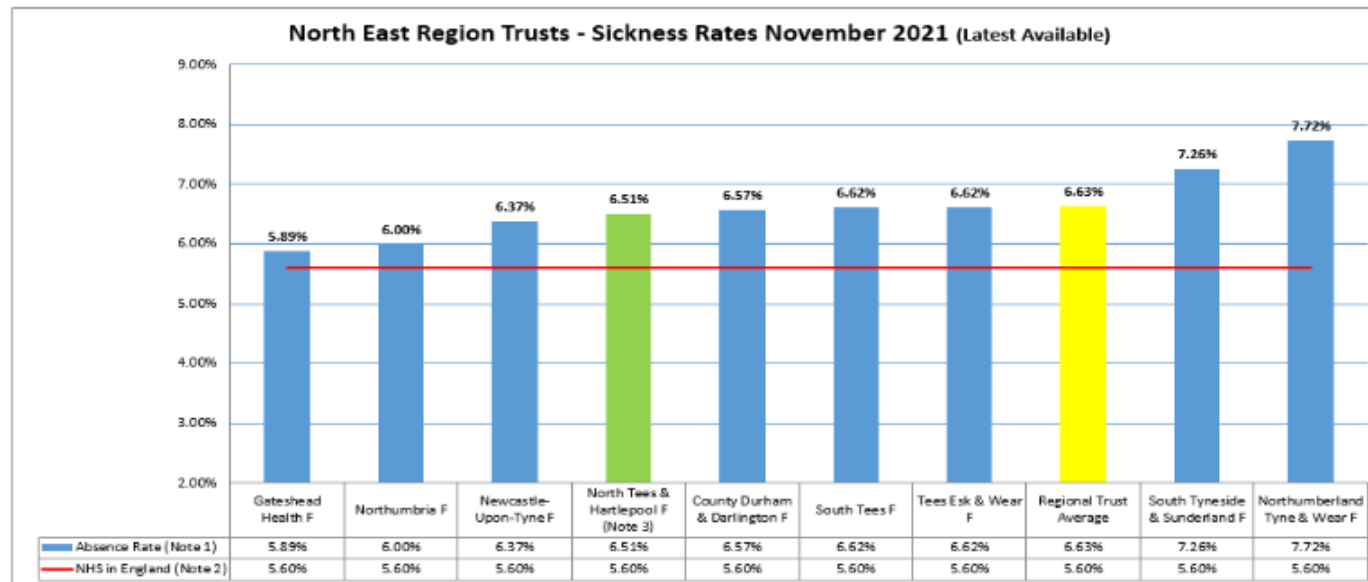
Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT - February 22</b>										
Incomplete Pathways waiting < 18 weeks	62.8%		83.2%	82.3%	60.9%	77.3%	69.4%	87.7%	64.9%	73.2%
Half of incomplete patients wait less than										
Half of admitted patients wait less than										
19 out of 20 admitted patients wait less than										
Half of Non admitted Pathways waited less than										
19 out of 20 non admitted patients wait less than										
Incomplete Pathways waiting > 52 weeks										

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
ZwW Referrals	94.04 (1136/1206)	88.96 (870/978)	88.53 (980/1107)	91.96 (184/2002)	96.78 (1533/1584)	80.8 (132/1635)	88.87 (990/1114)	79.99 (171/2139)	88.23 (10382/11767)
Breast Symptomatic Referrals	0 (0/0)	85.45 (47/55)	100 (2/21)	37.23 (5/137)	92.37 (12/131)	57.14 (8/14)	85.77 (217/253)	78.57 (187/238)	76.8 (652/849)
31Day First Treatments	95.95 (142/148)	85.42 (82/96)	100 (128/128)	85.22 (398/467)	96.45 (136/141)	92.65 (189/204)	99.15 (116/117)	93.49 (158/169)	91.77 (1349/1470)
31Day Subsequent Treatments - Drugs	100 (115/115)	100 (3/3)	100 (70/70)	96.79 (21/218)	100 (29/29)	97.22 (105/108)	100 (37/37)	100 (12/12)	98.31 (582/592)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	97.94 (380/388)	0 (0/0)	95.19 (178/187)	0 (0/0)	0 (0/0)	97.04 (558/575)
31Day Subsequent Treatments - Surgery	100 (5/5)	50 (2/4)	96.55 (28/29)	73.58 (78/106)	100 (6/6)	100 (4/4)	100 (1/1)	58.82 (10/17)	79.12 (144/182)
62 Day Target - ZwW	83.04 (71/85.5)	56.59 (36.5/64.5)	57.97 (40/69)	50.25 (102.5/204)	63.88 (72.5/113.5)	71.01 (109/153.5)	59.18 (29/49)	75.76 (87.5/115.5)	64.13 (548/854.5)
62 Day Target - Screening	20 (0.5/2.5)		80.49 (16.5/20.5)	71.43 (22.5/31.5)		50 (1.5/3)	68.48 (31.5/46)	50 (1/2)	69.67 (73.5/105.5)
62 Day Target - Upgrade	71.11 (16/22.5)	84.62 (5.5/6.5)	0 (0/0.5)	60.38 (16/26.5)	78.95 (7.5/9.5)	90 (18/20)	90.48 (9.5/10.5)	95.83 (11.5/12)	77.78 (84/108)
28 Day Target - ZwW	70.39 (782/1111)	64.73 (556/859)	78.17 (899/1150)	85.25 (1584/1858)	78.3 (102/1304)	77.31 (944/1221)	82.26 (765/930)	91.42 (1652/1807)	80.11 (8203/10240)
28 Day Target - Breast Symptomatic	0 (0/0)	82.46 (47/57)	100 (20/20)	74.38 (90/121)	73.23 (93/127)	92.31 (12/13)	98.79 (244/247)	96.83 (214/221)	89.33 (720/806)
28 Day Target - Screening	60 (3/5)	50 (2/4)	67.83 (67/91)	88.62 (109/123)	82.69 (43/52)	100 (4/4)	77.16 (125/162)	54.39 (3/57)	75.9 (378/498)
28 Day Target - Overall	70.34 (785/1116)	65.76 (605/920)	77.72 (980/1261)	84.82 (1783/2102)	78.02 (1157/1483)	77.54 (968/1238)	84.69 (1134/1339)	90.98 (1897/2085)	80.57 (9301/11544)



# Appendix 2

## Workforce



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

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

North Tees and Hartlepool NHS Foundation Trust is represented by the green column (6.51%). The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column (6.63%).



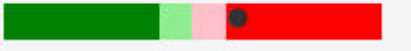











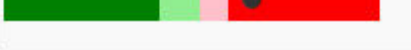




















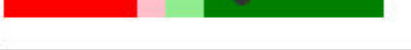













The red line is the average rate for the whole of the NHS in England (5.60%).

The sickness rate for North Tees and Hartlepool is 6.51%, slightly below the regional average of 6.63%.








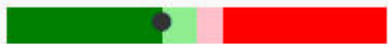






















Gateshead Health NHS Foundation Trust report the lowest sickness absence rate for November 2021 at 5.89%.

Northumberland, Tyne and Wear NHS Foundation Trust report the highest rate at 7.72%.



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		
Indicator		Current	Previous	Change	Peer	National	Position ⓘ 
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		9.47% <small>(Jan 2021 - Dec 2021)</small>	9.53% <small>(Dec 2020 - Nov 2021)</small>	-0.06 ↓ 	7.70%	7.67%	 
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		2.35% <small>(Jan 2021 - Dec 2021)</small>	2.40% <small>(Dec 2020 - Nov 2021)</small>	-0.05 ↓ 	2.33%	2.04%	 
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		5.20% <small>(Jan 2021 - Dec 2021)</small>	5.29% <small>(Dec 2020 - Nov 2021)</small>	-0.09 ↓ 	5.03%	4.37%	 
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		7.68% <small>(Jan 2021 - Dec 2021)</small>	7.74% <small>(Dec 2020 - Nov 2021)</small>	-0.06 ↓ 	7.24%	6.22%	 
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		10.69% <small>(Jan 2021 - Dec 2021)</small>	10.78% <small>(Dec 2020 - Nov 2021)</small>	-0.09 ↓ 	9.94%	8.45%	 
Outpatient DNA rate (12 mth rolling) HES Outpatients (Mar 2022) ⓘ		7.44% <small>(Feb 2021 - Jan 2022)</small>	7.28% <small>(Jan 2021 - Dec 2021)</small>	0.16 ↑ 	8.07%	7.46%	 
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Mar 2022) ⓘ		2.56 <small>(Feb 2021 - Jan 2022)</small>	2.55 <small>(Jan 2021 - Dec 2021)</small>	0.01 ↑ 	2.34	2.20	 
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Mar 2022) ⓘ		0.00% <small>(Feb 2021 - Jan 2022)</small>	0.00% <small>(Jan 2021 - Dec 2021)</small>	No Change 	9.43%	9.51%	 
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Mar 2022) ⓘ		91.99% <small>(Feb 2021 - Jan 2022)</small>	92.22% <small>(Jan 2021 - Dec 2021)</small>	-0.23 ↓ 	79.04%	82.80%	 
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Mar 2022) ⓘ		96.81% <small>(Feb 2021 - Jan 2022)</small>	96.30% <small>(Jan 2021 - Dec 2021)</small>	0.51 ↑ 	93.56%	93.66%	 
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Mar 2022) ⓘ		71.32% <small>(Feb 2021 - Jan 2022)</small>	72.29% <small>(Jan 2021 - Dec 2021)</small>	-0.97 ↓ 	70.33%	70.00%	 
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Mar 2022) ⓘ		74.41% <small>(Feb 2021 - Jan 2022)</small>	74.49% <small>(Jan 2021 - Dec 2021)</small>	-0.08 ↓ 	68.68%	63.10%	 
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Mar 2022) ⓘ		87.40% <small>(Feb 2021 - Jan 2022)</small>	87.51% <small>(Jan 2021 - Dec 2021)</small>	-0.11 ↓ 	85.54%	77.74%	 
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Mar 2022) ⓘ		85.86% <small>(Feb 2021 - Jan 2022)</small>	86.23% <small>(Jan 2021 - Dec 2021)</small>	-0.37 ↓ 	72.92%	60.12%	 
Day case realisation rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		96.70% <small>(Feb 2021 - Jan 2022)</small>	96.78% <small>(Jan 2021 - Dec 2021)</small>	-0.08 ↓ 	96.37%	96.60%	 
Day case rate (12 mth rolling) HES Inpatients (Mar 2022) ⓘ		86.68% <small>(Feb 2021 - Jan 2022)</small>	86.87% <small>(Jan 2021 - Dec 2021)</small>	-0.19 ↓ 	85.12%	72.68%	 



Average excess length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.15 (Feb 2021 - Jan 2022)	0.08 (Jan 2021 - Dec 2021)	0.07 ↑ 	0.33	0.43	
Average length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	3.19 (Feb 2021 - Jan 2022)	3.22 (Jan 2021 - Dec 2021)	-0.03 ↓ 	3.81	4.48	
Average elective length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	1.93 (Feb 2021 - Jan 2022)	1.91 (Jan 2021 - Dec 2021)	0.02 ↑ 	3.35	4.45	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	3.31 (Feb 2021 - Jan 2022)	3.34 (Jan 2021 - Dec 2021)	-0.03 ↓ 	3.88	4.47	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.20 (Feb 2021 - Jan 2022)	0.21 (Jan 2021 - Dec 2021)	-0.01 ↓ 	0.23	0.24	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.01 (Feb 2021 - Jan 2022)	0.01 (Jan 2021 - Dec 2021)	No Change 	0.03	0.03	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.34 (Feb 2021 - Jan 2022)	0.35 (Jan 2021 - Dec 2021)	-0.01 ↓ 	0.42	0.47	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.79 (Feb 2021 - Jan 2022)	0.83 (Jan 2021 - Dec 2021)	-0.04 ↓ 	0.97	0.93	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.20 (Feb 2021 - Jan 2022)	0.19 (Jan 2021 - Dec 2021)	0.01 ↑ 	0.31	0.26	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	1.21 (Feb 2021 - Jan 2022)	1.28 (Jan 2021 - Dec 2021)	-0.07 ↓ 	1.60	1.67	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	36.53% (Feb 2021 - Jan 2022)	36.62% (Jan 2021 - Dec 2021)	-0.09 ↓ 	39.16%	34.40%	
Elective stranded rate (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	5.23% (Feb 2021 - Jan 2022)	5.25% (Jan 2021 - Dec 2021)	-0.02 ↓ 	11.47%	12.29%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	16.55% (Feb 2021 - Jan 2022)	16.75% (Jan 2021 - Dec 2021)	-0.20 ↓ 	17.72%	20.85%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.54% (Feb 2021 - Jan 2022)	0.53% (Jan 2021 - Dec 2021)	0.01 ↑ 	2.18%	3.11%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	90.51% (Feb 2021 - Jan 2022)	92.22% (Jan 2021 - Dec 2021)	-1.71 ↓ 	74.43%	78.45%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	0.18% (Feb 2021 - Jan 2022)	0.16% (Jan 2021 - Dec 2021)	0.02 ↑ 	0.82%	0.93%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Mar 2022)	<b>i</b>	78.92 (Feb 2021 - Jan 2022)	78.44 (Jan 2021 - Dec 2021)	0.48 ↑ 	99.01	99.84	Very low (>99.8%)

## Board of Directors

Title of report:	Capital Programme Performance Q4 – 2021/22									
Date:	28 April 2022									
Prepared by:	Steven Taylor, Assistant Director of Estates and Capital NT&HS LLP									
Executive sponsor:	Neil Atkinson, Director of Finance									
Purpose of the report	The purpose of this report is to provide the Board of Directors with an update on the delivery of the capital programme for 2022/22.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services		X	Health and Wellbeing		
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X

### Executive Summary and the key issues for consideration/ decision:

#### Capital Programme Delivery 2021/22

- The Trust has an overall capital programme of £31.9m for 2021/22 (£29.89m CDEL and £2.0m donated/grant funded). This position includes the late receipting of PDC funding of £1.4m in March 2022.
- At month 12, the Trust has spent £29.9m against the plan of £31.9m.
- With regards to CDEL, the Trust has spent £29.0m against the plan of £29.9m.
- The Trust has undertaken two material disposals for the benefit of the ICS in 2021/22, namely: South Tees Diagnostic Hub (£5.366m) and Digital pathology (£1.352m).

#### **Estates Backlog Maintenance/Infrastructure**

- **Lift Replacement UHH:** Replacement of the 3 ageing lifts in the acute block at UHH. The first lift was completed in Q4 with work continuing in relation to the remaining 2 lifts into Q1 and Q2 22/23.
- **Theatre 1 Refurbishment and Future Proofing UHNT:** Theatre 1 refurbishment has been planned with Care Group 3 in Q1 to minimise disruption to theatre services. Theatre 1 refurbishment is a high priority from a backlog maintenance point of view as the theatre plant is shared by theatre 1 2 & 3. Any faults or downtime on this end of life plant risks affecting 3 theatres. The scope of the refurbishment works includes a dedicated ventilation plant for theatre 1 (reducing the above risk), installation of IPS / UPS to improve patient safety and future proofing enabling works to facilitate the theatre becoming an integrated theatre in the future. The design and procurement of the plant has now been completed with the majority of work on site due to be completed in Q4. The outstanding element is the new air handling unit which will not be installed and commissioned until early May 22 (due to Covid related supply chain issues).
- **Roofing Repairs UHH:** A multi-year programme continues to progress, awarded to Group Tegula Ltd following a mini-competition in FY20/21. The contract value is capped at £2m, and includes flexibility to address the high risks roofs and other roofs in dilapidated conditions. During

Q4 work was ongoing to the acute block to maintain buildings in a safe and operational manner. The project relates to the roof replacement of Hartlepool Main Ward Block.

The project was split into two phases to ensure continuity of resources and prevent costly demobilising at the end of March and remobilisation in FY22/23;

- Phase 1 - £170,000 - Commenced in February and completed by 31<sup>st</sup> March 2022.
- Phase 2 - £497,588 and extra £10k contingency for market fluctuations. Overall cost £507,588 and started 1<sup>st</sup> April 2022 with completion in a couple of months.
- **Intrusive Structural Surveys – North Wing/South Wing/Tower Block UHNT:** In response to concerns raised by Faithful and Gould/WS Atkins in the 6 Facet Survey further more detailed intrusive surveys are being carried out to assess the extent of any additional remedial works to ensure the building remains safe and operational for the remainder of its 10 year life. The survey report is expected to be fully completed in May 22.
- **Replacement Flooring UHNT:** The works to replace the main entrance flooring have been completed. Works to replace fire doors and carry out redecoration will continue into FY22/23.
- **Staff Recharge Hub Link Staircase From The Tees Dining Room (UHNT):** As part of the 100 Leaders Challenge within the Trust and NTH Solutions, nominated candidates were asked to bring forward ideas to improve the estate for patients, visitor and staff. One of the early ideas that received significant support was to create a link from the Tees Dining room down to the staff recharge hub located on the floor below. This link would significantly improve access to the indoor and outdoor staff facilities within the recharge hub. The project will be completed by the end of April.

#### **Medical Equipment Replacement (MER)**

- Delivery against the MER programme of £3.4m is now completed and ordered, receipted or vesting certificates received. This includes purchases of capital equipment relating to patient hoists, incubators, trauma chair, screening systems glideslope monitors etc.

#### **Digital**

- Significant work remains ongoing relating to digital, with an ongoing scheme to upgrade and replace end of life hardware; networking infrastructure, firewall and cyber security.
- Work also remains ongoing relating to the Great North Care Record and HealthCall.
- **CareScan+** - Testing of the Delta software release was delayed due to some changes to the functionality required for the Stock Take module, these changes have been incorporated into a revised Delta release and testing is ongoing which is scheduled to be complete end of March, this will allow Procurement & Supplies colleagues to use CS+ to carry out the Trusts Year End stock at the end of March. A revised MOU has now been agreed and signed by the Trust and NHSX, this now allows the Trust to draw down circa £90K of funding to assist with the CS+ pilot works, which must be delivered by the end of June 2022. Pilot sites are still to be identified but it is anticipated that these will be Trusts from within the North East and North Cumbria ICS. Work continues with NHSD (NHS Digital) around the requirements for a National PIM (Product Information Management) System, and the MDIS (Medical Devices Information System). We will continue to provide advice and support to these important National patient safety initiatives.

**Full details of the capital programme delivery is contained in the attached report.**

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

This report doesn't highlight any new risks.

Committees/groups where this item has been discussed	N/A
Recommendation	<p>The Board is asked to;</p> <ul style="list-style-type: none"> <li>• Note the contents of the report;</li> <li>• Note that the Trust has incurred gross capital expenditure of £29.9m against a total plan of £31.9m.</li> <li>• Against CDEL, the Trust has spent £29.0m against the plan of £29.9m</li> <li>• Note the two material disposals in 2021/22 (South Tees Community Diagnostic hub disposal of £5.366m and Digital Pathology and Radiology disposal is £1.532m).</li> </ul>

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

28 April 2022

### Capital Programme Performance Q4 2021/22

#### Report of the Director of Finance

#### **Strategic Aim**

*(The full set of Trust Aims can be found at the beginning of the Board Reports)*

Transforming our Services

#### **1. Introduction / Background**

The purpose of this paper is to provide an update as of 31 March 2022 on the overall delivery of the 2021/22 capital programme.

The NHS Improvement Compliance Framework requires that a minimum of 85% and a maximum of 115% of the original capital allocation should be spent on a monthly basis. Only goods and services that have been received or invoiced may be counted as expenditure.

The Trust has successfully achieved requirements of the NHSI compliance framework.

#### **2. Main content of report**

The Trust has an overall capital programme of £31.9m for 2021/22 (£29.89m CDEL limit and £2.0m donated / grant funded).

The capital programme included the late receipt of PDC funding of £1.4m in March 2022. The programme also included capital funding for South Tees Hospitals NHS Foundation Trust Community Diagnostic Hub (£5.6m), Target Investment Fund (£2.4m), Imaging & Endoscopy Academy Funding (£0.2m) and Cyber (£0.2m).

#### **Reported position**

At month 12, the Trust has spent £29.9m against the plan of £31.9m. With regards to CDEL, the Trust has spent £29.0m against the plan of £29.9m, and is £0.9m behind plan.

The Trust has undertaken a two material disposals for the benefit of the system in 2021/22, namely:

- South Tees Diagnostic Hub (£5.366m) - following the receipt of South Tees PDC the Trust has capitalised and subsequently disposed of the asset. The asset has then been donated to South Tees.
- Digital pathology (£1.352m) – as above.

#### **2.2 Estates**

Estates schemes in total spent £10m against a plan of £5.3m. The additional capital expenditure was incurred due to slippage with external capital schemes.

#### **2.3 Medical Equipment**

Total expenditure on Medical Equipment schemes for the year was £3.3m against a plan of £3m.

The slight overspend against plan was due to slippage in external schemes.

#### **2.4 Respiratory Support Unit**

In 2021/22, the Trust successfully completed the capital work linked to the Respiratory Support Unit. This was completed at a cost of £2.3m against a plan of £2.5m.

#### **2.4 Information and Technology Services and Digital Strategy**

Total expenditure on IT&S schemes is £1.1m against a plan of £1.2m.

2.5 The overall detailed work-stream reports for 2021/22 are presented in **Appendix 1**.

2.6 The overall financial summary for the period to 31 March 2022 is presented at **Appendix 2**.

### **3. Recommendation**

3.1 The Board is requested to receive this report and note the reported delivery of the capital programme for 2021/22.

**Neil Atkinson**  
**Director of Finance**

**Prof. Graham Evans**  
**Chief Information and Technology Officer/SIRO**



## Appendix 1 - Work Stream Reports

### 1. Estates Backlog Maintenance Programme

The 21/22 backlog maintenance capital allocation was broken down into categories and specific projects to target high and significant risk backlog issues. An overall programme covering all backlog projects was developed and project managers assigned for each project. A detailed spend profile project by project was developed. This allowed for monthly reporting against time and cost for the overall programme (as required by NHSI). £5.3m has been allocated to Backlog Maintenance and £2.5m has been allocated to the development of the Ward 24 Respiratory Support Unit (RSU).

**Theatre 1 Refurbishment and Future Proofing UHNT:** Theatre 1 refurbishment has been planned with Care Group 3 in Q1 to minimise disruption to theatre services. Theatre 1 refurbishment is a high priority from a backlog maintenance point of view as the theatre plant is shared by theatre 1 2 & 3. Any faults or downtime on this end of life plant risks affecting 3 theatres. The scope of the refurbishment works includes a dedicated ventilation plant for theatre 1 (reducing the above risk), installation of IPS / UPS to improve patient safety and future proofing enabling works to facilitate the theatre becoming an integrated theatre in the future. The design and procurement of the plant has now been completed with the majority of work on site due to be completed in Q4. The outstanding element is the new air handling unit which will not be installed and commissioned until early May 22 (due to Covid related supply chain issues).

A successful TIF bid has allowed integration to be added to the theatre refurbishment project to improve patient outcomes. Work commenced on site in January 2022 and is anticipated to be completed by the end of April 22.

The 5-year backlog plan includes the refurbish of two theatres per year for the remaining years of the 5-year programme. Discussions are ongoing to agree the programme with the elective care group to minimise disruption to catch up services.

**Operating Theatre Light Replacement UHH/UHNT:** The operating theatre lights within Theatres 2, 3 and 7 (UHH) and Theatre 10 (UHNT) are at end of life and in need of replacement. 4 LED operating lights were ordered and were delivered by 31<sup>st</sup> March. This was funded by underspend in other backlog areas and totalled £84k + vat.

**Lift Replacement UHH:** Replacement of the 3 ageing lifts in the acute block at UHH. The first lift was completed in Q4 with work continuing in relation to the remaining 2 lifts into Q1 and Q2 22/23.

**Roofing Repairs UHH:** A multi-year programme continues to progress, awarded to Group Tegula Ltd following a mini-competition in FY20/21. The contract value is capped at £2m, and includes flexibility to address the high risks roofs and other roofs in dilapidated conditions. During Q4 work was ongoing to the acute block to maintain buildings in a safe and operational manner.

The project relates to the roof replacement of Hartlepool Main Ward Block. The project was split into two phases to ensure continuity of resources and prevent costly demobilising at the end of March and remobilisation in FY22/23;

Phase 1 - £170,000 - Commenced in February and completed by 31<sup>st</sup> March 2022.

Phase 2 - £497,588 and extra £10k contingency for market fluctuations. Overall cost £507,588 and started 1<sup>st</sup> April 2022 with completion in a couple of months.

A £30k contingency is also proposed to cover any unknowns. There will also be the removal and refitting of roof antennas to factor in which will be around £15k.

Therefore total proposed spend is £553K spread over FY21/22 and FY22/23. Roofing repairs will remain a feature of the backlog capital 5 year programme over the remaining years programme.



**Intrusive Structural Surveys – North Wing/South Wing/Tower Block UHNT:** In response to concerns raised by Faithful and Gould/WS Atkins in the 6 Facet Survey further more detailed intrusive surveys are being carried out to assess the extent of any additional remedial works to ensure the building remains safe and operational for the remainder of its 10 year life. The survey report is expected to be fully completed in May 22.

The initial findings have identified work that is required to be carried out in the short term (FY22/23) as follows:

### **North & South Wings**

There are signs of carbonation behind a large number of concrete panels. This is due to the failure of the mastic sealants thus allowing water to ingress. There is a strong possibility that this will affect the vertical & horizontal fixings of the panels. The required works are the removal and replacement of all the existing mastic to prevent any further corrosion and carry out local repairs as needed. Some panels have significant cracks and need to be replaced. Mullions on the South Wing have previously been covered with sheeting without any remedial work being carried out and this will need to be rectified now.

In an area of the North Wing Basement, there are signs of cracking in the concrete structure which requires further investigation before a final report is issued. Testing is currently being carried with a further update to follow.

### **Tower Block**

Above ground level there is evidence of cavity wall ties installed both during construction and also retrospectively. However, the wall ties are irregularly fitted and certainly not fitted in accordance with current BS regulations. Further calculations are being carried out on the North and South faces to establish if additional supports are needed to give support to the inner leaf (7.0 x 3.0 high) which is only visibly tied in at the left hand edge – nothing visible at top or bottom edges.

The outer and inner leaves are not cross bonded and there is no significant cavity between the two leaves. The retrospective ties are M10 Stainless Steel rod drilled and resin anchored into the ring beam and outer leaf (inner leaf is built from the top of the ring beam).

### **Hospital Streets**

There is evidence of the primary support steelwork starting to fail due to water ingress. There is also signs of corrosion to the primary pipework in the locations of the supports. Temporary solutions need to be installed before remedials can be addressed in the concrete, however, there is asbestos and lead based paint present on both the pipework and walls. This will need removing first to allow the installation of temporary supports.

Once temporary supports are fitted and water ingress is stopped, a further option study would be required to decide on the best way to undertake the replacement of the primary pipework services and the method of connecting to the existing.

We expect to have the full survey report and recommended rectifications in Q1 of FY22/23 and any remedial work will be incorporated in the FY22/23 backlog maintenance plan, as a priority.

**Fire Door Replacement UHNT / UHH:** The fire door replacement programme has begun with fire doors being repaired / replaced / upgraded due to operational damage and change of use over the life of the buildings. Fire doors have been replaced for high risk areas including Central Stores, Medical Records, Lung Health, main staircase and the main circulation corridors around the lower ground floor and ground floor. Additional funding has been brought forward in this high priority area and funded from underspend in other backlog areas.

The replacement works will continue on both sites into FY22/23. West Wing remains a high priority for FY22/23.

**Fire Alarm Replacement UHH:** The business case was approved in May 2020. Following an OJEU procurement tender, the project was awarded to TFS. The overall project cost is £1m, with £50K of spend in FY20/21 and the remaining spend in FY21/22. The installation is now 80% complete, with the majority of areas complete. The works has now extended into operational areas. The project team is working closely with the clinical teams to arrange access to clinical areas and using installation methods agreed with Infection Prevention and Control. The installation is planned to be completed by the end of Q1 FY22/23 with staff training and change over to follow.

**Replacement of the Combined Heat and Power Unit (CHP) UHH:** Work has been undertaken to scope and size the replacement of the end of life CHP unit on the UHH site. The CHP generates the electricity for the site and the waste heat from the engine is used to heat the hot water and heating requirement for site whilst reducing the energy bill for the Trust. As the challenge to achieve net zero carbon gathers pace, the unit will be designed to use a blend of hydrogen and natural gas to reduce carbon emissions when the gas network is capable of a blended supply. The plant will also form the resilient backup and provide flexibility to support future renewable energy plant, such as solar PV and ground source heat pumps (which cannot provide consistent energy 24/7).

The new CHP will ensure energy is provided consistently when required on site. The CHP will be a part of the sites future energy mix to deliver net zero carbon. The procurement stage has now been completed with Veolia being the successful bidder, the order has been placed and design and construction offsite has commenced.

The cost of the replacement CHP is £640K and is planned to payback in energy cost savings to the Trust in 4-5 years. The plant has a 10 year lifespan and is planned to be completed by Q2 of FY22/23.

**Plate Heat Exchangers UHH:** The ageing heating and hot water calorifiers will be replaced with modern energy efficient plate heat exchangers providing improved resilience and progress our path towards net zero carbon. This work was completed in March 2022.

**Replacement Flooring UHNT:** The works to replace the main entrance flooring have been completed. Works to replace fire doors and carry out redecoration will continue into FY22/23.

**Patient Environment, Furniture and Equipment (PLACE):** As approved by CRMG in February 80 high specification ultra low beds including dynamic mattresses and digital pump packages (£257k) were purchased. This completes the bed replacement programme which has spanned 3 years. 300 Ward Bundle Packages were also approved and purchased which comprise overbed table, bedside locker and high back chair (£244k). Spend against Patient Environment, Furniture and Equipment (PLACE) was planned as a contingency to ensure that the backlog allocation for FY21/22 was fully utilised.

**X-Ray Replacements:** The 4 replacement x-rays for UHNT (x 2), Peterlee and UHH have been ordered with building enabling works due to be completed early in Q1 FY22/23.

**AHU Replacement:** Orders for the air handling units for Tower Block have been raised and the units have been delivered, installed and were commissioned by the end of March 22.

## 2. Other Estates Capital Developments

**Community Diagnostic Hubs:** Collaborative planning continues to deliver the Tees Valley element of the national plan to develop hub and spoke arrangements for diagnostic facilities outside of acute settings and within the community. Plans have been developed for the spokes at UHH, Stockton (Lawson Street) and Redcar (South Tees). The spoke delivering additional MRI scanning capability became operational on the UHH site at the end of September with Respiratory and CT scanning services operational by the end of March 22.

Works associated with Cardiology services at Lawson Street were completed by the end of March 22.

An independent option appraisal was carried out by P+HS Architects to determine the location of the main hub (Stockton or Middlesbrough). The Waterfront development in Stockton is the recommended location and this will feed into the business case seeking capital funding approval. The CDC Estates Project Group, which includes representatives from North Tees, CCG, NHS PS and South Tees supported the recommendation but have requested that the option appraisal is updated to reflect the provision of services at the Friarage. It is not anticipated this will change the recommendation.

PA Consulting have been appointed to support development of the 22/23 business case for design and development of main hub.

**Staff Recharge Hub Link Staircase From The Tees Dining Room (UHNT):** As part of the 100 Leaders Challenge within the Trust and NTH Solutions, nominated candidates were asked to bring forward ideas to improve the estate for patients, visitor and staff. One of the early ideas that received significant support was to create a link from the Tees Dining room down to the staff recharge hub located on the floor below. This link would significantly improve access to the indoor and outdoor staff facilities within the recharge hub. The project will be completed by the end of April.

**Endoscopy Academy:** This project is funded from a successful TIF bid that applied for external funding in October 21. The bid was approved by DoH in December 21 with the requirement to spend the money within the 21/22 FY. The money will fund a training endoscopy facility within the Endoscopy Department UHH used to train endoscopy staff from our Trust and potentially other Trust's in the Northern ICS.

The scope of works includes internal alterations within the Rutherford Morrison Endoscopy Unit which will create an endoscopy room and training room with appropriate audio visual equipment to allow observation of operations for training purposes. Work commenced in Q4 and is planned for completion in Q1 FY 22/23.

As the design has developed a number of backlog maintenance issues have emerged associated with structural support, drains and electrical/mechanical infrastructure. This has required additional backlog funding (£150k) to be reallocated into the project. This has been funded from underspends on other backlog areas.

There is still an agreed planned £100k pre commitment into FY22/23.

**Theatre Robots:** Forming part of the wider clinical strategy, split over two key phases, for the development of perioperative services over the coming years. The purpose of this perioperative services strategy is to support the delivery of the Trusts business and dovetail the south ICP clinical services strategy.

Phase 1 - Additional (larger) theatre to facilitate robotic surgery in location of current storage and changing facilities. Relocation of displaced storage and changing facilities. Refurbishment and structural upgrade to theatre 1 and transformation into an integrated theatre.

Phase 2 of the theatre estate development plan concentrates on theatres 9 & 10, and the potential for development steered by the needs of the ICS.

The design work to achieve 1:100 drawing sign off for Phase 1 will be completed in Q4. The project will then progress in FY22/23.

**ICC Room:** The current location of the RCC can only accommodate a small number of people. The space is used by the Clinical Site Manager, Bed Managers and the Transport Scheduler throughout the 24 hour period and at varying times others involved in capacity management and escalation. The function supports the resilience OPEL meetings and requires numerous other operational staff.

The new hub location is currently a redundant X-Ray storeroom. The space has been re-designed to provide a 10-person open plan office, as well as a 2-person office and a 1-person office. This involves the installation of new electrical and data services, new ventilation throughout (heating and cooling), upgraded sanitary ware, new ceilings and lighting, renewed flooring, appropriate IT facilities and improved disabled access.

The trust employed P&HS architects to carry out the design work and RPS to act as an engineering consultant. The room will be operational w/c 18th April 22.

### 3. Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme has been prioritised against an initial allocation of £3m and an additional allocation of £0.4m, a total of £3.4m. Of this, £3,354,063.40 has been ordered and received to date. There are no outstanding items on the MER for 2021/22. Everything requested has been ordered and received or Vested

Since the last report we have taken delivery of:

**TCI Infusion pumps** for Pain management.

**Hoists** for assisting with patient manual handling.

**Draeger Baby Incubators** to closely control the environment of babies monitoring temperature Oxygen and humidity.

**Nerve Simulator modules** for use with Mindray anaesthetic monitors during surgery.

**Trauma Chair** suitable for bariatric patient handling for ITU.

**MRI Monitor** essential for use in MRI environment. Will replace existing obsolete equipment.

**Sonosite Ultrasound scanner** for use in ITU to replace older machine that now falls short of the required image quality.

**SLE Transport Incubator** to closely control the environment of babies in transport between departments monitoring temperature Oxygen and humidity

**Surgical Headlights** worn by surgeons to illuminate the site of surgery from their point of view

**Topcon Optical Screening system** to Peterlee hospital used for diabetic eye screening

**Glidescope Monitors for ITU and Theatres** used to assist in intubating a patient and correctly positioning the tube

**CSM Patient Monitors** For Pre-assessment units on both UHNT and UHH sites

**Exercise Tread mill and CASE system PC** for Cardiology assessment unit

We are expecting delivery of **Anaesthetic machines** to complete the upgrade of anaesthetic workstations on both sites in May now as delivery has been pushed back twice due to logistical delays. We have a vesting certificate for these items and the order was receipted before end of March 2022

#### 4. Information and Technology Services (I&TS)

The current I&TS capital plan incorporates elements of the Trusts Information and Communications Technology (ICT) and broader Digital Programme capital projects.

**Desktop PC replacements:** Now complete this is a three-year contractual payment plan to replace ageing desktop computers to allow migration to Windows 10.

**Out of Hospital Services tablet replacement:** To replace Out of Hospital services equipment which is an ongoing project but has encountered some delivery delays due to the shortage of IT hardware following the pandemic, this will likely cause issues replacing equipment for a further year or two.

**Laptop replacement:** This is an on-going scheme to replace laptops within the Trust on a rolling basis currently having same issues as above with a shortage of IT hardware availability.

##### Networking Hardware / Infrastructure

- **Network switch replacement** – Ongoing scheme to upgrade and replace end of life hardware. Hartlepool core network to be upgraded from 4Tbps (Terabits per second) backbone speed to 12Tbps with supervisor 6T cards.
- **Fibre Cable replacement** – Ongoing scheme to replace the remaining legacy fibre cabling for both (North Tees and Hartlepool) data networks. New cabling will support higher data transfer rates of up to 10Gbps (Gigabits per second).
- **UPS replacement** – Ongoing scheme to maintain and replace UPS devices throughout the Trust that are used to provide uninterruptable power for ICT services.
- **Firewall Switch replacement** – Ongoing scheme to upgrade and replace end of life firewall hardware.

##### Servers & Storage

- **Server replacement** – Ongoing scheme to replace end of life server hardware and add additional services, including:
  - Additional hardware purchased from regional radiology budget to support regional Radiology gateway for the sharing of patient images around the ICS.

##### Telecomms

- **VC expansion** – Additional video conference facilities to support both Microsoft Teams and CMS (Cisco Meeting Service) collaboration.
- **Switchboard Infrastructure** – Revamp of switchboard facilities.

#### 5. Digital Strategy – Electronic Patient Record

The 'Digital Hospital of Things' programme, was initiated following success of the Trust being announced within the second wave of NHS Digital pioneers or 'fast followers' to the first wave of Global Digital Exemplars (GDE) Trusts. The aim of the national fast follower programme is to support Trusts who have the potential to reach a higher level of digital maturity within an enhanced timescale, allowing them to benefit from work already undertaken by the Global Digital Exemplar (GDE) Trusts.

The GDE Fast Follower (FF) programme enabled NTHFT to receive £5m of Public Dividend Capital (PDC) funding on a matched funding basis over a three-year programme, the associated funding payments being split into multiple milestones, payable on delivery (and in arrears) of a specific set of outputs and outcomes being successfully delivered.

The Trust successfully completed the fifth and final milestone within the GDE programme in Q4 FY19/20. In delivering our planned digital ambitions outlined in our "Digital Hospital of Things" programme, the Trust achieved level 5-maturity status within the Healthcare Information and

Management System Society (HIMSS) and Electronic Medical Record Adoption Model (EMRAM). It is our intention to move quickly toward an independently accredited HIMSS level 6/7 status. In August 2021, the Trust received formal recognition and was awarded as a 'National Digital Leader' by NHSX, for contributions and progress made within the GDE Programme.

FY21/22 allocation was £2.03m which included approved underspend from 20/21 carry forward. Acknowledgement that the majority of spend being outside of the Digital Programme team's control.

Below is a brief overview and update on schemes within the digital programme:

**The Great North Care Record (GNCR) HIE** - The regional Health Information Exchange (HIE), a core module of the GNCR continues to expand wider. The HIE was made live on 9th March 2020 with data being shared from GPs and Community units in the North East and North Cumbria. A number of Trusts (North Tees included) are now contributing data to the HIE for sharing purposes. The remaining Trusts to share data include South Tees, Northumbria, North Cumbria Integrated Care and TEWV. The GNCR team are working with the local authorities to agree a deployment schedule of a standalone 'Viewer' or an in-context Viewer.

**My 'GNCR' aka PEP – (Patient Engagement Platform)** - Implemented the agreed support model and successfully completed a dry run with the NHS App team which will provide first and second line support. Extension of the Enigma contract for an additional 90 days agreed in order to provide additional support with several outstanding work packages. Final version of the DPIA has been published to the Region. CNTW and Gateshead Trust successfully connected into the PEP sandbox for further Trust integration testing. A workshop has been held with operational leads, to help define requirements for the management portal. A proposed cost model for use of PEP has been defined, this will be discussed and the ICS Digital consortium board in March.

**Nursing Handover/Doctors Weekend Handover** – Meeting scheduled for 8 February was stood down due to clinical commitments, to be rescheduled for early April.

**Closed Loop Medicines Administration (CLMA)** – The Business Case has gone through a prioritisation process and falls within the top 12 schemes to take forward in 22/23 if capacity allows.

**Closed Loop Blood** - The Business Case has gone through a prioritisation process and falls within the top 12 schemes to take forward in 22/23 if capacity allows

**Clinical Communication system** – The Business Case has been submitted for prioritisation and although scored high, it was acknowledged that the current system in place requires clinical leadership to enhance adoption before investing further.

**HealthCall** – North Tees and Hartlepool NHS Foundation Trust now have full shareholdings in HealthCall along with four other Trusts in the region. **Prostate Cancer Stratified Follow Up** – Whilst tracking of these patients is now fully configured and live within TrakCare, the next steps is to develop the interface from Somerset, allowing the trust to pull patients 'EoC Summary' and 'HNA Assessment' in PDF format into TrakCare EPR. Simultaneously the teams are working on a solution to pull the stratified patients PSA test results from ICE into the TIE. HealthCall will then work on intercepting these messages to send the Somerset documents and PSA results into the HealthCall App for the patient to view. At this point, our patients will be officially classed as 'Stratified' and able to manage a lot of their care without having to attend an Outpatient appointment. **Long COVID** - now LIVE with alerts that will notify clinical staff once a survey has been completed. **Virtual Wards – Oximetry@Home**, the Trust were successful in their bid for TIF funding and all orders placed in March and development work has commenced.

**A&E Observation machines** – The second phase of this which is to provide an Interface between Mindray and TrakCare has been developed, testing is currently underway with the expectation of going live early May.

**ITU TrakCare + Hardware** – Business Case has been prioritised as high for delivery in 22/23 following ratification at CRMG in April 22.

**Imprivata phase 2** – Difficulties in recruitment within ICT has delayed this roll out significantly. A revised roll out plan will be developed for 22-23.

**Ascribe/TrakCare Interface** – The update of the Medicines Optimisation & Clinical Decision Support system (FDB) was completed in January. All POP wards now using the new interface, all issues have



been resolved and the process is working well. Lessons learned session held, documentation and closure report drafted and circulated for review. This will be shared with the Programme Board and formal request for closure raised.

**EPMA Phase 2** (includes Infusions and will remove all remaining cardex) Build group one (consisting of 17 JIRAs) are all complete. Build Group 2 and 2 is progressing against plan.

### ***Active Clinical Notes (ACN)***

***Nursing Admission Documentation*** – the business case for additional hardware to support the development and subsequent rollout has been agreed as a priority for 22/23 subject to ratification at CMRG in April.

***Clinical Pathways*** –PE / DVT pathway is looking to go live April. A&E - Hip Injury Assessment Pathway went live successfully on 7 December 21. ED Paeds, CYPED (Paed Assessment Unit) and Children's Ward ACN redesign went live successfully in March 22. Adult Asthma Immediate Assessment go-live had to be rescheduled due to issues with clinical resource capacity to undertake UAT. TRiP (cast) Scoring Tool for VTE development received initial testing and has been moved to full UAT.

***Critical Care Admission*** - Nurse Assessment went live successfully in March.

**EDM2** – Following a few delays with UAT which required a new PAS extract load, this was received successfully and passed high level product testing and HL7 testing, full product testing will take place in March. The majority of trust Admin leads across all care groups have been trained as super users and have taken part in testing, with only two remaining. All future state processes are complete, with the exception of MDT which is hoped to be picked up within the next couple of weeks. Capacity planning is underway, using the trusts scanning capacity, future clinics data and taking into account any multi-speciality patients, this will help determined the most effective roll out plan. Staff groups have been identified for the project pilot and system roles confirmed in readiness for their set up on MediViewer. All staff involved with the pilot will soon receive a link to relevant e-learning material, user guides, FAQ's and lists of Super Users in their area. All clinicians will receive 1-1 focused training pre go-live and also receive any supporting e-learning and training materials. A meeting to discuss Disaster Recovery is scheduled for 22 March with ICT, where BCP will also be covered.

**CareScan+** - Testing of the Delta software release was delayed due to some changes to the functionality required for the Stock Take module, these changes have been incorporated into a revised Delta release and testing is ongoing which is scheduled to be complete end of March, this will allow Procurement & Supplies colleagues to use CS+ to carry out the Trusts Year End stock at the end of March. A revised MOU has now been agreed and signed by the Trust and NHSX, this now allows the Trust to draw down circa £90K of funding to assist with the CS+ pilot works, which must be delivered by the end of June 2022. Pilot sites are still to be identified but it is anticipated that these will be Trusts from within the North East and North Cumbria ICS. Work continues with NHSD (NHS Digital) around the requirements for a National PIM (Product Information Management) System, and the MDIS (Medical Devices Information System). We will continue to provide advice and support to these important National patient safety initiatives.

## Appendix 2 – Capital Programme Financial Position as at 31<sup>st</sup> March 2022

### Capital Plan, Actual and Commitments

Reporting period: 1st April 2021 to 31st March 2022

	Annual Plan £'000's	YTD Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Commitments 2021/22 £'000
<b>CAPITAL PROGRAMME</b>					
<b>ICS AGREED PLAN</b>					
<b>Estates Backlog</b>					
Building Sub Structure	678	678	1,315	(637)	374
Compliance	1,685	1,685	3,600	(1,915)	316
Energy Conservation	580	580	441	139	368
Patient Environment	1,497	1,497	3,879	(2,382)	342
Service Developments	872	872	791	80	9
<b>Estates Backlog Total</b>	<b>5,311</b>	<b>5,311</b>	<b>10,026</b>	<b>(4,715)</b>	<b>1,410</b>
<b>Respiratory Ward Configuration</b>					
Respiratory Ward Configuration	2,500	2,500	2,305	195	27
<b>Respiratory Ward Configuration Total</b>	<b>2,500</b>	<b>2,500</b>	<b>2,305</b>	<b>195</b>	<b>27</b>
<b>Medical Equipment</b>					
Medical Equipment	3,000	3,000	3,339	(339)	21
<b>Medical Equipment Total</b>	<b>3,000</b>	<b>3,000</b>	<b>3,339</b>	<b>(339)</b>	<b>21</b>
<b>IT</b>					
ICT	1,155	1,155	1,125	30	424
<b>IT Total</b>	<b>1,155</b>	<b>1,155</b>	<b>1,125</b>	<b>30</b>	<b>424</b>
<b>GDEFF</b>					
GDEFF	2,013	2,013	195	1,818	35
<b>GDEFF Total</b>	<b>2,013</b>	<b>2,013</b>	<b>195</b>	<b>1,818</b>	<b>35</b>
<b>Carescan</b>					
Carescan	74	74	70	4	8
<b>Carescan Total</b>	<b>74</b>	<b>74</b>	<b>70</b>	<b>4</b>	<b>8</b>
<b>Regional Digital Radiology</b>					
Regional Digital Radiology	768	768	653	115	0
<b>Regional Digital Radiology Total</b>	<b>768</b>	<b>768</b>	<b>653</b>	<b>115</b>	<b>0</b>
<b>Service Developments</b>					
Theatres Robot	0	0	1,742	(1,742)	0
Contingency	202	202	(121)	323	0
<b>Service Developments Total</b>	<b>202</b>	<b>202</b>	<b>1,620</b>	<b>(1,418)</b>	<b>0</b>
<b>ICS AGREED PLAN TOTAL</b>	<b>15,023</b>	<b>15,023</b>	<b>19,333</b>	<b>(4,310)</b>	<b>1,925</b>
<b>PDC AGREED IN YEAR</b>					
<b>Community Diagnostic Hub</b>					
Community Diagnostic Hub - North Tees	2,843	2,843	1,309	1,534	32
Community Diagnostic Hub - South Tees	5,565	5,565	5,366	199	0
<b>Community Diagnostic Hub Total</b>	<b>8,408</b>	<b>8,408</b>	<b>6,675</b>	<b>1,733</b>	<b>32</b>
<b>Targeted Investment Fund</b>					
TIF	2,604	2,604	2,391	213	168
<b>Targeted Investment Fund Total</b>	<b>2,604</b>	<b>2,604</b>	<b>2,391</b>	<b>213</b>	<b>168</b>
<b>Pathology LIMS</b>					
Pathology LIMS	1,752	1,752	0	1,752	0
<b>Pathology LIMS Total</b>	<b>1,752</b>	<b>1,752</b>	<b>0</b>	<b>1,752</b>	<b>0</b>
<b>NENC Accelerator</b>					
NENC Accelerator	1,380	1,380	0	1,380	0
<b>NENC Accelerator Total</b>	<b>1,380</b>	<b>1,380</b>	<b>0</b>	<b>1,380</b>	<b>0</b>
<b>Cyber</b>					
Cyber	250	250	211	39	0
<b>Cyber Total</b>	<b>250</b>	<b>250</b>	<b>211</b>	<b>39</b>	<b>0</b>
<b>Imaging &amp; Endoscopy Academy Funding</b>					
Imaging & Endoscopy Academy Funding	213	213	213	0	0
<b>Imaging &amp; Endoscopy Academy Funding Total</b>	<b>213</b>	<b>213</b>	<b>213</b>	<b>0</b>	<b>0</b>
<b>PDC Funded - Digital Maternity</b>					
PDC Funded - Digital Maternity	260	260	159	101	51
<b>PDC Funded - Digital Maternity</b>	<b>260</b>	<b>260</b>	<b>159</b>	<b>101</b>	<b>51</b>
<b>PDC AGREED IN YEAR TOTAL</b>	<b>14,867</b>	<b>14,867</b>	<b>9,650</b>	<b>5,217</b>	<b>250</b>
<b>TOTAL CDEL</b>	<b>29,890</b>	<b>29,890</b>	<b>28,982</b>	<b>908</b>	<b>2,175</b>
<b>DONATED ASSETS</b>					
<b>Donated</b>					
Donated	399	399	577	(178)	0
<b>Donated Total</b>	<b>399</b>	<b>399</b>	<b>577</b>	<b>(178)</b>	<b>0</b>
<b>Digital Pathology</b>					
Digital Pathology	1,602	1,602	308	1,294	0
<b>Digital Pathology Total</b>	<b>1,602</b>	<b>1,602</b>	<b>308</b>	<b>1,294</b>	<b>0</b>
<b>DONATED ASSETS TOTAL</b>	<b>2,001</b>	<b>2,001</b>	<b>885</b>	<b>1,116</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>31,891</b>	<b>31,891</b>	<b>29,867</b>	<b>2,024</b>	<b>2,175</b>

### Board of Directors

Title:	Priorities and Operational Planning Guidance 2022/23									
Date:	28 April 2022									
Prepared by:	Linda Hunter, Interim Director of Planning & Performance									
Executive Sponsor:	Linda Hunter, Interim Director of Planning & Performance									
Purpose of the report	This report presents an overview of the organisational submission in response to the 2022/23 Operational Planning Guidance									
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:**

The 2022/23 priorities and operating planning guidance set out the requirement for a number of submissions in terms of financial, workforce, provider activity and operational planning, alongside a detailed narrative. The financial aspect of this work is addressed within the report of the Director of Finance. A draft submission was required at a regional level by 3<sup>rd</sup> March with final submission made on 14<sup>th</sup> April.

Systems were asked to deliver on the following ten priorities:-

- Investing in the workforce and strengthening a compassionate and inclusive culture
- Delivering the NHS COVID-19 - vaccination programme and meeting the needs of patients with COVID-19
- Tackling the elective backlog, reduce long waits, improve performance (Referral to Treatment (RTT), cancer, diagnostics)
- Improving the responsiveness of urgent and emergency care and community care capacity (including creating additional beds, virtual ward models), eliminate 12-hour waits in ED, minimise ambulance handover delays
- Improving timely access to primary care
- Improving mental health services and services for people with a learning disability and/or autistic people
- Developing approach to population health management, prevent ill-health, and address health inequalities
- Exploiting the potential of digital technologies
- Moving back to and beyond pre-pandemic levels of productivity
- Establishing ICBs and enabling collaborative system working

Delivery against each priority is detailed within the paper however some key points to note are as follows;

- 10% more patients completing treatment than in 2019/20
- 104% of the pre-pandemic elective activity
- Eliminating waits over 104 weeks by July 2022
- Eliminating waits over 78 weeks by March 2023
- Reducing waits over 52 weeks
- Reducing cancer 62+ day waiting list size to pre-pandemic levels (Feb 20) by March 2023

<ul style="list-style-type: none"> <li>• 25% reduction in outpatient follow ups by 2023 (Increasing Patient Initiated Follow Ups, Advice and Guidance and non-face to face appointments)</li> <li>• Increasing diagnostic capacity to a minimum of 120% of pre-pandemic activity levels to meet local need and support elective recovery.</li> </ul>	
<p>How this report impacts on current risks or highlights new risks:</p>	
<p>This report affects the current strategic risk identified on the Board Assurance Framework (1C) in relation to Performance &amp; Compliance, which is managed and monitored through the Planning, Performance and Compliance Committee.</p>	
<p>Committees/groups where this item has been discussed</p>	<p>Executive Management Team                  Planning, Performance and Compliance Committee                  Finance Committee</p>
<p>Recommendation</p>	<p>The Board of Directors is asked to note the work to date in relation to the 2022/23 submission, specifically:</p> <ul style="list-style-type: none"> <li>• Detailed plans to deliver recovery against RTT, Cancer and Diagnostic standards described above</li> <li>• In 2022/23 build on the cancer objectives set through 2021/22 H2 planning guidance</li> <li>• The significant focus on outpatient standards</li> <li>• The need to prioritise support for the NHS workforce and the efforts which are now being asked of them</li> <li>• The implementation of a focused delivery against planning group to ensure governance, assurance and monitoring against all standards</li> </ul>

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

### **Board of Directors**

**28 April 2022**

### **Priorities and Operational Planning Guidance 2022/23**

#### **Report of the Interim Director of Planning & Performance**

#### **1. Introduction**

- 1.1 This report presents an overview of the organisational submission in response to the 2022/23 Operational Planning Guidance and the organisational submission.
- 1.2 The 2022/23 priorities and operating planning guidance set out the requirement for a number of submissions in terms of financial, workforce, provider activity and operational planning, alongside a detailed narrative. The financial aspect of this work is addressed within the report of the Director of Finance.
- 1.3 A draft submission was mandatory at a regional level by 3<sup>rd</sup> March with final submission made on 14<sup>th</sup> April.

#### **2. Background & Context**

- 2.1 NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance on 24 December 2021. The document set out the task for the next financial year to work to restore services, reduce the care backlog, and expand capacity.
- 2.2 The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels to enable significant progress in the first part of the year, although at the time of writing operating within a Level 4 National incident.
- 2.3 Systems were asked to deliver on the following ten priorities:-
  1. Investing in the workforce and strengthening a compassionate and inclusive culture
  2. Delivering the NHS COVID-19 - vaccination programme and meeting the needs of patients with COVID-19
  3. Tackling the elective backlog, reduce long waits, improve performance (RTT, cancer, diagnostics)
  4. Improving the responsiveness of urgent and emergency care and community care capacity (including creating additional beds, virtual ward models), eliminate 12-hour waits in ED, minimise ambulance handover delays
  5. Improving timely access to primary care
  6. Improving mental health services and services for people with a learning disability and/or autistic people
  7. Developing approach to population health management, prevent ill-health, and address health inequalities
  8. Exploiting the potential of digital technologies
  9. Moving back to and beyond pre-pandemic levels of productivity
  10. Establishing ICBs and enabling collaborative system working
- 2.4 Underpinning this guidance is the arrangements, the Health and Care Bill, which puts Integrated Care Systems (ICS) on a statutory footing and creating the Integrated Care Board (ICB) as new NHS bodies will now be 1<sup>st</sup> July 2022 rather than the previously stated target of 1<sup>st</sup> April 2022.

### **3. Activity & Performance**

#### **3.1 Elective recovery**

3.1.1 The guidance identified a number of key requirements, identified chapter by chapter as identified in section 2.3. The key areas of focus for the activity and performance submission encompassed chapters C and D.

3.1.2 In regard to the requirement outlined in chapter C - Tackling the elective backlog, reduce long waits, improve performance (RTT, cancer, diagnostics).

The key requirements of the plan: -

- 30% more elective activity by 2024/25 than before the pandemic
- 10% more elective activity in 2022/23 than before the pandemic and reduce long waits
- eliminate waits over 104 weeks as a priority and maintain this position through 2022/23 (except where patients choose to wait longer)
- Reduce waits of over 78 weeks and conduct three monthly reviews for this cohort of patients, extending the three monthly reviews to patients waiting over 52 weeks from 1 July 2022
- Develop plans that support an overall reduction in 52 weeks waits where possible

3.1.3 A significant focus has been placed on outpatient services, with a view to creating in the system to support. There are a number of specific actions to be undertaken including the offer of virtual appointments and patient initiated follow up appointments.

The key ask focuses on:-

- Reduce outpatients follow-ups by a minimum of 25% against 2019/20 by March 2023 and going further where possible
- Expanding patient initiated follow up (PIFU) to all major outpatients' specialities, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023.
- Ensure referral optimisation through specialist advice through the offer of advice and guidance to referrers by 16%.

The Trust's Outpatient Transformation Group that will work to support the delivery of these key metrics.

#### **3.2 Cancer standards**

3.2.1 In order to respond to the record high number of patients referred urgently with a suspected cancer there is requirement to ensure that work continues, building on the objectives set through 2021/22 in the H2 planning guidance, to:-

- Return the number of people waiting for longer than 62 days to the level in February 2020
- Meeting the increased levels of referrals and treatment required to reduce the shortfall in number of first treatments
- Priority actions should centre on ensuring there is a sufficient diagnostic and treatment capacity – particular focus on three areas (lower GI, prostate and skin)
- Cancer Alliance plans to improve performance against all cancer standards, focusing on 62 days urgent referral to first treatment, 28 day faster diagnosis and 31 day decision to treat to first treatment standards

- 3.2.2 There is currently a national consultation to reduce the number of cancer standards to be reported by combining a number of standards, with the focus remaining on 31 days, 62 days and 28-day faster diagnosis. Following the outcome of the consultation the Trust will monitor compliance against the new standards.

### **3.3 Diagnostics**

- 3.3.1 The diagnostic capacity needs to support both the outpatient, elective and cancer pathways with the guidance focusing on increase activity levels and the continuation of the work on the Community Diagnostic Centres, to provide an opportunity for further capacity within community venues: -

- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23
- Develop investments plans that lay the foundations for further expansion of capacity through Community Diagnostic Centres in 2023/24 and 2024/25
- Capital – include some information
- Implementation of digital diagnostic investment is expect to delivery at least a 10% improvement in productivity by 2024/25

## **4. Workforce**

- 4.1 The guidance was clear about the need to prioritise support for the NHS workforce, given their experience during the pandemic so far, and the efforts, which are now being asked of them.

- 4.2 The focus is to:-

- Look after our people – improve retention, support health and wellbeing and improve attendance
- Improve belonging in the NHS – improve BAME disparity ration, promote equity across all protected characteristics
- Work differently - new roles, deliver multidisciplinary support for care closer to home, highest level of attainment for e-job planning and e-rostering is met to optimise the capacity, establish or become part of, volunteer services such as the NHS cadets and NHS reservists
- Grow for the future - expand international recruitment, increase and create training and employment opportunities, effective use of temporary staffing, ensuring training of postgraduate doctors continues, sufficient clinical placement capacity

## **5. Governance, Assurance, Monitoring**

- 5.1 The annual plan submission has been supported by all stakeholders, both internally and as part of the system, where appropriate with weekly meetings, both from an ICP and ICS perspective, with key planning leads and colleagues from across the region.

- 5.2 Internally, the Planning and Recovery group was utilised to underpin the requirements for submission with a forecast position presented to Executive Management Team and overview of the work provided to Planning & Compliance Committee. A collaborative approach was adopted across all care groups and corporate teams with robust reviews undertaken through Business Team meetings.

- 5.3 This governance process will continue throughout 2022/23 with a revised dashboard and inclusion within the Performance Improvement Framework.

## **6. Submission**

- 6.1 Following an initial draft submission, the<sub>5</sub> Trust received regular requests from the regional



team requiring a number of additional submissions to offer assurance against the proposed planning submission. All requests and submissions were delivered within the required timescales including the detailed narrative template.

## **7. Next Steps**

- Await feedback following submission
- Develop dashboard for monitoring against plan
- Establish a focused 'delivery against planning' group
- Finalise the revised bed profile

## **8. Recommendations**

8.1 The Board of Directors is asked to note the work to date in relation to the 2022/23 submission, specifically:

- Detailed plans to deliver recovery against RTT, Cancer and Diagnostic standards described above
- In 2022/23 build on the cancer objectives set through 2021/22 H2 planning guidance
- The significant focus on outpatient standards
- The need to prioritise support for the NHS workforce and the efforts which are now being asked of them
- The implementation of a focused 'delivery against planning' group to ensure governance, assurance and monitoring against all standards.

## Board of Directors – Public

Title	Revenue & Capital Budget Setting Paper – 2022/23								
Date	28 <sup>th</sup> April 2022								
Prepared by	Stuart Irvine, Deputy Director of Finance								
Executive Sponsor	Neil Atkinson, Director of Finance								
Purpose of the report	The purpose of this report is to update the Board of Directors on the proposed financial arrangements and the progress of the budget setting arrangements for 2022/23.								
Action required	Approve	X	Assurance	X	Discuss		Information	X	
Strategic Objectives supported by this paper	Putting our population First		Valuing our People		Transforming our Services	X	Health and Wellbeing		
Which CQC Standards apply to this report	Safe		Caring		Effective	X	Responsive	Well Led	X

### Executive Summary and the key issues for consideration/ decision

#### Background

The content of this report is consistent with the detail contained in the financial plan that was presented to the Finance Committee (11<sup>th</sup> and 25<sup>th</sup> April 2022) and sets out progress to date, key issues and proposed actions.

The Trust has undertaken a robust budget setting exercise, which followed the NHS finance and operational planning guidance for 2022/23. A key change for 2022/23 is the transition from national interim financial arrangements, back to fair share allocations. The impact of which is a significant reduction in non-recurrent funding.

The system financial envelope has been set at an ICB level over the full 12 month period for 2022/23. There is also a requirement to achieve overall financial balance at an ICB level over the 12 month period.

#### Draft Financial Plan

The Trust has submitted a number of versions of a draft financial plan for 2022/23 as the ICB aims to reduce the overall deficit in the overall system. The Trust submitted a draft financial plan on 19<sup>th</sup> April 2022 to deliver a deficit of £1.4m. The deficit is primarily as a result of inflationary pressures relating to utility costs (energy).

#### CIP

Within the draft financial plan is a CIP requirement of £9.3m. This will be a significant challenge to deliver but must be delivered to support planned internal developments in 2022/23.

#### Capital Programme

The Trust has a capital plan of £21.0m (which reflects the Board approved Estate Strategy).

<p><b>Risks</b></p> <p>From a strategic perspective, the key risks for 2021/22 are likely to remain the same for 2022/23 and will be reviewed as part of the Board Assurance Framework refresh for 2022/23.</p> <ul style="list-style-type: none"> <li>• Wider Health Economy Issues (ICP/ICS);</li> <li>• Contract Performance (operating under block arrangements);</li> <li>• Cost containment (control total);</li> <li>• Delivery of savings (CIP), and;</li> <li>• Trust subsidiaries (operation and separate legal entities)</li> </ul>	
<p>How this report impacts on current risks or highlights new risks</p>	
<ul style="list-style-type: none"> <li>• The key risks set out in this paper are covered by the risks set out in the Board Assurance Framework (section 3C). This will be updated as part of the refreshed for 2022/23.</li> </ul>	
<p>Committees/groups where this item has been discussed</p>	<p>The report has been discussed at the Executive Team.</p>
<p>Recommendation</p>	<p>The Trust Board are asked to;</p> <ul style="list-style-type: none"> <li>• Note the content of the report;</li> <li>• Approve the draft capital and revenue budgets for 2022/23;</li> <li>• Approve the £1.4m deficit plan for the Trust in 2022/23;</li> <li>• Support the Trust in working with the Designate ICB Executive Director of Finance to develop a plan to achieve breakeven across the ICS.</li> </ul>
<p>Next steps for presentation e.g. Board Committee/Board meeting</p>	<p>N/A.</p>

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

28<sup>th</sup> April 2022

### 2022/2023 Capital & Revenue Budgets

#### Report of the Director of Finance

## 1.0 Introduction

- 1.1 The purpose of this report is to update the Board of Directors on the proposed financial arrangements and the progress of the budget setting arrangements for 2022/23.
- 1.2 The content of this report is consistent with the detail contained in the Financial Plan that was presented to the Finance Committee (11<sup>th</sup> and 25<sup>th</sup> April 2022) and sets out progress to date, key issues and proposed actions.
- 1.3 The report provides an update on the planning guidance and financial envelopes for 2022/23 and presents the latest Trust financial plan and requests both approval and submission of the final plan to NHSE/I.
- 1.4 The Trust is committed to ensuring the organisation continues the journey towards being financially sustainable in the long term, as well as supporting the wider system financial position.

## 2.0 Financial Arrangements for 2022/23

### Background & Context

- 2.1 The NHS finance and operational planning guidance for 2022/23 was published on 24<sup>th</sup> December 2021 and, as a consequence, the usual national planning timetable was delayed with organisational final plans expected to be submitted on 19<sup>th</sup> April 2022.
- 2.2 The planning assumptions set out in the guidance were based on the current draft Health and Social Care Bill which remains subject to the passing of proposed legislation.
- 2.3 The primary objectives of the 2022/23 financial framework is:
  - To provide certainty and support for the continuing operational response to both Covid-19, elective recovery and pre-pandemic productivity levels;
  - To simplify the approach to previous financial frameworks by allocating Financial Recovery Funding (FRF) to Integrated Care Boards (ICB) system allocations and through the implementation of a single convergence approach for both commissioners and providers. The later effectively merges Trust Financial Improvement Trajectories (FIT) and CCG Distance from Target (DfT) approaches;
  - To move CCGs (and subsequently Integrated Care Boards) back towards a fair distribution of resource i.e. a pre-pandemic allocation approach.
  - For system envelopes to continue to be the key unit for financial planning purposes with collaboration across Foundation Trusts, CCGs and the wider ICB. It is important to note, that system envelopes have been set at an ICB level and disaggregated to ICPs in order to complete ICP level financial plans.

- The key financial duty is for the system to break-even across the North East & North Cumbria ICB.

### **Financial Arrangements 2022/23**

2.4 Following the publication of the national guidance, the key finance and contracting arrangements for 2022/23 can be summarised as follows:

- Core Allocations based on 2021/22 H2 envelopes (including system top-up and capacity funding to support urgent and emergency care pathways) adjusted for normalising baseline adjustments, activity and inflation growth funding.
- System funding to contribute towards Covid-19 costs (this contribution has significantly reduced in 2022/23 and is linked to anticipated efficiencies).
- Funding for elective recovery to support reduction in patient waiting list backlogs through Elective Recovery Fund (ERF) dependent on delivery of activity targets.
- Signed contracts are now required with NHS organisations for 2022/23.

### **2022/23 ICB Allocation**

2.5 The system financial envelope has been set at an ICB level over the full 12 month period for 2022/23. As outlined above, the expectation from NHSE/I is delivery of financial balance at an ICB level over the 12 month period.

2.6 In order to support financial planning and mirror the approach in 2021/22, the ICB allocation has been disaggregated across the four existing Integrated Care Partnership footprints.

2.7 The ICB target allocation is based on weighted capitation formulae recommended by ACRA (Advisory Committee on Resource Allocation) and reflect the relative need and relative unavoidable costs between areas for health-care services.

2.8 In general, the weighted populations are based on :

- Size of GP registered population;
- Adjustments for age and gender related healthcare need;
- Adjustment for unmet need and health inequalities;
- Adjustment for unavoidable higher costs due to location, rurality and PFI, and;
- Adjustment for need for health service separate components (general and acute, mental health, community and maternity).

### **Elective Recovery Fund**

2.9 As part of the settlement with Treasury, £2.3bn of funding was allocated for elective recovery in 2022/23 which has been distributed to ICB envelopes on a fair shares basis.

2.10 Access to the additional elective funding is dependent upon the sign-off of activity plans. The NE&NC system will need to earn their share of the funding based on delivery against a value based target of 104% of the 2019/2020 baseline of activity, representing delivery of activity of 110% of completed pathway activity levels and providing specialist advice.

2.11 Systems will be expected to deliver 110% of completed pathways activity target due to:

- A reduction in outpatient review activity by a minimum of 25% by March 2022/23 which will release capacity for redeployment to support increasing activity for completed pathways.
- A planned increase in pre-referral advice and guidance which is expected to contribute an estimated 6% towards the completed pathway activity target.

2.12 The Trust has received £7.332m of ERF for 2022/2023.

### **Inflation**

2.13 The cost uplift factor used in the allocations and tariff prices was based on the published estimate of the 2022/23 GDP deflator, published at the end of October 2021.

2.14 Since the calculation and publication of the planning guidance there has been further economic and political events that have significantly impacted on inflation expectations.

2.15 The impact of inflation (specifically, utility costs) has had a significant impact on the Trust's financial plan and is the key driver of a deficit plan.

### **Financial Planning – 2022/23**

2.16 Draft financial plans were required to be submitted to NHSE/I by 10<sup>th</sup> March 2022 for collation and onward submission of an overall ICS financial plan by 17<sup>th</sup> March 2022.

2.17 Final planning submissions are due by 19<sup>th</sup> April 2022. The Trust has submitted its final plan in accordance with the NE&NC timescales.

## **3.0 5 Year Medium Term Financial Plan (2018/19 to 2022/23)**

3.1 Given the delays in negotiating a financial settlement from the Treasury and the subsequent, publication of the national planning guidance, the Trust's annual planning process for 2022/23 has been unavoidably delayed.

3.2 In a typical year, financial planning would have started in August 2021 and the rationale for the early start to planning would be two-fold:

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

3.3 In recent years, the Trust has significantly improved its financial trajectory. The financial plan for 2022/23 represents the fifth and final year of recovery and demonstrates how the Trust will deliver on the following principles:

Stability	Move towards a planned surplus position and deliver cash for continued capital renewal and re-investment.
Sustainability	Return the Trust to a recurrent surplus position.
Use of Resources	Achieve an overall improved risk rating for Use of Resources (good).
Service Investment	Continue to fund the financial implications of the capital plan.

Principle	Aim
Risk Management	Effectively manage any downside risk.
System Working	Operate within the proposed financial arrangements within the ICB overall breakeven requirement.

- 3.4 The Trust has prepared a financial plan which is consistent with current financial performance and run rate expenditure with realistic, but challenging, estimates for cost improvement, which are consistent with historic performance.
- 3.5 This plan is in keeping with the Trust's ambition to return to surplus as outlined in its five-year financial strategy and reinforces the Trust's commitment to returning to recurrent financial balance.
- 3.6 The plan for 2022/23 requires the Trust to deliver a **deficit plan of £1.4m**, which requires the Trust to deliver a CIP requirement of £9.3m (approx. 2.5% of turnover).
- 3.7 A summary of the Trust's financial plan for 2022/23 is shown below:

*Summary Income & Expenditure Position (2022/23):*

North Tees & Hartlepool NHS FT (submitted April 2022)	£m
Income from patient care activities	339,313
Other operating income	26.157
<b>Total Income</b>	<b>365,470</b>
Pay Expenditure	248,189
Non-pay Expenditure	116,467
<b>Total Operating Expenditure</b>	<b>364,656</b>
Operating Surplus	0.814
Post EBITDA items	-2.190
<b>Deficit</b>	<b>-1.376</b>

#### 4.0 ICB Capital

- 4.1 The ICB has been allocated a three year CDEL capital allocation for 2022/23 through to 2024/25. The 2022/23 allocation (£187m for providers) is broadly in line with 2021/22 (£185.6m) despite some minor changes to calculation methodology.

#### 5.0 Capital Programme 2022/23

- 5.1 The capital programme is funded through a combination of internally generated depreciation, cash carried forward from 2021/22 and external funding associated with specific programmes of work.
- 5.2 The draft capital plan for 2022/23 reflects the following:
- Depreciation as per the asset register;
  - External assessor reports on the state and condition of Trust buildings including associated backlog maintenance (specifically red-risk);
  - Medical equipment plan;
  - Externally funded items of capital expenditure expected in the forthcoming year and any carry forward values agreed;



- Donated assets expected;
- A number of assets within the asset register which have a zero net book value, and;
- Asset life of the PAS system;

5.3 The Trust has a capital plan of £21.0m (which reflects the Board approved Estate Strategy).

## **6.0 Risk**

6.1 Strategic financial risks have been reported to the Finance Committee on a monthly basis during 2021/22 along with the associated mitigating actions.

6.2 The five strategic risks are identified below and will be reconsidered as part of a refreshed Board Assurance Framework for 2022/23.

- Wider Health Economy Issues (ICP/ICS);
- Contract Performance (operating under block arrangements);
- Cost containment (control total);
- Delivery of savings (CIP), and;
- Trust subsidiaries (operation and separate legal entities)

6.3 The Trust expects to be in a position to have CIP schemes fully identified to support delivery of the Control Total for 2022/23 – this will be delivered via the Programme Management and Improvement Office.

## **7.0 Conclusion**

7.1 The Trust has planned financially on delivering a £1.4m deficit plan in 2022/23.

7.2 Revenue budgets by Care Group and Corporate Directorate have been produced.

7.3 Capital Budgets have been produced.

7.4 The Board of Directors is asked to note the contents of the paper and approve revenue and capital budgets.

## **8.0 Recommendation**

8.1 The Board of Directors is asked to;

- Note the content of the report;
- Approve the draft capital and revenue budgets for 2022/23;
- Approve the £1.4m deficit plan for the Trust in 2022/23;
- Support the Trust in working with the Designate ICB Executive Director of Finance to develop a plan to achieve breakeven across the ICS.

## Board of Directors

Title of report:	2021/22 Elective Recovery and 2022/23 Trajectories								
Date:	28 April 2022								
Prepared by:	Eoin Carrol, Care Group Manager Rowena Dean, Care Group Director								
Executive sponsor:	Levi Buckley, Chief Operating Officer								
Purpose of the report	The purpose of this paper is to provide an update on the year end elective recovery position within the Trust and ensure that the Board of Directors is aware of the arrangements in place to maximise elective capacity and provide support at a system level. The plans for achieving the activity plans for 2022/23 are described and risks and mitigations highlighted.								
Action required:	Approve		Assurance	✓	Discuss		Information	✓	
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓	
Which CQC Standards apply to this report	Safe		Caring		Effective	✓	Responsive	✓	Well Led
Executive Summary and the key issues for consideration/ decision:									
<p>The Trust has largely delivered against the submitted activity plans in respect of trajectories for &gt;104 and &gt;52 week waits. The &gt;40, &gt;78 and &gt;104 week wait trajectories have been achieved with a small number of &gt;52 week waits remaining as a consequence of the additional omicron covid wave and the consequential impact on staff absence and patient availability. There are clear plans for delivering the elective trajectories in 2022/23 with associated workforce plans and the utilisation of Elective Recovery Funds to provide additional capacity. This will also support the continued provision of capacity and support to the wider system.</p> <p>There continues to be challenges in respect of increasing referrals and conversions; services monitor and respond to this on a weekly basis to ensure proactive planning of elective capacity and to ensure effective theatre utilisation.</p> <p>Key challenges for the Trust and wider system continue to relate to workforce with plans to address recruitment and retention challenges in place.</p>									
How this report impacts on current risks or highlights new risks:									
This report addresses risks identified within the Board Assurance Framework. Specifically Performance and Compliance (BAF 1C) and Transforming Our Services (BAF 3B)									
Committees/groups where this item has been discussed	Care Group Senior Management Team Executive Management Team								
Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> <li>• the strong year end performance including the provision of capacity for the wider Tees valley</li> <li>• the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity</li> <li>• the analysis of current risk and mitigation plans</li> <li>• the monthly monitoring of the elective recovery trajectories through the executive Management Team</li> </ul>								

# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors Meeting

28 April 2022

### 2021/22 Elective Recovery and 2022/23 Trajectories

#### 1. Introduction

The purpose of this paper is to provide The Board of Directors with an update on the delivery of the 2021/22 elective recovery plans within the Trust and the planned elective recovery trajectories for 2022/23. The Trust's vision is one of collaboration and growth with a commitment to deliver the national target of 104% through the sustainable growth of services both locally and across the wider system with neighbouring organisations. This paper seeks to provide assurance to the Board that the organisation is well sighted on:

- the patient level detail of current elective waits; (>104/78/52 and >40 week waiters)
- the growth required to deliver the 104% activity target
- the workforce required to ensure sustainable delivery
- the associated workforce and recruitment trajectories
- the short, medium and long term requirements to achieve these targets
- plans to ensure all necessary arrangements are in place to protect elective capacity during the 22/23 winter period
- all associated risks faced by the Trust in achieving the elective recovery plans

#### 2. Current Position

As previously reported to the Board of Directors the Trust commenced recovery planning during the first wave of the covid pandemic. In spite of further waves of covid the organisation has been the top performer in the NE&NC against the Elective Recovery Fund (ERF) attracting £6.964 million income (subject to Q4 validation). This has supported the organisation in undertaking additional activity both internally and as system support for >104 week waiters.

##### 2.1 Inpatient waiting list growth 2019 – 2021

During 2021/22 the Trust has seen an increase in referrals of circa 104% of 2019/20 baselines against an ICS referral increase of 98% (With CDDFT at 88% and South Tees FT at 89% of 2019/20 baselines). This has resulted in an increase in additions to lists for a number of sub-specialties as illustrated in the tables below.

#### Additions to List



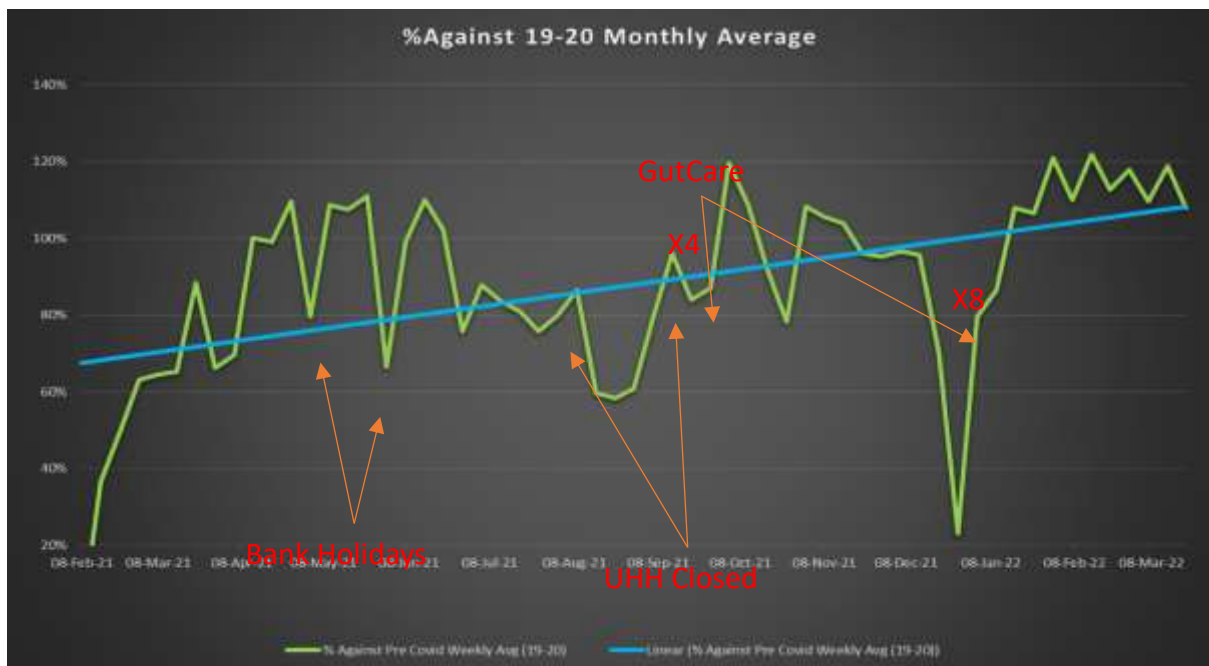
An upward trend is evident in all specialties, which is forecast to continue into the new year.

Variance against 2019/20

General Surgery	- 6.25%
Urology	- 20.22%
Orthopaedics	- 9.18%
Pain Management	- 3.92%

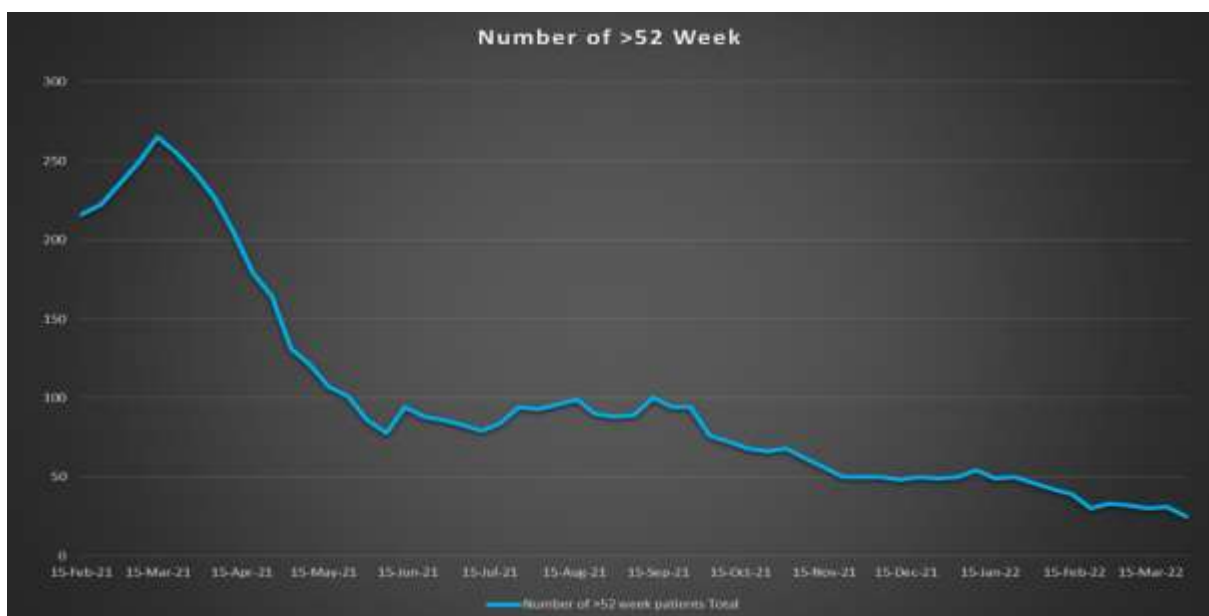
## 2.2 Progress to date

Graph 1 below describes the elective recovery progress to date. The graph describes the elective recovery percentage against the 2019/20 activity which demonstrates repeated periods of combined elective activity over and above 2019/20 average. Periods of low activity during the pandemic have been offset by delivery of circa 120% activity to ensure delivery of year-end trajectories.



Graph 1: 2021/22 activity as percentage of 2019/20 baseline

Graph 2 below shows the downward trend of >52 week waits from a position of over 260 in March 2021 to the current position at 30 March of 24. Of the remaining 24 >52 week waits 10 patients have a to come in (tci) date. The further impact of the omicron covid variant on staff absence and patient availability from December 2021 through to February 2022 resulted in a significant impact on the Trusts planned internal trajectories to achieve zero 52 week waits by the end of March 2022 and demonstrates the high degree of variability and risk associated with delivery. Although the Trust did not achieve its own internal target of having zero >52 week waits by March 31<sup>st</sup> it has delivered zero >78 and >104 week waits and continues to be fully committing to delivering the highest quality patient care in a timely manner to both the local population and system support to the wider Tess Valley.



Graph 2: 2021/22 >52 week wait position

## 2.3 NE&NC Performance.

The Trust remains a high performer within the wider system including the provision of capacity for the wider Tees Valley. Chart 1 below illustrates the relative performance across the ICS in respect of waiting times.

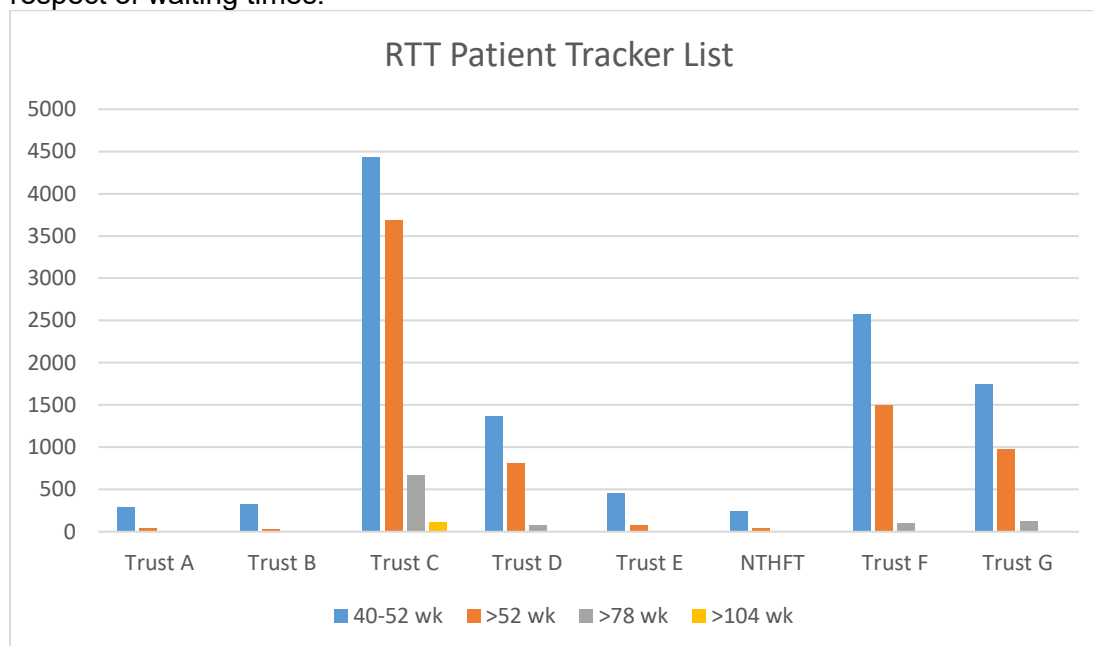


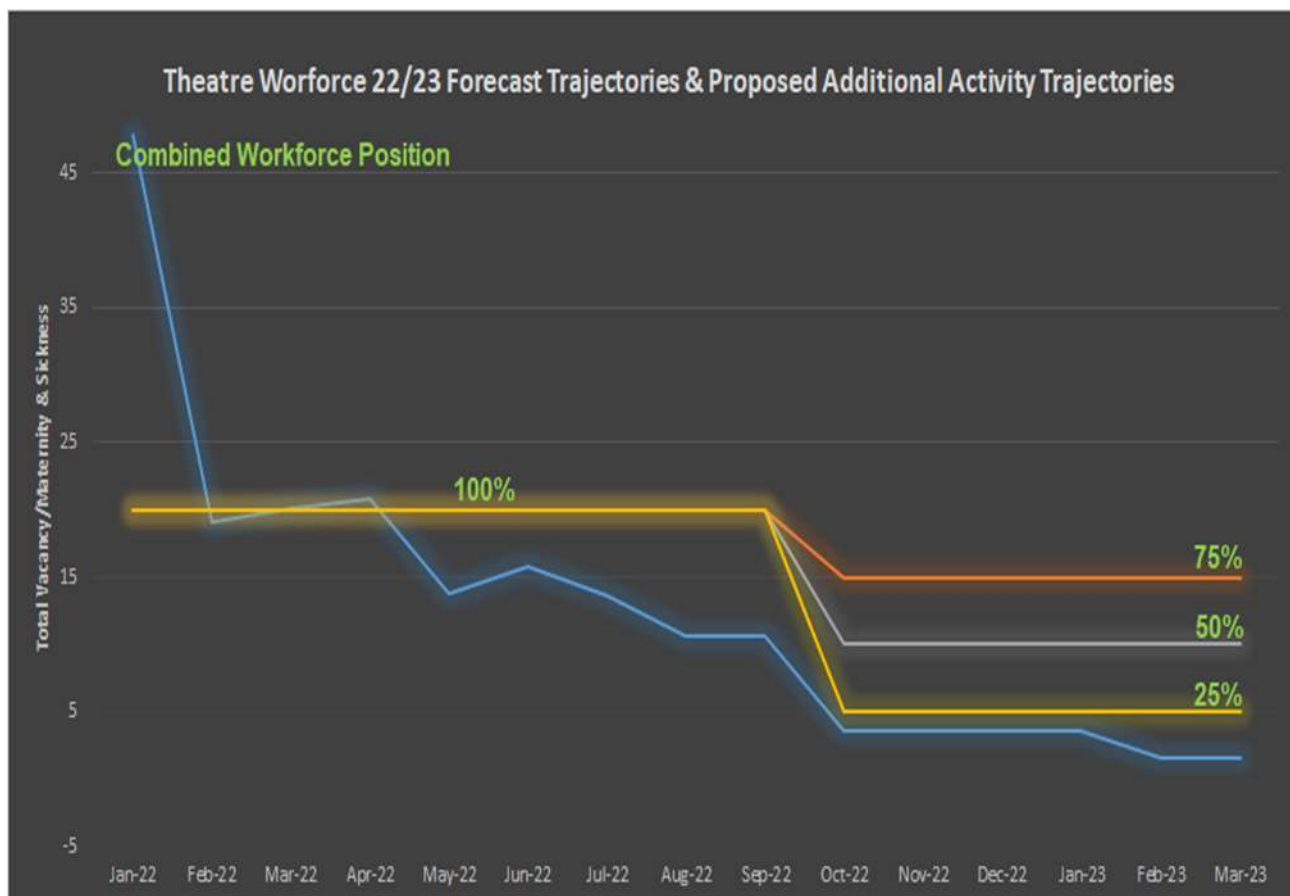
Chart 1 Weekly RTT patient list tracker, WE 3/4/22

### 3. Theatre workforce mapped against proposed insourcing activity

Workforce pressures remains a key challenge. However, the Care Group has effective internal processes to manage this against short and long term activity trajectories. Internal and overseas recruitment has, and continues to, take place with some encouraging results. Graph 3 below highlights the anticipated downward trend of the combined impact of all theatre workforce including absenteeism, vacancies and maternity leave over the next 12 months. Whilst the Care Group acknowledges that this is a forecasted position it is based on current and planned appointments. It is anticipated that the Care Group will start to see the impact of these recruitment drives during Q2 with a more resilient workforce position at the beginning of Q3.

The health and wellbeing of the staff is paramount to the Care Group and the wider Trust. Although, in the interim, there are additional enhanced overtime shifts offered to help bridge the gap in addition to the recruitment the Trust will continue with both insourcing as well as internal waiting list initiatives.

The graph demonstrates the Care Group workforce plans to reduce reliance on additional activity and ensure sustainable growth and delivery through recruitment and retention of the workforce. The Trust will use this forecasting to inform the level of continued use of additional activity into quarter three and four depending on how the additional activity is reported i.e. monthly, quarterly or annualised. It is important to note that the additional workforce associated within current business cases required to deliver the 104% target are included within the workforce trajectories.



Graph 3: Planned workforce absence reduction trajectories

#### 4. Current plan to deliver 104% activity trajectories

##### 4.1 Additional Activity Breakdown

In quarter one and two of 2022/23 the plan is to utilise the same additional activity model which was used during quarter four of 2021/22. This approach has the ability to not only support the workforce shortfalls but also to potentially 'front load' the front half of the year dependent upon how the national guidance on Elective Recovery Funding (ERF) distribution over the year is agreed. This has a number of benefits including increasing the number of options the Trust has going into the second half of the year. It will allow a continuation of an activity model in line with the pre allocated ERF funding. This will help delivery of the targets whilst potentially creating a buffer for any unforeseen challenges either related to the on-going pandemic or winter pressures. A further advantage is the ability to flex capacity further to support any further increase in referrals and additions to list, which may be experienced in year above the forecasted position.

##### 4.2 Routine Planned Activity

The Care Group has been working with both Performance and Business Intelligence teams to generate a subspecialty level profile of the activity required to meet the national target of 104%. The phasing of this activity is based on an outturn of month 9 in 2021/22 and the Care Group is confident in its ability to deliver on this target.

Further work is taking place with the other Care Groups to deliver other aspects of the elective workload, for example, endoscopy and chemotherapy services to understand the requirements to deliver 104% across all points of delivery.

## 5 Risks and Mitigations

Risk	Mitigation
Continuation of gap in theatre workforce into quarter two due to a combination of sickness and the ability to recruit to vacancies.	Phased plan of support through GutCare and planned international recruitment and training
Negative impact on morale of theatre staff when using GutCare,	The care group regularly links in with the unions and staff side representatives. The use of insourcing is a short term solution with a long term approach to ensure sustainable workforce through recruitment.
The 104% assumes that the wider system activity carried out within the Trust is counted towards the Trusts activity increase and is funded accordingly.	Work towards agreement with regards to funding flows which support system cooperation and collaboration.
Activity increase includes system activity which requires shared administration structures and processes across organisations.	Work on going at operational level where there is joint working e.g. spinal services to develop shared standard operational practices.
These proposals establishes collaborative care trajectories, however, further work needs to be undertaken to include other elective activity to ensure delivery of the 104% across all areas e.g. endoscopy.	Further work is taking place with the other care groups who deliver aspects of the elective workload at all points of delivery.
Consultants' willingness to undertake out additionally at weekends etc. due to concerns over pension tax implications.	Explore a sustainable approach to delivery of additionally through an alternative platform.
Elective Recovery Funding (ERF) is currently non-recurring and therefore any recurrent permanent recruitment is at risk to not be funded 2023/24 onwards	Proactively manage succession planning and exit strategies if activity reduces in the longer term.
A further wave of Covid / Flu pandemic which significantly compromises staffing / elective capacity.	Ensure workforce is sustainable through recurring recruitment and continuation of insourcing available if required as demonstrated in the paper.

## 6. Summary

The Trust remains in a strong position in terms of elective recovery and will continue to deliver and build on the elective recovery trajectories in line with the current national targets. The Care Group will continue to monitor, review and refine all demand and capacity planning during the new financial year with monthly recovery updates monitored by the Executive Team. All decision making relating to elective recovery will continue to be informed, measured and considered in an effort to ensure the Trust remains a top performing hospital of choice for our local population. The organisation remains committed to providing capacity and support to the wider system with continued service provision for the Tees Valley.

## 7. Recommendations

The Board of Directors is asked to note:

- the strong year end performance including the provision of capacity for the wider Tees valley;
- the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity;

- the analysis of current risk and mitigation plans; and
- the monthly monitoring of the elective recovery trajectories through the executive Management Team.

Levi Buckley  
Chief Operating Officer



# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors

Title	Annual Staff Survey 2021									
Date	28 April 2022									
Prepared by	Vicki Spinks, Head of Workforce Development & Engagement Louise Samuel, People Development Lead									
Executive Sponsor	Nat McMillan, Interim Chief People Officer									
Purpose of the report	This report provides detail relating to the 2021 staff survey results; specifically, in relation to the data released nationally. This report will provide the Board with an overview of staff survey responses and highlight areas of good practice and also those areas where focus may be required going forward. The information contained relates to the overall Trust responses and an overview of the Care Groups.									
Action required	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper	Putting our population First		Valuing our People	X	Transforming our Services		Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring		Effective		Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision										
<p>The Board is asked to note the progress around the staff survey in terms of engagement across the Care Groups and the approach being taken to ensure ownership at team-level to enable the delivery of actions in response to the findings.</p> <p>The results demonstrate we have areas of success, and these should be celebrated, exploring what we are doing in these particular areas that makes them successful. The survey also provides an insight into areas where we need to continue to build upon the work which has already been undertaken such as We are always learning, We work flexibly and We are safe and healthy.</p> <p>As a Trust, it is clear that we have areas of excellence that are demonstrating good practice and it is important that we acknowledge and recognise the achievements of being able to thrive during a particular difficult period of time.</p> <p>All areas will be supported to explore their results utilising an Appreciative Inquiry approach, the areas noted above will be provided with a range of supportive opportunities based on their initial areas of focus in collaboration with the Care Group, line managers and teams to ensure that we approach change in a supportive way.</p> <p>It is positive to note that regionally our scores in each theme are in the top ranges and demonstrate the commitment of the teams across the Trust to continue to ensure we are a great place to work and provides safe and effective patient care.</p> <p>The sharing of the Care Group and department reports has begun across the organisation ensuring that the leaders have an awareness of what the survey has indicated. This will then be built upon by sessions sharing information with teams across the Trust to further increase the understanding. It is important that we embed Staff Survey as a tool to support celebration of successes across the Trust, engage staff in how Staff Survey</p>										

can help support great employee experience and provide the tools and support for teams to lead their own change conversations.	
How this report impacts on current risks or highlights new risks	
N/A	
Committees/groups where this item has been discussed	Executive Team 15th March 2022 and 5th April 2022
Recommendations	<p>The Board are requested to note</p> <ol style="list-style-type: none"> <li>1. The contents of this paper as presented and support the commitment for Care Groups leads to engage and be involved in the formulation and delivery of any improvements or transformation in their service area.</li> <li>2. The strategic themes that emerge from the Care Groups will be mapped across the People Plan and People Promise to ensure that we have one overarching strategy and underpinning plans and to avoid creating too many individual action plans that are not aligned. This will ensure that the staff survey results continue to inform our People Plan and workforce strategy rather than being seen as a one-off event.</li> <li>3. To be advised that the work with our Communications teams is already underway and will continue to be critical to how we share the steps we are taking in response to what we have heard from our colleagues.</li> <li>4. To be assured that ETM will received an update on progress on a monthly basis with the next update on 17th May.</li> </ol>
Next steps for presentation e.g. Board Committee/Board meeting	People Committee – 12 May 2022

# Annual Staff Survey 2021

19 April 2022

## 1.0 Introduction

This report provides detail relating to the 2021 staff survey results; specifically, in relation to the data released nationally. This report provides the Board with an overview of staff survey responses and highlight areas of good practice and also those areas where focus may be required going forward. The information contained relates to the overall Trust responses and an overview of the Care Groups.

## 2.0 Background and Context

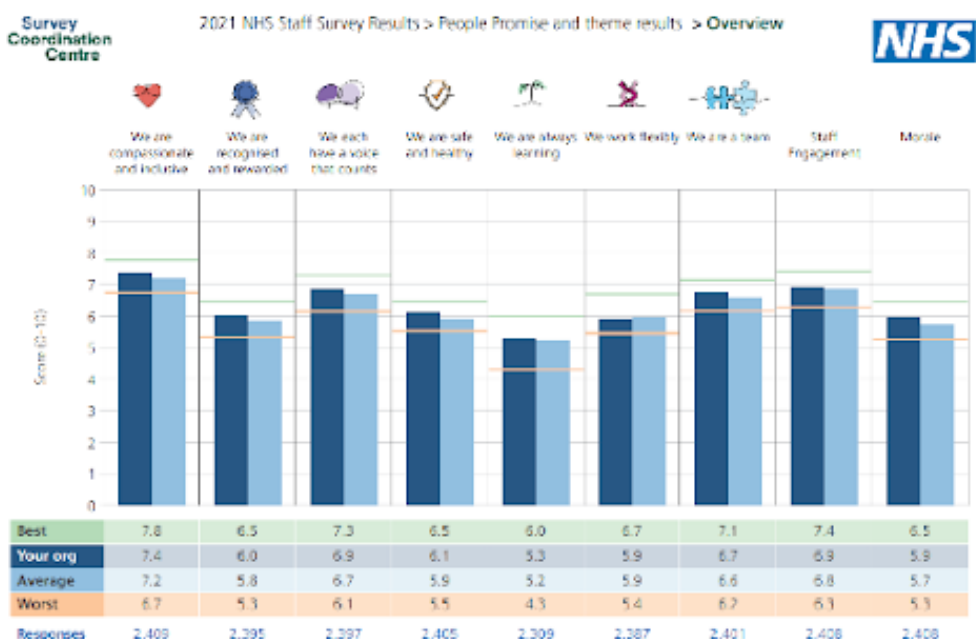
A full electronic census was undertaken which allowed all staff the opportunity to complete the survey, with 2410 surveys completed which was 313 more than 2020. This gave a response rate of 54% which was above average when compared to similar Trusts in the benchmarking group (46%). Within the North East region, this was the second highest response rate and the highest of those taking a census approach to the survey.

The 2021 survey saw additional questions included which have then been mapped against the NHS People Plan and more specifically the People Promise meaning that the themes are titled differently to the previous year. These changes will allow a different way of viewing the information to help understand things such from compassionate culture to burnout providing an opportunity to use the information in a different way.

## 3.0 The Trust Results 2021

The Staff Survey this year is made up of nine themes, which are titled; we are compassionate and inclusive; we are recognised and rewarded; we each have a voice that counts; we are safe and healthy; we are always learning; we work flexibly; we are a team; staff engagement and morale. **Figure 2** demonstrates the total scores in comparison to the national comparator group, all of which are above the national comparator.

Figure 2



The results demonstrate we have areas of success and these should be celebrated, exploring what we are doing in these particular areas that makes them successful. The survey also provides an insight into areas where we need to continue to build upon the work which has already been undertaken such as We are always learning, We work flexibly and We are safe and healthy.

It is important that we review the experience across the organisation and one way which we can do this is to review the Care Group information, this has been mapped to the People Promise elements with the trust overall score as a comparator. **Figure 3** demonstrates the total scores for each Care Group providing an overview of areas of success and areas for further exploration and development. It is clear despite the difficult circumstances that areas have been continuing to strive for excellence and have clearly built upon previous successes.

**Figure 3**

Theme	Sub theme	Trust Total Score	Healthy Lives Total Score	Responsive Total Score	Collaborative Total Score	Corporate
We are compassionate and inclusive	Compassionate Culture	74%	75%	71%	74%	75%
	Compassionate Leadership					
	Diversity and Equality					
	Inclusion					
We are recognised and rewarded	We are recognised and rewarded	55%	56%	52%	54%	61%
We each have a voice that counts	Autonomy and Control	68%	69%	65%	67%	69%
	Raising Concerns					
We are safe and healthy	Health and Safety Climate	55%	55%	52%	52%	64%
	Burnout					
	Negative Experience					
We are always learning	Development	52%	53%	50%	54%	53%
	Appraisals					
We work flexibly	Support for work-life balance & flexible working	53%	53%	53%	51%	66%
We are a team	Team Working	67%	67%	64%	66%	70%
	Line Management					
Staff engagement	Motivation	67%	69%	65%	68%	69%
	Autonomy					
	Advocacy					
Staff morale	Job Retention	55%	54%	51%	55%	60%
	Available Resources					
	Job Role					

	Working Relationships					
Total		62%	61%	59%	60%	66%

As a Trust, it is clear that we have areas of excellence that are demonstrating good practice and it is important that we acknowledge and recognise the achievements of being able to thrive during a particular difficult period of time. Figure 4 provides an overview of departments broken down into the People Promise elements with the top three scores in each theme being highlighted.

It is important that we learn from these areas and understand their approaches to share this learning across the organisation and help other areas to learn from best practice.

**Figure 4**

Theme	Trust Total Score	Areas of good practice
We are compassionate and inclusive	74%	Surgical Decisions unit 93% Neonates 91% Stroke team 91%
We are recognised and rewarded	55%	Research and development 84% Nursing and Patient Safety 82% Vulnerability 80%
We each have a voice that counts	68%	Neonates 92% Vulnerability 89% Chief Exec and Comms 88%
We are safe and healthy	55%	Neonates 71% Holdforth Unit 69% Development and Engagement 69%
We are always learning	52%	Surgical Decisions Unit 75% Vulnerability 72% Research and Development 70%
We work flexibly	53%	Research and Development 91% Clinical Coding 86% Adult SALT and Dietetics 84%
We are a team	67%	Stroke 95% Research and Development 90% Neonates 90%
Staff engagement	67%	Chief Exec and Comms 90% Stroke 89% Research and Development 88%
Staff morale	55%	Neonates 82% Holdforth Unit 77% Research and Development 77%

Whilst we have areas which are thriving across the Trust others have continued to survive throughout the pandemic however, they have seen further decline in their results and require further support to ensure parity of experience across the organisation.

There are ten areas which will require further support to ensure that they can thrive in our Trust they are: -

- Haematology
- Community Midwifery
- QCL

- Microbiology
- Urgent Care
- EAU/Ambulatory
- Ante/Post-natal
- Radiography
- Radiography admin and consultants
- Ultrasound

All areas will be supported to explore their results utilising an Appreciative Inquiry approach, the areas noted above will be provided with a range of supportive opportunities based on their initial areas of focus in collaboration with the Care Group, line managers and teams to ensure that we approach change in a supportive way.

#### 4.0 North East Results 2021

The publication of the Staff Survey nationally has allowed us to consider our results in comparison to other local organisations. **Figure 5** demonstrates each People Promise element and the overall scores, which were achieved.

Figure 5

Trust	Response Rate	We are compassionate and inclusive	We are rewarded and recognised	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Staff morale
Cumbria, Northumberland	45%	7.7	6.5	7.1	6.4	5.9	6.8	7.2	7.1	6.3
Northumbria	79.9%*	7.8	6.4	7.3	6.5	5.9	6.1	7	7.4	6.5
TEWV	50.10%	7.4	6.2	6.9	6.2	5.4	6.3	6.9	6.8	5.9
North Tees & Hartlepool	54%	7.4	6	6.9	6.1	5.3	5.9	6.7	6.9	5.9
South Tees	31.30%	7.3	5.9	6.8	5.9	5.1	5.8	6.7	6.9	5.8
Gateshead	46.50%	7.4	5.9	6.9	6	5.1	6	6.6	6.9	5.9
CDDT	52.70%	7.2	5.7	6.6	5.8	5	5.7	6.5	6.6	5.6
Newcastle	46.20%	7.3	5.8	6.8	6	5.2	5.6	6.4	6.9	5.9
South Tyneside & Sunderland	46.50%	7.1	5.7	6.7	5.9	5.1	5.9	6.4	6.7	5.7
North Cumbria	46%	6.9	5.7	6.4	5.9	4.9	5.7	6.4	6.5	5.6

It is positive to note that the scores in each theme are in the top ranges and demonstrate the commitment of the teams across the Trust to continue to ensure we are a great place to work and provide safe and effective patient care.

Feedback from the National Team advises there is one question which helps to provide an indicator of how well an organisation is doing in relation to being a great place to work, namely 'I look forward to going to work'. **Figure 6** demonstrates the organisation's trend in relation to this question in comparison to other North East Trusts. It clearly demonstrates there has been an overall national decline in this indicator. This indicator is an easy way to track progress as it also features in the Quarterly People Pulse where the engagement questions are also posed.

Figure 6

All North East and Yorkshire							
Trust	2016	2017	2018	2019	2020	2021	Change 2020 to 2021
Northumbria Healthcare NHS Foundation Trust	74%	69%	73%	81%	84%	78%	-6.4
Airedale NHS Foundation Trust	62%	64%	67%	70%	75%	68%	-6.8
Sheffield Children's NHS Foundation Trust	66%	62%	63%	68%	72%	66%	-5.5
Barnsley Hospital NHS Foundation Trust	58%	60%	64%	69%	72%	65%	-7.0
The Newcastle upon Tyne Hospitals NHS Foundation Trust	75%	71%	73%	74%	76%	65%	-10.6
Gateshead Health NHS Foundation Trust	-	72%	72%	72%	71%	65%	-6.3
Leeds Teaching Hospitals NHS Trust	64%	65%	71%	70%	69%	64%	-5.4
Sheffield Teaching Hospitals NHS Foundation Trust	68%	68%	68%	69%	71%	62%	-8.7
North Tees and Hartlepool NHS Foundation Trust	65%	63%	67%	68%	69%	61%	-7.4
South Tees Hospitals NHS Foundation Trust	56%	55%	48%	45%	59%	59%	0.3
Bradford Teaching Hospitals NHS Foundation Trust	55%	61%	65%	69%	68%	58%	-10.1
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	49%	52%	55%	62%	65%	57%	-8.8
Hull University Teaching Hospitals NHS Trust	59%	59%	63%	63%	67%	56%	-10.5
South Tyneside and Sunderland NHS Foundation Trust	-	-	-	62%	64%	56%	-8.6
Harrogate and District NHS Foundation Trust	66%	60%	63%	64%	64%	55%	-8.3
Calderdale and Huddersfield NHS Foundation Trust	59%	54%	58%	57%	64%	55%	-8.7
The Rotherham NHS Foundation Trust	52%	45%	52%	54%	63%	54%	-9.0
The Mid Yorkshire Hospitals NHS Trust	44%	47%	56%	54%	56%	53%	-3.3
York and Scarborough Teaching Hospitals NHS Foundation Trust	-	56%	58%	58%	60%	53%	-8.8
County Durham and Darlington NHS Foundation Trust	48%	49%	48%	57%	58%	51%	-6.4
North Cumbria Integrated Care NHS Foundation Trust	-	-	-	-	48%	46%	-2.5
Northern Lincolnshire and Goole NHS Foundation Trust	49%	43%	47%	50%	53%	45%	-8.6

## 5.0 Next Steps

The sharing of the Care Group and department reports has begun across the organisation ensuring that the leaders have an awareness of what the survey has indicated. This will then be built upon by sessions sharing information with teams across the Trust to further increase the understanding. It is important that we embed Staff Survey as a tool to support celebration of successes across the Trust, engage staff in how Staff Survey can help support great employee experience and provide the tools and support for teams to lead their own change conversations.

### 5.1 Celebrating Successes

This year's Staff Survey clearly demonstrates areas of strength as a Trust within We are Compassionate and Inclusive, We each have a voice that counts, We are a team and Engagement. We must ensure that we share the positive work that has taken place in these areas to ensure that people are aware and can celebrate how they contribute to making it a great place to work. Taking an Appreciative Inquiry to the delivery of Staff Survey results is important ensuring that people see the Staff Survey as a positive tool for change. This focus on celebrating successes will still lead to consideration of improvements however these will be built on foundations of positivity and will result in changes being sustained.

### 5.2 Supporting areas that are surviving

Whilst we must focus on celebrating successes, we must also acknowledge that some areas have survived throughout the pandemic and we must now support them to thrive creating a parity of experience across the organisation. There are clear linkages between leadership, engagement and wellbeing within the areas and the creation of the strategies for each of these areas and alignment will further help to develop a culture of compassion and support. The areas that require the most support will also be approached utilising appreciative inquiry however, the work undertaken will need to be over a long period of time with a clear plan of incremental sustainable change. Conversations have already taken place with each Care Group to provide an understanding of the areas which require further support and the Workforce Directorate will work together to support achievement of these goals.

## **6.0 Summary**

This paper provides an overview of the Trust position and the Care groups. The People Plan acknowledges that the people who are best placed to say when progress has been made are those who work in the NHS. Specifically, using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisations, to see progress and take action to improve.

By making Our People Promise a reality will the NHS become the best place to work for all of us – where we are part of one team, which brings out the very best in each other.

## **7.0 Recommendations**

The Board are asked to note:

5. The contents of this paper as presented and support the commitment for Care Groups leads to engage and be involved in the formulation and delivery of any improvements or transformation in their service area.
6. The strategic themes that emerge from the Care Groups will be mapped across the People Plan and People Promise to ensure that we have one overarching strategy and underpinning plans and to avoid creating too many individual action plans that are not aligned. This will ensure that the staff survey results continue to inform our People Plan and workforce strategy rather than being seen as a one-off event.
7. To be advised that the work with our Communications teams is already underway and will continue to be critical to how we share the steps we are taking in response to what we have heard from our colleagues.
8. To be assured that ETM will received an update on progress on a monthly basis with the next update on 17th May.



## Board of Directors

Title of report:	Learning from Deaths Report, Quarter 4, 2021-22									
Date:	28 <sup>th</sup> April 2022									
Prepared by:	Janet Alderton, Head of Patient Safety									
Executive sponsor:	Medical Director									
Purpose of the report	To provide an overview of the learning obtained through the review of deaths that occur within the organisation. Also, to provide details from the clinical teams around actions that have been implemented as a result of the overall learning and, where available, to provide an evaluation of the impact of these.									
Action required:	Approve	X	Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<ul style="list-style-type: none"> <li>The Trust HSMR value is <b>85.28</b> (January to December 2021), this has decreased from the previous rebased value of <b>88.17</b> (December 2020 to November 2021). The latest SHMI value has increased slightly to <b>96.12</b> (November 2020 to October 2021) from the previously reported value of <b>95.35</b> (October 2020 to September 2021). Both statistics remain “within expected” ranges.</li> <li>The successful implementation of the Medical Examiners role has prompted a review of the Trusts policies; the Trust Mortality Lead and the Lead ME are reviewing the overall strategy and policy in relation to learning from deaths. The planned changes are expected to support clinical staff in completing reviews and identifying learning to generate quality improvement measures.</li> <li>There is summary information in the report relating to actions initiated as a result of learning from deaths in patients in relation to the Deteriorating Patient Group, Surgery, Maternity, Community and Paediatric services.</li> <li>During 2021-22, to the end of quarter 4, there has been one mortality case reported and this is being investigated as a serious incident.</li> </ul>										
How this report impacts on current risks or highlights new risks:										
Any new risks identified through mortality review processes are assessed and added to the risk register as needed.										
Committees/groups where this item has been discussed	<ul style="list-style-type: none"> <li>Trust Outcome Performance, Delivery and Operational Group</li> <li>Patient Safety &amp; Quality Standard Committee</li> <li>Clinical Quality Review Group (following Board presentation)</li> </ul>									
Recommendation	<ul style="list-style-type: none"> <li>The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews, but also how the speciality teams are linking this with learning from the reviews undertaken for patient who recover.</li> <li>The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation.</li> <li>The Trust Board are asked to support the current business case to support the collection of data to support analysis and learning to support the identification of quality improvement developments.</li> </ul>									

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

28<sup>th</sup> April 2022

### Learning from Deaths Report, Q4, 2021-22

#### Report of the Medical Director

## 1. Introduction/Background

- 1.1 In March 2017, the National Quality Board (NQB) published national guidance “Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care”. The guidance provides requirements for Trust to implement as a minimum in order ensure there is a focused approach towards responding to and learning from deaths of patients in our care.
- 1.2 The Trust strives to improve the care provided to all of our patients; the overall aim is to identify, understand and implement improvements where any issues may be related to the provision of safe and effective quality care. It is considered that as safety and quality improvements are initiated effectively and embedded, then the mortality statistics will naturally be maintained within “as expected” range.
- 1.3 The information presented in this report provides an overview of learning from deaths that has been obtained from mortality scrutiny and case reviews undertaken by the Trust. Information from a variety of speciality areas is being provided within the reports on a cyclical basis.
- 1.4 The number of mortality reviews undertaken by the Trust has been significantly reduced during the Covid-19 pandemic; the capacity of clinical staff to undertake required mortality reviews has been significantly restricted. The introduction of the Medical Examiners scrutiny has assisted in ensuring all in-patient deaths are reviewed.

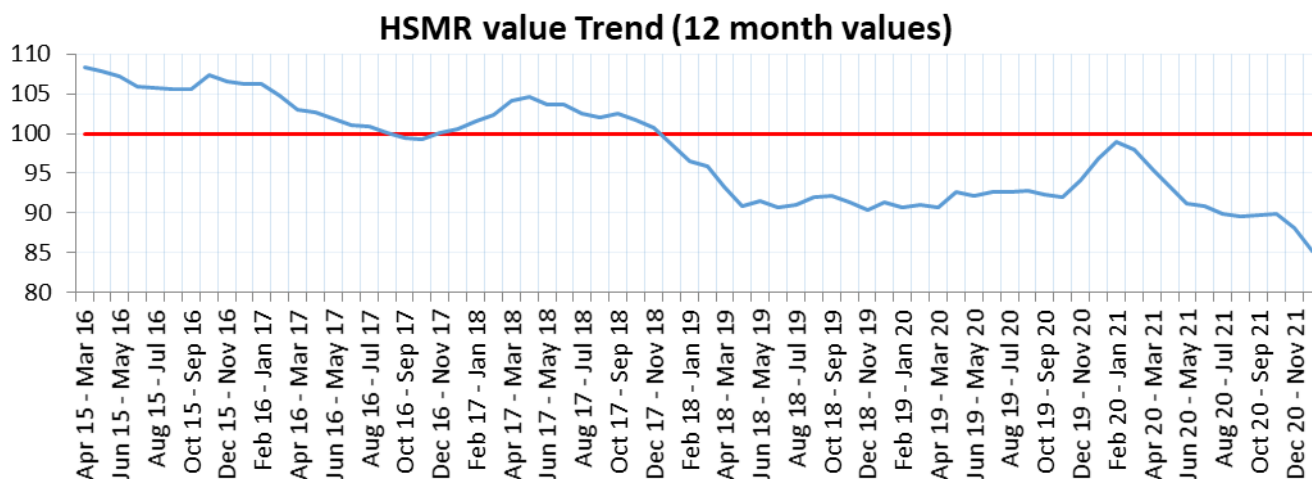
## 2. Mortality Data

- 2.1 Information related to mortality is gathered from data provided routinely by the Trust to the national system where all hospital episode statistics (HES Data) is collated. Hospital Standardised Mortality Ratio (HSMR) examines information covering 56 diagnostic groups that are identified as accounting for 80% of hospital deaths nationally.

This information is used to calculate an overall HSMR taking into account, gender of the patient, age, how the patient was admitted (emergency or elective), levels of deprivation, how many times they have been admitted as an emergency in the last year, if palliative care was provided and various details relating to presenting complaint on admission.

- 2.2 The latest HSMR value is now **85.28** (January to December 2021), this has decreased from the previous rebased value of **88.17** (December 2020 to November 2021).

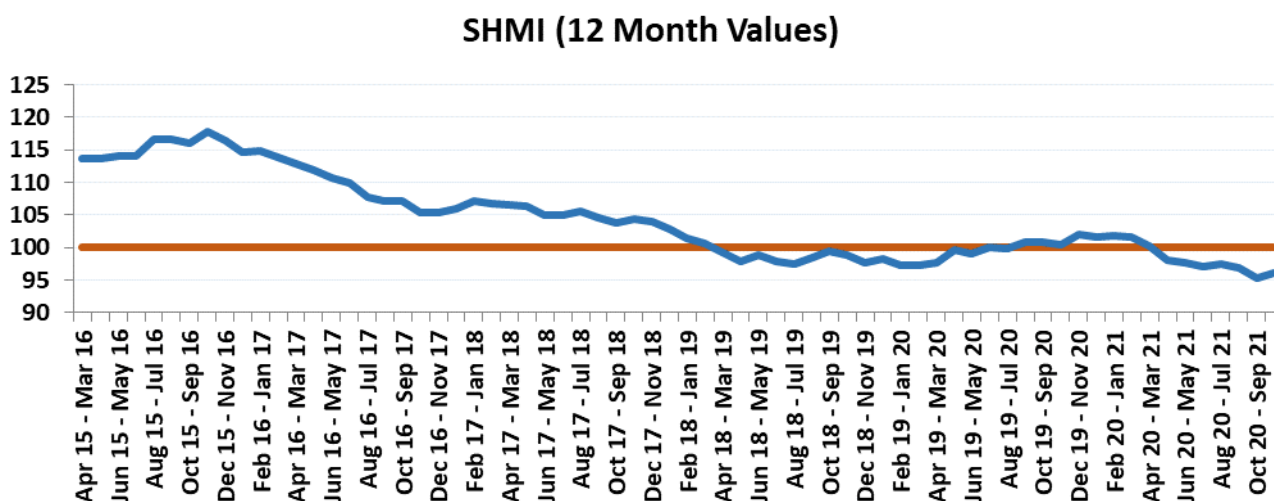
2.3 The value of 85.28 continues to remain inside the ‘as expected’ range. The following chart displays the 12 month rolling HSMR trends from April 2015 to December 2021:



2.4 The Trust currently has the 15<sup>th</sup> lowest HSMR value from the 124 Trusts nationally, and lowest value of the eight North East Trusts.

2.5 The Summary Hospital-level Mortality Indicator (SHMI) is a ratio between the number of actual (observed) deaths to the “expected” number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.

2.6 The latest SHMI value is now this has increased slightly to **96.12** (November 2020 to October 2021) from the previously reported value of **95.35** (October 2020 to September 2021). The value of 96.12 continues to remain inside the ‘as expected’ range. The graph below shows the 12 month rolling SHMI from April 2014 to October 2021:

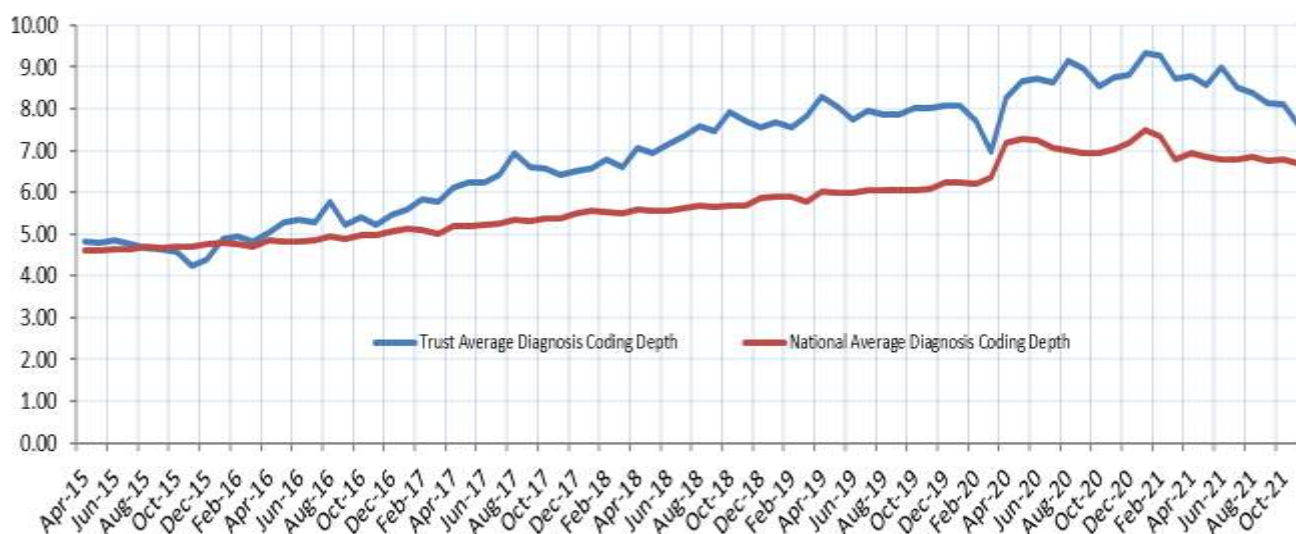


2.7 The Trust currently has the 34<sup>th</sup> lowest SHMI value from the 122 Trusts nationally, and the lowest value of the eight North East Trusts.

2.8 There continues to be an ongoing focus on ensuring there is accurate documentation of the diagnosis and co-morbidities; this information is required to ensure there is clear clinical communication between healthcare professionals who are caring for the patients.

The Trust is currently maintaining a high level of clinical coding, with a current average of eight co-morbidities recorded for patients; this level of coding is now thought to more accurately reflect overall health problems and deprivation within the local population. Maintaining this level of information reflects the quality in not only the clinical documentation, but also the quality of the clinical coding activity within the organisation. This has been challenging during the Covid pandemic, there had been changes in clinical coding national requirements; previous reports had highlighted that this had led to some uncertainty in relation to longitudinal prediction of the mortality statistics.

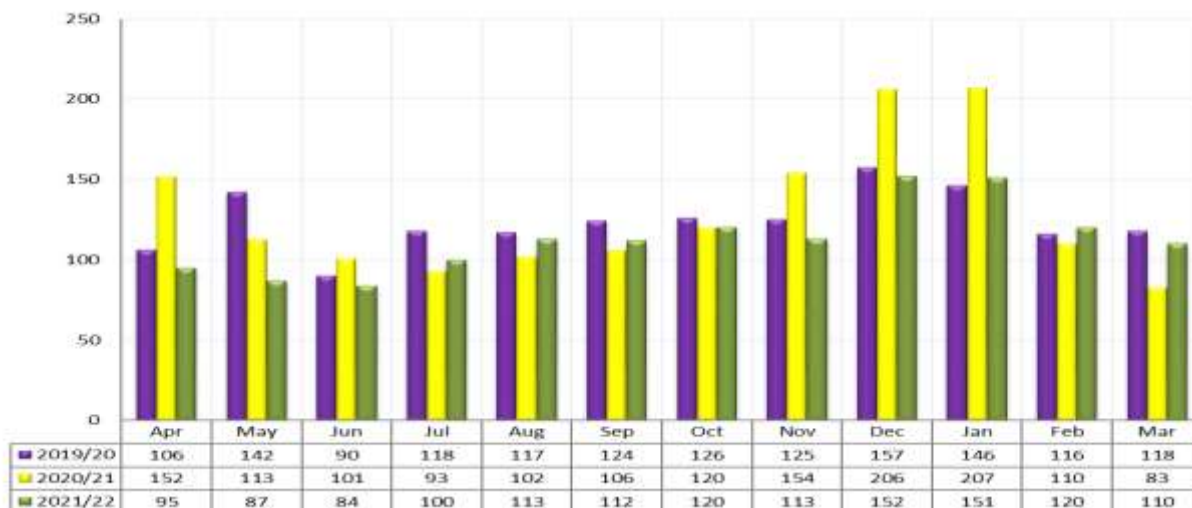
**Trust Average Diagnosis Coding Depth**



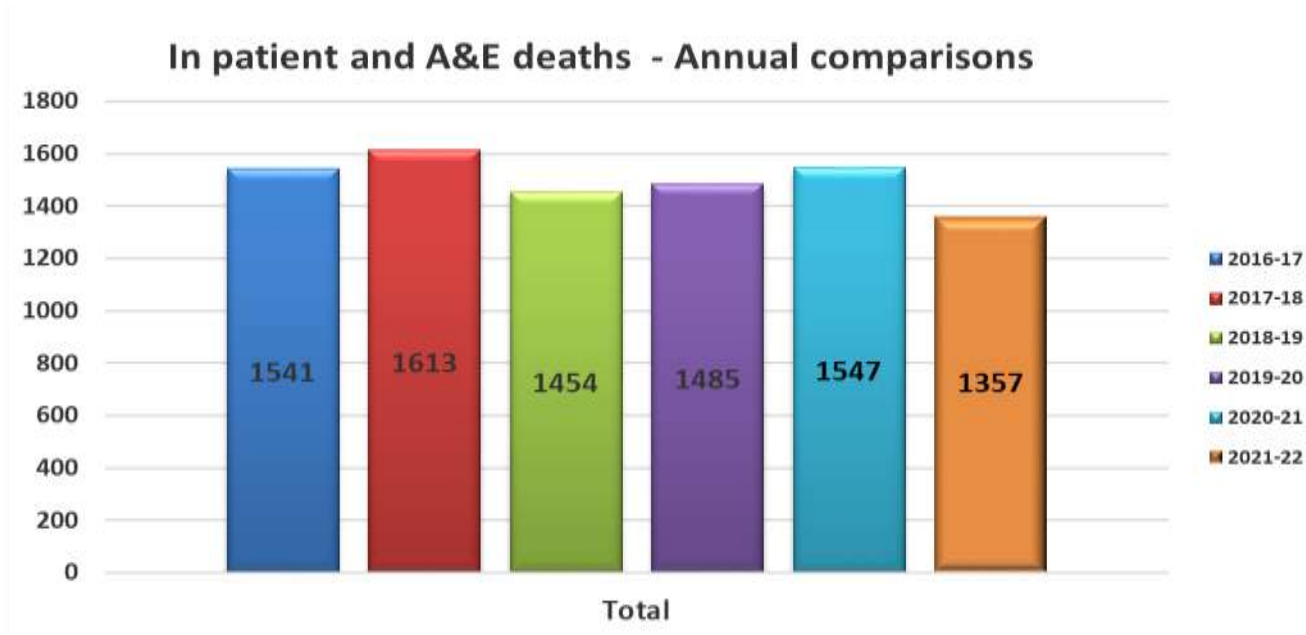
### 3. Mortality reviews

3.1 The Trust policy currently identifies that all in-patient deaths and those in the Accident and Emergency department are included in the scope of the mortality reviews. The chart below shows the total numbers of deaths since April 2019 to the end of March 2022.

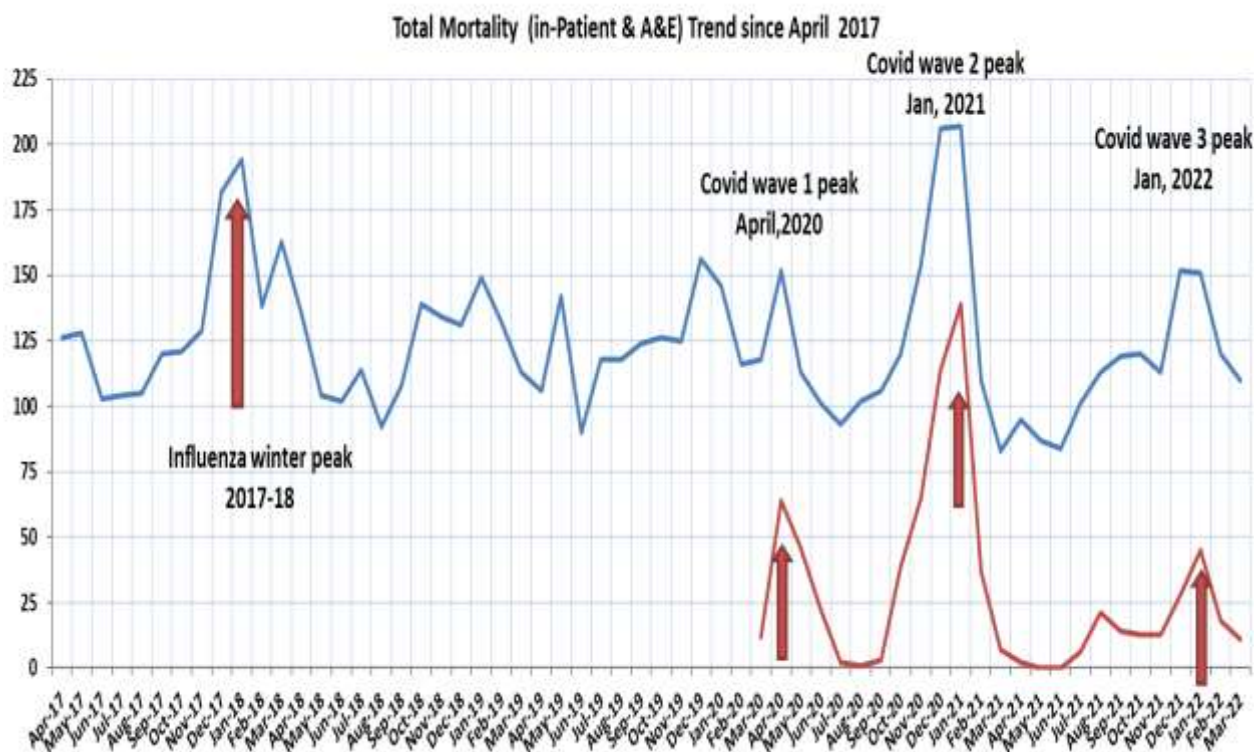
**In-Patient and A&E Deaths**



3.2 The chart below shows the annual numbers of deaths in the Trust since 2016-17:



3.3 The following chart shows the monthly trend and fluctuations in mortalities since April 2017 to March 2022. The red markers represent key areas of peak deaths linked with influenza over the winter of 2017-18 and Covid-19 from March 2020. The red line represents the numbers of Covid deaths logged by the Trust over the last 2 years.



3.3 All patient deaths are scrutinised by the Medical Examiners (ME) team, part of this involves contacting the patient’s family or carers to discuss their death. This provides the opportunity for family’s / carers to raise any concerns they might have but also for them to discuss with the ME, the medical cause of death or if there has been a referral to the Coroner, and why.



- 3.4 Mortality case reviews can be requested following the ME discussions, but are also undertaken for the following cases, which are linked to specific national review processes:
- All deaths where a patient has a registered Learning Disability (LD) – in conjunction with the Learning Disability Mortality Review Programme (LeDER).
  - All maternal deaths – in conjunction with M-BRRACE-UK.
  - All deaths where the patient has a severe mental illness – in conjunction with local Mental Health Trusts as required.
  - All child deaths (up to 18th birthday) – in conjunction with the Child Death Overview Panel (CDOP) process, this may also link into Perinatal Mortality or LeDeR reviews.
  - All stillbirths – in conjunction with nationally agreed Perinatal Mortality Review tool; (these figures are not included within overall mortality data provided in the tables above).
- 3.5 The Trust is currently reviewing its processes for mortality case reviews; there will continue to be the required reviews as outlined above, however, these will be linked closely with learning from other complex cases where a patient may not have died or also any relevant thematic reviews that are identified. Cases will then be considered at a variety of speciality mortality and morbidity (M&M) meetings; the learning from these review sessions will then be shared at a Trust wide group to allow identification of overarching issues that may require local or more significant quality improvement work. These changes are based around the national “Better Tomorrow Programme: learning from deaths, learning for lives”; which is a national programme providing support and tools for Trusts to use. As the Trust work develops, more detail will be provided in future reports.
- 3.6 The following table provides a summary of the data, by financial quarters, for 2021-22. The numbers of mortality cases given scrutiny by the Medical Examiners team has been included in the chart below to demonstrate the integration of the two approaches to reviewing the care of our patients. The ME team can refer any cases into the overall mortality review system for further interrogation of clinical care or if necessary into the established governance structures.

<b>2021-22</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Total deaths in scope	269	331	388	386	<b>1374</b>
Deaths in compulsory criteria	40	51	42	28	<b>161</b>
Compulsory case reviews completed (no.)	20	32	32	14	<b>98</b>
Compulsory case reviews completed (%)	50%	632%	76%	50%	<b>61%</b>
Compulsory reviews pending	20	19	10	14	<b>63</b>
Reviews & ME scrutiny completed	133	273	345	384	<b>1135</b>
Total completed (no.)	152	303	366	384	<b>1205</b>
Total completed (%)	56%	91%	94%	99%	<b>88%</b>
Reviewed Deaths considered avoidable (no.)	0	0	0	0	<b>0</b>
Reviewed Deaths considered avoidable (%)	0%	0%	0%	0%	<b>0%</b>
Reviewed Deaths considered not preventable (no.)	152	303	366	384	<b>1205</b>
Reviewed Deaths considered not preventable (%)	100%	100%	100%	100%	<b>100%</b>

- 3.7 Where a patient’s death immediately raises concern, this is reported, and then escalated through the Trusts incident reporting and investigation process, implementing Duty of Candour procedures as required. The details of the case will then be considered in line with the national Serious Incident framework to ensure any lessons learned are identified and reported to the Trusts commissioners. A case record review is completed as part of the investigation process.

In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

- 3.8 During 2021-22, to the end of quarter 4, there has been one mortality cases reported and investigated as a serious incident. The case is being investigated and the outcome will be reported in future reports.
- 3.9 Over quarter 4, 99% of mortalities have been given either scrutiny by the ME team, or where the patient passed away on ITU, reviewed by the clinical team involved. There has been a low number of other SJRs completed for those cases identified as requiring further review. The capacity of clinical staff to undertake required mortality reviews, during the Covid pandemic, has been significantly restricted. As the ME team are now identifying cases where they consider additional learning can be obtained, they are requesting SJRs are completed, the relevant clinical teams are required to complete these. The Trust Mortality Lead will be progressing this requirement in order to collate the learning from these reviews; the output from these will then be utilised to enhance the content of future reports.
- 3.10 The ME team have been providing summary information to the Trusts Safety Panel on a weekly basis, this provides details of the number of cases reviewed as well as informing the clinical services of any cases that have been referred into any of the Trusts governance structures. This feedback also allows the team to start to recognise trends in any issues that are being identified during the scrutiny of the records and discussion with families. These are currently in the early stages of development and will be built into feedback in future reports.
- 3.11 From March 2020 to the end of March 2022, the Trust has notified 698 deaths where patients were recorded as testing positive for Covid-19. A significant amount of this information continues to be provided for national data collection. The Trust continues work with other organisations, through the North East Quality Observatory (NEQOS) as part of the Regional Mortality Group, to collate data to assist in examining risks related to mortality across the region and how this has developed over the pandemic.

A key area of this is to understand the transmission of Covid in the local population; but also to examine cases where patients may have developed Covid whilst being cared for as an in-patient, this is known as “nosocomial” infection. The Trust is continuing to apply national guidance and taking stringent measures to protect patients, visitors and staff in the hospital. These are being updated via central government and NHS England as the pandemic is progressing, the Trust is examining and implementing to ensure safety.

#### **4. Learning from Deaths**

##### **4.1 Deteriorating patient**

Recognition and management of the deteriorating patient has been identified as one of the most important areas of learning from all types of case reviews, not only for patients who have died but also those who have survived. The Trust recognises it is important to look at both to ensure all learning opportunities are taken to identify what is being done well, as well as where improvements can be made. The Deteriorating Patient Group has been established to provide oversight in relation to this area of learning. The group is led by senior clinical staff and is multidisciplinary, with all speciality groups are represented, acute and community, this is to ensure good communication and sharing of information. This Trust group is also working in collaboration with the Regional Deteriorating Patient Group, with information being shared at both groups for wider learning.

The Trusts Sepsis pathway is monitored to assess compliance against key performance indicators (KPIs); the Sepsis audit results have been integrated into the Trusts Deteriorating Patient dashboard so that all teams can view their own results readily. The results had shown that sepsis screening was not being well documented for in-patients; to improve this, the Trusts sepsis screening tool/bundle has recently been updated following discussion and consultation with staff; it is available on the Trusts Sharepoint system and is in the process of being added to Trakcare (the Trusts electronic patient record). Future audits should demonstrate improvement as a result of having these on the same system and linked with, the other patient records.

Following recognition of sepsis, or a deterioration in a patients National Early Warning Score (NEWS), the key focus is escalation to ensure that senior staff are involved in the management and decision making for these patients. To support monitoring of appropriate escalation, the Deteriorating Patient Group have designed a tool within the electronic record providing key information that can be reviewed prospectively to help identify, escalate and manage deteriorating patients, but also retrospectively to allow cases to be reviewed in order to gain assurance.

Handover of information has been identified as an area where improvements can be made in order to ensure there is effective, consistent communication between staff providing clinical care in the hospital. The handover process is being reviewed in order to implement a supportive digital solution; the proposed clinical handover system is being trialled in three key areas of the Trust, once the trial has been evaluated, plans will be implemented to expand this across all areas.

The Deteriorating Patient Group “dashboard” displays data to reflect compliance with the key areas of work linked to the group. The dashboard continues to be developed and as well as displaying all KPIs in relation to the deteriorating patient, including compliance with mandatory training such as NEWS, Basic Life Support (BLS), Immediate life Support (ILS), Acute Illness Management (AIMs), sepsis, acute kidney injury (AKI) prevention and other specialist training modules linked to its work.

To support this, the group have reviewed the mandatory training requirements linked to identification and management of the deteriorating patient; this is leading to changes in training requirements for a variety of staff. An example will be the potential change of Sepsis and AKI training from once only, to being required every 2 years for clinical staff; these have been introduced into the updated training schedules. This is yet to be confirmed as these topics may be incorporated into AIMs training, as part of the increased use of simulation scenarios and a frequency increase.

The Deteriorating Patient Dashboard not only supports the group monitoring details available from KPIs and training; it supports the analysis of incidents reported related to the identification, management and escalation linked to the deteriorating patient. This allows the group to examine and consider any trends identified through incident reporting and then to generate any necessary actions to reduce the impact and the chances of these recurring.

## **4.2 Surgical update**

The Surgical department has continued to undertake reviews of all in-hospital mortalities at their monthly Mortality and Morbidity (M&M) meetings. These reviews focus on cases where complications have occurred, and where patients may have died under their care, which are thankfully uncommon.



The monthly M&M meetings encourage Multidisciplinary Team (MDT) involvement in the case reviews to promote shared analysis and learning. The reviews also give the wider range of professionals an opportunity to have frank discussions and identify any actions that may need to be taken for future learning. The surgical team have agreed regular shared clinical governance sessions with other specialities to ensure there is a broader review of cases to improve patient experience and enhance patient safety. The surgical team have also established a regular review of any patients who require follow up surgery (returns to theatre) to assist in identifying and confirming any complications; this then supports the appropriate management and the maintenance of high standards of care.

The team have, during these sessions, reviewed and analysed the data provided for the National Emergency Laparotomy Audit (NELA); this data showed that the Trust had a lower proportion of high-risk patients going to the Intensive Care Unit (ITU) postoperatively and this was below the NELA standard. Following discussion with the ITU team there has been a consensus reached to accept a higher number of high-risk post-operative emergency laparotomy patients into ITU. Over the coming months the NELA data will be reviewed, as it is published, to ascertain if there has been a consistent improvement in this requirement; updates will be provided in future reports.

### **4.3 Maternity Services**

#### **4.3.1 Maternity Stillbirth update**

The Trust's maternity department helps deliver around 2,300 babies each year. In the majority of cases, outcomes for both the mother and baby are favourable. However unfortunately there are some tragic circumstances where a baby dies before birth, and are "silently born" being classed as stillbirths. Equally, there are cases where babies are born and subsequently die in the first 28 days of their life, and are classified as neonatal deaths. There has been a significant amount of work undertaken nationally as part of a quality improvement initiative led by the Royal College of Obstetricians and Gynaecologists, called "Each Baby Counts". This initiative developed a Perinatal Mortality Review Tool (PMRT), which facilitates a comprehensive, robust and standardised review of all perinatal deaths.

The information obtained through use of the PMRT is collated by *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries* across the UK (MBRRACE-UK) with an overarching aim to reduce the number of babies who sadly die from preventable factors. It is important that for all parents that have lost a baby that maternity services actively learn and improve to prevent another parent experiencing such a tragic loss.

NHS England produced a document known as the "Saving Babies Lives Care Bundle" that has now had two versions. The second version dated March 2019 consists of five elements:

- Element 1: *smoking cessation*,
- Element 2: *fetal growth restriction*,
- Element 3: *reduced fetal movements*,
- Element 4: *fetal monitoring*,
- Element 5: *prevention of preterm birth*.

This document dovetails in to the 'Each Baby Counts' initiative to focus on areas of importance in improving outcomes and prevention of stillbirth an neonatal death. Our maternity service has embraced these documents and continues to work tirelessly to improve outcomes for mothers and babies within the Trust's catchment area.

#### 4.3.2 Perinatal Mortality Review Tool (PMRT)

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

The information is used to identify local and national learning with action plans being generated, implemented and monitored. The learning obtained from the reviews is shared nationally, but also allows the Trust to identify and understand any factors that may have had an impact on the overall tragic outcome.

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

Parents are encouraged to be part of the review and are invited to a pre-meeting by the patient safety team. They are asked to provide any specific questions to be addressed during the PMRT meeting.

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

In 2021, information from 14 cases was submitted into the PMRT system, ten of these were antenatal and four were neonatal, all were of varying gestations. The table below outlines some of the common themes taken from the PMRT reviews and reports:

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

As a result of the trends identified within the PMRT reviews, the service has prioritised the following areas for action and improvement:

#### **4.3.2.1 Risk assessment**

In order to ensure that women are on the correct care pathway during pregnancy and for their birth, a risk assessment is completed when the woman first sees her community midwife to “book” her place of birth. This risk assessment uses a wide range of personal and health details to ensure there is a personalised care and support plan in place from as early in a pregnancy as possible; this can then provide a support structure around each pregnant women if she should have concerns or develop complications.

It is important to promote with women that they “book” as early as possible in their pregnancy, ideally by 10 weeks into their pregnancy. This supports the care of mothers with complex co-morbidities or significant risk factors to be directed to consultant-led care at an early stage. To promote this early contact with the midwives in the Trust have developed an on-line booking form, which has been gradually enhanced to include information in relation to ethnicity and BMI. Having this form completed by women supports the early allocation of the named midwife and following completion of the risk assessment, referral for Consultant involvement to ensure appropriate management plans are instigated as soon as possible to optimise maternal and fetal outcomes.

Antenatal risk assessment is undertaken at each encounter during the pregnancy as risks can change – the maternity teams record any changes in risk in the hand held records.

The maternity service has also developed a risk assessment for pre-term birth, which is also completed at booking. Audits have shown that this risk assessment is now embedded into practice and women with a history of early pregnancy losses are now being seen at an earlier stage in their subsequent pregnancies. The impact of this difference will be monitored locally and nationally to understand if it is having an overall impact on pregnancy outcomes. The maternity service has established preterm prevention consultant clinics across Hartlepool and Stockton to ensure there is early senior clinical oversight to establish a clear pregnancy management plan with the women. The preterm prevention team are also actively engaged in the regional clinical network within the Local Maternity and Neonatal System (LMNS) to develop standardised pathways for women at high risk of preterm birth.

The team are currently exploring how the digital maternity system can be used to support and strengthen the antenatal risk assessment processes.

#### **4.3.2.2 Smoking**

Smoking is a known contributory factor to poor obstetric outcomes and it was apparent following the reviews, that smoking was a potential factor in half of the cases. The Trust has put a significant focus on reduction of smoking during pregnancy over recent years and despite some reduction, the service is clear that this focus needs to be maintained in order to continue to make an impact and reduce the risks linked to smoking during pregnancy and also by parents with young families.

The Trust continues to support the development of the North East England LMNS Tobacco Dependency in pregnancy pathway and as part of this promotes the use of the “Smoke free” APP from the National Centre for Smoking Cessation and training. During the Covid-19 pandemic Carbon Monoxide (CO) monitoring was suspended, but was re-established in April 2021. Throughout the pandemic, the midwifery team has continued to provide women with smoking cessation information and referrals, and support has been offered as needed. The Trust has established a Tobacco Dependency Treatment Service, which is expected to go live during quarter 1, 2022-23; this service will further support and strengthen the current provision offered to women, and families, in our care.

The Trust is also currently engaged with the “Mat-Neo-Sip” project; this has an aim to reduce the national rate of stillbirths, neonatal deaths and brain injury occurring during or soon after birth by 50% by 2025. One of the main factors for this is to improve the proportion of smoke free pregnancies; as a result, the service will be working during 2022/23 to:

- Ensure Carbon Monoxide monitoring is offered to all pregnant women
- Ensure “Brief intervention” training is given to all maternity and neonatal staff
- Monitor the referral and access to the Smoking Cessation Services.
- Continue to develop system wide pathways to achieve a smoke free pregnancy.

The maternity team will be providing updates in relation to these agreed actions in future reports.

#### **4.3.2.3 Reduced fetal movements**

A history of reduced fetal movements is a recurrent feature of stillbirths, especially over the last 2 years. This is known to be a national risk factor for poor outcomes in maternity. This is recognised in the Saving Babies Lives Bundle (version 2). The Trust has undertaken quality improvement work to ensure that women are aware of reduced fetal movements being a risk factor and the maternity service now sees many women with such concerns in all areas of the service. Risk assessments are undertaken where women present with reduced fetal movements and guidelines are in place to enable optimal management of these cases. In line with the Saving Babies Lives Bundle (version 2), women experiencing recurrent reduced fetal movements are offered induction of labour at 39 weeks’ gestation.

In summary, the Trust maternity service continues to be fully vigilant over any publications that are issued nationally on the subject of stillbirth and neonatal death. The Trusts Maternity service work hard to ensure that national initiatives become an established part of the service. Quality improvement as a result of learning is embedded in the service to ensure that the maternity service provides effective, safe and quality care to pregnant women and their families.

#### **4.3.3 Ockendon Reports**

The interim Ockendon report was published in December 2020; the report identified seven key areas for immediate action by all maternity services nationally. Some of the actions identified above as part of the Trusts learning in relation to smoking cessation were also included in the findings of the national report. Further improvement work has been developed by the team in response to this report that will support the ongoing evaluation of the impact of these changes in practice. (<https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf> ).

The final independent national Ockendon report was published on 30<sup>th</sup> March 2022; this report identifies further essential and immediate actions to be implemented by all Trusts with maternity services nationally. The Trusts maternity team have already initiated a review of these in order to identify any gaps where improvements are required, these will be reported within the Trusts Maternity Safety and Quality report published each quarter and where necessary reported within future Learning from deaths reports. (<https://www.gov.uk/government/publications/final-report-of-the-ockenden-review> ).

#### **4.4 Paediatric Reviews**

The Trust has thankfully, very few deaths in children; all are reviewed in depth to provide learning internally and dependant on the circumstances they may also be investigated through the incident processes. To also ensure any learning is shared with the Teeswide Child Death Overview Panel (CDOP); this panel comprises of a multidisciplinary group of professionals with a key function to review the information in relation to all child deaths, from birth to their 18th birthday; excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law. This multiprofessional review supports the consideration of actions to be taken if the death was possibly preventable with modifiable factors, which may have contributed to the death.

As part of the Trusts Deteriorating Patient work, in order to identify any potential areas for improvement the Paediatric service have a system in place to review all babies, children and young people who have required transfer to another unit. The team look at all cases for learning, regardless of why they were transferred; however, a key focus is on children whose condition has deteriorated requiring transfer as an escalation in their clinical care. This work has resulted in closer working relationships with the specialist services, but has also supported the development of joint simulation training with the Paediatric, Anaesthetics and A&E teams. The Paediatric team have recently employed a Clinical Educator who will focus on Paediatric specific training opportunities and work with other local and regional services, to assist in standardising training where possible.

The Paediatric team work closely with the police in relation to some unexpected child deaths, which are thankfully very rare. There is a wide range of tests that need to be completed to help understand why a child death has occurred; these are completed in conjunction with any police investigation. The Paediatric team have identified that there were some process issues that may have influenced timescales for completion of some tests; changes have been made on the processes that will result in improved communication and understanding. Although such cases are uncommon the department have agreed with the police to undertake some joint simulation training over the coming year.

Deaths in very young babies, around the time of their birth; are reviewed and investigated through the Perinatal Mortality Review Tool (PMRT). The Trusts use of this tool is included in section 4.3.2 of this report.

#### **4.5 Community Services**

Although the Trusts Community Services are not directly linked to in-patient deaths, the service takes an active role in using the information from various reviews to identify pertinent areas of learning and to generate actions. The actions identified have supported improvements in care for patients who need further support in their home, those who may need hospital admission, but also for those reaching the end of their life, providing appropriate palliative care and support

around decision making about place of death, and to help provide any relevant care requirements or equipment to support this.

The Community Matrons continue to facilitate weekly MDT discussions as part of “Enhanced Health in Care Homes” (EHICH). These meetings aim to bring all professionals together, including a GP or agreed representative from the Primary Care Network (PCN), such as a care coordinator, to review the overall care and management of the patient. The Community Matrons are also introducing peer support groups within the care homes; these will give an opportunity for reflection on the care provided to a dying patient, to consider what was managed well, what can be learned and how can this be used to support improvements for future patients at the end of life.

The community nursing and specialist palliative care teams have recently introduced “Palcall”; this aims to provide advice and guidance to patients their families and carers who are in the last 12 months of life, or who are on a PCN Gold Standard framework (GSF) register. The dedicated telephone line supports calls made at any time of day to enable access information and obtain relevant support.

The Community Team have also recently commenced a programme of e-learning training developed by the Nurse Consultant for Specialist Palliative Care on the following topics:

- Amber Care Bundle
- Care of the Dying Patient
- Introducing the family Voice

There are many patients being cared for in the community who require regular and frequent intravenous treatments such as chemotherapy; a number of the patients have Hickman lines in place. Hickman lines are designed to be left in place for longer periods of time and to reduce the number of injections a patient may need. Following review of cases, the Community services have implemented a fully refreshed staff e-learning training package in relation to the ongoing management of Hickman lines and the all relevant staff involved in Hickman line care are completing this at the moment. To support this further the Trust patient information leaflet covering Hickman lines has also been updated to provide more detailed information to patients and families.

The Specialist Palliative Care Team (SPCT) Lead attends the weekly Trust Safety Panel to support learning from deaths, not only to identify areas for improvement but also to impart specialist knowledge as required. The role spans Trust across both community and acute services, it is an excellent opportunity to identify learning or missed opportunities and to build on these to make a difference for future patients. The SPCT also explore any complaints received by the Trust relating to end of life care; this provides another opportunity to understand, learn from and improve end of life experiences.

In order to help the Trust assess its overall approach to end of life care, the SPCT have devised an ‘Advance Care Planning’ audit. This will focus on recent deaths and examine whether there were missed opportunities around early identification and recognition of a dying patient and also ensuring if appropriate planning was in place, for example having an agreed “Do Not Attempt Cardio Pulmonary Resuscitation” (DNACPR) or Emergency Healthcare plan (EHCP).

The Trust has also recently received its results from the National Audit of Care at the End of Life (NACEL) 2020/2021; these are currently being reviewed and will be shared across the Trust in the coming months in order to develop an inclusive improvement plan covering any issues identified. The fourth cycle of data collection for this national audit is planned later in 2022-23, which will allow the Trust to continue to measure its improvements.

## **5. Conclusion/Summary**

- 5.1 The Trust HSMR value is **85.28** (January to December 2021), this has decreased from the previous rebased value of **88.17** (December 2020 to November 2021). The latest SHMI value has increased slightly to **96.12** (November 2020 to October 2021) from the previously reported value of **95.35** (October 2020 to September 2021). Both statistics remain “within expected” ranges.
- 5.2 The successful implementation of the Medical Examiners role has prompted a review of the Trusts policies; the Trust Mortality Lead and the Lead ME are reviewing the overall strategy and policy in relation to learning from deaths. The planned changes are expected to support clinical staff in completing reviews and identifying learning to generate quality improvement measures.
- 5.3 There is summary information in the report relating to actions initiated as a result of learning from deaths in patients in relation to the Deteriorating Patient Group, Surgery, Maternity, Community and Paediatric services.
- 5.4 During 2021-22, to the end of quarter 4, there has been one mortality case reported and this is being investigated as a serious incident.

## **6. Recommendations**

- 6.1 The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews, but also how the speciality teams are linking this with learning from the reviews undertaken for patient who recover.
- 6.2 The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation.
- 6.3 The Trust Board are asked to support the current business case to support the collection of data to support analysis and learning to support the identification of quality improvement developments.

**Dr D Dwarakanath**

**Medical Director / Deputy Chief Executive**