



Board of Directors Meeting

**Thursday, 29 April 2021
at 1pm**


**Boardroom
University Hospital of North Tees**

22 April 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 29 April 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Neil Mundy
Chairman

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Patient Story (verbal)	L Robertson
4.	(1.20pm)	Minutes of the meeting held on, 25 March 2021 (enclosed)	Chairman
5.	(1.25pm)	Matters Arising / Action Log (enclosed)	Chairman

Items for Information

6.	(1.30pm)	Report of the Chairman (verbal)	Chairman
7.	(1.45pm)	Report of the Chief Executive (enclosed)	J Gillon
8.	(2.00pm)	Tees Valley and North Yorkshire Provider Collaborative (enclosed)	J Gillon
9.	(2.10pm)	Retrospective Approval of Documents Executed Under Seal (enclosed)	J Gillon

Strategic Management

10.	(2.15pm)	Capital Programme Performance Q4: 2020/21 (enclosed)	N Atkinson
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Performance Management

11. (2.25pm) Integrated Compliance and Performance Report **(enclosed)** L Taylor, L Robertson
A Sheppard & N Atkinson
12. (2.40pm) NHS National Staff Survey Results 2020 **(enclosed)** A Sheppard
13. (2.50pm) Staff Wellbeing Report **(enclosed)** A Sheppard

Governance

14. (3.00pm) Learning from Deaths Report Quarter 4: 2020/21 **(enclosed)** D Dwarakanath
15. (3.10pm) Annual Operating Plan 2021/22 **(enclosed)** L Taylor & N Atkinson
16. (3.20pm) Any Other Notified Business Chairman

17. Date of Next Meeting
(Thursday, 27 May 2021 Boardroom, University Hospital of North Tees)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing People

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

Transforming Our Services

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

Health and Wellbeing

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

North Tees and Hartlepool NHS Foundation Trust

Minutes of a meeting of the Board of Directors held on Thursday, 29 April 2021 at 1 pm at the University Hospital of North Tees / Via Video Link

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

These minutes represent a formal record of the meeting.

Present:-

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

In attendance: -

Mark Malik, Senior Communications and Marketing Officer *[via video link]*
Tony Horrocks, Lead Governor / Elected Governor for Stockton *[via video link]*
John Edwards, Elected Governor for Stockton *[via video link]*
Anne Johnston, Elected Governor for Stockton *[via video link]*
Alan Smith, Elected Governor for Hartlepool *[via video link]*
Angela Seward, Lead Governor, South Tees Hospitals NHS Foundation Trust *[via video link]*
Alex Metcalfe, Local Democracy Reporter, Teesside Gazette/Teesside Live *[via video link]*
Ruksana Salim, Lead Nurse, Quality and Professional Standards – Observer *[via video link]*
Ioannis Michalakis, Consultant Oncoplastic Breast Surgeon/Assistant Medical Director
North Cumbria Integrated Care NHS FT – Observer *[via video link]*
Samantha Sharp, Personal Assistant (note taker)

BoD/4490 Apologies for Absence / Welcome

No apologies for absence received.

The Chairman welcomed members to the meeting which included Governors of the Trust, Angela Seward, Lead Governor at South Tees Hospitals NHS FT and Alex Metcalfe, Local Democracy Reporter for the Teesside Gazette/Teesside Live. In addition, Ruksana Salim, Lead Nurse, Quality and Professional Standards and Ioannis Michalakis, Consultant Oncoplastic Breast Surgeon/Assistant Medical Director at North Cumbria Integrated Care NHS FT were attending the meeting as observers to enhance their development.

BoD/4491 Declaration of Interests

* voting member

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

A declaration of interest was also noted from the CITO in respect to his role in the ICS and KR (Non-Executive Director) who was a Non-Executive Director of Spectrum Community Health CIC.

BoD/4492 Patient Story

Mrs Maureen Parkes attended the meeting to provide her experience of the care she had recently received at the University Hospital of North Tees following a period of illness. Mrs Parkes acknowledged that despite the Trust and the areas she visited being very busy, all staff she encountered were kind, caring and reassuring highlighting a positive atmosphere. Mrs Parkes recalled that during her stay on a ward, a gentleman in another bay became disruptive and informed the Board that she was moved to a separate ward so that she could rest. She paid tribute to the staff on the ward who remained calm and continued to show the gentleman kindness despite his behaviour. In addition, she recalled that a consultant had mopped up a spillage on the ward caused by a dementia patient, emphasising that all staff were caring and worked as a team for the benefit of patients. In conclusion, Mrs Parkes acknowledged the cleanliness seen throughout the Trust placing on record her thanks to all staff who had contributed to her excellent care.

The Chairman thanked Mrs Parkes for attending the meeting and telling the Board of her positive experience.

Resolved: that, the patient story be noted.

BoD/4493 Minutes of the meeting held on, Thursday, 25 March 2021

Resolved: that, the minutes of the meeting held on Thursday, 25 March 2021 be confirmed as an accurate record.

BoD/4494 Matters Arising / Action Log

a. BoD/4178 Presentation on Workforce Metrics to the Council of Governors'

The Governors' would be receiving a presentation on workforce metrics, particularly sickness absence at their development session on 6 May 2021

b. BoD/4361 Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES)

An update on both the WRES and WDES action plans were presented at a Board Seminar on 15 April 2021.

c. BoD/4456 Patient Story

The thanks of the Board were relayed to the patient for sharing their story at the previous Board meeting. Sadly the patient had since passed away so presentation to the Board meeting at South Tees Hospitals NHSFT was not possible.

d. BoD/4460 Visit of the Secretary of State for Health

A letter of invitation would be extended to the Secretary of State for Health to visit the Trust post-purdah

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

Joint sessions to be scheduled with the Board and Council of Governors of both Trusts to look at how the ICS would function in the future in light of the recently published White Paper.

f. BoD/4462 Compliance Against Information Governance Mandatory Training

At the time of the last meeting compliance against information governance mandatory training stood at 84%. This had slightly improved and was currently reporting at 85%.

g. BoD/4464 Performance, Planning and Compliance Committee

An open invitation had been extended to the Board at South Tees Hospitals NHS Foundation Trust to attend the Performance, Planning and Compliance Committee. David Jennings, Non-Executive Director attended the meeting on 28 April 2021. KR, Chair of the Committee reported that he had emailed David to thank him for his attendance, again providing an invite to attend future meetings which was reciprocated.

Resolved: that, the verbal updates be noted.

BoD/4495 Report of the Chairman

The Chairman placed on record his thanks to the staff of the Trust for the achievements of the past year, despite the challenges, as it progressed through recovery to return to pre-COVID-19 performance levels of service. The Chairman particularly noted the favourable end of year financial position which was on track to achieve the objectives as set out in the five-year plan.

The Chairman acknowledged the passing of HRH Prince Philip, the Duke of Edinburgh highlighting the great respect and affection felt by many for Prince Philip

The Chairman acknowledged the significant rise in the COVID-19 infection rate in India recognising that many staff in the Trust had family and friends in India. The CE and MD/DCE had sent a message to all staff offering support to those staff who were impacted by the situation in India and the issues faced by the population there. By stark contrast, a steady reduction in the infection rate was noted across the UK, with further roll out of the vaccine and lockdown measures.

The Chairman placed on record his thanks to Neil Schneider who had recently resigned from his position as Non-Executive Director at the Trust. Neil had been an outstanding Non-Executive Director who brought invaluable experience and wisdom as a former Local Authority Chief Executive. Rita Taylor, Non-Executive Director had assumed Neil's Board responsibilities.

The inaugural meeting of the Joint Strategic Board was held on 8 April which approved the Terms of Reference and Memorandum of Understanding enabling both Trusts to set the agenda for future collaborative working. The next meeting was scheduled for 18 May. During May the Trusts would jointly appoint a Director of Strategy and Partnerships to work with the Joint Strategic Board to strengthen partnership working between the two Trusts and with other partners within the Integrated Care System.

Recruitment of a substantive Joint Chair was progressing well with the Nomination Committees of both Trusts working to refine the recruitment pack. The Chairman placed on record his thanks to both Tony Horrocks and Angela Seward, Lead Governors for their support and leadership over the past few weeks to progress the recruitment process.

The Chairman had visited a number of departments, clinical services and areas during April highlighting that this had been an overwhelmingly rewarding experience. The Chairman

highlighted that there was already a great deal of collaboration taking place within departments and services which needed to be commended. On behalf of the Board, he thanked those departments visited for their support in these challenging times to ensure patient safety and quality was at the forefront of their mind.

The Chairman was pleased to report that the Trust had received notification that it had moved from Segment 3 into Segment 2 of the Single Oversight Framework as a result of its continued positive performance providing the Trust with greater autonomy.

Meetings were being scheduled to meet with Healthwatch Leads and Health and Wellbeing Board Chairs to listen to their views and experience on behalf of patients.

There was a joint Board of Board meeting scheduled for 10 May where an update on the Durham Tees Valley Research Alliance would be provided together with a presentation from public health on health inequalities.

The Chairman reported that he was looking forward to the next month to further develop partnerships and collaborative relationships. By working together locally and within the ICP and ICS the Trust and its partners had been able to deal with the many of the challenges posed by the pandemic.

Resolved: that, the verbal update be noted.

BoD/4496 Report of the Chief Executive

The CE provided an update on the Trust's response to COVID-19 highlighting a significant reduction in hospital admissions. In addition, the CE also reported that the national incident level had been reduced from level 4 to 3. There were currently five confirmed cases within the Trust, including two in ITU. It was noted that the progression of the vaccination programme and lockdown measures had impacted positively on the reduced number of admissions. Focus remained on the health and wellbeing of staff and the CE outlined a number of ways the Trust continued to provide practical support to staff. The local COVID-19 infection rate had decreased significantly although Hartlepool continued to record the highest infection rate in the North East and North Cumbria.

In March, the Trust delivered circa 90% of pre-covid outpatient activity levels, 95% of diagnostic activity and 94% of combined elective and day case procedures, using new ways of working to respond and recover from the impact of COVID-19.

Steady progress had been made in respect to COVID-19 vaccinations and work continued to understand vaccine hesitancy and to provide assurance to staff that the organisation had access to all of the latest and relevant information to help them make an informed choice. Staff vaccination rates were consistent with other providers across the North East and North Cumbria.

Support for staff health and wellbeing continued with a range of initiatives being implemented to complement the Trusts usual health and wellbeing offer. Practical steps to support staff continued with wellbeing sessions and the roll out of a well-being toolkit, provision of recharge hubs, the training for key people to be mental health first aiders, provision of pandemic learning events and sessions to support people in processing the past year in the midst of the pandemic.

The 2021/22 NHS Priorities and Operational Planning Guidance was published by NHS England in March setting out the priorities for the coming year. Work continued to plan accordingly and monitor progress and delivery.

The Trust was leading the way nationally in researching treatments for COVID-19 trialling a new treatment of Dimethyl Fumarate (DMF) for patients acutely ill with COVID-19. In addition, the Trust over recruited to the Novavax COVID vaccine trial recruiting 534 participants against a

target of 350.

NHSE/I had prepared proposals for a new approach to NHS system oversight with the proposed approach aligning with the vision set out in the Government's White Paper. The Trust and the ICS across the North East and North Cumbria would contribute to the consultation which closed at midnight on 14 May 2021.

Throughout the coming weeks the Trust would be re-launching the way in which it has employed the 'Listening into Action' engagement strategy. This re-launch would focus on a more bespoke, dedicated ambition to ensure cultural engagement was optimum by utilising key influencers and leaders across the organisation to communicate the Trust's vision. The Faculty of Improvement and Leadership would be launched throughout the organisation to empower future and current leaders to support health and care provision for the populations served.

Chief Executive staff engagement sessions had been relaunched with the first session taking place virtually with the community midwives. More sessions were booked over the coming weeks and months for a dedicated audience/team.

The ICS management team continued to review the impact and work through the implications of the White Paper with the Tees Valley ICP continuing to focus on wider strategic partnership working to support the future strategic direction of Teesside.

Three consultant appointments had been made over the past month: Dave Fung, Consultant in Breast Services and Nicola Maguire and Abdalla Mustafa, Consultants in Colorectal Surgery. KR, who had sat on the interview panel highlighted that these individuals gave outstanding interviews articulating their vision for the future and the way technology and investment was needed going forward. KR asked whether there was any capital investment to attract potentially high calibre applicants to apply for positions at the Trust. The CE explained that she was hopeful that through collaboration, investment would be available for Teesside highlighting a number of areas being reviewed for investment such as the use of robotics.

On 6 March, the first baby was born in the newly refurbished Rowan Suite at the University Hospital of Hartlepool followed by a second baby by a home birth on 10 March. This was an important development with midwifery led birthing facilities returning to Hartlepool. The Ockenden Review impact continued to be a priority for delivery as does continuity of care in the local maternity strategy. The Trust had hosted a Local Maternity System (LMS) visit the previous week for continuity of care. This had been a positive visit and where the LMS spoke highly of the culture in the organisation with the ability to move forward and be supported in becoming a beacon site.

Following the suspension of Schwartz Rounds due to the COVID-19 pandemic, Team Time interventions had continued which sought to support staff who were experiencing a high level of trauma during the pandemic. Team Time was not a replacement for Schwartz rounds, however due to its success, Team Time may become a permanent feature of Schwartz in the future.

Following a request from JE requesting further clarity around the Faculty of Improvement and Leadership, the CE explained that this would focus on leadership not only in the Trust but also across the system and enable relationships to be built across the patch. This extended to medical, nursing and support staff to develop a faculty for improvement with the Trust looking for 100 leaders to participate in a drive for innovation and empowerment to take steps to optimise pathways for patients.

The Chairman reported that he had attended an event hosted by University College London in respect to health inequalities which highlighted opportunities to improve the health of the public and how public health could be shaped in a post-pandemic world.

Resolved: that, the contents of the report and the pursuance of strategic objectives

amongst the COVID-19 recovery and restoration programme be noted.

BoD/4497 Tees Valley and North Yorkshire Provider Collaborative

The CE provided an update regarding discussions between South Tees Hospitals NHS Foundation Trust and the Trust in the development of a Tees Valley and North Yorkshire Provider Collaborative. This would build on the processes and structures already underway between the two Trusts providing the opportunity to work together with a shared common purpose to provide the best sustainable services for the future.

The first meeting of the two Boards took place on 17 March where themes to enhance partnership and joint working were discussed. In addition, the inaugural meeting of the Joint Strategic Board took place on 8 April. A full work programme would be established with governance, workstreams and timelines to ensure priorities were identified and progress made at pace. Focus remained on population health and the ambition to reduce health inequalities in the communities the Trusts service and to attract funding into the Tees Valley and North Yorkshire.

The CE explained the Joint Chair and interim arrangements highlighting that work had commenced to recruit a permanent Chair. In addition a Joint Director of Strategy and Partnership was being sought.

Both Boards would continue to have individual statutory powers to ensure decision-making was in the best interests of its patients, its population, staff and the success of the Trust in the current regulatory framework.

- Resolved:**
- (i) that, the progress since the last meeting of the Board of Directors' be noted; and
 - (ii) that, the establishment of the Joint Strategic Board and associated governance arrangements be noted; and
 - (iii) that, the commencement of the recruitment process for the permanent Joint Chair be noted.

BoD/4498 Retrospective Approval of Documents Executed Under Seal

The CE requested retrospective approval for the following document executed under seal:

Document	Date Signed	By
Assignment of Lease and Transfer of Title relating to: Units A and D, Retail Concourse, North Tees General Hospital, Stockton Transferor: Royal Voluntary Service Transferee: North Tees and Hartlepool NHS Foundation Trust	 29 March 2021	 Neil Atkinson, Director of Finance Barbara Bright, Director of Corporate Affairs and Chief of Staff

Resolved: that, the retrospective approval for the signing of the document be granted

BoD/4499 Capital Programme Performance Quarter 4: 2020/21

The DoF provided an update in respect of the Capital Programme Performance for Quarter 4

2020/21 highlighting that the Trust were £1.7m behind plan incurring capital spend of £21.4m against a year-end plan of £23.1m. It was noted that progress against the capital plan had been impacted by COVID-19 and suppliers/contractors putting their staff into furlough. Included in the overall spend of £21.4m was COVID-19 capital items totalling £1.1m for which external funding had been received and also £1.9m of loaned capital equipment transferred to the Trust from the Department of Health and Social Care as donated assets.

The DoF reported that there would be significant pressure on capital monies available in 2021/22 with competing priorities across the ICP and ICS. The Trust's approved capital expenditure plan for 2021/22 was £17m.

The DoF provided an update on capital schemes in respect to the estate highlighting work ongoing around oxygen supply, roofing, concrete repair works, window replacement, road and car park repairs, fire alarm replacement, lift replacement, theatre refurbishment and building maintenance system replacement. An update on the medical equipment replacement programme was also provided and the CITO provided an update on both internal and external digital technology investment.

In response to a query from KR, the CITO explained that Trusts in the region continued to share learning. In addition the Trust continued to strive towards achieving an ambitious digital maturity status within the Healthcare Information and Management System Society (HIMSS) with the intention of moving towards an independently accredited HIMSS level of 6/7. The Chairman highlighted the importance of working collaboratively to progress technology throughout the region.

In response to a query from JE, the DoF reported that the Trust looked to understand the benefits incurred from investment so as to learn for future cases. Post-project evaluation remained important and the Internal Revenue and Capital Management Group met regularly to consider business cases which were then brought back to the group for post-implementation evaluation. This remained a key part of the internal governance process.

In response to a question posed by the Chairman, the DoF reported that the Trust were unfortunately unsuccessful in its application to bid for funding from the Decarbonisation Fund though the Trust remained committed to ensuring that its carbon footprint reduced and that it progressed with the 'green' agenda. The DoCA&CoS added that bids to the Decarbonisation Fund were oversubscribed nationally with many other sectors benefiting rather than the NHS. Business Cases had been developed which could be put forward for funding should the opportunity arise in the future. It was noted that some schemes would progress using internal capital as part of the Trust's sustainability programme. Business case documentation was being redeveloped so that the Trust's impact on the environment was considered as part of new developments.

In response to a query from the Chairman, the CE explained collaboration around critical care facilities highlighting that a letter from the regional Medical Director provided support for capital investment. The MD/DCE highlighted that it was the ICPs strategic ambition to make improvements to the physical capacity and the estate in order to improve services for patients and that it needed to secure capital for the south of the region to make those improvements.

Resolved: that, the report be received and the position on capital schemes up to 31 March 2021 be noted.

BoD/4500 Integrated Compliance and Performance Report

An overview was provided highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of March 2021 which included metrics in respect of performance, efficiency and productivity, quality and safety, workforce and finance.

The DoP&P highlighted that pressures around COVID-19 had eased during March with all routine services returning to pre-COVID-19 levels of capacity.

The overall position for the majority of key standards, including RTT, cancer and diagnostics remained comparable to national and regional positions. Focus continued on reducing the overall waiting list position in line with the recently published Annual Operating Plan requirements.

The Trust had achieved four out of eight cancer standards. RTT reported just below 85% and the DoP&P reported that in February 64% of breaches were complex pathways and 9% were unfit to proceed. Diagnostic waiting times continued to maintain good recovery against planned trajectories. A positive position was noted against the majority of efficiency metrics with focused work underway in respect to readmissions. 35% of those readmitted stayed for less than one day.

A relatively positive position was noted against quality metrics. Whilst HSMR had shown an increase, this remained within control limits with the same trend evident in the latest SHMI value. A gradual rise in C-Diff cases was noted, however this continued to report a decrease when compared to the same period the previous year. Focussed work around reducing falls continued and safe staffing levels had been maintained.

Following updated Government guidance, the majority of those staff identified as clinical extremely vulnerable had returned to work with a small number working from home. Risk assessments had been undertaken and colleagues supported in their return to work. Vaccinations for staff continued with second doses now being administered. Appraisal compliance had improved by 1% to 80.66% against a target of 95%. Overall compliance against mandatory training currently reported at 87.06%. A stretch target of 90% in respect to mandatory training would be implemented from April 2021. Volunteers were returning to the Trust with an increase in active volunteers noted.

The Trust was reporting a provisional year-end surplus of £9.387m against a plan of £871k deficit. This would contribute to the ICP system achievement and excluded the impact of impairment of Trust assets. NHSE/I confirmed that due to current pressures, the contracting and planning round had been stood down with current block contracts being rolled forward to at least Quarter 2 of 2021/22. The cash balance at the end of the year was £53.2m which would reduce following payment of 2020/21 capital commitments. A spend of £18.5m was reported against capital expenditure, an underspend of £1.827. This was primarily due to late notification of capital allocations, delays in receiving medical equipment and uncertainty around COVID-19 capital allocation.

JE, Chair of the Patient Safety and Quality Standards Committee noted the improvement in the number of complaints received relating to communication highlighting that steps had been put into place to improve communication whilst patient visiting was suspended. JE also acknowledged the IT infrastructure introduced to allow patients virtual visits. In addition, the CN/DoPS&Q highlighted the role of Team Support Workers in undertaking appropriate tasks to allow nurses to remain on the ward to care for patients. Huddles were also important in the process to communicate information to families with digital technology complimenting this process. Pilots would commence in the next few weeks to introduce visiting.

The DoCA&CoS also highlighted the work of volunteers, many of whom has gone on to secure paid employment in healthcare, some as Team Support Workers. There was continued interest from the community in volunteering at the Trust and the volunteer coordinator continued to work with Care Groups to ensure volunteers were assigned to areas of greatest need.

The Chairman sought clarity around falls and whether there was an increase in likelihood should the patient suffer from dementia. The CN/DoPS&Q explained that whilst there was no specific link, it was usually those people in hospital for the shortest period of time who were at risk of

falling and that these people were also at risk of falling at home. A new Falls Leads had commenced in post and more focused work would be undertaken to further understand those at risk of falls. All patients admitted to hospital were assessed for their risk of falling with a holistic response to patients adopted.

- Resolved:**
- (i) that, the Trust's performance against the key operational, quality and workforce standards, delivered against the backdrop of associated pressures of the COVID-19 pandemic be noted; and
 - (ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged; and
 - (iii) that, the positive financial position be noted; and
 - (iv) that, the successful roll out of the COVID-19 vaccine be noted.

BoD/4501 NHS National Staff Survey Results 2020

The CPO reported on the 2020 staff survey results, specifically in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. Staff engagement continued as a priority and the health and wellbeing of staff remained a key area of focus.

The Trust's response rate was 48%, above the national average of 45%. The Trust scored above average in all ten themes, ranking 2nd in the North East and North Cumbria and 16th nationally.

The CPO reported that for the 2020 survey, staff had been asked questions relating to COVID-19 to understand the impact on the NHS Workforce with data being analysed to understand the difference in experience amongst staff in different situations.

The CPO provided a detailed overview against the Trust's responses, broken down by each of the ten themes, providing a comparison with responses provided in previous years.

The CPO highlighted that the results of the survey had been extremely positive with an action plan developed to address areas identified for further improvement.

The Chairman placed on record his thanks to those staff who had taken the time to complete the survey.

- Resolved:** that, the content of the report be noted and that in particular the ongoing activity relating to analysing the information presented within the NHS staff survey and continued use of action planning be noted.

BoD/4502 Staff Wellbeing Report

The CPO reported on how the Trust provided health and wellbeing support to its staff highlighting key activities being undertaken by the Workforce Directorate in response to COVID-19. It was noted that as part of the staff survey in 2020, the Trust scored 6.3 for health and wellbeing which was above the national average of 6.1.

The CPO outlined the Trust's Health and Wellbeing Strategy for the next two years which provided a clear overview of the current provision whilst exploring improvements that could be made.

It was noted that the wellbeing of staff was important and the CPO outlined a number of health and wellbeing initiatives to provide emotional support and guidance to staff who were experiencing difficulties in the workplace.

Reward and recognition also remained an important part of health and wellbeing and the CPO

outlined ways the Trust currently showed its appreciation to staff and explained further initiatives which would be introduced in 2021.

The CE highlighted that the Trust took the health and wellbeing of its staff extremely seriously and continued to work with Tees, Esk and Wear Valley NHSFT who provided psychological support to staff.

The Chairman reported that he had visited the Rainbow Room at North Tees highlighting that this was a well-equipped room providing a space for staff to rest and recuperate.

Resolved: that, the contents of the report are noted; in particular the work that had been achieved to date and other ongoing activities relating to supporting the health and wellbeing of staff.

BoD/4503 Learning from Deaths Report Quarter 4: 2020/21

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

The Trust's HSMR value had increased slightly to 101.19 (February 2020 to January 2021), reporting 4th lowest in the North East and the 45th lowest nationally. The SHMI had increased slightly to 99.4 (September 2019 to October 2020), 3rd lowest in the North East and 29th lowest nationally; both remain within the 'as expected' range.

There had been a sustained improvement in the level of care being documented which had helped sustain the current reported national mortality statistics. An increase in mortality statistics were noted as a result of recent changes in coding to include specific COVID-19 codes.

During 2020-21, to the end of quarter 4, 27% of compulsory reviews had been completed. Additional scrutiny by the Medical Examiners team means that 14% of all deaths this year had been scrutinised or reviewed.

The MD/DCE outlined the trend in in-patient and A&E deaths and the monthly mortality trend and fluctuations since April 2014 highlighting the influenza winter peak of 2017/18 and the COVID-19 wave 1 and 2 peak of April 2020 and January 2021 respectively. The Trust had reported a total of 524 deaths attributed to COVID-19.

During 2020/21, there were 18 cases investigated as serious incidents; five remain under investigation and a further five were awaiting coroners inquests to complete the reviews effectively.

The MD/DCE provided an update on the work of the Medical Examiners explaining that the role of Medical Examiners were expanding.

The CE placed on record her thanks to the MD/DCE and the team for a comprehensive understanding on learning from deaths offering support to neighbouring Trusts to manage collaboratively across the Tees Valley. It was noted that data collection and depth of coding had impacted positively and provided assurance that deaths were recorded appropriately. The Chairman commented that working together to share best practices would benefit both Trusts and the MD/DCE agreed to take this forward.

Resolved: (i) that, the content of the report be noted and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates; and
(ii) that, the ongoing work programme to maintain the mortality rates within the expected range for the organisation be noted and that the Board be

- aware of the impact of the changes to COVID-19 coding as future statistics were published; and
- (iii) that, the current development of a differing approach towards learning from deaths across the organisation be noted; and
 - (iv) that, the MD/DCE take forward collaborative working and shared learning with South Tees Hospitals NHS FT in in respect to learning from deaths.

BoD/4504 Annual Operating Plan 2021/22

The DoP&P reported on the Annual Operating Plan 2021/22 which outlined key priorities which focused on the recovery of NHS services, recognising the significant impact the pandemic has had, and continued to have, on operational delivery across all health and social care providers. The planning guidance sets out the roadmap for recovery of NHS services, building on lessons learnt during the pandemic, addressing health inequalities, developing services that support both the physical and mental health of the population and returning services to pre-COVID-19 levels by working collaboratively across the system to deliver on the priorities.

The DoF provided an update from a financial aspect, highlighting the continuation of existing funding arrangements for the first six months of 2021/22. The detail as contained within the Annual Operating Plan continued to be review to determine the impact upon the Trust

- Resolved:**
- (i) that, the key priorities outlined within the Annual Operating Planning Guidance was noted; and
 - (ii) that, the requirement to work across the ICS to deliver a collaborative, system approach to planning for the delivery of the key objectives outlined within the Annual Operating Planning Guidance be noted; and
 - (iii) that, the Trust's progress in the development of an organisational level plan, including the completion of the activity, workforce, financial and narrative submissions be acknowledged.

BoD/4505 Any Other Notified Business

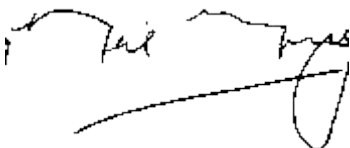
No further business discussed.

BoD/4506 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 27 May 2021 in the Boardroom at the University Hospital of North Tees

The meeting closed at 3:15 pm.

Signed:



Date: 27 May 2021

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
30 January 2020	BoD/4178	Capital Programme Performance 2019/20 That the Council of Governors receive an update on sickness absence at their meeting on 7 May 2020	A. Sheppard	06 May 2021		Presentation to the Council of Governors was delayed in 2020 due to COVID-19 restrictions. This is now scheduled to be presented as part of the development session for Governors at its meeting on 6 May 2021.
29 October 2020	BoD/4361	Engaging with our Black, Asian and Minority Ethnic (BAME) Workforce Update on both the WRES and WDES action plans be presented at a future Board Seminar	A. Sheppard	15 April 2021	15 April 2021	Presentation of WRES and WDES action plans is scheduled for the Board Seminar on 15 April 2021.
25 March 2021	BoD/4456	Patient Story Patient to be approached to gain permission for their story to be shared with the Board at South Tees Hospitals NHS FT	L. Robertson		20 April 2021	Patient has given permission for their story to be shared with South Tees Hospitals NHS Foundation Trust Board of Directors at its meeting in May 2021.
25 March 2021	BoD/4456	Patient Story Thanks of the Board to be relayed to the patient for sharing their story	L. Robertson		20 April 2021	Patient has given permission for their story to be shared with South Tees Hospitals NHS Foundation Trust Board of Directors at its meeting in May 2021.
25 March 2021	BoD/4460	Report of the Chief Executive Secretary of State for Health to be invited to the Trust, particularly to visit the Urgent and Emergency Care facility	J. Gillon			Work with MP Matt Vickers ongoing to extend a second invitation to the SoS, following the purdah period
25 March 2021	BoD/4461	NHS Regulation Bill – White Paper: Integration and Innovation – Working together to improve health and social care for all Board and Council of Governors' development sessions to be scheduled to look at how the ICS would function in the future	B. Bright			Dates to be scheduled for both sessions with the intention these will be held jointly with South Tees Hospitals NHS Foundation Trust.
25 March 2021	BoD/4462	Data Protection and Cyber Assurance Interim Report CITO to advise of the Trust's current position in respect to compliance against Information Governance mandatory training	G. Evans		26 March 2021	Email sent to Board 26 March 2021 to say that compliance against information governance mandatory training currently stood at 84%
25 March 2021	BoD/4464	Integrated Corporate Performance Report Open invite to be extended to the Board at South Tees Hospitals NHS Foundation Trust to attend the Performance, Planning and Compliance Committee	N. Mundy			

Board of Directors

Title of report:	Chief Executive Report									
Date:	29 April 2021									
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> • COVID-19 update, recovery including vaccination roll out • Research team leading the way in COVID-19 treatment nationally • System Oversight Framework 2021/22 Consultation • Listening in Action (LiA) Strategic Relaunch • Chief Executive staff engagement sessions • Faculty of Improvement and Leadership • Integrated Care System/Integrated Care Partnership (ICS/ICP) Update • Clinical Services Strategy • NENC Provider Collaborative Meeting – 6 April 2021 • Consultant Appointments • Maternity Strategy moving forward • Schwartz Rounds 										
How this report impacts on current risks or highlights new risks:										
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.										
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.									
Recommendation	The Board of Directors is asked to receive and note the content of this report and the pursuance of strategic objectives.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 Current Position and Phase 3 Recovery

2.1.2 Context

The NHS received notification from NHS England that at the public board meeting 25 March 2021 NHS Chief Executive, Simon Stevens, announced that the national incident level for the NHS COVID-19 response would be reduced from level 4 to level 3, with immediate effect.

March marked a full year since the Trust received the first patient with Covid admitted to the hospital. 'Unprecedented' does not do justice to the challenges that the NHS and our staff have experienced. With the slowly reducing impact of covid on normal service provision it is important to reflect on the emotional impact of what has been an extraordinary time to be working in the NHS. The Trust's commitment to supporting the health and wellbeing of our staff remains a continued area of focus and critical in ensuring that staff have the resilience for what will continue to be a challenging year.

The wave of increased Covid admissions continued into February, and the organisation continued to see new admissions on medical wards, on enhanced support in specialist respiratory units and within critical care. The level of Covid inpatients remained high in early February, but did reduce during the month and into March, with 10 Covid positive inpatients as at 20 April.

Local Covid infection rates have fallen significantly from a peak in January 2021, in line with the regional and national position. This reduction is likely to be a combination of both the impact of lockdown measures and the success of the vaccination programme.

2.1.3 Health and Wellbeing

The renewed health and well-being strategy has six priorities over the coming years, these are; to have a system wide focus on promoting wellbeing, preventing ill health and addressing inequalities, access to high quality and timely occupational health services, mental and physical health are promoted and valued, our people influence health and wellbeing initiatives, we provide an environment for people to lead healthy lives and that there is a sustained focus on educating people on musculoskeletal health.

The Trust continues to provide practical steps to support our people by using wellbeing sessions and the roll out of a well-being toolkit, provision of recharge hubs, the training for key people to be mental health first aiders with an ambition to roll this out to first line managers, provision of pandemic learning events and sessions to support people in processing the past year in the midst of the pandemic.

2.1.4 Recovery

The recovery programme focusses on maximising capacity, alongside the innovation and transformation activities associated with diagnostic, elective, cancer, outpatient, emergency and

urgent care recovery. In March the Trust delivered circa 90% of pre-covid outpatient activity levels, 95% of Diagnostic activity and 94% of combined elective and day case procedures, taking into account new ways of working i.e. Advice and Guidance, and the impact of infection prevention and control procedures.

The current approach is supporting a shift in operating models across the Trust and the wider ICP system to respond and recover from the impact of Covid.

The key principles underpinning the recovery approach include maintaining patient safety, minimising the potential harm associated with long waits, whilst continuing to acknowledge the role that staff have played through the pandemic so far and support them through the recovery phases:

- The development of a new operating model to reshape how services are provided, ensuring the effective use of resources and accelerating discharge work, to ensure wherever possible that patients are treated in the community in their own homes.
- Working collaboratively with partners to level up access to services across the Integrated Care providers – with the Clinical Services Strategy as a key enabler.
- Supporting and developing Trust staff – prioritising the wellbeing of staff and ensuring reskilling to manage wellbeing and resilience.
- A continued focus on Infection Prevention and Control to minimise the risk of transmission of Covid

2.1.5 Vaccination Rates

As previously reported to the Board of Directors, the organisation has been making steady progress on COVID vaccinations.

Staff vaccination rates are consistent with other providers across Cumbria and the North East. This approach includes some individual support for colleagues who have vaccine hesitancy to assure the organisation that staff have had access to all of the latest and relevant information to help them make an informed choice. Vaccination reports are monitored on a weekly basis by the Executive Team to capture the impact of this approach and identify any additional work to support uptake, comprehension and the safety of our patients.

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

The culmative position/impact on the Trust is included below in Table 1:

Total COVID-19 Admissions	2,738
Total Admissions Base Wards	2,552
Total Admissions ITU	186
Number of Discharges	2,203
% Discharged	80.46%
Number of Deaths Positive COVID-19	524
% Deceased	19.14%

Position as at 21 April 2021

2.1.6 Planning Guidance

The, 2021/22 NHS Priorities and Operational Planning Guidance was published by NHS England on 25 March with additional guidance on the finance and contracting arrangements released on the 26 March. The guidance sets the following priorities for the year:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

The Executive Team continues to plan accordingly and monitor progress and delivery.

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

The mobilisation of clinical and research teams to support the emerging Covid-19 research programme has been exemplary receiving national and regional praise.

2.1.7.1 Recovery Study

The work of the wider RECOVERY research team (research delivery staff and clinical colleagues) has resulted in North Tees and Hartlepool NHS Foundation Trust (NTHFT) being consistently in the top 3 highest recruiters to the trial in the country in terms of the proportion of patients admitted to NTHFT that were recruited into the trial. Truly embedding research in the clinical pathway and ensuring as many people as possible had access to the new and emerging potential treatment options. We were the first site in the region to recruit to the new Dimethyl Fumerate (DMF) treatment arm and the first in the Durham and Tees Valley Research Alliance (DTVRA) to recruit a child into the study.

2.1.7.2 Novavax Covid Vaccine Trial

The Trust were selected to run the NOVAVAX COVID vaccine trial via ward 4 at UHH as an Alliance with our DTVRA partners. We over recruited to this trial recruiting 534 participants against a target of 350. This trial was a true “DTVRA” trial with medics and research delivery staff from across the DTVRA contributing to its success. We had incredible support from many teams within NTHFT to ensure the trial was set up and operational within 2 weeks from site confirmation to the first participant being recruited. Our Trust volunteers have provided invaluable support as “Greeters” at the entrance to UHH. They perform COVID checks for participants on arrival and directed them to the ward for their visit.

2.1.8 System Oversight Framework 2021/22 Consultation

NHS England and NHS Improvement have prepared proposals for a new approach to NHS system oversight. The proposed approach aligns with the vision set out for Integrated Care Systems (ICS) in Integrating Care and in the Government’s White Paper, Integration and Innovation: working together to improve health and social care for all.

In 2021/22, the NHS will continue to manage the impact of COVID-19 and provide the full range of non-COVID services within an evolving local, regional and national context. The new NHS System Oversight Framework will:

- provide clarity to integrated care systems (ICSs), providers and commissioners on how performance will be monitored; set expectations on working together to maintain and improve the

quality of care; and describe how identified support needs to improve standards and outcomes will be co-ordinated and delivered

- be used by NHS England and NHS Improvement's regional teams to guide oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require
- describe how NHS England and NHS Improvement will work with the Care Quality Commission (CQC) and other partners at national, regional and local levels to ensure activities are aligned.

Feedback from the consultation on the proposals will be used to inform the development of the new NHS System Oversight Framework for 2021/22 to be issued in the Summer. This consultation will close at midnight on 14 May 2021.

2.2 Strategic Objective: Valuing our People

2.2.1 Listening Into Action – Strategic Re-launch

Throughout the coming weeks the Trust will be re-launching the way in which we have employed the 'Listening into Action' engagement strategy. This strategic re-launch will focus on a more bespoke, dedicated ambition to ensure cultural engagement is optimum by utilising key influencers and leaders across the organisation to communicate our vision, and to reflect on success and challenge to date.

2.2.2 Chief Executive Staff Engagement Sessions

The past year has been a year of challenge and change for colleagues across the Trust. Ordinarily the Chief Executive coffee and catch up sessions run on a monthly basis informally on both sites in Stockton and Hartlepool.

This month I have re-launched the events with the first sessions having taken place with the community midwives team, albeit digitally. It was an opportunity to discuss the challenges and the opportunities for the year ahead, as well as taking time out to review resilience – personal and professional as we work through the ongoing pandemic.

More sessions are booked over the coming weeks and months. Each session is for a dedicated audience / team so that we can assure a meaningful engagement event and onward progress in our drive for an ambitious future.

2.2.3 Faculty of Improvement and Leadership

The Faculty of Improvement and Leadership is a working title for an ambitious programme working with leaders and managers across the organisation. The initiative recognises and acknowledges the need to ensure that the workforce of the Trust is future-proofed in a programme befitting of 2021 and beyond.

This fresh approach will be championed by members of the executive team in the first instance, working to empower future and current leaders to support health and care provision for the populations we serve.

2.3 Strategic Objective: Transforming our Services

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

The ICS Management Team continues to review the impact and work through the implications of the White Paper, the opportunities for partnership and formal structural change and the potential implementation requirements. They are also, following the publication of the 2021/22 Priorities and Operational Planning guidance, focused on an understanding of what good looks like in regard to recovery. Further analysis work is being undertaken across individual organisations within the ICS to understand the impact of ethnicity and deprivation on waiting list management and recovery to ensure equitable access.

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

2.3.2 Clinical Services Strategy

The Clinical Review Group met on 16 April 2021 where there were a number of items for discussion in respect to collaborative working across South Tees Hospitals NHS Foundation Trust and the Trust. Significant progress is being made in the provision of a combined Urology Multidisciplinary Team (MDT); Stroke MDT managing complex cases; close collaboration through COVID-19 across critical care; and two joint appointments made in A&E, with multiple consultants working across both sites.

The need for clinical nursing leadership was discussed with a view to appointing posts to support this ambition for a 12-month period. Other areas of joint working include a common set of principles for front of house frailty assessment.

Despite the pressures of COVID-19, there has been good progress in the development and delivery of the Clinical Services Strategy, with a third clinical workshop in the process of being developed to support ambitious progress in the Managed Clinical Network approach to sustainability.

2.3.3 North East and North Cumbria Provider Collaborative

The North East and North Cumbria Provider Collaborative met on Tuesday 6 April 2021. Discussion at the meeting focussed on the provider collaborative workplan and agreement on next steps prior to a Provider Collaborative Workshop being held on 28 April 2021. The opportunity was also taken at the meeting to continue discussions on capital prioritisation work and the implications of the 2021/22 capital allocations and the current challenge of ongoing recovery.

2.3.4 Consultant Appointments

Interviews have taken place over the last month for two Consultant positions with successful appointments being made as follows:

Consultant in Breast Services Dave Fung
Consultant in Colorectal Surgery (x2 posts) Nicola Maguire and Abdalla Mustafa

2.3.5 Maternity Strategy – moving forward

The return of midwife-led pregnancies in Hartlepool has seen the birth of two baby boys. On 6 March 2021, the first baby was born in the newly refurbished Rowan Suite followed by a second baby by a home birth on 10 March 2021. The *Ockenden Review* impact continues to be a priority for delivery as does *Continuity of Carer* in our local maternity strategy.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Schwartz Rounds

The Covid-19 pandemic has reminded us how critical it is to look after our people, particularly the actions required to keep our people safe, healthy and well – both physically and psychological. The Trust was proud to commence the delivery of Schwartz Rounds in March 2019 in support of staff health and wellbeing. We have held a number of rounds with a varied range of themes, however it was necessary to suspend normal delivery of the rounds in March 2020 as part of the Trust's response to the Covid-19 pandemic.

We quickly adapted to this change and began to offer Team Time interventions, which continue to this day. Team Time is a group intervention to support staff who are experiencing a high level of trauma during the pandemic and, unlike Schwartz, it aims to provide the 'right support at the right time'. Team Time is not a replacement for Schwartz Rounds, which will still have their place once the pandemic recedes, however it may be the case that we incorporate Team Time as a permanent feature of Schwartz in the future and we are already receiving requests for teams to meet to discuss non-Covid related matters.

3. Recommendation

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

Meeting of Board of Directors

Title:	Tees Valley and North Yorkshire Provider Collaborative									
Date:	29 April 2021									
Prepared by:	Hilton Heslop, Head of Strategy & Corporate Affairs Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This paper provides the Board of Directors with an update regarding discussions between South Tees Hospitals NHS Foundation Trust and the Trust in the development of a Tees Valley and North Yorkshire Provider Collaborative.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The Board of Directors are aware that the concept of a 'provider collaborative' mirrors the strategic aim and ambition that the Trust has set over the last 12-24 months with much preparatory work undertaken during this time involving, initially, all three Foundation Trusts in the Tees Valley. The proposal being taken forward is for a Tees Valley and North Yorkshire Provider Collaborative between this Trust and South Tees Hospitals NHS Foundation Trust, which is seen as the most appropriate approach to take as both organisations consider their ambitions and aspirations for the future.</p> <p>This provider collaborative will build on the processes and structures already underway between the two trusts that have been cemented following innovative and effective joined up working during the pandemic. The opportunity to work together with a shared common purpose to provide the best sustainable services for the future has never been greater.</p> <p>On 17 March 2021, the first Board to Board meeting of the two Boards was held, with themes discussed for future sessions to enhance partnership and joint working. In addition, individual members from both trusts have made contact with each other to build working relationships for the future.</p> <p>The two Trusts have agreed to work in partnership across the Tees Valley and North Yorkshire by establishing a Committees in Common, which will be known as the Joint Strategic Board: The Joint Strategic Board will comprise a committee of each Board, with membership agreed by each organisation that meet at a common time, place and agenda with the same attendance. The first meeting of the Joint Strategic Board was held on 8 April 2021.</p>										

A full Work Programme will be established with governance, work streams, and timelines to ensure priorities are identified and progress is made at pace. In summary, the following actions have taken place as part of the provider collaborative since 1 February 2021:

- Agreement to appoint a Joint Chair across South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust;
- Interim Joint Chair, Neil Mundy, appointed for a period of 6 months;
- Joint meetings and development sessions established with both Boards and Council of Governors;
- Joint Strategic Board established along with associated and agreed governance arrangements, Memorandum of Understanding (MoU) and Terms of Reference (ToR);
- Joint Strategic Board inaugural meeting held on 8 April 2021;
- Recruitment process for the appointment of the substantive Joint Chair commenced;
- Joint Director of Strategy and Partnership post agreed to support partnership arrangements and drive forward the collaboration agenda;

Both Trusts remain committed to progress with the development of full ambitions for collaborative arrangements with a view to working towards alternative health care models in the future to deliver the best benefits for the population of the Tees Valley and North Yorkshire.

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

There are currently no new risks identified at this stage.

Committees/groups where this item has been discussed	Board of Director meetings Joint Strategic Board
Recommendation	The Board of Directors is asked to: <ul style="list-style-type: none"> • Note the progress since the last meeting of the Board of Directors; • Note the establishment of the Joint Strategic Board and associated governance arrangements; and • Note the commencement of the recruitment process for the permanent Joint Chair

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

Tees Valley and North Yorkshire Provider Collaborative – Progress Report

Report of the Chief Executive

1. Introduction

This paper provides the Board of Directors with an update on progress regarding the development of the Tees Valley and North Yorkshire Provider Collaborative with South Tees Hospitals NHS Foundation Trust.

2. Background

The Board of Directors will be aware that the two Foundation Trusts have worked side by side and collaboratively over a number of years to provide the highest possible care to the people of their respective geographic catchment area. Healthcare provision, and the way in which it is delivered, has changed, and continues to change at a rapid pace and this requires the delivery of services at scale by locating them in the right place by creating stronger collaborative networks of provision delivered by clinical experts.

The formation of a provider collaborative between North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust is therefore built upon a compelling vision, shared purpose and rationale for the future direction of health and care services for the population of the Tees Valley and North Yorkshire. It reflects the strong foundations for place based planning within provider collaboratives as set out in the Government's White Paper 'Integration and Innovation – Working together to improve health and social care all' (2021).

The Chief Executives from both Trusts have already played a pivotal role to date in driving forward the agenda at pace and preliminary discussions through the individual Boards of each Trust, along with the individual contacts between Executive and Non-Executive Directors has greatly helped to develop a working relationship between the two organisations which should bode well for the future.

In developing a compact for future collaborative working, the Boards of each Trust have considered the guiding principles, values and behaviours that describe how the Boards will operate and hold themselves to account so that the commitment that has been made to progress and develop the collective ambition for the benefit of the people of Tees Valley and North Yorkshire can be delivered unabated.

The increased importance of integration within health and social care is driven by the need and importance of arranging care around people and the complete picture of their health and care needs and this fits with the strategic direction of both Trusts. The ability to do more with the combined sphere of influence, not forgetting the skills, knowledge and expertise provided by the workforce, should be acknowledged as an excellent basis for collaborative and partnership working across the Tees Valley and North Yorkshire.

In summary, the following actions have taken place as part of the provider collaborative:

- Agreement to appoint a Joint Chair across South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust;
- Interim Joint Chair, Neil Mundy, appointed for a period of 6 months;

- Joint meetings and development sessions established with both Boards and Council of Governors;
- Joint Strategic Board established along with associated and governance arrangements, Memorandum of Understanding (MoU) and Terms of Reference (ToR);
- Joint Strategic Board inaugural meeting held on 8 April 2021;
- Recruitment process for the appointment of the substantive Joint Chair commenced;
- Joint Director of Strategy and Partnership post agreed to support partnership arrangements and drive forward the collaboration agenda.

3. Joint Chair and interim arrangements

This process has been approved by the Trust's Nominations Committee and the Council of Governors. The role of Joint Chair is being delivered in an interim capacity until 31 July 2021 by Neil Mundy.

The Interim Joint Chair currently leads a Committee in Common model, which will be known as the Joint Strategic Board, working in partnership with the Chief Executives and Vice Chairs of the constituent Trusts in order to deliver on the strategic intent and key objectives, whilst streamlining processes, governance and decision-making. This evolving partnership between the two trusts is based on greater provider collaboration and the development of a new healthcare model/entity for the future.

The role of the Joint Chair is critical to the progression of the Joint Strategic Board and working in partnership with the Chief Executives will provide the leadership for the development of strategic planning to support, encourage and galvanise the Board towards achieving the strategic aims and objectives of the provider collaborative.

This is key to achieving the strategic ambitions and will be crucial in liaising and working with stakeholders to formulate strategic plans and wider policy development to ultimately ensure the Tees Valley and North Yorkshire Collaborative is aspirant in achievement of its outcomes for the population it serves.

The interim Joint Chair has an agreed tenure of 6 months and work has already commenced to recruit a permanent chair from August onwards. Hunter Healthcare, experts in health and care senior recruitment, has been commissioned to begin the search and selection process.

4. Joint Strategic Board

On 17 March 2021, the two Boards met together in the first of a programme of Board-to-Board meetings, with themes discussed for future sessions to enhance partnership and joint working followed by a formal Joint Strategic Board meeting on 8 April.

The Joint Strategic Board will develop solutions that support the future delivery of safe and sustainable health and care services through a series of shared objectives that will aim to deliver a person-centred care in the most appropriate setting – community, locality or home, and will engage with communities to co-produce services.

To operate effectively, the Joint Strategic Board has agreed that the Trusts will:

- Be ambitious for the population they serve and the staff they employ;
- Put the patient and the community at the centre of decision-making;
- Be open, accountable and transparent;
- Place innovation and best practice at the heart of collaboration;
- Maximise opportunities for efficient use of collective resources and value for money.

Working as a Joint Strategic Board, the two organisations can continue to be committed to working in a positive and open-minded manner; with support, respect, and trust for each other as part of the partnership arrangements whilst ensuring delivery of its shared objectives.

5. Governance Arrangements

The work to progress the development of the Memorandum of Understanding and Terms of Reference for the Joint Strategic Board has continued at pace. Drafts of these documents were shared with each respective Board of Directors in order to draw out comments and feedback, final approval of the revised documents was made at the Joint Strategic Board on 8 April 2021.

The Joint Strategic Board will operate as a Committees-in-Common with core membership from the constituent organisations and co-opted members will join according to subject matter expertise as required by the nature of business on each agenda.

6. Collaboration

Both Trusts are committed to the development of full ambitions for collaborative arrangements with a view to working together to provide health and care models in the future that deliver the best benefits for the population of the Tees Valley and North Yorkshire. This will include a robust strategic work programme that will enable clinical and financial sustainability including an ambitious strategic workforce plan and effective use of resources and financial efficiency plans.

The provider collaborative will start to strengthen its strategic delivery through joint development sessions between the two organisations that fully focus on patient centric plans that provide a strong and clear ambition for the Tees Valley and North Yorkshire for generations to come.

7. Risks and Benefits

The momentum of the provider collaborative is not without risk, and the strategic nature of the developing collaborative will need to maintain its focus on aspects of governance and risk, as well as culture, behaviours and maximising the best endeavours of its collective workforce. An immense amount of work and effort has already been undertaken to date by the Trust to develop plans that underpin an equitable partnership with a fair and transparent programme to underpin significant benefit and improved outcomes for the population.

The benefits of this work will be achieved through reducing health inequalities within communities, applying the significant focus that is placed on population health by the Trust. This will be done in conjunction with partners by contributing to the joint strategic needs assessments within public health, alongside the drive to improve the current estate ensuring it is fit for purpose through locality planning with capital investment secured for Teesside.

8. Conclusion

The Board of Directors will continue to have individual statutory powers to ensure that decision-making is in the best interests of its patients, its population, staff, but also in the success of the Trust in the current regulatory framework. The Trust, and therefore the Board, will continue to ensure that there is an unequivocal commitment for the future ambition of health and care provision throughout the locality and the wider Tees Valley and North Yorkshire.

9. Recommendations

The Board of Directors is recommended to:

- Note the progress since the last meeting of the Board of Directors;
- Note the establishment of the Joint Strategic Board and associated governance arrangements; and
- Note the commencement of the recruitment process for the permanent Joint Chair

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

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

Board of Directors

Title of report:	Retrospective Approval of Documents Executed Under Seal															
Date:	29 April 2021															
Prepared by:	Sarah Hutt, Assistant Company Secretary															
Executive Sponsor:	Julie Gillon, Chief Executive															
Purpose of the report	This report provides details of an Assignment of Lease and Transfer of Title executed under seal, which requires Board of Directors approval.															
Action required:	Approve	✓	Assurance		Discuss		Information									
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing People		Transforming our Services		Health and Wellbeing	✓								
Which CQC Standards apply to this report	Safe	✓	Caring		Effective	✓	Responsive		Well Led							
Executive Summary and the key issues for consideration/ decision:																
The following document was executed under seal.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Document</th> <th style="width: 20%;">Date Signed</th> <th style="width: 20%;">By</th> </tr> </thead> <tbody> <tr> <td> Assignment of Lease and Transfer of Title relating to: Units A and D, Retail Concourse, North Tees General Hospital, Stockton Transferor: Royal Voluntary Service Transferee: North Tees and Hartlepool NHS Foundation Trust </td> <td style="text-align: center; vertical-align: middle;"> 29 March 2021 </td> <td> Neil Atkinson Director of Finance Barbara Bright Director of Corporate Affairs and Chief of Staff </td> </tr> </tbody> </table>											Document	Date Signed	By	Assignment of Lease and Transfer of Title relating to: Units A and D, Retail Concourse, North Tees General Hospital, Stockton Transferor: Royal Voluntary Service Transferee: North Tees and Hartlepool NHS Foundation Trust	29 March 2021	Neil Atkinson Director of Finance Barbara Bright Director of Corporate Affairs and Chief of Staff
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How this report impacts on current risks or highlights new risks:																
No risks have been highlighted in respect to the report,																
Committees/groups where this item has been discussed	N/A															
Recommendation	The Board of Directors is requested to grant retrospective approval for the signing of this document.															

Board of Directors

Title of report:	Capital Programme Performance Q4 – 2020/21											
Date:	29 April 2021											
Prepared by:	Steven Taylor, Assistant Director of Estates and Capital NT&HS LLP											
Executive sponsor:	Neil Atkinson, Director of Finance											
Purpose of the report	To report the capital financial position for Month 12 2020/21.											
Action required:	Approve			Assurance			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:												
<p><u>Capital Programme Delivery 2020/21</u></p> <p>The purpose of this paper is to provide an update as of 31 March 2021 (Quarter 4) on the progress of delivering the 2020/21 capital programme and also provide an update on any recent changes that have been announced nationally and regionally that will impact on the Trust’s programme.</p> <p>The Trust had an overall capital programme of £23.1m for 2020/21. At the end of month 12, the Trust incurred capital spend of £21.4m (including Covid-19), which is £1.7m behind plan. Progress against the capital plan was impacted by Covid-19 and suppliers / contractors putting their staff into furlough. Activity significantly increased on site during Q4 and expenditure increased accordingly to meet the overall year-end spend position.</p> <p>Included in the overall spend of £21.4m is Covid-19 capital items totalling £1.1m for which external funding has been received and also £1.9m of loaned capital equipment transferred to the Trust from DHSC on 31st March 2021 as donated assets.</p> <p><u>Capital Programme 2021/22</u></p> <p>Looking forward to 2021/22 and beyond, there will be significant pressure on capital monies available and competing priorities across the ICP and ICS.</p> <p>The approved capital expenditure plan for 2021/22 for the Trust is £17.0m. This includes an internal plan generated from depreciation forecast of £9.6m, donated assets estimate of £0.4m, cash reserves £2.5m, carry forward external PDC funds £2.9m and external funds expected for Digital Pathology of £1.6m.</p> <p>The split of the capital plan for 2021/22 will be approved by the Executive Team by the end of May 2021.</p>												
How this report impacts on current risks or highlights new risks:												
At M12, the capital programme has underspent by £1.7m in 2020/21.												

Committees/groups where this item has been discussed	N/A
Recommendation	The Board is asked to; <ul style="list-style-type: none"><li data-bbox="456 349 1461 416">• Note the contents of this report and the reported M12 underspend on the capital programme of £1.7m.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

Capital Programme Performance Q4 2020/21

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

- 1.1 The purpose of this paper is to provide an update as of 31 March 2021 (Quarter 4) on the progress of delivering the 2020/21 capital programme and also provide an update on any recent changes that have been announced nationally and regionally that will impact on the Trust's programme.
- 1.2 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.

2. Main content of report

- 2.1 The Trust has an overall capital programme of £23.1m for 2020/21. At the end of month 12, the Trust incurred capital spend of £21.4m (including COVID), which is £1.7m behind plan. Progress against the capital plan has been impacted by Covid-19 and suppliers / contractors putting their staff into furlough. Activity significantly increased on site during Q4 and expenditure increased accordingly to meet the overall year-end spend position.

A number of capital schemes for IT&S, which were externally funded, have been delayed and the funding has been carried forward to 2021/22. Capital Managers, where possible brought forward items of spend in medical equipment and estates backlog to support this underspend and achieved the majority of these additional purchases/works.

The behind plan position of £1.7m can be explained as follows:

- £0.5m payroll costs charged to revenue for a number of capital schemes.
- Slippage on c-fwd external IT schemes replaced by internal b-fwd schemes £0.6m
- Slippage on PDC received in year for Breast screening due to VAT saving £0.2m
- Covid reusable gowns sterilisation funding received in Mar-21 not expected £0.4m

2.2 Estates

Estates schemes in total spent £9.3m in 2020/21, of which £4.9m was incurred between January and March. Estates underspent on forecast by £0.4m due to funding received for reusable gowns sterilisation equipment which was not expected and therefore had been funded as part of the estates backlog.

2.3 Medical Equipment

Medical Equipment in total spent 5.9m in 2020/21, of which £5.0m was incurred between January and March. This includes the MER internal plan £2.9m, adopt and adapt business case £0.9m, Breast screening £0.8m, donated £0.8m and additional capital monies £0.5m. Medical equipment underspent on forecast due to not achieving some of the expected brought forward items due to delays in relation to the pandemic.

2.4 Information and Technology Services and Digital Strategy

I&TS in total spent £3.2m in 2020/21, of which £1.5m was incurred between January and March. This includes, I&TS internal plan, CareScan+, Digital Radiology, Cyber, and GDE schemes. IT&S achieved the forecast.

2.5 Covid-19 capital items

The total capital spend for 2020/21 for the Trust, includes £1.1m of covid capital items for which external funding has been received.

2.6 Loaned equipment to support with the pandemic from DHSC

The total capital spend for 2020/21 for the Trust, includes £1.9m of loaned capital equipment transferred to the Trust from DHSC on 31st March 2021 as donated assets.

2.7 The overall detailed work-stream reports for Q4 are presented in **Appendix 1**.

2.8 The overall financial summary for the period to 31 March 2021 is presented at **Appendix 2**.

3. Capital Planning 2021/22

3.1 Looking forward to 2021/22 and beyond, there will be significant pressure on capital monies available and competing priorities across the ICP and ICS.

The approved capital expenditure plan for 2021/22 for the Trust is £17.0m. This includes an internal plan generated from depreciation forecast of £9.6m, donated assets estimate of £0.4m, cash reserves £2.5m, c-fwd external PDC funds £2.9m and external funds expected for Digital Pathology of £1.6m.

The split of the capital plan for 2021/22 will be approved by the Executive Team by the end of May 2021.

4. Recommendation

- 4.1 The Board is requested to receive this report and note the position on capital schemes up to 31 March 2021.

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 20/21 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).

Oxygen Ring Main Reinforcement: Work commenced in April to convert the existing oxygen radial pipeworks system (with an initial max. capacity flow rate of 1000 l/m) to a ring main, improving the capacity and resilience of the oxygen pipework system. The pipework installation was completed in Q3. BOC (working under priority control of NHSI) carried out enhancements to the oxygen capacity of the UHNT VIE, increasing oxygen flow rate capacity from 1000l/m to 3000l/m with an additional 3000 l/m back up. BOC estimated the Trust required a larger vessel than initially planned, and approval was given in December for the additional cost associated. The final vessel was delivered on site and installed the last week of March.

Roofing repairs: A multi-year programme was developed, awarded to Group Tegula Ltd following a mini-competition. The contract value is capped at £2m, and includes flexibility to address the high risks roofs and other roofs in dilapidated conditions. A proportion of the additional CIR funding was utilised for additional roofing repairs. The project has delivered just under £1m of urgent roofing repairs within FY 2020/21 including Theatre roof, Middlefield Centre North Wing roof on the UHNT site and the OPD department roof on the UHH site.

Roofing repairs will remain a feature of the backlog capital 5 year programme over the remaining years programme.

Concrete Repair Works - Tower Block UHNT: The scope of works will repair the damaged concrete and apply a coloured protective coating guaranteed for 10 years. The total cost of the works is £455k, split over 2 years (£195K in year 1 and £260K in year 2). Overall, the project is 40% complete; Phase 1 of the programme completed prior to Christmas and phase 2 re-commenced in March to avoid poor weather conditions in January and February. The year 1 project was completed and the end of March with the year 2 continuing into FY 21/22.

Window Replacement: Replacement of the windows for x-ray consultants, wards 18 / 19 on the UHNT site and the OPD department on the UHH site has been completed in Q4.

Roads and Car Park Repairs 2020/21: A multi-year programme has been developed, awarded to AWG Civil Engineering Ltd following a mini-competition. The contract value is capped at £250K to allow flexibility to tackle other emergency conditions or provide flexibility if the overall programme needs to increase spend. Works were carried out on the UHNT and UHH main car parks and roads. These were progressed in a phased manner and completed on time and to budget by the end of Q4. A new programme of works will be put in place for FY 21/22 to tackle remaining repairs.

Fire Alarm Replacement UHNT: Installation was completed in December 2020. The testing /commissioning of the system was completed in Q4. The existing system continues to be fully operational until the changeover takes place. The changeover will take place once the training has been completed for the fire response team, to ensure staff are competent to use the new

system. Once the changeover has been completed the old system will be decommissioned and removed. This is anticipated to be during Q1 FY21/22.

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. Funding has been identified within the 5-year capital backlog maintenance plan. The scheme commenced in February 2020 and will continue in FY21/22.

Lift Refurbishment UHNT: The overall project completion was expected in February 2021 (from October 2020 due to Covid 19). Lift 1, 2, 3, 4, 5 and 6 on Tower block have been refurbished and have now been synchronized to improve the efficiency of response to landing calls and reduce energy usage and carbon emissions. A proportion of the CIR funding has been allocated to replace/refurbish the UHNT theatre dirty/kitchen lift. The completion of the theatre lift replacement is expected to complete in Q1 21/22.

The North Wing lifts are planned for subsequent years of the capital programme.

Theatre Refurbishment UHNT: Theatre 7 refurbishment and the creation of additional recovery space has been postponed to Q1 FY 21/22 due to impact of Covid-19. Proposals have been developed in conjunction with the Elective Care Group and design work has taken place with Howarth. The funding for this scheme has been partly spent in FY 20/21 buying equipment and carrying out preparatory infrastructure works. The works within the theatre will commence in Q1 21/22. The underspent funding in FY 20/21 has been reallocated to other high risk backlog items.

The risk associated with the shared plant for theatre 1,2 & 3 have been added to datix.

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.

Building Management System Replacement (BMS): The BMS system that controls the hot / cold water legionella monitoring and heating systems across the Trust estate continues to be upgraded and modernised with end of life components being replaced.

Additional CIR funding has addressed the A&E air handler that was not linked to the BMS.

Accessibility Audit 2020/21: Accessibility audits are conducted in 5 yearly cycles by an independent external accredited consultant to audit the Trust's estate to validate compliance with relevant legislation, ensuring reasonable alternatives measures are in place for all users of the building (including those with mobility, sight and hearing disabilities). Availability for consultants is limited due to Covid-19. It is expected the audit will now take place in the FY21/22 and the accessibility allocation for FY20/21 was utilised on improving decoration and signage at main entrances of the Trust estate.

2. Other Estates Capital Developments

A&E Front of House: The North East & North Cumbria ICS received a capital allocation of £22m, to be allocated to the 11 A&E sites across the ICS. The Trust submitted their scheme and funding was confirmed at £2.53m with an additional £450k to support NEAS, to be spent and the project completed in January 2021.

The creation of a 'one door' model for Urgent and Emergency Care to alleviate any confusion

for patients and support getting patients to the right place and increase capacity.

Phase 1 (main A&E) was delivered on time and was brought into full operation on the 7 December 2020 in readiness for significant winter pressures (first Trust in the North East to achieve this). Positive feedback from both patients and staff has been received and this will be shared in the near future. The Communication team have shared the success of service changes in phase 1, including the benefits. The project team have managed to continue this critical piece of work despite the on-going operational challenges.

Phase 2 of the project, remodelling Day Case, completed w/c 8th February, and phase 3, which included works to the Paediatric Day Unit, completed w/c 22nd February.

The A&E majors corridor and the adult resus area has also undergone a refurbishment with the remaining small allocation of funding, to improve patient observation and the aesthetic, and was completed in Q4. The estates team worked closely with the department to ensure the area remained operational whilst the works took place.

Endoscopy: External funding of £901k has been secured to form an 8th endoscopy room. The estates enabling works are quoted at £300k. Project design work has been undertaken and agreed. Strip out work commenced and completed in March, along with construction of the dirty corridor to allow the department to operate normally. The project was part received in FY 20/21 (£200K) and the remaining planned for Q1 FY 21/22.

Electric Vehicle Charging: Vehicle charging positions have been installed on Trust premises for transport vehicles in Q3, with 4 at the Energy Centre UHNT and 4 at UHH. In addition, charging stations for staff/public have been installed with 24 on the UHNT site, 14 on the UHH site and 2 on the PCH site. All installation has been completed by the end of March. The locations and number of charging points were agreed at the Sustainability Management Group.

Decarbonisation: The Trust was unsuccessful in an application for £300k for decarbonisation initiatives. However, utilising additional funding from capital underspends, elements of the initial plan, including progressing the changeover to LED Lighting and replacing end of life air conditioning units, were progressed in Q4.

This has contributed to a 5.7% reduction in carbon emissions in the FY2020/21. This is a carbon emissions reduction of 15.7% in the last 2 years.

The Trust's Sustainability Management Group will continue to work on an ambitious plan to save energy and reduce the carbon footprint by preparing a Heat Decarbonisation Plan that will fulfil part of the Trust's Sustainability Management Strategy.

Staff Recharge Hub: Utilising donations from Captain Sir Thomas Moore, the Trust has created two staff wellbeing hubs, aptly named the Rainbow Rooms, at both UHNT and UHH. Works included a full refurb of the rooms, new comfortable furniture, kitchen facilities, and shower facilities at UHNT. The outdoor spaces were further developed to create an outdoor seating area with heaters and a covered canopy, which can be used year-around.

3. Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme had been prioritised against an initial allocation of £2.5m, with an additional £1.7m of 'Priority Additional Equipment' and £0.83m of 'Adopt and Adapt' funding received part way through the financial year.

Medical Equipment spent £3.07m between January and end of March. The following elements have been progressed in Q4.

Anaesthetic Machines: Sixteen Anaesthetic machines have been delivered and are being brought into operational use in UHNT Theatres week commencing 12th April and in UHH Theatres from week commencing 19th April. Four Induction room machines (used for anaesthetising patients before they move into Theatres) are being installed at North Tees and Five induction room machines at Hartlepool. Eight Main Theatre Machines, (used for life support during surgery), are being installed at UHNT

Ultrasound machines: Two 'Acusson S2000' Ultrasound diagnostic scanning machines have been received for UHH Main out patients and Peterlee hospital. Two further Siemens Acusson Juniper Ultrasound machines have been delivered for Women's Outpatients and Women's services at North Tees.

Syringe Drivers: One hundred Micrel 101+ syringe drivers, used for pain relief during palliative care have been received and commissioned to replace the obsolete fleet of McKinnley T34 units in the hospital and Community.

Thermometers: One Hundred Braun Tympanic Thermometers have been received for Community to replace the obsolete Medtronic Genius 3 type currently in use. This will standardise the community with the hospitals who already use the Braun Tympanic thermometers

Resuscitaires: Four resuscitaire baby resuscitation and warming units have been received for Maternity to replace existing machines that only have oxygen. (Current recommendations state that air and oxygen should be available on these units)

ECG Cart: A Welch Allyn ECG recorder, used for recording heart rhythm traces, was received for Ward 18

Image intensifier: A Philips BV Pulsera C arm X-ray was ordered and a vesting certificate issued as delivery was not possible before end of March

Bone Densitometer: A Vertec hologic Horizon DXA X ray was ordered. This is used to measure bone density and the Horizon DXA system also has features for a complete fracture risk assessment.

Fujifilm FDR Visionary Suite x-ray system: This will replace the obsolete EOS X-ray system in room 2 orthopaedic outpatients. A vesting certificate was received for this system as delivery and installation was not possible in Q4.

Patient trolley's: Four patient trolleys for Endoscopy were ordered and a document of bonding received as delivery before end of March was not possible

Exercise Bike: An exercise bike was received for Hartlepool Hospital Gym.

Flexible Cryoscopes: have been delivered for Endoscopy. These are used for the removal of foreign objects, mucous plugs and blood clots.

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 Programmes capital projects.

CISCO Network Upgrade: Now *complete* but is a 5-year deal which incorporated a full upgrade of the wired network to the latest technology and replacement of the wireless network to support Trust wide projects.

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

TrakCare Hardware refresh: Now *complete*, this was to replace the Infrastructure on which TrakCare system runs to ensure continual reliability of the system and support.

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 COVID pandemic.

Laptop replacement: This is an on-going scheme to replace laptops within the Trust on a rolling basis.

Network Hardware / Infrastructure: Ongoing scheme to replace network equipment within the Trust on a rolling basis and increase network resilience by adding more fibre connection links. Work will begin on upgrading the fibre cabling to the old residencies within Q4 20/21. Order raised with supplier (ACEDA) and are now awaiting confirmation of start date. Potential delays until April 2021.

Cyber Security: Two schemes of work to update operating systems and hardware, these are:

- Windows 10 upgrade for OmniCells devices – equipment received but not yet installed.
- Firewall hardware replacement / upgrade for remaining Out of Hospital Care Community site locations – *partially complete*.

Servers and Storage: Ongoing scheme to replace server infrastructure within the Trust on a rolling basis.

Horizon VDI – Virtual desktop technology for remote working. Horizon infrastructure will provide a seamless experience for home/remote working – Server infrastructure and licensing specification complete, along with proof of concept model.

Software: Two schemes progressed, which are to: -

- Replace the legacy backup solution to a new and updated version, this is now *complete*.
- Replace the ICT Helpdesk system (Support Works) used for ICT helpdesk fault logging, call handling and problem resolution with a modern and intuitive – Order raised for Service Now with 50 licenses.

Telecoms: Four schemes of work to update current systems to the latest versions:

- DAKS (fire and gas alarm system) – *complete*.
- DECT (Trust resilient Phone system) - *complete*.
- Call Logging system which audits telephony systems – *complete*.
- CMS upgrade to allow Jabber push notification for mobile device on iOS – *complete*.

In addition and to support greater “virtual collaboration”, the Middlefield lecture theatre will be supplied with a Microsoft - Teams collaboration system including a high definition 4k projector, 340 degree rotating camera and intelligent touch screen communication platform.

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, with the final PDC milestone payment being drawn down in the latter part of the last financial year.

In delivering our planned digital ambitions outlined in our “*Digital Hospital of Things*” programme, the Trust also 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.

FY2020/21 allocation of £2.04m of which £1,148 has been receipted, with agreement the remaining funds be deferred to 21/22 due to the underspend being outside of the Digital Programme team control.

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

Maintenance Upgrade – The Parallel TEST environment created and configured. The changes in the adhoc have passed testing. User Acceptance Testing started on schedule with no issues reported. There has been a slight delay due to some technical and resource limitations resulting in a new date of 18 May. Additional resource may be required to support an upgrade of the Red Hat operating system also needs to be applied at the same time as the upgrade, which add additional risk but is being managed.

The Great North Care Record (GNCR) - The regional Health Information Exchange (HIE), a core module of the GNCR continues to expand. – NTHFT initially went live on 17 March 2021 to view GP data, the HIE now includes acute, GP and Community data from across the region.

Gateshead Health NHS Foundation Trust, County Durham and Darlington together with Sunderland City Council (SCC) are the latest organisations contributing data to the Health Information Exchange (HIE). NTHFT also successfully achieved a go live during March 21 allowing the sharing of key data items, i.e. patient allergies, visits, appointments and demographic data.

GNCR PEP – (Patient Engagement Platform) a meeting with Outpatient administration managers scheduled for 6 April. A communications plan is under development with our internal communications lead.

Closed Loop Prescribing and Administration - A meeting held with supplier (MedEye) to review the Data Privacy Impact Assessment (DPIA), an updated version has been received and is ready for the Information Governance (IG) review. Internal planning session held to discuss approach to be taken for a simulation exercise to be carried out.

Vocera Phase 2 – The Business Case narrative is now complete. Once final figures received from Finance this can be issued to Care Groups for discussion of responsibility around revenue implications. IT and IG concerns are being addressed to allow approval of the DPIA.

In addition to completion of the Business Case, work continues on the model process being defined and then implemented in a model area early 2021.

HealthCall – the organisation is now live with several pathway services, including; Friend and Family Test (F&FT), COVID-19 SMS results delivery, Maternity Hypertension and Lateral Flow Testing (Covid-19). The Frailty iCan and Step Counter apps have been approved and moved into the live delivery environment. Training has been completed with the first patients identified and will be 'on-boarded by 22 March.

NHS HealthCall will now provide the requisite documentation to NTHFT completing our accreditation and qualifies for increased shareholder representation on NHS HealthCall board.

Integrated Observation machines – Phase 2 is being progressed, this will enhance the current interface and provide 'at a glance' information. The supplier has provided a statement work for the development which is undergoing review, once complete an order will be raised to commence the work.

A&E Observation machines – this is a two phased approach, (a) central monitoring system to be installed and linked to the Mindray observation devices, (b) to provide an Interface between Mindray and TrakCare - awaiting project proposal from InterSystems (ISC). A&E to secure funding to progress with the interface work.

Pharmacy Dispensing Robot – successfully live 7 May 2020 – *project closed*.

ITU TrakCare + Hardware – Business Case is being reviewed in readiness for submission.

Imprivata phase 2 - The Business Case for Imprivata has now been ratified virtually by CRMG and the order is in the process of being raised with the supplier.

Theatre EPMA – went live in Hartlepool 9 March, the transition in the main was smooth, some issues encountered around smartcards on an old version. Floor walking support was provided by the Digital Programme team.

Successful go live in Leven Unit took place 23 March and Day Case went live on 30 March, 30/3. Main theatres are scheduled for w/c 5 April 2021.

Active Clinical Notes (ACN) – Optimisation continues in all areas live with ACN.

Paediatrics: Intubation Transfer Checklist – went live w/c 15 March, no issues encountered. The Cerebral Palsy admission questionnaire has been developed, tested and signed off. It will be move into the live environment pending 'change-freeze' release post upgrade.

A&E: Work is underway on development of the encounter type, for neck of femur (fracture), the department are currently working on agreeing the process. Asthma and trauma postponed at present.

Adult Admission continuation: Following request at Digital Programmes Steering Group (DPSG) the Medical Admission document used by doctors on ITU is being reviewed, initial meeting held to discuss how this is used and the issues being encountered to see if this can be resolved by ACN.

Pathways – whilst much of the build was complete around pulmonary embolism and deep vein thrombosis, there was some additional functionality required which was reliant on a later release of the TrakCare functionality. TrakCare will be upgraded in Q1 21/22

EDM2 – project is progressing well and to plan. The communication and stakeholder engagement events that took place in February were well attended. The 'As Is' process mapping across the different areas is nearing completion.

CareScan+ - UHNT staff are now routinely scanning in main Theatres, Scanning has expanded into UHNT Colorectal Surgeries and initial data extracts have been shared with Finance colleagues for value assessment. The data provided represents 100% improvement

on previous position as this data was not previously available. Leven Unit minor ops are also now scanning procedures. Elective theatre procedures have recommenced at UHH following a break in January and February due to COVID.

Scanning has resumed seamlessly without any requirement to retrain staff or repeat any other implementation activities. BAU support offered on an ongoing basis. Received approval from lead clinical and corporate management commence scanning in Cathlab. Currently verifying products and assets within this area with an expectation we are scanning imminently.

Significantly increased CareScan+ instant asset data capture range by devising an intelligent configuration to our TC5x scanners which converts existing Medical Engineering barcodes into the equivalent GS1 standard. circa 12,000 items of equipment now recognised by CareScan+ throughout the Trust. Mechanism for Finance to access data for PLICS enquiries is now available on a 'self-service' basis. This is a major improvement to data quality (accuracy, timeliness, relevance, volume)

Appendix 2 – Capital Programme Financial Position as at 31st March 2021

Capital Plan, Actual and Commitments

Reporting period: 1st April 2020 to 31st March 2021

	Annual Plan £'000's	YTD Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Commitments 2020/21 £'000
INTERNALLY AND EXTERNALLY FUNDED CAPITAL SCHEMES AGREED BY ICS					
Estates Backlog					
Building Sub Structure	884	884	958	(74)	337
Climate Charge	50	50	49	1	4
Compliance (including fire alarms and lift refurbishment)	1,110	1,110	584	526	1,086
Patient Environment	638	638	717	(78)	282
Estates Backlog Total	2,683	2,683	2,308	375	1,708
IT					
ICT	1,988	1,988	1,645	343	1,911
IT Total	1,988	1,988	1,645	343	1,911
Medical Equipment					
Medical Equipment	2,851	2,851	2,692	159	136
Medical Equipment Total	2,851	2,851	2,692	159	136
Service Developments					
Contingency	(685)	(685)	(356)	(329)	242
CT Scanner	0	0	853	(853)	24
Service Developments Total	(685)	(685)	496	(1,181)	266
Medical Equipment					
UHH CT Scanner	116	116	117	(1)	0
Medical Equipment Total	116	116	117	(1)	0
Energy Centre / Infrastructure					
Energy Centre	483	483	482	2	0
Energy Centre / Infrastructure Total	483	483	482	2	0
Externally Funded ICT Schemes					
Carescan	250	250	0	250	0
Cyber	100	100	113	(13)	0
Digital Pathology	0	0	27	(27)	0
GDEFF	2,046	2,046	887	1,159	164
Regional Digital Radiology	604	604	110	494	557
Externally Funded ICT Schemes Total	3,000	3,000	1,137	1,863	722
ICS AGREED CONTROL TOTAL (£10.436m)	10,436	10,436	8,877	1,559	4,742
SCHEMES OUTWITH ICS AGREED CONTROL TOTAL					
IT					
Care Scan	250	250	268	(18)	57
Pathology	0	0	0	0	0
Regional Digital Radiology	451	451	195	256	0
IT Total	701	701	463	238	57
Donated	2,582	2,582	2,704	(122)	13
Medical Equipment					
Mobile Breast Screening Unit	50	50	14	36	0
Medical Equipment Total	50	50	14	36	0
Service Developments					
Adapt and Adopt	901	901	966	(65)	0
Breast Screening	810	810	810	0	0
Medical Equipment Total	1,711	1,711	1,775	(64)	0
COVID-19					
COVID 19 - General	425	425	328	97	0
COVID 19 - Oxygen Works	108	108	106	2	0
COVID 19 - Segregation Screens	160	160	160	0	0
COVID 19 - Surgical Gowns Processing	362	362	392	(30)	0
COVID 19 - Testing	65	65	64	1	0
COVID-19 Total	1,120	1,120	1,050	70	0
A&E National Allocation (via ICS)	2,530	2,530	2,530	0	0
A&E National Allocation - NEAS (via ICS)	470	470	470	0	0
Critical Infrastructure (via ICS)					
Building Sub Structure	983	983	983	0	0
Climate Change	100	100	120	(20)	0
Compliance	1,853	1,853	1,889	(36)	0
Patient Environment	581	581	525	56	0
Critical Infrastructure (via ICS) Total	3,517	3,517	3,517	0	0
EXTERNALLY FUNDED SCHEMES TOTAL	12,681	12,681	12,524	157	70
GRAND TOTAL	23,117	23,117	21,401	1,716	4,812

Board of Directors

Title of report:	Integrated Compliance and Performance Report										
Date:	29 April 2021										
Prepared by:	Lindsey Wallace, Head of Planning, Performance and Development										
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief People Officer Neil Atkinson, Director of Finance										
Purpose of the report	The purpose of the report is to provide an overview of the integrated performance for compliance, quality, finance and workforce.										
Action required:	Approve		Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x	
Executive Summary and the key issues for consideration/ decision:											
<p>The report outlines the Trust's compliance against key access standards in March including quality, workforce and finance.</p> <p>Key issues</p> <ul style="list-style-type: none"> • Covid-19 pressures are seeing a reduction during March with elective recovery plans fully implemented on 22 March 2021. • The return of redeployed staff and those shielding has added to the reduction in pressures. • Focus will remain on reducing the overall waiting list in relation to cancer, RTT and Diagnostics <p>Summary</p> <ul style="list-style-type: none"> • The pandemic has inevitably affected delivery against a number of operational standards and overall efficiency and productivity. Regardless of pressures, performance has continued to be monitored closely through the established internal governance structures. • The operational Planning and Recovery Group is overseeing delivery of the agreed recovery plans, which are currently under review. • Effective uses of resources remains a priority, with good progress made across a number of operational efficiency indicators, including reducing outpatient DNA rates, readmissions and Electronic Discharge Summaries. • The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI, infection control measures and dementia standards. • Lateral Flow testing continues to be utilised as a rapid testing process for both staff and patients. • The Vaccination programme continues. • The month 12 financial position, predicting an end of year surplus. 											
How this report impacts on current risks or highlights new risks:											
Achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery and staffing resource.											

Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee
Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • The Trust's performance against the key operational, quality and workforce standards, delivered against the backdrop an associated pressures of the Covid pandemic; • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work undertaken to address these going forward; • The positive Financial position; and • The successful roll out of the COVID-19 vaccine.

Integrated Corporate Report



April 2021



Responsible Directors

Lynne Taylor
Director of Planning & Performance

Single Oversight
Framework

Efficiency &
Productivity

Lindsey Robertson
Chief Nurse and Director of Patient
Safety & Quality

Safety & Quality

Alan Sheppard
Chief People Officer

Workforce

Neil Atkinson
Director of Finance

Finance

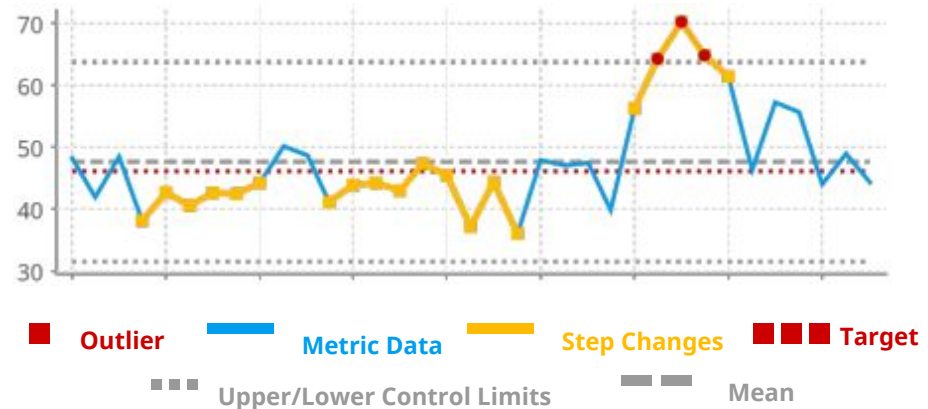
The Integrated Corporate Dashboard and Board report has been reviewed, redesigned and transformed into the Trusts new Business Intelligence tool, 'Yellowfin'. Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence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

Statistical Process Control (SPC) Charts

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

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

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





The Trust is now seeing a reduction in the number of patients with COVID and whilst the number of inpatients has reduced significantly, it remains high in comparison to other Trusts.

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

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

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

Executive Summary



SOF and Efficiency & Productivity

Key Messages

The Trust embarked on its recovery journey with robust plans for all routine services fully effective from 22 March 2021, with pre covid levels of capacity resumed. This was supported by the return of staff shielding and all redeployed staff returning to their substantive roles.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position; however with evidence of the impact of the Covid pressures now reflected in the overall position. Whilst some recovery is noted against the standards, the focus has been, and will continue to be on reducing the overall waiting list position in line with the the recently published Annual Operating Plan requirements. Despite these pressures, clinical teams are working hard to maintain business as usual alongside recovery, with strong oversight and management through the Trust's governance structures.

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

Changes to metrics

Delayed Transfers of Care is no longer a reporting requirement and so removed from the Corporate Dashboard however, this will be replaced with Criteria to Reside in April.

Safety & Quality

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

Whilst HSMR has shown an increase from the rebased previous value of 97.87 to 101.19 (February 2020 to January 2021) it remains within control limits with the same trend evident in the latest SHMI value.

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

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

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

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

Executive Summary



Workforce

Following the updated Government guidance relating to shielding, effective 31st March, 142 of our 165 CEV staff have returned to work, 9 continue to work from home, 13 are on long term sick and 1 has left the Trust. The Workforce Department is working with Care Groups to facilitate 1:1's with staff members who have not been vaccinated to date to identify any additional support needed. Lateral flow testing continues, with the coordinated distribution of second kits to frontline staff and promoting the opportunity for all staff to be tested.

Work has continued in supporting staff wellbeing through a variety of collaborative approaches. The in-reach sessions have continued, with positive feedback received, whilst regular wellbeing updates have been shared through the monthly Engagement, Development and Wellbeing newsletter. The Trust Wellbeing Guardian has continued to do regular walk and talk sessions to listen to staff across the organisation. 'Appreciation April' is planned as a way to allow staff to share their experiences of the pandemic and offer space for reflection. Vaccinations for staff continue with 2nd doses now being administered.

The number of active volunteers has increased to 140 as at the 31 March 2021, with 15 applications currently in progress and a significant number awaiting the next recruitment round in April. As restrictions ease there has been an increase in numbers of volunteers showing an interest in returning to the Trust. As volunteers re-join they will be placed with an existing volunteer to support transition back into the organisation with a period of familiarisation of current practices and policies.

The service continues to work with areas across the Trust, including supporting the vaccination hub, the Novavax trial and the usual clinical/non-clinical areas. In addition, some projects paused during COVID will be re-introduced over the coming months, with the 'Home but not Alone' initiative proposed to restart 1st June.

New developments are under way, with support to Enhanced Care proposed and volunteers from MacMillan Cancer Information Centre to be involved in a national pilot project to provide telephone support - "Comfort Calls" - to patients or family members affected by cancer. A volunteer responder pilot starts on 12th April; this involves volunteers responding to calls to assist with tasks that would otherwise take the staff off the ward or department e.g. delivering patient belongings, collecting medication or moving patients to the discharge lounge.

Finance

The Trust is reporting a provisional year-end surplus of £9.387m against our plan of £871k deficit. This figure of £9.387m is what we will be reporting for the purposes of ICP system achievement and excludes the impact of the impairment of Trust assets. The final outturn position has been driven by: robust cost control; reduced activity; a current net gain from the Covid-19 allocations and the reversal of the annual leave accrual.

NHSE/I confirmed that due to current pressures, the contracting and planning round has been stood down with current block contracts being rolled forward to at least Quarter 2 of 2021/22.

Discussions are currently ongoing with the Treasury to confirm the total available funding for 2021/22, specifically for the second half of 2021/22.

Single Oversight Framework



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	Cancer
New Cancer Two Week Rule	✘	Feb-21	92.99%	93.00%	<p>Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways unavoidable as the Trust, and patients, adhere to national guidance. Capacity, patient choice and swabbing requirements have inevitably impacted on the delivery of the cancer pathways, however the focus remains on timely pathway delivery for all cancer patient. The Trust has continued to monitor and manage cancer pathways within the operational management structure.</p> <p>Anumber of the cancer standards were not achieved in the February Period, as outlined below.</p> <p>The 62-day Referral to Treatment standard reported at 69.49% (41 /59). With similar performance evident across the region, only one Trust achieving in February. Performance ranged between 49.69% to 87.82% with a regional average of 72.12%.</p> <p>The 2ww standard reported slightly outside the 93% standard at 92.99%, with only 3 Trusts across the region achieving.</p> <p>Regional compliance ranged from 74.51% to 95.88% with an average of 87.97%. An increase in referrals has been seen particularly within Gynaecology and Breast, with peaks in numbers affecting the ability to absorb into regular capacity.</p> <p>The SPC charts indicates a number of points outside the statistical control ranges in year, reflective of the pressure points of the pandemic. The 62-day standard within SPC is indicating a downward trend, resulting in increased internal escalation processes. This is being monitored through robust daily/weekly operational meetings and strategically through dedicated tumour level cancer pathway groups.</p>
Breast Symptomatic Two Week Rule	✔	Feb-21	94.39%	93.00%	
New Cancer 31 Days	✘	Feb-21	95.88%	96.00%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔	Feb-21	100.00%	98.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✘	Feb-21	90.91%	94.00%	
New Cancer 62 Days	✘	Feb-21	69.49%	85.00%	
New Cancer 62 Days (Screening)	✔	Feb-21	94.44%	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✔	Feb-21	85.71%	85.00%	

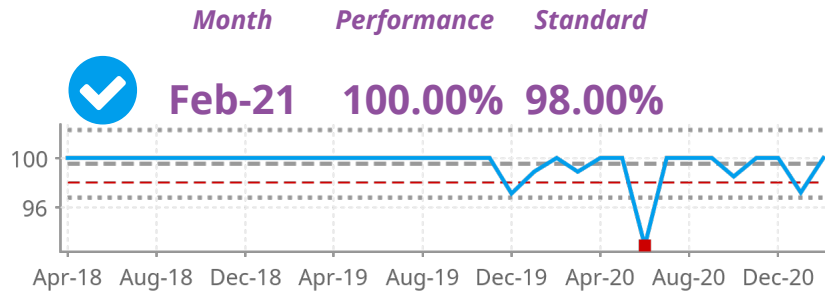
Single Oversight Framework



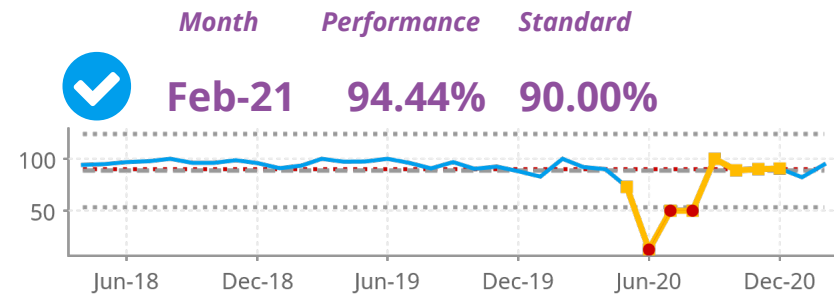
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✘ Mar-21	84.57%	92.00%		<p>RTT</p> <p>The elective recovery plan underway, fully effective from 22 March 2021.</p> <p>The Trust reported at 84.57% against the RTT standard. In comparison the most recent national benchmark position (February 2021), indicates the regional average reported at 73.06%, the national average at 64.5%. Reducing 52-week waits remains a key focus, with the Trust reporting 241 as at the end of March. However, in comparison, the region reported circa 13,993 over 52 week waiters at the end of February, with a number of organisations reporting up to 12% of their waiting list waiting over 52 weeks.</p> <p>A reduction in backlog is being supported through both additional weekend sessions and the utilisation of Independent Sector facilities, available as part of the national recovery programme. Validation and prioritisation of the waiting list continues, based on clinical review</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✔ Mar-21	24.40	28.00		
Incomplete Pathways Wait (Median)	✘ Mar-21	7.40	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✘ Mar-21	241	0		
Diagnostic Waiting Times and Activity	✘ Mar-21	96.32%	99.00%		<p>Diagnostics</p> <p>The diagnostic pathway continues to maintain good recovery against planned trajectories. SPC indicates a positive trend, with an improved position evident against this standard and a reduction in the number of breaches noted. The longest delays are within MRI and CT.</p>
Community Information Dataset - Referral Information	✔ Feb-21	95.92%	50.00%		
Community Information Dataset- Referral to Treatment Information	✔ Feb-21	98.22%	50.00%		
Community Information Dataset - Treatment Activity Information	✔ Feb-21	98.97%	50.00%		
Community Information Dataset - End of Life	✔ Feb-21	90.48%	50.00%		

Statistical Process Control (SPC) Charts

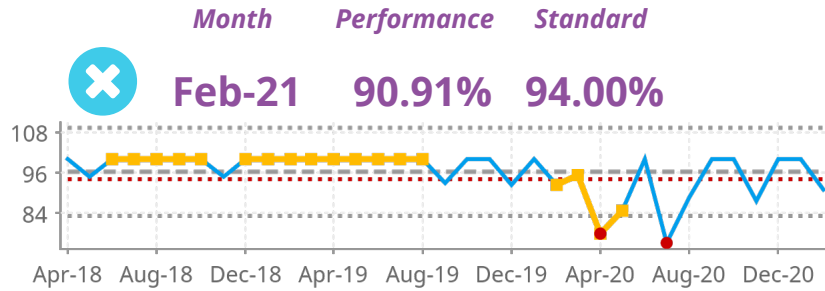
Cancer - 31 Day Drug Treatment



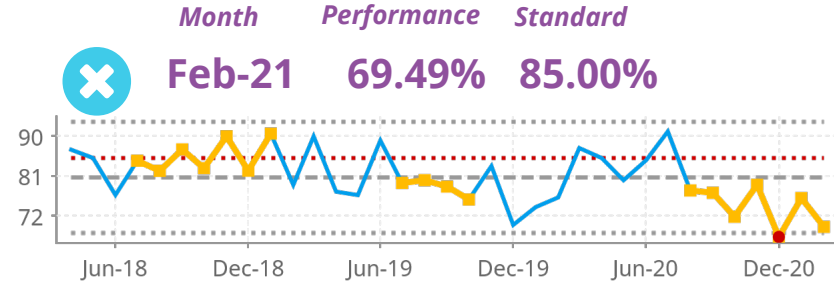
Cancer - 62 Days Screening



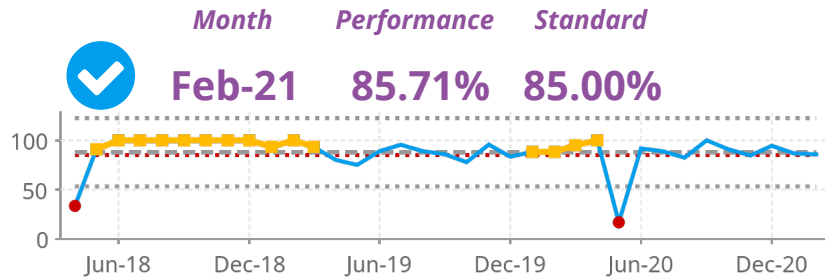
Cancer - 31 Day Surgical Treatment



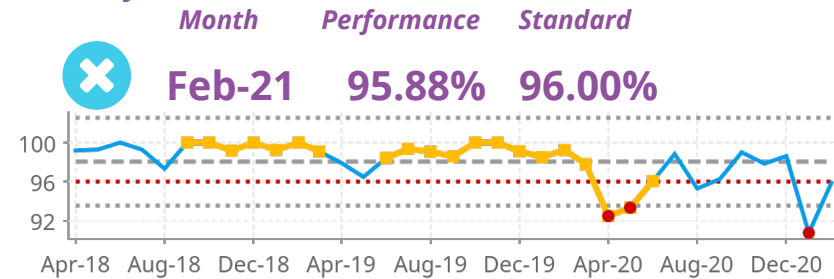
Cancer - 62 Days



Cancer - 62 Consultant Upgrade



Cancer - 31 Days

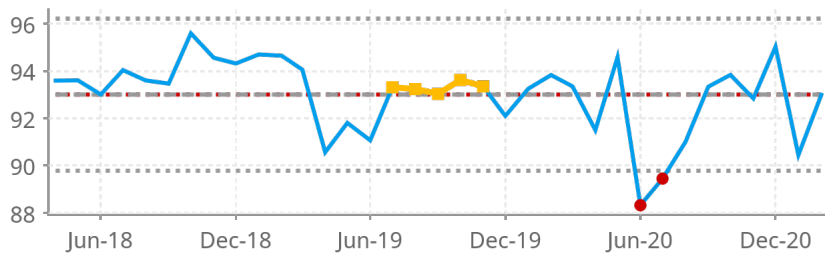




Statistical Process Control (SPC) Charts

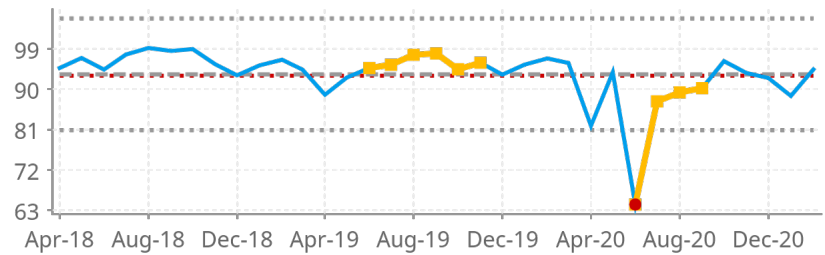
Cancer - 2 Week Rule

Month	Performance	Standard
Feb-21	92.99%	93.00%



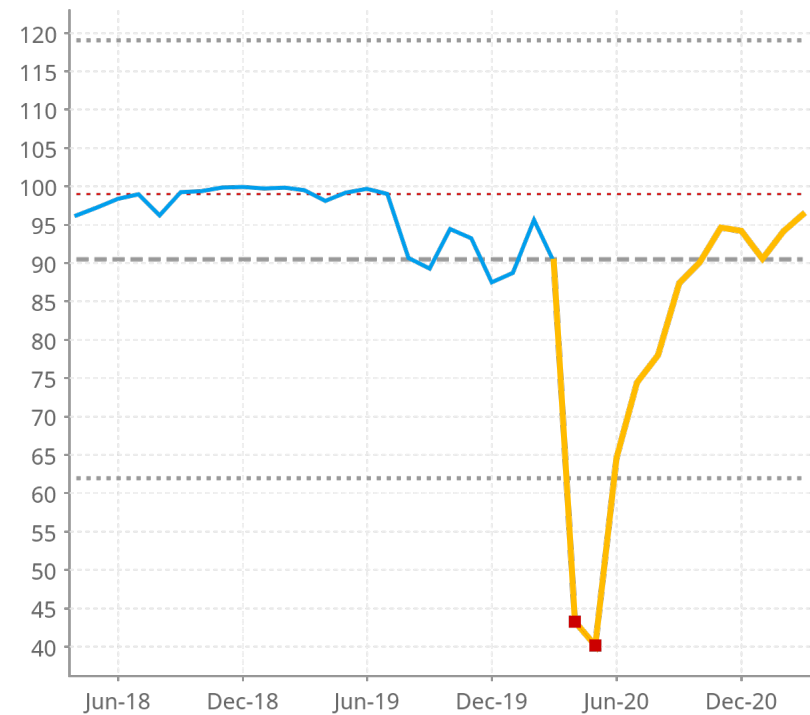
Cancer - Breast Symptomatic

Month	Performance	Standard
Feb-21	94.39%	93.00%



Diagnostic Waiting Times

Month	Performance	Standard
Mar-21	96.32%	99.00%

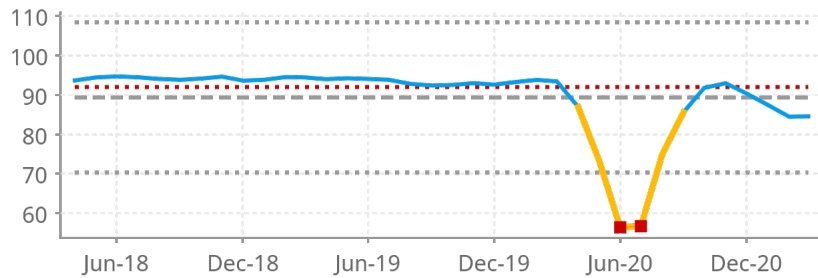


Statistical Process Control (SPC) Charts

Referral To Treatment- Incomplete Pathways Wait (92%)

✘

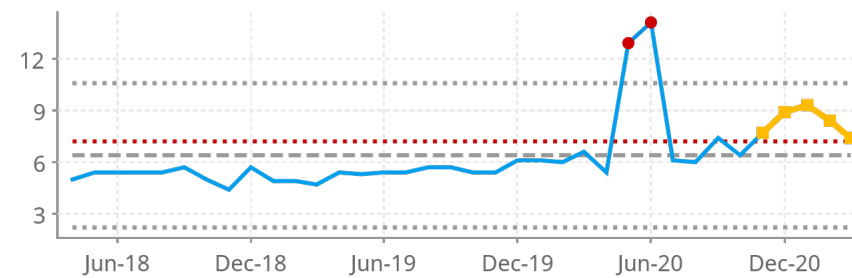
Month	Performance	Standard
Mar-21	84.57%	92.00%



Referral To Treatment - Incomplete Pathways Wait (Median)

✘

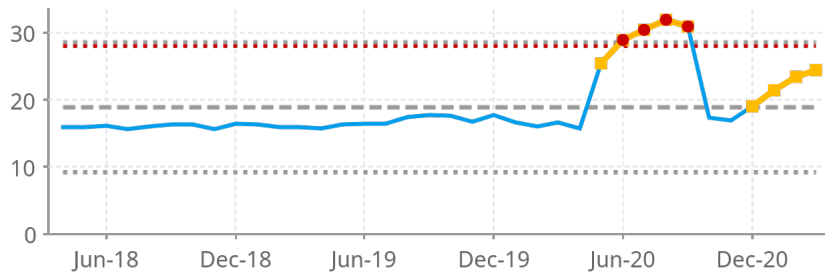
Month	Performance	Standard
Mar-21	7.40	7.20



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

✔

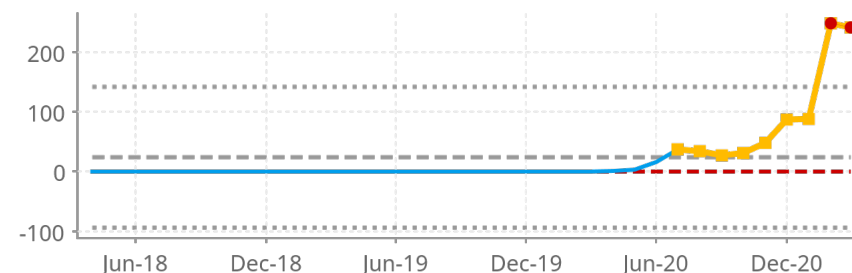
Month	Performance	Standard
Mar-21	24.40	28.00



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

✘

Month	Performance	Standard
Mar-21	241	0

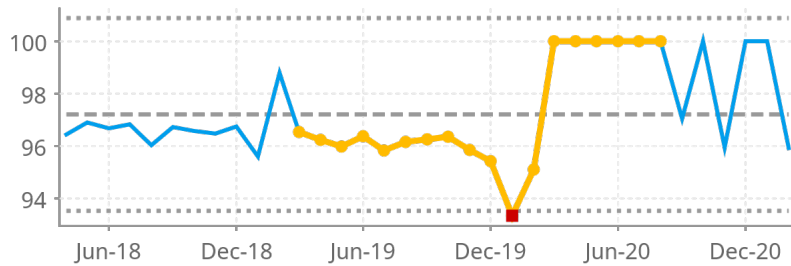


Statistical Process Control (SPC) Charts

Community Information Dataset - Referral Information

Month Performance Standard

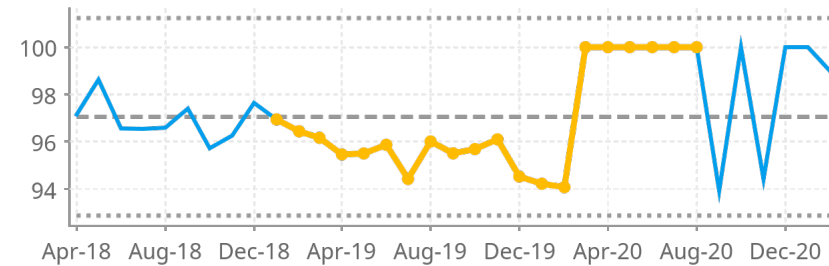
✓ Feb-21 95.92% 50.00%



Community Information Dataset - Treatment Activity Information

Month Performance Standard

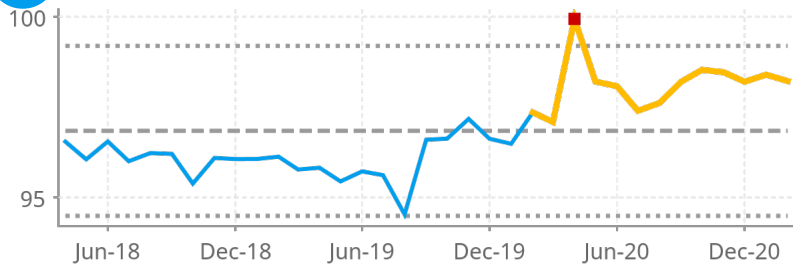
✓ Feb-21 98.97% 50.00%



Community Information Dataset - Referral to Treatment Information

Month Performance Standard

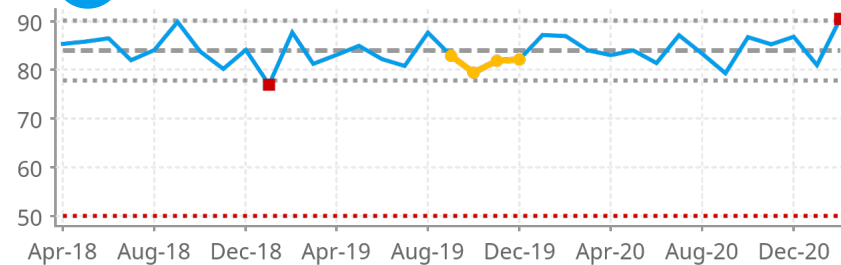
✓ Feb-21 98.22% 50.00%



Community Information Dataset - End of Life

Month Performance Standard

✓ Feb-21 90.48% 50.00%



Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✘ Mar-21	7.31%	7.20%		<p>Did Not Attend</p> <p>An overall reduction in DNA rates is evident in year, potentially aligned to the positive impact of virtual appointments. 2020/21 year end position reported an overall DNA rate of 7.08% compared to 9.49% the previous year (2019/20).</p> <p>The operational teams are reviewing how further improvements can be achieved, embedding lessons learnt during the pandemic. Despite the operational pressures, lengths of stay remain on track across both emergency and elective pathways, with an improved Day Case rate also evident, linked to the conversion of inpatient activity to manage the elective recovery programme.</p>
Outpatient Did Not Attend (Review)	✔ Mar-21	6.35%	9.00%		
Average Depth of Coding	✔ Mar-21	7.10	3.01		
Length of Stay - Elective	✔ Mar-21	2.17	3.14		
Length of Stay - Emergency	✔ Mar-21	3.04	3.35		
Day Case Rate	✔ Mar-21	86.89%	75.00%		<p>Readmissions</p> <p>Emergency readmissions continue to report above the internal Targets, however work is on-going across the clinical teams to identify avoidable readmissions and how pathways can be improved to reduce the risk of readmission. Monthly audits are in place, with progresmonitored through the Journey to Excellence operational group.</p>
Pre-op Stays	✔ Mar-21	2.70%	4.50%		
Trust Occupancy	✔ Mar-21	82.58%	85.00%		
Re-admissions Rate 30 Days (Elective Admission)	✘ Jan-21	4.13%	0.00%		
Re-admissions Rate 30 Days (Emergency Admission)	✘ Jan-21	14.74%	9.73%		

Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✘ Mar-21	81.12%	95.00%		<p>Ambulance handover - Internal validation of the NEAS reports indicates the Trust had 59 over 30 minute handover delays and 12 over 60 minute delays during March, a slight increase on February. In comparison, based on NEAS reports, the regional over 30 minute delays reported an average of 1264 (range 8-353), with the average over 60 minutes reporting at 17 (range 0 - 44).</p> <p>Electronic Discharge Summaries (EDS) - SPC demonstrates controlled variation however with two data points below the mean. The recent drop in performance is aligned to recent changes in process, with the move from paper based clinical notes to electronic 'Active Clinical' notes, which is being addressed through a Task and Finish group.</p>
Cesarean -Section Rates	✔ Mar-21	15.31%	15.60%		
Trolley Waits (over 12 hours)	✔ Mar-21	0	0		
Time to Initial Assessment (mean) Type 1 & 3	✔ Mar-21	7.47	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✘ Mar-21	59	0		
Number of Ambulance Handovers waiting more than 60 Mins	✘ Mar-21	12	0		
Super Stranded	✔ Mar-21	36	62		

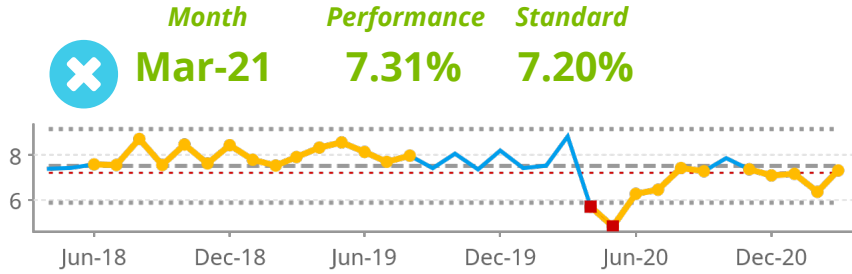
Efficiency & Productivity



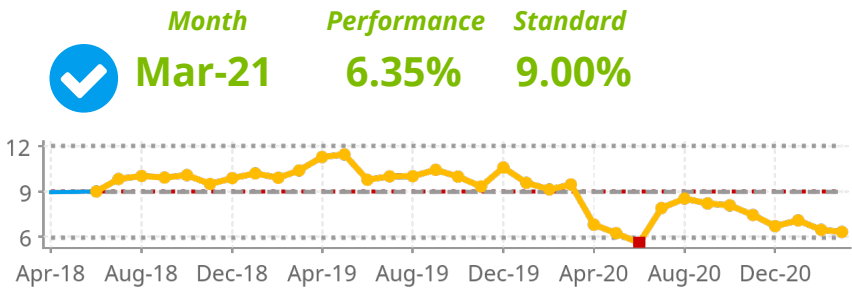
Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	2 Year Trend		
Operation Time Utilisation	✓	Mar-21	73.20%	72.86%		<p>Theatre</p> <p>The increased rates of Covid-19 infections resulted in significant pressures on the Trust as a whole, including the impact on staffing resource and the ability to deliver all services to their full capacity.</p> <p>Revised Recovery Plans were implemented on 22 March 2021 with a return to pre covid levels of capacity. Recovery is monitored on a weekly basis including all activity taking place within the Independent Sector.</p> <p>Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre operation efficiencies.</p>
Run Time Utilisation	✗	Mar-21	86.99%	87.07%		
Cancelled on Day of Operation	✓	Mar-21	4.99%	8.80%		
Late Start %	✗	Mar-21	42.68%	33.11%		
Early Finishes %	✓	Mar-21	43.51%	46.13%		

Statistical Process Control (SPC) Charts

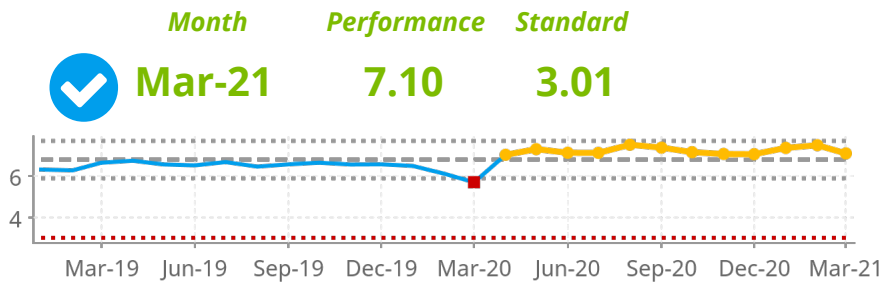
Outpatient Did not Attend (New)



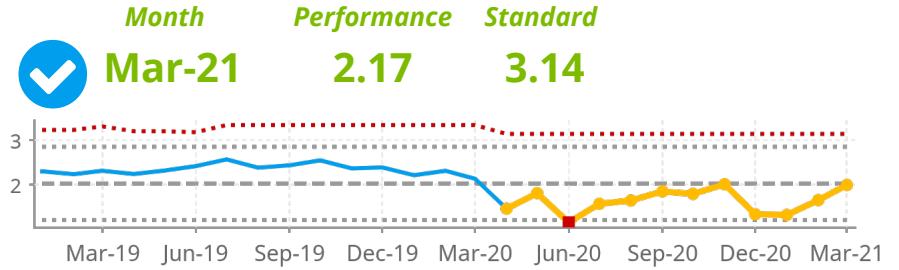
Outpatient Did Not Attend (Review)



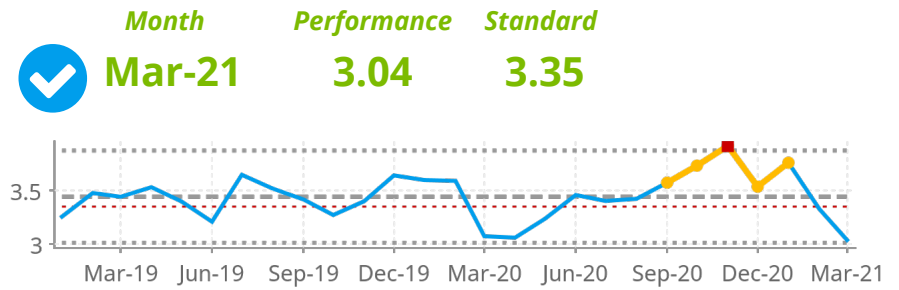
Average Depth of Coding



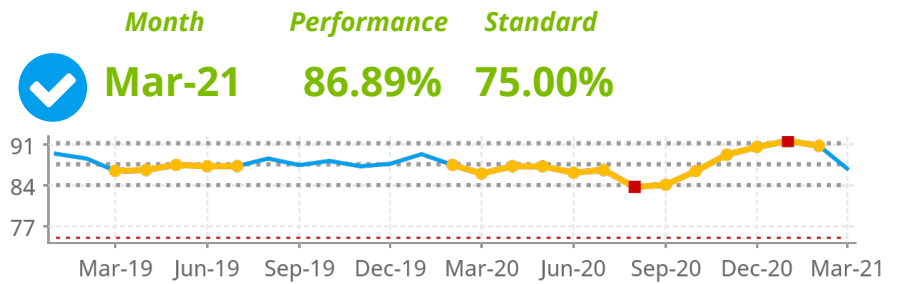
Length of Stay - Elective



Length of Stay - Emergency

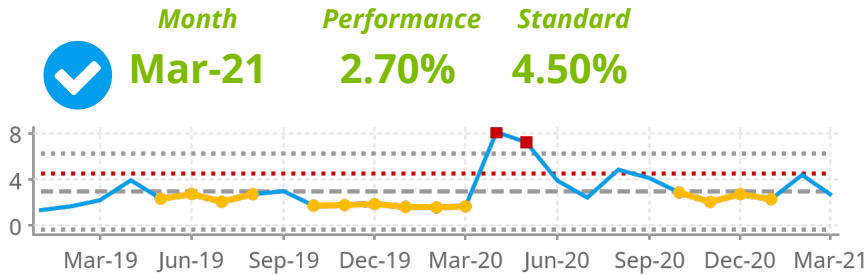


Day Case Rate

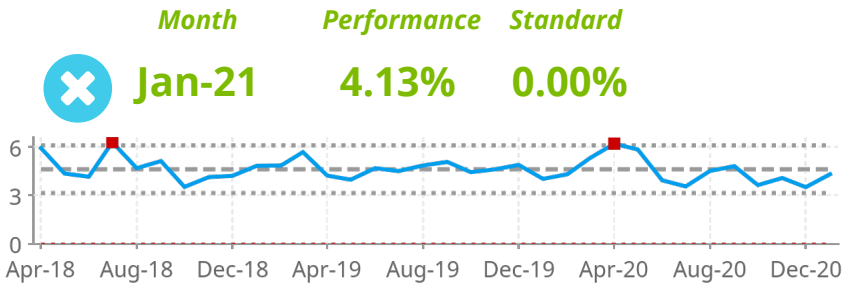


Statistical Process Control (SPC) Charts

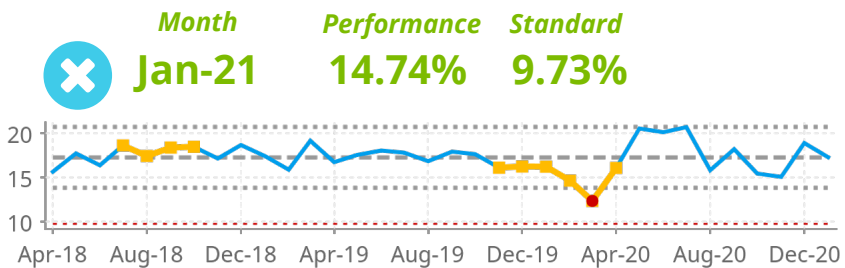
Pre-op Stays



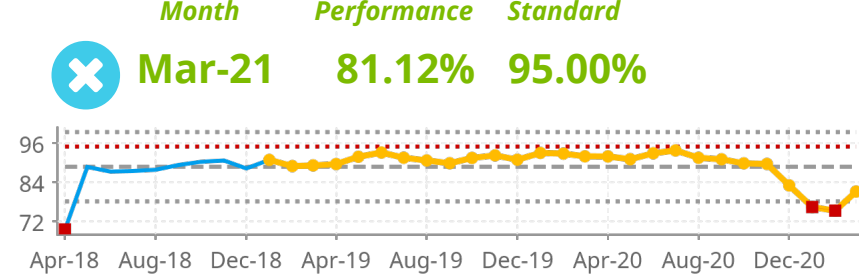
Re-admissions Rate 30 Days (Elective Admission)



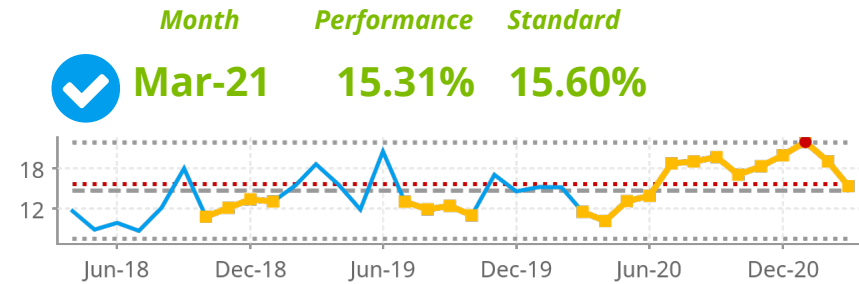
Re-admissions Rate 30 Days (Emergency Admission)



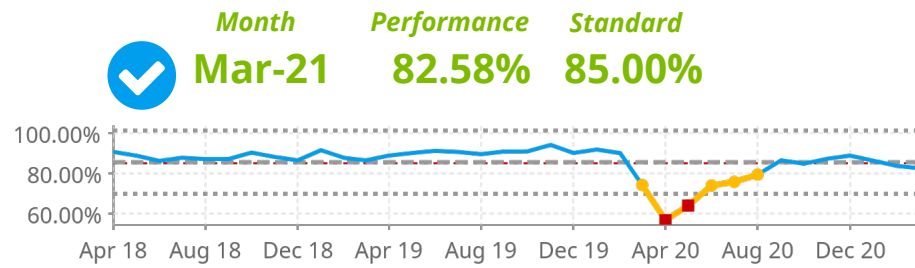
Electronic Discharge Summaries



Cesarean-Section Rates

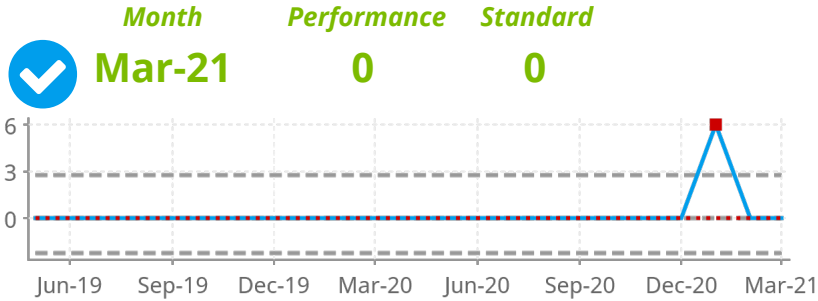


Trust Occupancy

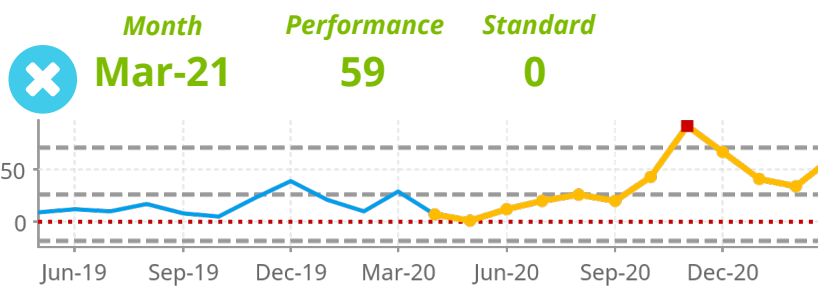


Statistical Process Control (SPC) Charts

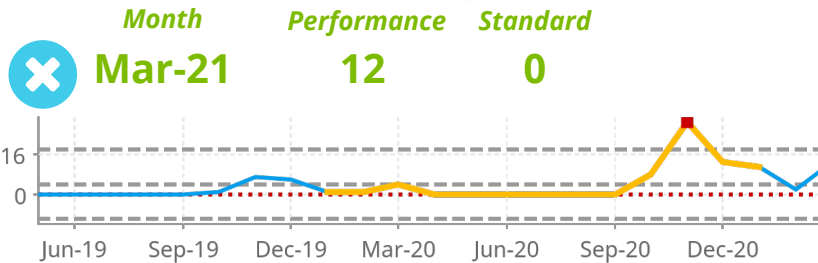
Trolley Waits over 12 hours



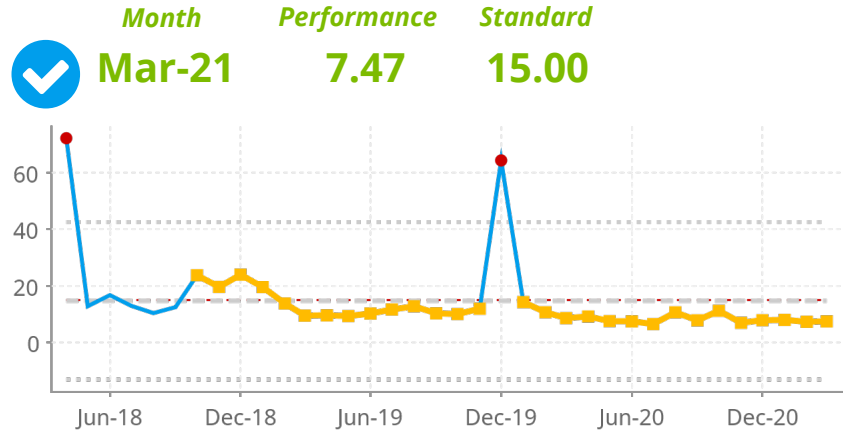
Number of Ambulance Handovers waiting more than



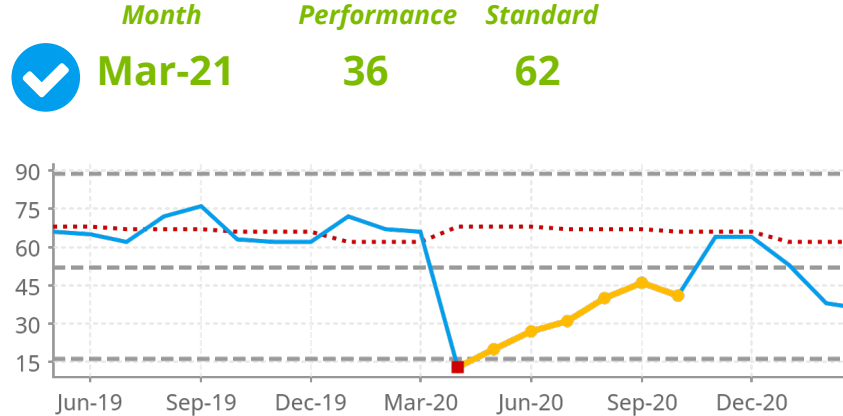
Number of Ambulance Handovers waiting more than



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

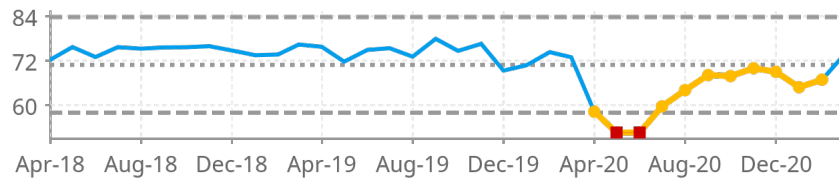


Statistical Process Control (SPC) Charts

Operation Time Utilisation

✔

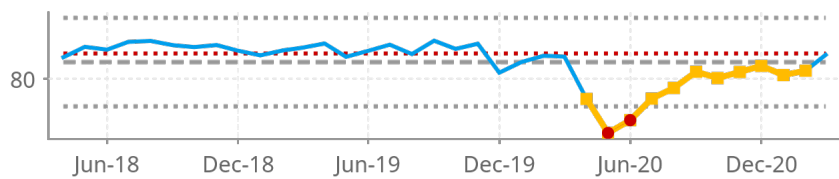
Month	Performance	Standard
Mar-21	73.20%	72.86%



Run Time Utilisation

✘

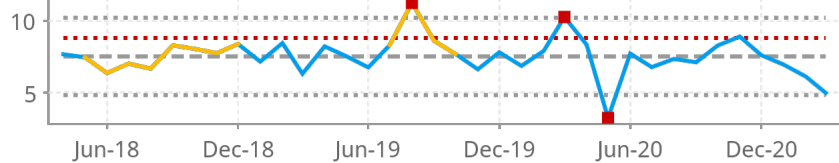
Month	Performance	Standard
Mar-21	86.99%	87.07%



Cancelled on Day of Operation

✔

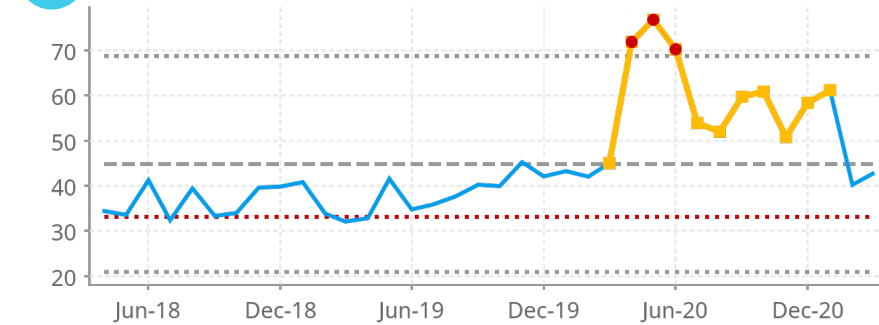
Month	Performance	Standard
Mar-21	4.99%	8.80%



Late Start %

✘

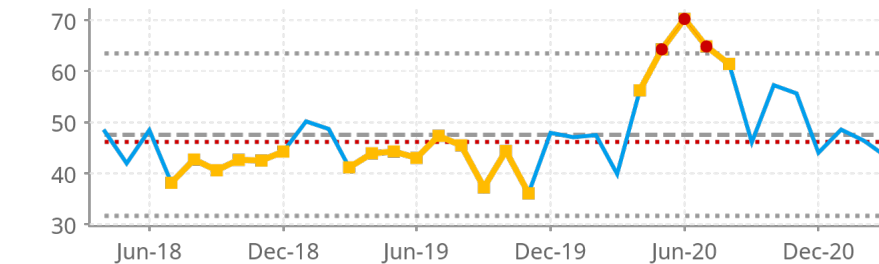
Month	Performance	Standard
Mar-21	42.68%	33.11%



Early Finishes %

✔

Month	Performance	Standard
Mar-21	43.51%	46.13%



Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓ Mar-21	97.20%	93.50%		<p>Diabetic Retinopathy Screening</p> <p>Diabetic retinopathy screening has been affected by the pandemic, with all screening services paused during the first wave, in line with national guidance. Work is now on-going to address the backlog of invites, with the national focus shifting from achievement of the current standard to recovery. This will be achieved through a phased approach based on capacity.</p>
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✗ Mar-21	79.93%	90.00%		
Diabetic Retinopathy Screening	✗ Mar-21	69.69%	95.00%		<p>TCS Standards</p> <p>TCS35b - This standard has been affected by staffing in a relatively small team, however recruitment is underway.</p> <p>TCS24 - This standard has been affected by the availability of residential rehabilitation beds within the community settings</p>
The % of Patients treated within 18weeks of referral to Audiology	✓ Mar-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓ Mar-21	7.00	18.30		

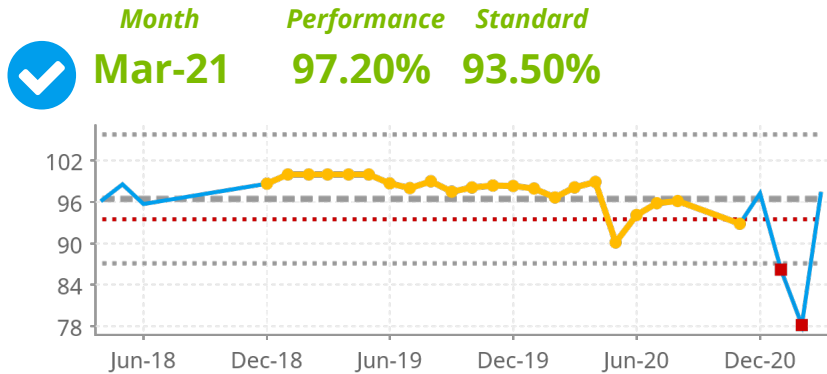
Efficiency & Productivity



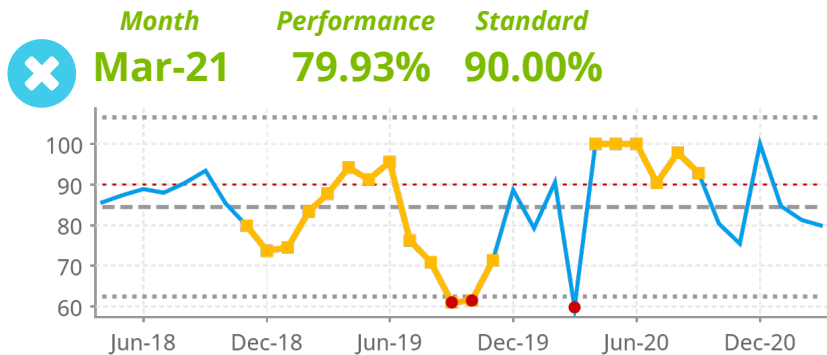
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 year Trend	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✓ Mar-21	104.00	118.80		<p>PHQ Indicators</p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.</p> <p>No exceptions to report within the SPC charts, with controlled variation across all the standards, however recognising the impact of the Covid pandemic and associated changes in pathway management, which is evident in the drop in activity from March 20 onwards.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✓ Mar-21	13.35	13.20		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✓ Mar-21	55.00	57.46		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✓ Mar-21	3.34	18.86		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✓ Mar-21	93.94%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✓ Mar-21	77.78%	75.00%		

Statistical Process Control (SPC) Charts

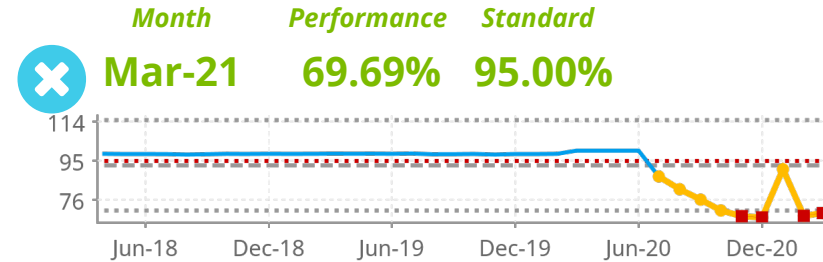
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



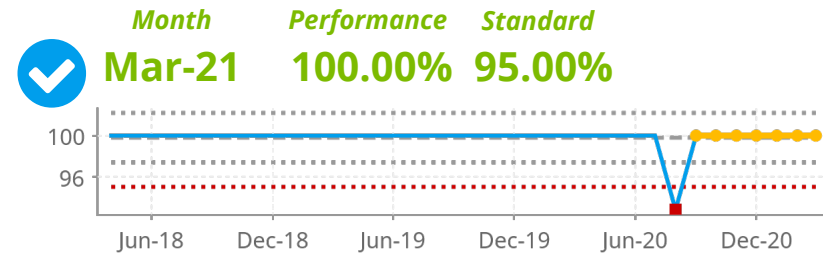
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks



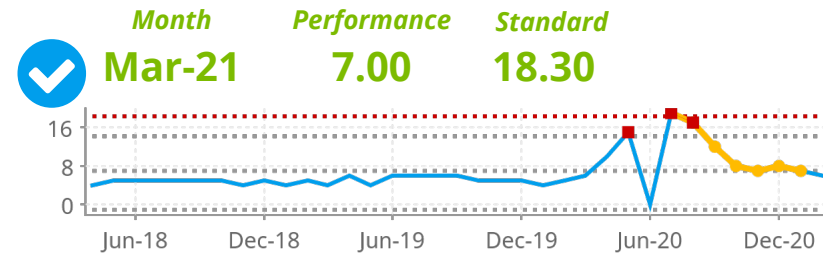
Diabetic Retinopathy Screening



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

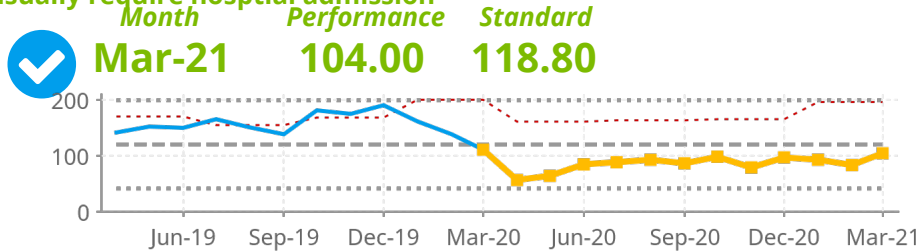


Audiology non-admitted wait (92nd Percentile)

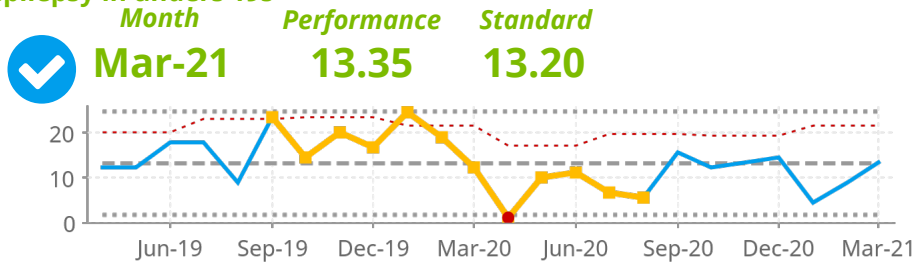


Statistical Process Control (SPC) Charts

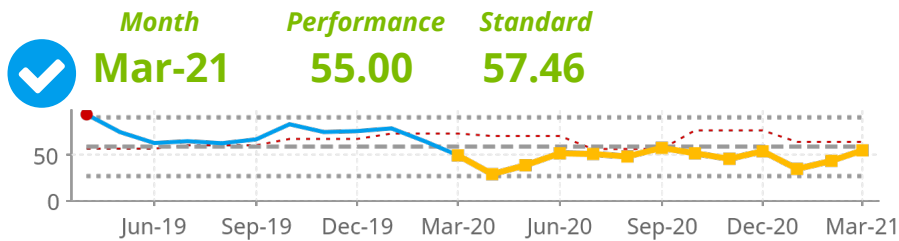
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



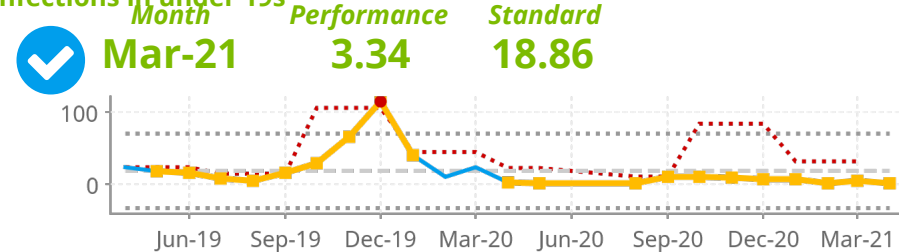
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



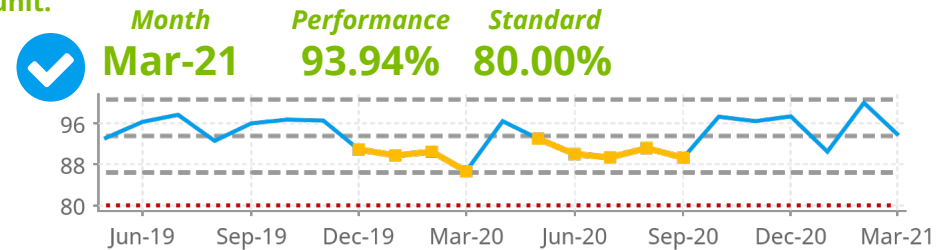
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



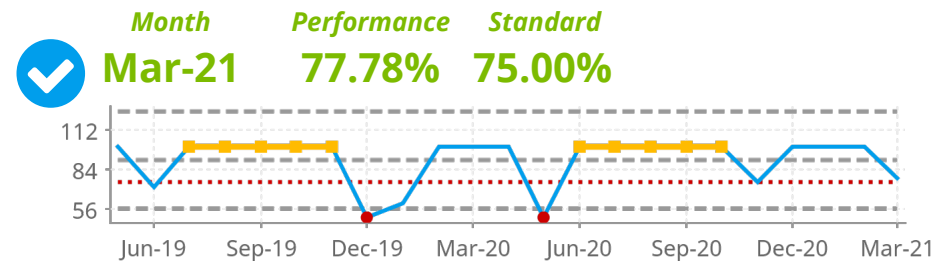
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



Stroke admissions - 90% of time spent on dicat unit.



High Risk Trans Ischaemic Attack assessed and t



Standard	Standard Achieved			Narrative
	Month	Performance	Trend	
Hospital Standardised Mortality Ratio (HSMR)	❌ Feb 20 - Jan 21	101.19		<p>Mortality</p> <p>The latest HSMR value is currently reporting at 101.19 (February 2020 to January 2021) which has increased from the previous rebased value of 97.87 (January 2020 to December 2020). The latest SHMI value is now 99.40 (November 2019 to October 2020) which has decreased from the previous rebased value of 100.02 (October 2019 to September 2020).</p> <p>Complaints</p> <p>Due to Covid-19 restrictions, visiting remains limited, to reduce the transmission of covid, whilst supporting families through Johns Campaign and those at end of life. Families and Patients have highlighted through feedback the impact on communication which was the highest reported issue for concerns. The Trust has put in place virtual visiting, regular telephone updates, property pick up and letters of love to support communication between families, to support timely feedback the Team Support Work role has been implemented to good effect, this has seen a reduction in the number concerns raised in relation to communication. The profile for complaints types had changed during Covid, due to restriction on visiting, now more level 2 resolutions are being completed virtually.</p> <ul style="list-style-type: none"> • The Trust is reporting 87 stage 1, which is slightly higher than the mean of 82. • The Trust is reporting 8 stage 2 and is above the mean of 4. • The Trust is reporting 6 stage 3 complaints and is below the mean of 12. <p>Since the implementation of Greatix, the number of compliments recorded has reached 2,157, in 2020-21, with 248 recorded in March 2021, recorded compliments consistently higher than complaints, it is recognised that work still needs to be done to increase the recording of compliments across the Trust.</p>
Summary Hospital-Level Mortality Indicator (SHMI)	✅ Nov 19 - Oct 20	99.40		
Dementia KPI 1	✅ Mar-21	100.00%		
Dementia KPI 2	✅ Mar-21	100.00%		
Dementia KPI 3	✅ Mar-21	100.00%		
	Month	Performance	Standard	Trend
Stage 1 Complaint	✅ Apr to Mar	978	981	
Stage 2 Complaint	✅ Apr to Mar	27	77	
Stage 3 Complaint	✅ Apr to Mar	132	150	

Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Red Risks	✘	Mar-21	1	0		<h3 data-bbox="1292 312 1912 344">Venous Thromboembolism Compliance %</h3> <p data-bbox="1292 360 2056 523">The Trust is reporting that 93.23% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during March 2021; this is slightly below the National Standard of 95.00%. There is a Trust wide quality improvement work in progress to improve compliance, process and built upon to sustain the improvement.</p> <h3 data-bbox="1292 544 1361 576">Falls</h3> <p data-bbox="1292 592 2056 826">The trust has recently appointed a new lead for falls who is reviewing the current falls prevention and management system; this is being developed using an assurance framework approach. The development of this assurance framework will lead to the development of a risk mitigation plan that can be supported with the use of a project methodology to drive forward specific areas of improvement.</p> <p data-bbox="1292 863 2056 994">The Trust is reporting 82 falls resulting in no injury for March 2021, remaining within the upper control limit of 100. However, the cumulative of 924 for Apr to Mar 2021 is greater than the 862 for Apr to Mar 2020 period.</p> <p data-bbox="1292 1031 2056 1161">The Trust is reporting 14 Falls resulting in an injury for March 2021. The 14 falls remains within the upper Control Limit of 30, also noting a reduction against the year to date position last year, reporting 208 in comparison to 223 for the April to March period.</p> <h3 data-bbox="1292 1174 1525 1206">Pressure Ulcers</h3> <p data-bbox="1292 1214 2056 1345">In the February 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management.</p>
Never Events	✔	Mar-21	0	0		
VTE %	✘	Mar-21	93.23%	95.00%		
Fall No Injury	✘	Apr to Mar	924	862		
Fall Injury	✔	Apr to Mar	208	223		
Fall Fracture	✔	Apr to Mar	5	18		
Pressure Cat1	✔	Apr to Feb	64	85		
Pressure Cat2	✔	Apr to Feb	233	274		
Pressure Cat3	✔	Apr to Feb	14	32		
Pressure Cat4	✔	Apr to Feb	3	3		

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Mar-21	98%	95%		<h3>Hand Hygiene</h3> <p>The overall Trust compliance score for hand hygiene is 98% for March 2021; this has remained the same from the previous reported period. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team</p>
Clostridium difficile	✓ Apr to Mar	49	53		<h3>Infections</h3> <p>For March 2021, the Trust is reporting 6 Trust attributed case of Clostridium difficile infection (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired), this has remained the same from the previous reporting period.</p> <p>The Trust reported 49 hospital acquired Clostridium difficile infections April to March 2021 compared to 53 for April to March 2020, a 7.54% reduction. The Trust has reported an improved position for Cdiff, MSSA, Ecoli and Cauti's infections for the cumulative April 2020 to March 2021 period, with Klebsiella and Pseudomonas remaining the same, but MRSA exceeding.</p>
MRSA	✗ Apr to Mar	1	0		<p>One case of MRSA was reported in the January 2021 period.</p>
MSSA	✓ Apr to Mar	25	26		<p>All seven Infections continue to display natural cause variation and remain in their respective upper and lower control limits.</p>
Ecoli	✓ Apr to Mar	25	52		<p>The number of hospital onset Covid-19 cases (positive test > 8days after admission) has reduced significantly with only 2 cases reported in March 2021. The number of outbreaks has also reduced and there were no open outbreaks at the time of reporting.</p>
Klebsiella	✓ Apr to Mar	10	10		
Pseudomonas	✓ Apr to Mar	3	3		
CAUTI	✓ Apr to Mar	210	360		

Safety & Quality

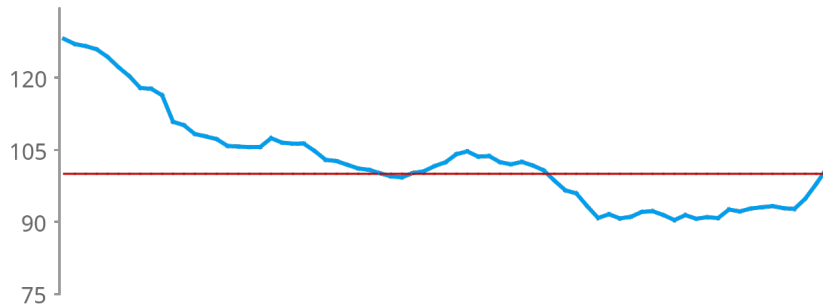


Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Friends and Family Test (FFT) - Emergency	✓	Mar-21	85.00%	75.00%		<p>Friends and Family Test</p> <p>The FFT process changed in April 2020 to a single question with more focus on the narrative that is supplied with the feedback. This has created a wealth of patient and family feedback that is available for all clinical teams</p> <p>The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for rating the service 'Very Good or Good' was 85% for March 2021.</p> <p>The In-patient Friends and Family position for rating the service 'Very Good or Good' was 94% for March 2021.</p> <p>The Maternity (Delivery) Friends and Family position for rating the service 'Very Good or Good' was 100% for March 2021.</p> <p>All three metrics January FFT 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-21	94.00%	75.00%		
Friends and Family Test (FFT) - Maternity	✓	Mar-21	100.00%	75.00%		
UNIFY - RN Day	✗	Mar-21	74.32%	>=80% and <=109.99%		<p>UNIFY</p> <p>Nursing fill rate reflects the increased demand on the workforce during Covid-19 to safely meet the needs of patients with a higher acuity. In March 2021, 3 out of the 4 metrics reported below the standards reflective of the workforce pressures within the period, however noting safe staffing levels have been maintained at all times.</p> <p>Successful recruitment drives and the reduced Covid sickness absence has seen the Trust's nursing resource position improve during March.</p>
UNIFY - RN Night	✓	Mar-21	84.22%	>=80% and <=109.99%		
UNIFY - HCA Day	✗	Mar-21	70.10%	>=80% and <=109.99%		
UNIFY - HCA Night	✗	Mar-21	80.68%	>=110% and <=125.99%		

Additional Detail Charts

Hospital Standardised Mortality Ratio

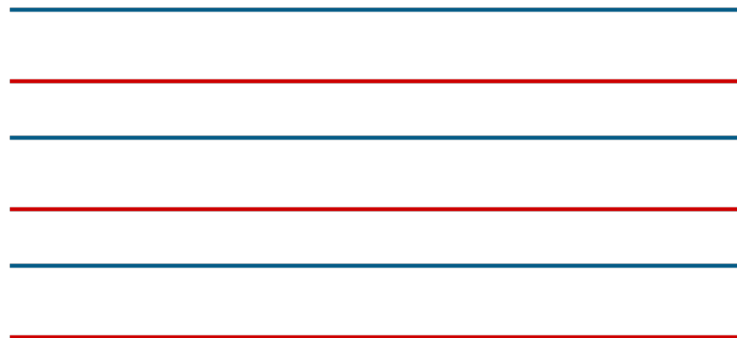
✘
Month
Feb 20 - Jan 21
Performance
101.19



Summary Hospital-Level Mortality Indicator

✔
Month
Nov 19 - Oct 20
Performance
99.40

	<i>Month</i>	<i>Performance</i>
Dementia KPI 1 ✔	Mar-21	100.00%
Dementia KPI 2 ✔	Mar-21	100.00%
Dementia KPI 3 ✔	Mar-21	100.00%

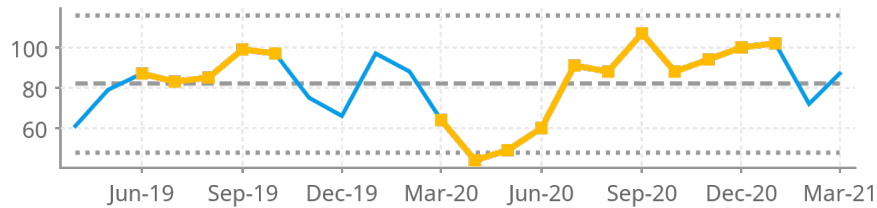


Statistical Process Control (SPC) Charts

Stage 1 - Informal



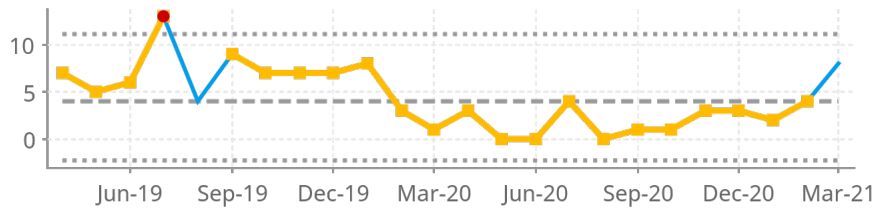
Month **Apr to Mar**
Performance **978**
Standard **981**



Stage 2 - Meeting



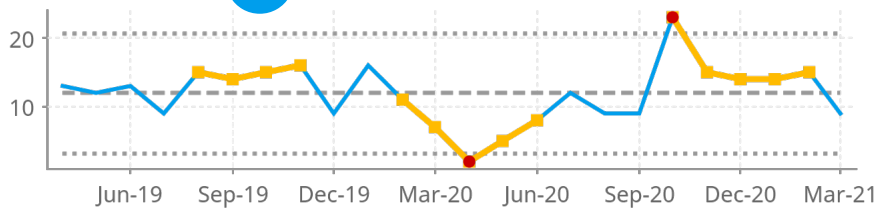
Month **Apr to Mar**
Performance **27**
Standard **77**



Stage 3 - Formal



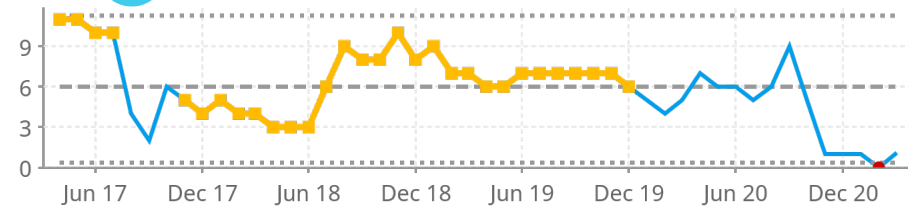
Month **Apr to Mar**
Performance **132**
Standard **150**



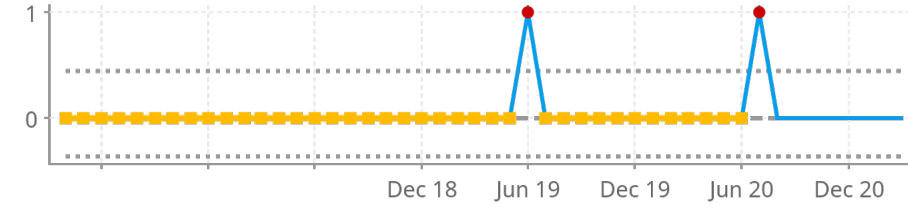
Red Risks



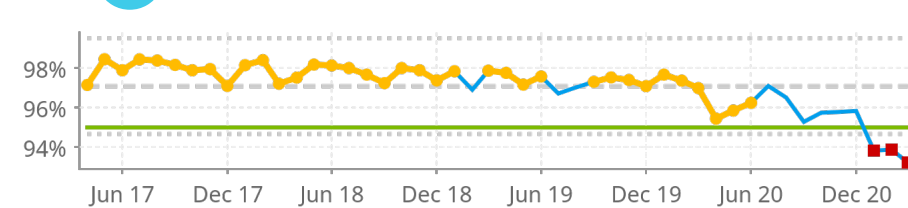
Month **Mar-21**
Performance **1**
Standard **0**



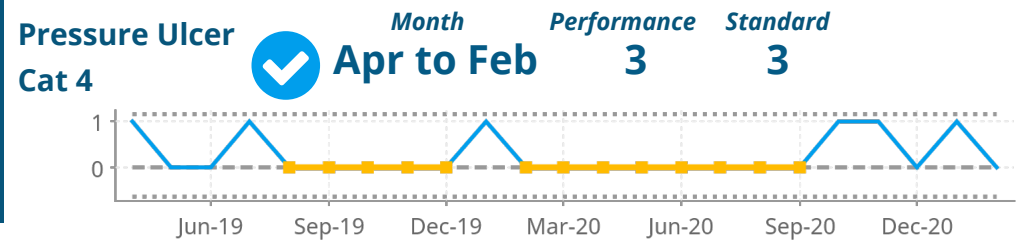
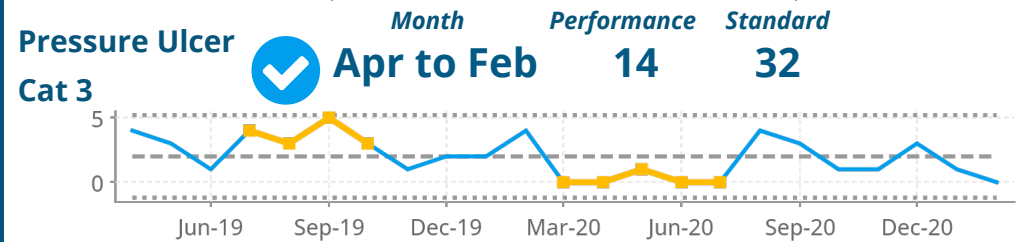
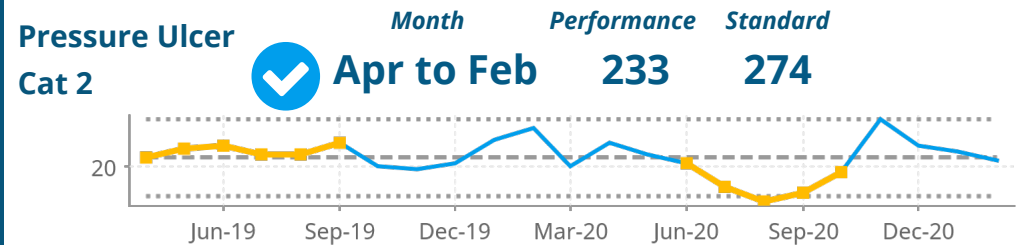
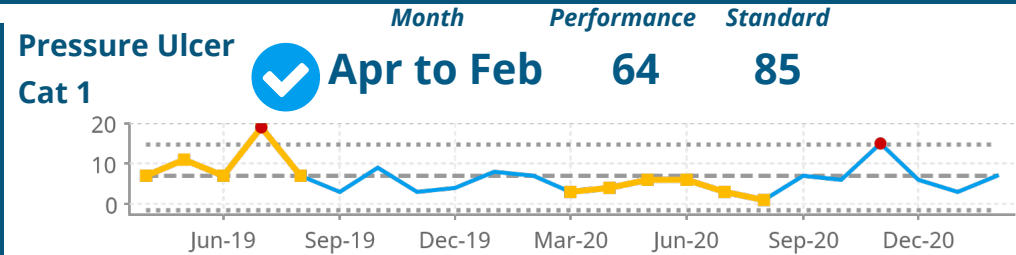
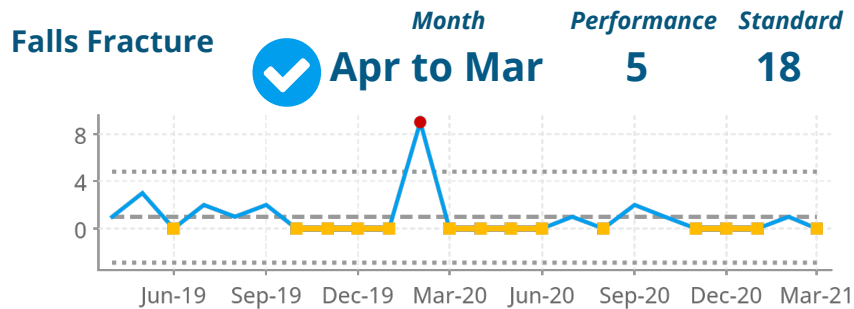
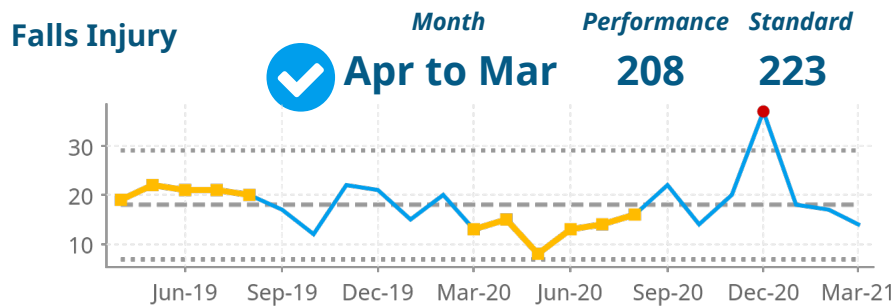
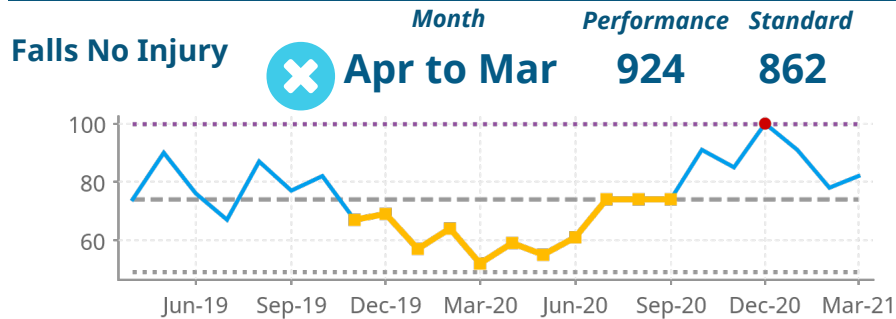
Month **Mar-21**
Performance **0**
Standard **0**



Month **Mar-21**
Performance **93.23%**
Standard **95.00%**

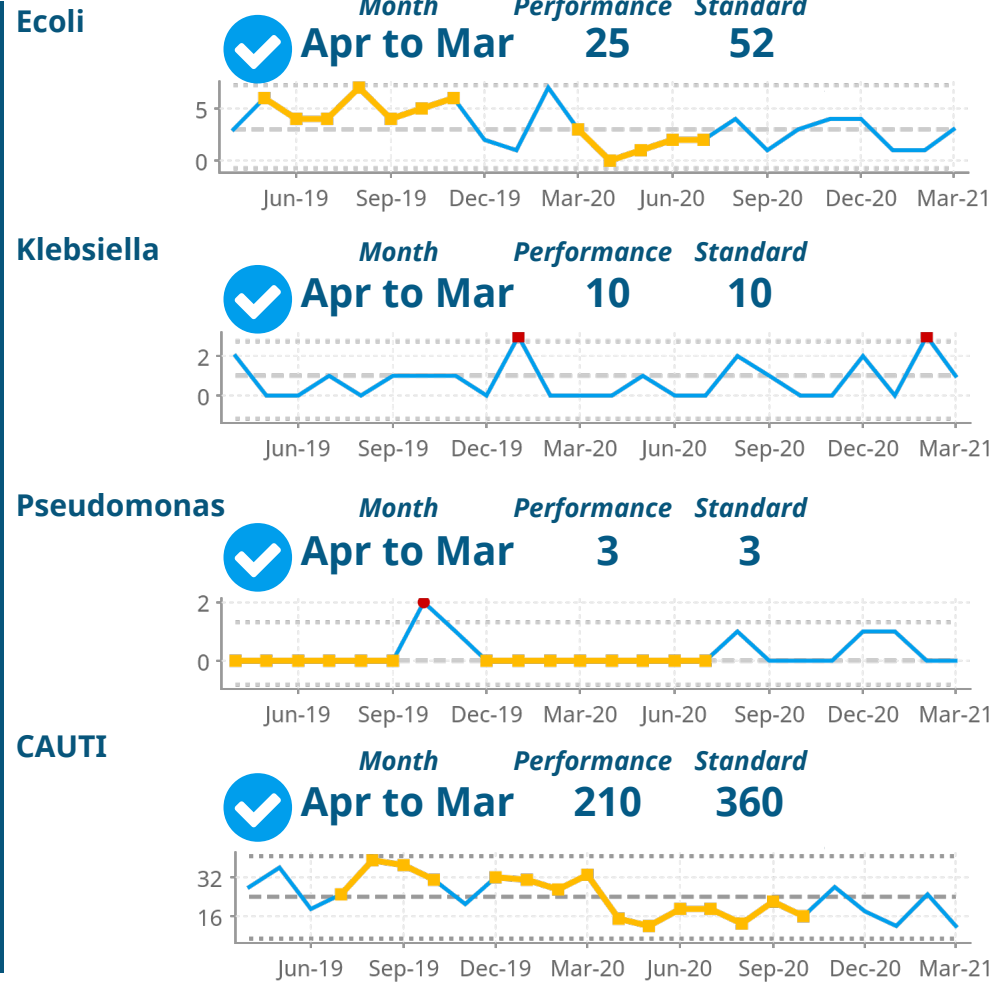
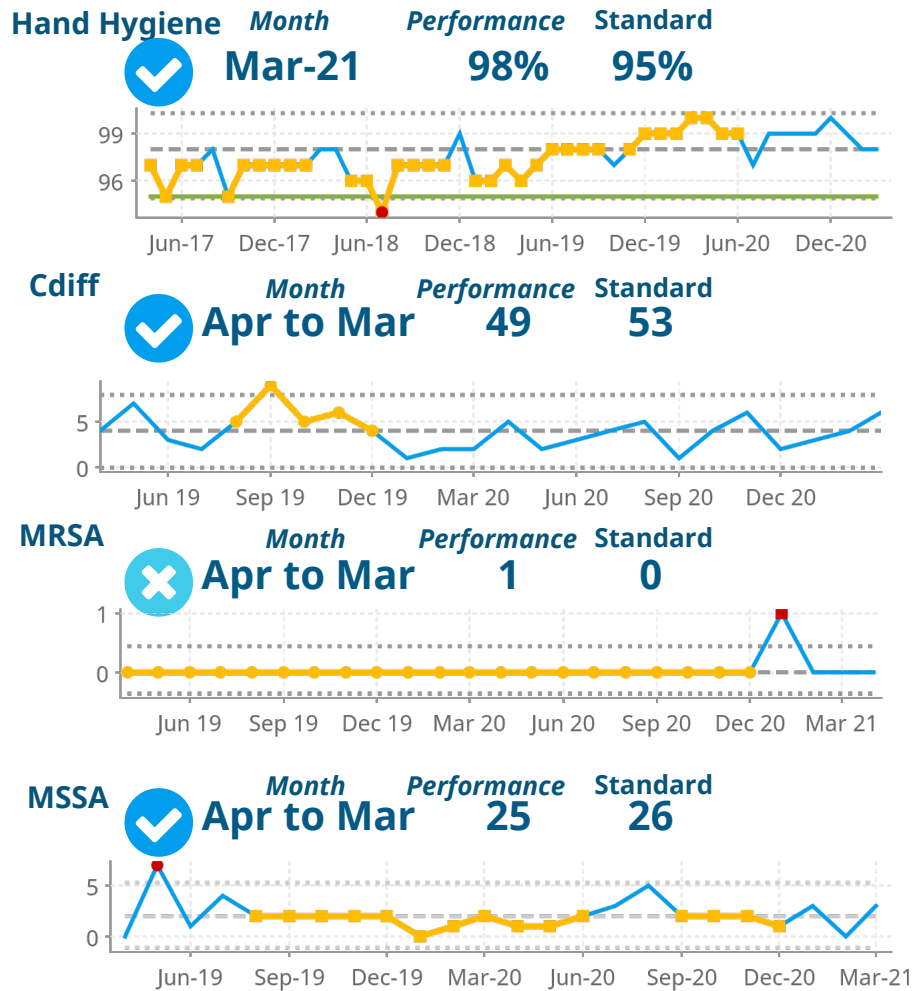


Statistical Process Control (SPC) Charts

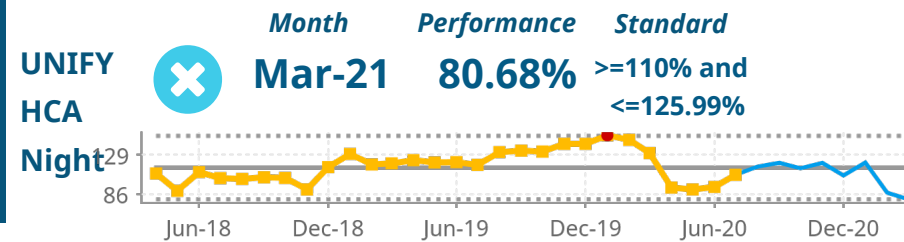
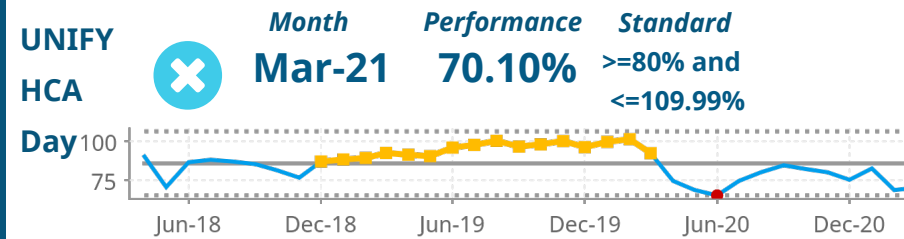
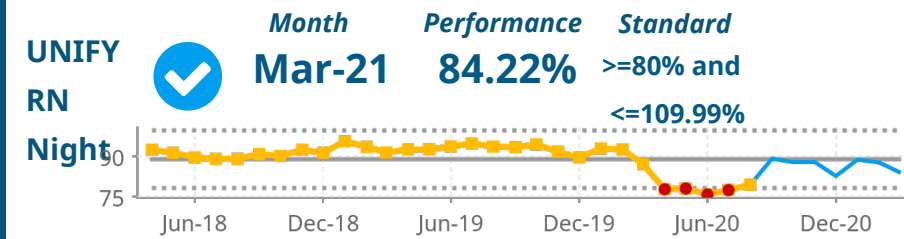
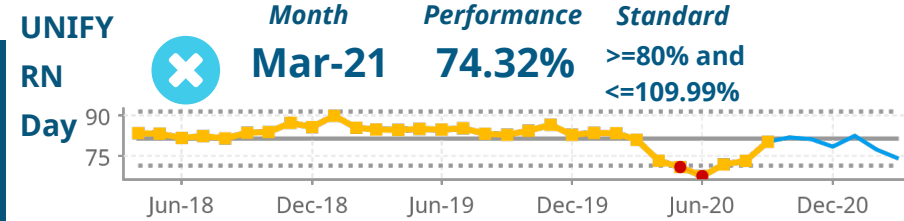
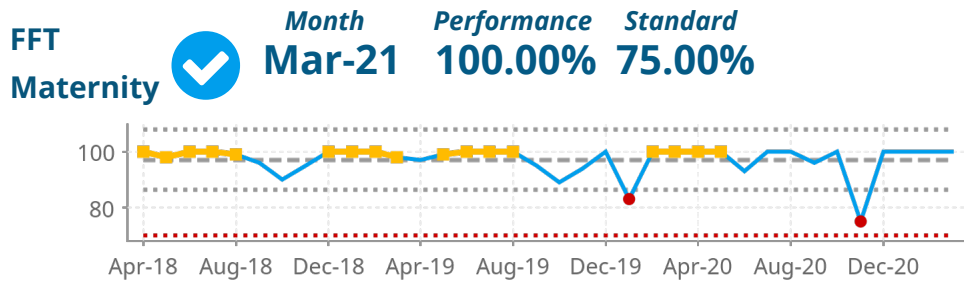
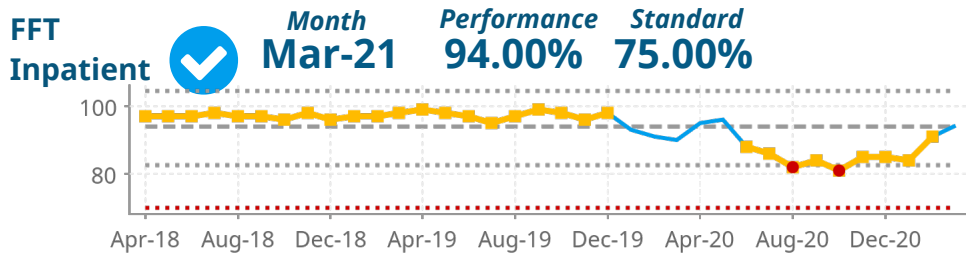
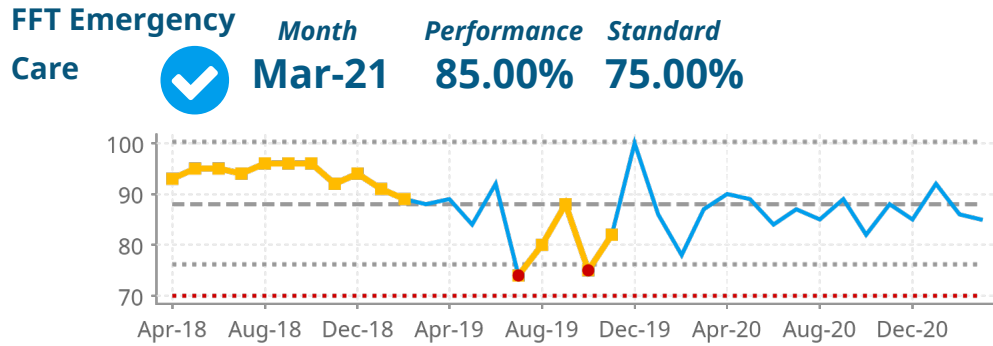




Statistical Process Control (SPC) Charts



Statistical Process Control (SCP) Charts



Workforce



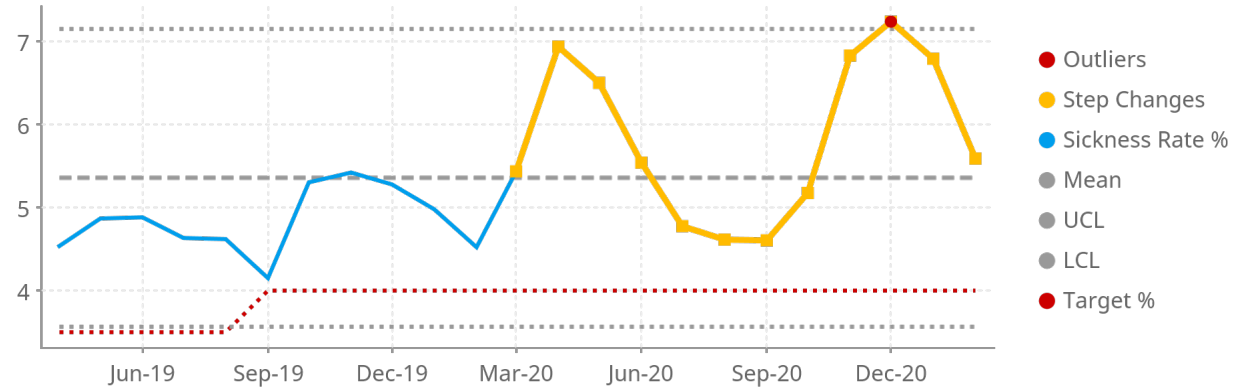
Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 Year Trend</i>	
Sickness	✘ Feb-21	5.59%	4.00%		<p>The sickness absence rate for February 2021 is reported at 5.59%, a decrease of 1.20% compared to the previous month. This is broken down into 1.01% attributable to Covid-19 related sickness and 4.58% attributable to other sickness. The cost of sickness absence is reported as £448,259, a decrease of £138,823 compared to December (£587,082). There were 148 further cases of Covid-19 related staff absence in March 2021, broken down into 74 staff absent for 10 days and 74 who self-isolated for 14 days.</p> <p>'Anxiety/stress/depression' was the top sickness reason in February, accounting for 28% of all sickness absence during the month. 'Chest & respiratory problems' (under which Covid-related sickness is recorded) was the second highest reason, accounting for 19% of sickness absence.</p> <p>Other workforce metrics for March/Quarter 4 end are:</p> <ul style="list-style-type: none"> • Appraisal compliance reported as 81%, an increase of 1% • Mandatory Training compliance reported as 87%, unchanged from previous month • Staff Turnover reported as 7.50%, a decrease of 0.16%
Appraisals	✘ Mar-21	80.66%	95.00%		
Turnover	✔ Mar-21	7.50%	10.00%		
Mandatory Training	✔ Mar-21	87.06%	80.00%		



Statistical Process Control (SPC) Charts

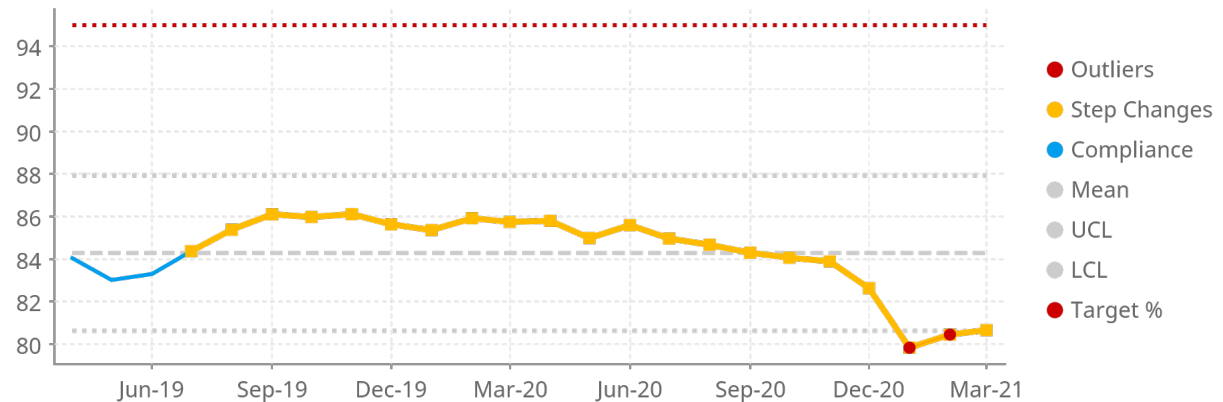
Sickness

✘
 Month **Feb-21** Performance **5.59%** Standard **4.00%**



Appraisal

✘
 Month **Mar-21** Performance **80.66%** Standard **95.00%**

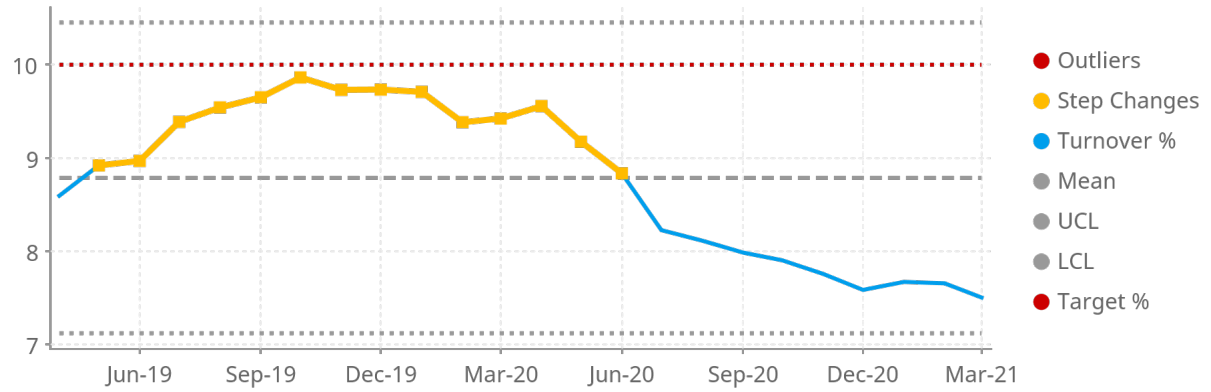




Statistical Process Control (SPC) Charts

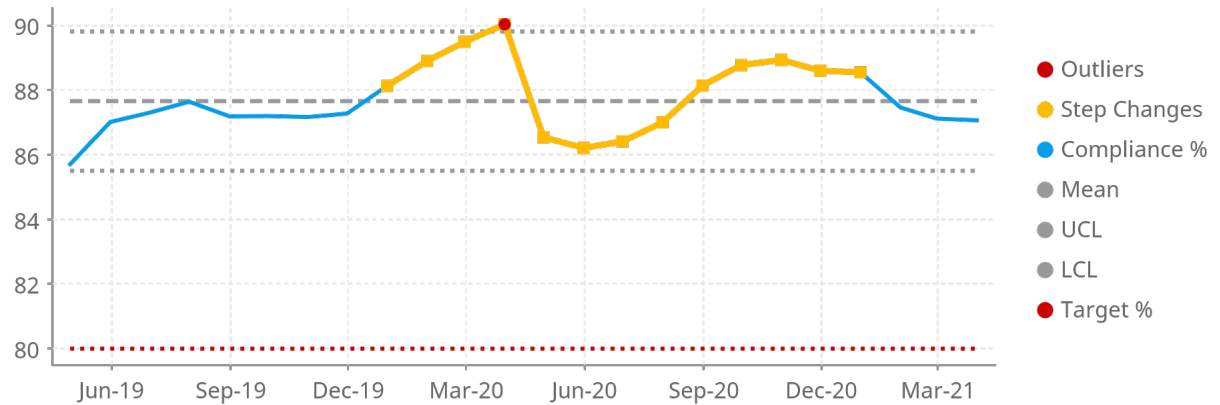
Turnover

Month	Performance	Standard
✓ Mar-21	7.50%	10.00%



Mandatory Training

Month	Performance	Standard
✓ Mar-21	87.06%	80.00%





Finance Overview

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	(330)	1,897	😊
Year End Outturn	(871)	9,387*	😊

*This is the number that will be reported for the purposes of ICP system achievement and excludes the impact of Trust asset impairment.

Balance Sheet	£m
Cash Actual	53.2
Cash Forecast	53.2

Capital	Plan (£m)	Actual (£m)	
In Month	2.8	9.6	😐
Year End Outturn	20.3	18.5*	😐

*This does not include the national loaned assets.

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

*UOR suspended in 2021 - manual calculations

** Rating will only improve with increased cash reserves



Appendix 1

RTT and Cancer

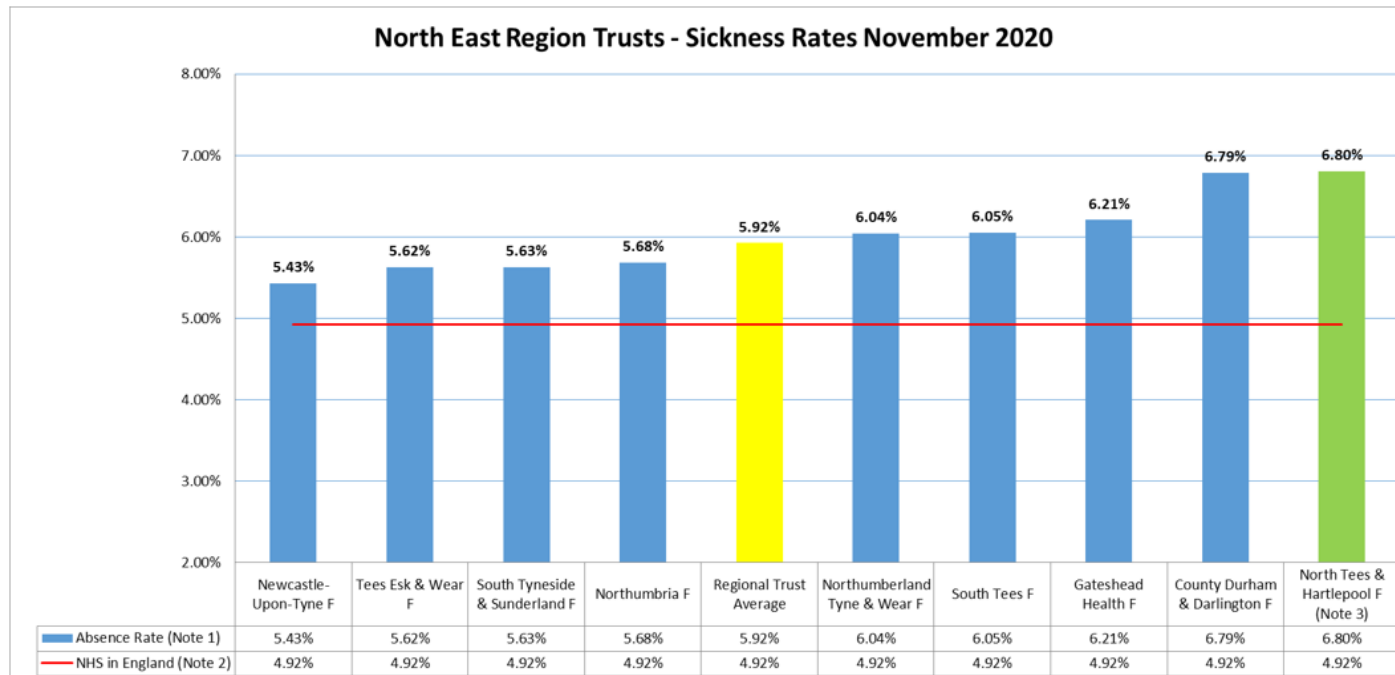
Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - February 21										
Incomplete Pathways waiting <18 weeks	64.5%		84.5%	85.7%	N/A	74.2%	69.1%	84.2%	62.0%	65.5%
Half of patients wait less than	13		8	7	N/A	10	11	9	13	11
Half of admitted patients wait less than	8		4	13	N/A	7	4	10	4	6
19 out of 20 patients wait less than	52+		52+	33	N/A	51	50	49	49	52+
Half of Non admitted Pathways waited less than	6		3	4	N/A	3	6	5	4	4
19 out of 20 patients wait less than	48		24	21	N/A	30	49	33	50	26

Cancer 62 Day Standard - February 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	78.15 (93/119)	75 (12/16)	100 (1/1)	50 (3/6)	74.29 (26/35)	100 (8/8)	100 (17/17)	90 (9/10)	65.38 (17/26)
Lung		70.27 (52/74)	72.22 (6.5/9)	96.77 (15/15.5)	42.86 (3/7)	66.67 (2/3)	65 (6.5/10)	100 (2.5/2.5)	86.96 (10/11.5)	41.94 (6.5/15.5)
Gynae		54.29 (19/35)	60 (1.5/2.5)	87.5 (3.5/4)	0 (0/2)	38.46 (2.5/6.5)	50 (1/2)	87.5 (3.5/4)	42.11 (4/9.5)	66.67 (3/4.5)
Upper GI		57.14 (36/63)	100 (5/5)	50 (4.5/9)	33.33 (1/3)	100 (5/5)	48.39 (7.5/15.5)	76.92 (5/6.5)	28.57 (3/10.5)	58.82 (5/8.5)
Lower GI		44.83 (39/87)	30.77 (2/6.5)	60 (9/15)	24 (3/12.5)	60 (3/5)	22.22 (2/9)	74.29 (13/17.5)	58.82 (5/8.5)	15.38 (2/13)
Uro (incl testes)		71.81 (107/149)	80 (8/10)	85.9 (33.5/39)	40.48 (8.5/21)	66.67 (4/6)	60.42 (14.5/24)	86.21 (12.5/14.5)	76.47 (26/34)	0 (0/0.5)
Haem (incl AL)		71.11 (32/45)	40 (2/5)	80 (4/5)	33.33 (2/6)	100 (1/1)	84.21 (8/9.5)	87.5 (7/8)	83.33 (5/6)	66.67 (3/4.5)
Head & Neck		77.08 (37/48)	50 (1/2)	100 (10/10)	83.33 (5/6)	100 (0.5/0.5)	93.1 (13.5/14.5)	0 (0/0)	58.33 (7/12)	0 (0/3)
Skin		92.41 (146/158)	100 (1.5/1.5)	100 (1/1)	87.5 (14/16)	0 (0/0)	88.89 (56/63)	100 (7/7)	100 (34.5/34.5)	91.43 (32/35)
Sarcoma		50 (2/4)	0 (0/0)	0 (0/1)	0 (0/0)	0 (0/0)	60 (1.5/2.5)	100 (0.5/0.5)	0 (0/0)	0 (0/0)
Brain/CNS		100 (2/2)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		80 (4/5)	100 (1.5/1.5)	0 (0/1)	0 (0/0)	0 (0/0)	100 (0.5/0.5)	100 (0.5/0.5)	100 (0.5/0.5)	100 (1/1)
All		72.12 (569/789)	69.49 (41/59)	80.3 (81.5/101.5)	49.69 (39.5/79.5)	70.97 (44/62)	75.39 (121/160.5)	87.82 (68.5/78)	75.91 (104/137)	62.33 (69.5/111.5)



Appendix 2

Workforce



North East Region Trusts - Sickness Rates November 2020 (*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for November 2020. North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column. The red line is the average rate for the whole of the NHS in England.

The sickness rate for North Tees and Hartlepool is 6.80%, which is the highest in the north east region this month.

Newcastle-upon-Tyne Hospitals NHS Foundation Trust report the lowest sickness absence rate for November 2020 at 5.43%.

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ			
Indicator		Current	Previous	Change	Peer	National	Position ⓘ	👁
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		9.20% (Dec 2019 - Nov 2020)	9.30% (Nov 2019 - Oct 2020)	-0.10 ↓	7.75%	7.88%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		2.29% (Dec 2019 - Nov 2020)	2.28% (Nov 2019 - Oct 2020)	0.01 ↑	2.22%	2.06%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		5.00% (Dec 2019 - Nov 2020)	5.03% (Nov 2019 - Oct 2020)	-0.03 ↓	5.00%	4.40%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		7.33% (Dec 2019 - Nov 2020)	7.41% (Nov 2019 - Oct 2020)	-0.08 ↓	7.29%	6.25%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		10.15% (Dec 2019 - Nov 2020)	10.29% (Nov 2019 - Oct 2020)	-0.14 ↓	10.00%	8.42%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Feb 2021) ⓘ		7.18% (Jan 2020 - Dec 2020)	7.41% (Dec 2019 - Nov 2020)	-0.23 ↓	7.38%	6.90%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Feb 2021) ⓘ		2.53 (Jan 2020 - Dec 2020)	2.52 (Dec 2019 - Nov 2020)	0.01 ↑	2.48	2.27		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Feb 2021) ⓘ		0.00% (Jan 2020 - Dec 2020)	0.00% (Dec 2019 - Nov 2020)	No Change	13.74%	12.24%		
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2021) ⓘ		92.35% (Dec 2019 - Nov 2020)	92.44% (Nov 2019 - Oct 2020)	-0.09 ↓	79.65%	89.42%		
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Jan 2021) ⓘ		97.31% (Dec 2019 - Nov 2020)	97.53% (Nov 2019 - Oct 2020)	-0.22 ↓	95.42%	95.31%		
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2021) ⓘ		78.90% (Dec 2019 - Nov 2020)	79.54% (Nov 2019 - Oct 2020)	-0.64 ↓	77.71%	75.59%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Jan 2021) ⓘ		81.10% (Dec 2019 - Nov 2020)	82.17% (Nov 2019 - Oct 2020)	-1.07 ↓	69.08%	63.99%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Jan 2021) ⓘ		89.32% (Dec 2019 - Nov 2020)	89.51% (Nov 2019 - Oct 2020)	-0.19 ↓	84.72%	79.24%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Jan 2021) ⓘ		87.26% (Dec 2019 - Nov 2020)	87.05% (Nov 2019 - Oct 2020)	0.21 ↑	71.08%	62.22%		
Day case realisation rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		96.56% (Jan 2020 - Dec 2020)	96.46% (Dec 2019 - Nov 2020)	0.10 ↑	94.91%	95.60%		
Day case rate (12 mth rolling) HES Inpatients (Feb 2021) ⓘ		82.50% (Jan 2020 - Dec 2020)	82.43% (Dec 2019 - Nov 2020)	0.07 ↑	84.05%	68.69%		

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking		Position	
Indicator	Current	Previous	Change	Peer	National			
Average excess length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.09 (Jan 2020 - Dec 2020)	0.09 (Dec 2019 - Nov 2020)	No Change	0.34	0.42			
Average length of stay (12 mth rolling) HES Inpatients (Feb 2021)	3.29 (Jan 2020 - Dec 2020)	3.27 (Dec 2019 - Nov 2020)	0.02	3.98	4.47			
Average elective length of stay (12 mth rolling) HES Inpatients (Feb 2021)	1.35 (Jan 2020 - Dec 2020)	1.44 (Dec 2019 - Nov 2020)	-0.09	3.64	4.52			
Average non-elective length of stay (12 mth rolling) HES Inpatients (Feb 2021)	3.52 (Jan 2020 - Dec 2020)	3.49 (Dec 2019 - Nov 2020)	0.03	4.03	4.45			
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.21 (Jan 2020 - Dec 2020)	0.21 (Dec 2019 - Nov 2020)	No Change	0.23	0.25			
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.01 (Jan 2020 - Dec 2020)	0.01 (Dec 2019 - Nov 2020)	No Change	0.03	0.03			
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.36 (Jan 2020 - Dec 2020)	0.35 (Dec 2019 - Nov 2020)	0.01	0.41	0.46			
Average post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.92 (Jan 2020 - Dec 2020)	0.91 (Dec 2019 - Nov 2020)	0.01	1.02	0.94			
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.18 (Jan 2020 - Dec 2020)	0.19 (Dec 2019 - Nov 2020)	-0.01	0.33	0.26			
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	1.43 (Jan 2020 - Dec 2020)	1.40 (Dec 2019 - Nov 2020)	0.03	1.66	1.64			
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Feb 2021)	34.80% (Jan 2020 - Dec 2020)	34.93% (Dec 2019 - Nov 2020)	-0.13	34.93%	33.11%			
Elective stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	3.68% (Jan 2020 - Dec 2020)	4.04% (Dec 2019 - Nov 2020)	-0.36	13.10%	12.56%			
Emergency stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	17.72% (Jan 2020 - Dec 2020)	17.59% (Dec 2019 - Nov 2020)	0.13	18.58%	20.79%			
Elective super-stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	0.32% (Jan 2020 - Dec 2020)	0.41% (Dec 2019 - Nov 2020)	-0.09	2.43%	3.36%			
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Feb 2021)	93.33% (Jan 2020 - Dec 2020)	93.36% (Dec 2019 - Nov 2020)	-0.03	76.79%	77.16%			
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Feb 2021)	0.28% (Jan 2020 - Dec 2020)	0.31% (Dec 2019 - Nov 2020)	-0.03	0.98%	0.96%			
Relative risk length of stay (12 mth rolling) HES Inpatients (Feb 2021)	83.45 (Jan 2020 - Dec 2020)	83.35 (Dec 2019 - Nov 2020)	0.10	102.03	99.88	Low (>95%)		

Board of Directors

Title of report:	NHS National Staff Survey Results 2020									
Date:	29 April 2021									
Prepared by:	Gary Wright - Deputy Chief People Officer Louise Samuel - Organisation Development, and Engagement Lead									
Executive Sponsor:	Alan Sheppard – Chief People officer									
Purpose of the report	This report provides detail relating to the 2020 staff survey results									
Action required:	Approve		Assurance	X	Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People	X	Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe		Caring		Effective	X	Responsive		Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>This report provides detail relating to the 2020 staff survey results; specifically, in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. These reports provide the Trust with a national view on the staff survey responses and highlights areas of good practice and those areas where focus may be required when compared against other similar Trusts.</p> <p>The report also provides information on ongoing activity in relation to the results.</p>										
How this report impacts on current risks or highlights new risks:										
Committees/groups where this item has been discussed	Executive Team Care Group Directors Culture Group Workforce Committee									
Recommendation	The Board of Directors is requested to note the content of this paper; noting in particular the on-going activity relating to analysing the information presented within the NHS staff survey and continued use of action planning going forward.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

NHS National Staff Survey Results 2020

1.0 Introduction

This report provides detail relating to the 2020 staff survey results; specifically, in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. These reports provide the Trust with a national view on the staff survey responses and highlights areas of good practice and those areas where focus may be required when compared against other similar Trusts.

An online census approach was undertaken, which allowed all staff the opportunity to complete the survey, with 2097 surveys received. This gave a response rate of 48%, which is above average when compared to similar Trusts in the benchmarking group (45%). Given that the survey was undertaken during the pandemic, it is pleasing to see a positive response rate.

2.0 Trust Results 2020

It is positive to note that for the themes covered in the 2020 staff survey, the Trust scored above average for all ten themes.

The scores contained within this report range from 1 to 10, with 1 being the worst and 10 being the best score. As a Trust, it is important that we do not compare the scores across the themes and instead we are required to focus on the score in comparison with best/worst and average scores *within* that particular theme. Therefore, whilst Health and Wellbeing may seem to be low in comparison with the other themes, the Trust is performing well in this area when compared with other Trusts and we rank as above average in this area.

The Trust's highlights from the staff survey results (2020) show that almost three quarters of staff feel enthusiastic about their job. More than seven out of ten staff would recommend the organisation to family and friends for treatment with a five-year positive trend and a year on year improvement in staff being satisfied with the quality of care they provide to patients and service users.

Within the local Integrated Care Partnership (ICP), we achieved the highest scores against all of the ten themes. We recognise that such an achievement for this Trust does not happen by chance it is important that we highlight that our performance in this area is testament to the way in which we invest in our staff and value the contribution that they make. We continuously strive to be an employer of choice to attract and retain quality staff and support them with continued development throughout their employment with us. Throughout the pandemic, we have adapted to staff needs to provide support whether that is through wellbeing support or provision resources. Our commitment to providing engagement and organisation development activities also has a positive impact on our performance.

2.1 Trust Covid question Results 2020

This year the questions relating to Quality of Appraisal were removed and replaced with questions relating to Covid-19 to further understand the impact of the NHS workforce. For each theme, the questions were related to those who have worked on a Covid-19 specific ward or area, those who were redeployed, those who worked remotely/from home, those who

shielded for themselves or those who shielded for a household member. Analysing the data in this way provides an understanding of difference in experience amongst these groups.

Equality, Diversity and Inclusion those who worked remotely/from home reported a higher positive score of 9.2 in comparison those who had been redeployed reported the lowest theme score of 8.8.

Health and wellbeing as a theme highlighted those who worked remotely/from home reported the highest score of 6.7 in comparison to those who had been redeployed or shielding for themselves reporting the lowest theme score of 5.7.

Immediate managers also had similar findings with those who worked remotely/from home and those shielding for household members showing a score of 7.4 in comparison to those who worked on a Covid-19 area or were redeployed with a score of 6.8.

Morale was also highest in those who worked remotely/from home at 6.7 with those who were redeployed showing the lowest overall score of 6.1.

Quality of Care was highest in those who were shielding for household members at 7.9 with those who worked remotely/from home reporting the lowest theme score of 7.5.

Safe environment – Bullying and Harassment those who worked remotely/from home had the highest theme score of 8.5 compared to those who were redeployed and worked on Covid-19 areas who scored 7.8.

Safe environment – violence was highest in those who worked remotely/from home at 9.7 with those working on Covid-19 areas having the lowest theme score of 9.0.

Safety Culture those working remotely/from home reported the highest theme score of 7.2 with the lowest being in those who were deployed at 6.9.

Staff Engagement was highest in those who worked remotely/from home with those who were redeployed having the lowest score of 7.0.

Team working was highest in those who worked remotely/from home whilst in comparison those who were shielding for themselves reported the lowest team working score of 6.5.

It is clear from the analysis that those who worked remotely/from home reported a higher satisfaction across the ten survey themes with those who had been redeployed showing lower satisfaction across the majority of the ten themes.

3.0 Detailed Results

The following section of the report reflects the detail of the Trust's responses, broken down by each of the ten themes.

3.1 Equality, diversity and inclusion

The Trust scored a positive 9.3 in this theme, which is above the national benchmarked average.

This year's score has stayed the same as the previous year. Three of the questions within the theme are above the national average however; the question about adequate adjustments has fallen slightly below the national average.

3.2 Health and wellbeing

The Trust's score of 6.3 is above the national benchmarked average of 6.1. This year has seen an improvement in the overall theme.

This theme considers opportunities for flexible working (the Trust scored below the national average); whether individuals have suffered MSK problems or stress as a result of work (the Trust scored better than average a positive result and the overall result saw a 1.6% decline a positive improvement) and how positive the Trust is in relation to health and wellbeing – the Trust remains above the national average and has seen a positive improvement in this question with a 1.9% improvement which is testament to the hard work undertaken by multiple teams to support staff health and wellbeing. This theme also reveals insight into whether staff have felt unwell as a result of work related stress (the Trust scored positively below the average however, the score has seen an overall increase of 2.4%, this is conversely less than the national increase of 4.2%) and also if they have come to work despite feeling unwell (the Trust scored better than the average and has seen an overall positive decrease of 10% in this question, consideration should be made to the impact of coronavirus and the approach of people not coming to work if they had symptoms).

3.3 Immediate Managers

This theme considers staff experience in relation to support, involvement and feedback provided by line managers across the Trust. With a score of 6.9, the Trust rates higher than the national benchmarked average (6.8). The theme has seen a decline this year with each question being lower than last year; however, each question remains above the national average with most questions declining nationally.

3.4 Morale

The Trust's score of 6.4 is above the national average for similar Trusts (6.2). There are nine questions within this theme and the trust saw positive improvements in five of these. The biggest improvement was more staff stating they had unrealistic time pressures never/rarely with a 6.8% improvement. The other positive areas relating to having a choice in deciding how to do their work with a 2.3% increase and all three questions related to leaving the organisation had seen positive declines.

3.5 Quality of Care

A consistently high score has been achieved in relation to the theme of quality of care over previous years and the Trust continues to score above average when compared to other Trusts nationally (7.7 compared to 7.5). There are three questions within this theme and two showed positive improvements; being satisfied with the quality of care to patients/service users (0.3% improvement) and being able to deliver the care I aspire to (1.6% improvement). The question which saw a decline is feeling that their role makes a difference to patient/service users with a 1.2% decline. All of the questions remain above the national average.

3.6 Safe environment – bullying and harassment

The Trust has seen a positive increase in this theme. Two of the theme questions have seen positive improvements with 3.7% less incidents of harassment, bullying or abuse from patients/service users or relatives and a 0.3% decrease in harassment, bullying or abuse from other colleagues. One of the questions which has seen a negative increase of 1.1% is harassment, bullying or abuse from managers. This particular question has seen a two-year negative increase. All of the questions are better than the national average.

3.7 Safe environment – violence

The trust has seen a positive increase in this theme. The three questions contained within this theme have all seen positive decreases this is testament to the hard work undertaken in the keeping staff safe group and a continued zero tolerance approach.

When considering violence from patients, relatives or other members of the public the Trust score has seen a positive decrease and the best trust result in the last 5 years with it falling below the national average. Violence from managers and colleagues have both seen positive declines whilst below the national average continued effort must be undertaken to ensure that these both reach zero.

3.8 Safety culture

The Trust has maintained its position in relation to the safety culture within the organisation, which supports the Trust's objective of putting patients at the centre of all we do.

We achieved a significantly above average score for every question in this theme relating to reporting errors, near misses or incidents, raising concerns about unsafe clinical practice, being given feedback, learning from incidents and addressing any concerns raised. Whilst we have achieved above average scores it is clear we need to continue to work on providing safe spaces for people to share concerns.

3.9 Staff Engagement

The Staff Engagement indicator considers the ability of staff to contribute to improvements at work; a willingness to recommend the Trust as a place to work or receive treatment and; the extent to which staff feel motivated and engaged in their work. There are 9 questions overall with three in each of the above areas. Two of the questions relating to motivation have remained above the national average despite seeing a decline in score whilst the question relating to time passing quickly when I am working has dropped below the national average and seen a 4.4% decline.

The three questions relating to contributing to improvements all questions have remained above the national average with staff being able to make improvement happen in their area of work seeing a positive increase of 0.9%. It is pleasing to see that staff have felt empowered to make changes happen. The other two questions whilst above national average have seen a decline with less staff feeling there are opportunities for them to show initiative (2.8% decline) and less staff feeling they can make suggestions that improve their team/department (3.4% decline).

The three questions, which relate to recommending the organisation two, are above the national average and one has fallen just below. The question relating to care being the organisation top priority remains above 80% despite seeing a slight decline of 0.2%. Staff recommending the organisation as a place to work has increased by 0.8% and recommending to friends or relatives that need treatment has increased by 2.5% however the national average increased by 3.8% (from 70.5% to 74.3%).

The engagement score national average has also seen a decline from 7.1 to 7.0.

3.10 Team working

There are only two questions within the team-working theme; the team having a shared set of objectives and meeting to discuss the team's effectiveness. Both of these questions have seen a decline this year consistent with the national average decline and the best overall score

decline. The year has seen staff redeployed across the organisation, which can reduce the opportunities for teams to connect and feel cohesive.

4.0 Taking things forward

It is right that we celebrate the areas of good practice that are clearly demonstrated throughout the 2020 staff survey results. Despite what has been an incredibly difficult year for all staff working across the trust we have continued to build upon our culture providing a place to work that people can be proud to be part of. These achievements are a product of the dedicated focus provided across the Trust in relation to improving engagement, recognition, values and behaviours, equality, diversity and inclusion, and many other cultural related elements that can be measured through the staff survey.

Last year the opportunity to focus on staff survey improvements was limited due to being at the height of the pandemic. Despite these difficulties, we had a great response from staff survey leads and their commitment to improving the organisation was unwavering. This year we need to share the learning and results with all staff across the organisation and focus on managers in every area having an awareness of how the staff survey can help us provide high quality patient care and be the best place to work.

By working through the staff data we have been able to provide information at a more focussed level, a request made by teams across the organisation, meaning that there are 60 departments which will be provided with data for each theme and the questions contained within those themes. There is a three-step approach from the Organisation Development (OD) and Employee Engagement team:

1. Feedback to each Care Group Director
2. Feedback to senior managers
3. One-to-one feedback with line managers for each of the 60 departments.

There have been opportunities to share the overall trust data with all staff and there will be five engagement sessions focussed around the themes to understand improvements at an organisational level.

Whilst it is easy to focus entirely on data we need to ensure that we do not forget to make meaning of the information, after all it is the largest opportunity each year to truly understand how staff feel working for the trust. It is evident from the data that we have maintained our score from the previous year which is a massive achievement considering the difficult year that has been experienced, however to ensure a meaningful approach we have to truly reflect on what we would like to achieve in the coming year.

4.1 Staff Engagement, motivation and morale

There are clear areas of focus, which can result in improvements across a range of scores. The overall score for the engagement theme has seen a decline this year with the key questions relating to motivation being either close to the average or slightly below. We need to spend time understanding what makes people look forward to coming to work, and increases their enthusiasm to ensure we see improvements in these results in the coming year. We have a strong quality improvement approach across the organisation however; some of the questions within this area have seen quite a decline and are now closer to the national average compared to being closer to the best scores last year. We have a variety of teams across the organisation to support quality improvement from PMIO to QI leads we need to work with these teams to understand how we can increase improvement opportunities. The questions relating to recommending the organisation have remained stable however; the

national averages all saw more positive increases than the Trust. All of these questions link to how staff feel working for the Trust demonstrating the need to focus on people.

Morale, which refers to enthusiasm, optimism and excitement, can help to create positive working environments. Research has shown that higher team morale increases employee engagement and can increase productivity. We must increase morale amongst staff from the moment they join the organisation, providing a clear vision and instilling a belief within them that the organisation wants to provide the best patient care, which will encourage them to try new things and make the most of their skills. The current induction focusses upon completion of tasks, we need to re-energise and refocus to ensure a welcome event that inspires them to be the best they can and also shares the best that the organisation has to offer.

Burnout, health and wellbeing

The overall theme of health and wellbeing has seen a positive increase this year, which is pleasing to see, as there has been a collective approach towards health and wellbeing to provide as much support as possible. Nevertheless, there remains the need for even more in the coming years; many are already acknowledging the emotional burden, which the pandemic has placed on those working within the NHS. Work related stress has continued to rise within the trust over the last five years with a highest ever score this year with two fifths of the respondents experiencing work related stress. This follows the national average trend. We need to invest in preventative approaches, which can result in a reduction.

This year has provided a different focus on what 'being at work' truly means. The variety of routes we have had for staff voice this year have told us that whilst we have begun increasing flexibility we must do more that is not just about office timings. Flexibility can be linked to working from home, job-sharing, part-time opportunities, and shortened working weeks. There are many ways to increase flexibility without compromising organisational goals. Providing a feeling of balance will increase motivation, which in turn will improve patient care.

Immediate managers

It is clear from the results that our immediate managers have felt the strain of the past year, whilst it is easy to view these results and wonder what they have not done perhaps we should pose the question what support do they need? Managing teams can be complex within normal times, the increased anxiety and support throughout the pandemic has offered a challenge of magnitude, which has never been experienced before. A supportive mechanism must be put in place that seeks to understand the experience of immediate managers but does not avoid the difficult conversations about the right person being recruited to roles. We must reinvigorate and realign all managers to the trust values to ensure we provide a compassionate approach not just to our patients but also to those who work for the organisation. The foundation of morale and engagement is trust. We must ensure staff trust that we will listen, we will take action and we will feedback. We must have managers who inspire trust within the team and provide psychological safety for them to share their concerns or worries at those levels to ensure that things are actioned in a timely manner.

We must ensure that all managers are role modelling the expected values, focus on providing a supportive, and compassionate environment for both staff and patients, only then will we see meaningful improvements in the main themes which provide a people focus.

We must continue to invest in our people resource, if we want to see improvements in some of the staff survey metrics we need to consider whether we have invested in the right parts of the organisation to deliver on these metrics. Whilst there is a need to balance the finance without the appropriate resources improvements will struggle to be delivered, adding more tasks to staff that already feel overstretched will not result in positive outcomes.

5.0 Next steps

Whilst the pandemic has challenged the workforce in ways we could never imagine it has never been clearer that a focus on the people who are the beating heart of the organisation is needed to continue on our journey to excellence as our standard. Without the dedicated and compassionate people who work for the organisation, we would be unable to provide the quality care that we always strive for our patients and population. There is much to celebrate in the organisation and we must continue to tap into the potential and skills of a diverse and talented workforce.

The improvements must take place at differing levels across the Trust. At an organisational level, we need to determine the key actions, which must be undertaken to achieve a further positive increase in results in the coming year. At a care group level, we must understand and implement actions, which are department specific, as each area, will have differing needs. At a department level, we must ensure that staff are involved in making improvements and provided with a voice to offer suggestions, which would make their department a better place to work.

The launch of the NHS People Plan provides an opportunity to focus on our most precious resource – our people. It is clear that the eight areas of priority within the People Plan have clear linkage to the staff survey and focussing and implementing these key actions will result in a positive culture change.

An Executive Team strategy session took place on 25 March to look at the key areas of activity from the data contained in the survey, this culminated in an action plan at corporate, care group and department level.

These action plans will be reviewed at the Culture Group and Workforce Committee with regular updates to the Executive Team.

6.0 Recommendation

The Board of Directors is requested to note the content of this paper; noting in particular the on-going activity relating to analysing the information presented within the NHS staff survey and continued use of action planning.

Alan Sheppard
Chief People Officer

Board of Directors

Title of report:	Staff Wellbeing Report									
Date:	29 April 2021									
Prepared by:	Vicki Spinks, Head of Workforce Development & Engagement									
Executive Sponsor:	Alan Sheppard, Chief People Officer									
Purpose of the report	This report provides detail relating to how the Trust provides health and wellbeing support to our staff and highlights some of the work that has occurred as a result of the COVID-19 pandemic and will continue as part of part of our health and well-being offer to staff									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First		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>As an organisation that employs over 5,700 staff, health and wellbeing is one of our main priorities. To this end, 2020 saw the development of a Trust Health & Wellbeing Strategy. This document sets out the Trust's Health and Wellbeing strategy for the next two years, providing a clear overview of the current provision whilst exploring improvements that can be made. To achieve our strategic aims we must provide a safe environment with access to help and support when needed which will ensure a mentally and physically well workforce.</p> <p>At North Tees and Hartlepool NHS Foundation Trust, there is a commitment to supporting our staff through robust employee engagement and a strong health and wellbeing offer. This vision has been built upon for many years and is reflected in the Trust's continued positive engagement score within the NHS Staff Survey.</p> <p>There have been many achievements for health and wellbeing in last year with initiatives and activities increasing as we continue to focus on supporting the people who work in our organisation</p>										
How this report impacts on current risks or highlights new risks:										
N/A										
Committees/groups where this item has been discussed	N/A									
Recommendation	The Board of Directors is requested to note the content of this paper; noting in particular the work that has been achieved to date and other on-going activities relating to supporting the health and wellbeing of our staff.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

Staff Wellbeing Report

Report of the Chief People Officer

1.0 Introduction

This report provides detail relating to the Trust provision of health and wellbeing support to our staff and highlights some of the initiatives that have been developed during the COVID-19 pandemic and influence our newly developed Health and Wellbeing Strategy. The Trust intends to build upon the Health & Well Being strategy to encompass psychological, social, physical and financial well-being to improve retention, reduce sickness and increase employee satisfaction.

2.0 Background

As an organisation that employs over 5,700 staff, health and wellbeing is one of our main priorities. To this end, 2020 saw the development of a Trust Health & Wellbeing Strategy. This document sets out the Trust's Health and Wellbeing strategy for the next two years, providing a clear overview of the current provision whilst exploring improvements that can be made. To achieve our strategic aims we must provide a safe environment with access to help and support when needed which will ensure a mentally and physically well workforce. The Trust's Health and Wellbeing strategic aim is to provide a working environment that will enable employees to meet their full potential both in and out of the workplace and enable them to deliver excellent patient care. This will be achieved by supporting staff to assess and take responsibility for their own health as well as promoting health and wellbeing and providing prevention, intervention and rehabilitation services.

This strategy is driven by the NHS People Plan which details the importance of improving the health and wellbeing of employees; we must ensure that employees are safe and healthy. We will also take a systems approach through involvement in the regional programmes which focusses on the health and wellbeing of our NHS workforce.

The Trust has been a holder of the Better Health at Work award for a number of years, climbing the levels of award to the highest level of Maintaining Excellence. The rigorous assessment considers a number of areas such as stop smoking, healthy eating and weight management, physical activity, stress and mental health and Musculo-Skeletal support.

3.0 Staff Survey: Health and Wellbeing

At North Tees and Hartlepool NHS Foundation Trust, there is a long standing commitment to support our staff through robust employee engagement and a strong health and wellbeing offer. This vision has been built upon for many years and is reflected in the Trust's continued positive engagement score within the NHS Staff Survey.

As part of the Staff Survey for 2020, the Trust's scored 6.3 which was above the national benchmarked average of 6.1. This year has seen an improvement in the overall theme.

2015	2016	2017	2018	2019	2020
6.0	6.2	6.3	6.2	6.1	6.3

There have been many achievements for health and wellbeing in last year with initiatives and activities increasing as we continue to focus on supporting the people who work in our organisation. We recognise that the safety of our people is important and over the previous months, due to the pandemic, we have supported home working from a health and wellbeing perspective. The specific questions on the staff survey related to covid working patterns show a higher satisfaction rate for those staff that worked from home. We will use the data collected from the staff survey to influence future working practices to support health and well-being, flexible working and employee satisfaction.

4.0 Health and Wellbeing Initiatives

Several teams within the Workforce directorate work collaboratively to provide emotional support and guidance to staff that are experiencing difficulties in the workplace. Specifically the Organisation Development and Employee Engagement teams' work in conjunction with the Occupational Health and Employee Relations teams to ensure the health and wellbeing of all staff is paramount. This triangulated approach to health and wellbeing provides a 'listening ear' and an action/solution focussed approach to supporting staff.

Support offered to staff is wide and diverse, purposefully so to ensure the choice of support on offer will suit individuals and includes the following: -

4.1 Positive on-boarding experience

It is recognised that supporting staff should start from the first contact during the recruitment and selection process and continue by providing a good quality induction and orientation programme. In the last year, a comprehensive on-boarding process has been developed meaning that staff have contact with the employee engagement team in their first weeks to understand their experience of joining the Trust. Undertaking this process has allowed improvements to be made to common problems resulting in a better recruitment experience. A welcome brochure has also been created to share important information with staff joining the Trust to provide a positive recruitment experience.

4.2 Flu Campaign and Covid Immunisation

The annual flu campaign engagement with staff remains positive with 80% of frontline staff having their flu vaccination in 2020-21. Such an achievement was notable given the overlap of the programme with the COVID vaccination programme. The first batches of the Pfizer vaccine were received into the Trust on 22 December. The Trust responded to the challenge and initiated a robust vaccination delivery model located from the Rapid Assessment Unit. At the time of writing this report 86% of staff have had the first vaccine with ongoing work with line managers to support staff in their decision making for those who have not taken the opportunity to be immunised to date.

4.3 Psychological Support

As a Trust we fully recognise and support the benefit provided by Mental Health First Aiders, having trained a number of staff in the last year to enable them to recognise signs and symptoms of a number of mental health conditions and giving them the tools and knowledge on how to deal with this appropriately. Such an initiative supports the work of our dedicated Mental Health Advisor; who provides emotional support to staff across the Trust at on a 1:1

basis. This work is complemented by a number of alternative agencies including confidential counselling services via an external company (Alliance). Alliance offer a number of services to our staff including 1:1 counselling and Cognitive Behavioural Therapy (CBT). They are also able to support the Trust with bespoke workshops in relation to mindfulness and sleep management to support the Trusts provision of in house services of this nature.

The Trust continues to provide ongoing health and wellbeing support to staff through a variety of mechanisms including via our in house psychology services whose support during the pandemic has been invaluable. As part of this work, three pathways have been established for health and wellbeing support. Pathway 1 Staff Helpline, Pathway 2 Bookable Slots with Qualified Psychology Professional and Pathway 3 Ward 'In-Reach' Team.

This work is being supported by Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) who have seconded two Clinical Psychologists and two Mental Health Practitioners as in-reach support to Care Groups.

4.4 Time to Change Pledge

The Trust signed the Time to Change Employer Pledge in September 2020. This was as a result of the ongoing 'Treat as One' work which recognises the mental and emotional toll that caring for patients, dealing with difficult situations and shift work have on employees. Like other NHS organisations, sickness absence data indicates that mental health problems including anxiety, depression and stress are an area of concern; as a result, many initiatives have been introduced to support staff health and wellbeing and develop a compassionate and inclusive leadership culture to support and encourage conversations around mental health in the workplace.

4.5 Development of Recharge Hubs

This difficult year has also seen the Trust undertake regular listening events with our staff, not only to understand their concerns but also to listen to ideas for improvement. One such initiative, raised by many, was the development of a space for staff to take their breaks away from the workplace. In July 2020, the Trust was invited to bid for a share of the funding raised by Sir Captain Tom Moore for the NHS and its response to the pandemic. Applications made were required to demonstrate that the funding would be used to support the wellbeing of NHS staff, and volunteers impacted by COVID-19. Around the same time, the Trust utilised funding from charitable funds to host a "wellbeing bus" supported by the company "Vans for Bands" which allowed staff the opportunity of leaving the workplace during their break times and acted as a contact point for staff to share their thoughts and feelings with colleagues from the Workforce directorate as an avenue of support.

There is evidence to suggest that there are significant psychological benefits of having separate breakout areas available for employees to recharge. The basic principle being that it allows employees to temporarily disengage from the steady stream of daily tasks. It was therefore believed that re-purposing spaces with the intention of developing permanent recharge hub facilities on both the North Tees and Hartlepool hospital sites would be significantly beneficial to the health and wellbeing of our employees and volunteers. The programme of works internally across both sites began in October 2020 and were completed in December 2020. The theme of the rooms were "bringing the outdoors indoors", with natural and calming colours and materials throughout. The rainbow symbol also featured in the both the design and the naming of the areas which became the Rainbow Room at North Tees and the Ramplin Rainbow Room at Hartlepool. Work is continuing to improve outside spaces with heaters now in place, fencing improved and picnic benches on order.

4.6 Clinically Extremely Vulnerable Staff

Government guidance identified individuals deemed as clinically extremely vulnerable (CEV) in relation to the both the first and second waves of the COVID-19 pandemic. A task and finish group was established, with representatives from Workforce, the Nursing and Patient Safety directorate and medical expertise provided by the Occupational Health Physician and the Medical Director, with the purpose of considering the identified CEV cases in more detail and understanding how best to provide support during this time. Where appropriate, staff who have been identified as clinically extremely vulnerable have been allocated laptops/VPN in order to allow them to work from home.

In addition, the Trust has to date, administered over 20,000 COVID vaccinations across the health and care system as means of contributing to keeping the local population safe. Our CEV staff were prioritised as part of this roll out.

5.0 Reward and Recognition

Reward and Recognition remains an important part of health and wellbeing with a development planned in the form of 'Appreciation April' which will see the Employee Engagement team working in conjunction with the Psychological Support Service to listen, engage and recognise some of the great work staff have been involved with.

It was important to the Trust to continue with other regular reward and recognition events; significantly we were able to hold the annual Shining Stars Awards as a fully virtual event in November 2020. The awards were well attended; there was laughter, tears, an emotional tribute to a member of staff and feedback received was very positive. This annual event continues to provide the opportunity for staff to be recognised by their colleagues for their contribution and is valued by staff across the Trust.

Employee appreciation is an essential part of the workplace. It has been shown that employees react positively when they are appreciated for their good work or effort. Being valued increases productivity and motivates employees to improve on their good work in turn increasing patient satisfaction and improving care. The Employee Engagement team has provided a variety of tools for staff to be rewarded and recognised with Star and Team of the Month events taking places regularly. As a means of building on this success, further initiatives will be introduced in 2021 to help support and recognise staff across the Trust.

6.0 Next steps

Although we have introduced several steps to maintain the health and well-being of our people, we continue to introduce new initiatives;

- All staff to have at least one health and wellbeing conversation with a personalised plan
- Ensuring people have access to a clean, safe space to rest, hydrate and eat a healthy meal wherever possible
- Encourage every manager to complete mental health first aid training
- Support leaders who need to rest and recover
- Develop the feasibility of a regional occupational health service across the ICS
- Explore the ability for staff to be fast tracked into services
- Increase access to rehabilitation services
- Increase opportunities for flexible working and promoting our flexible working champion to staff
- Implement civility training

- Work with finance to increase offers for money management and financial planning

We will continue to provide practical steps to support our people by using wellbeing sessions and the roll out of a well-being toolkit, provision of recharge hubs, provision of pandemic learning events and sessions to support people in processing the past year in the midst of the pandemic.

7.0 Summary

Whilst the pandemic has challenged the workforce in ways we could never have imagined, it has never been clearer that a focus on the people who are the beating heart of the organisation is needed to continue on our journey to excellence. Without the dedicated and compassionate people who work for the organisation, we would be unable to provide the quality care that we always strive for our patients and population. There is much to celebrate in the organisation and we must continue to tap into the potential and skills of a diverse and talented workforce.

8.0 Recommendation

The Board of Directors is requested to note the content of this paper; noting in particular the work that has been achieved to date and other on-going activities relating to supporting the health and wellbeing of our staff.

Board of Directors

Title of report:	Learning from Deaths Report, Quarter 4, 2020-21									
Date:	29 April 2021									
Prepared by:	Mr S Miranda / Janet Alderton									
Executive sponsor:	Dr Deepak Dwarakanath, 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:										
<ol style="list-style-type: none"> 1. The Trusts HSMR value in the latest period has increased slightly to 101.19 (February 2020 to January 2021), the SHMI has increased slightly to 99.4 (September 2019 to October 2020). Both remain the national “within expected” ranges. 2. There has been a sustained improvement in the level of care being documented which has helped sustain the current reported national mortality statistics. As advised in the previous reports the impact of recent changes in coding to include specific Covid codes, appears to have led to an increase in mortality statistics. 3. During 2020-21, to the end of quarter 4, 27% of compulsory reviews have been completed. Additional scrutiny by the Medical Examiners team means that 14% of all deaths this year have been scrutinised or reviewed. 4. There are a number of work streams in place, to support ongoing clinical and service improvements. There is an update in relation to the current progress for implementation of the Medical Examiners and also reviews of the Covid-19 mortalities. Due to the Covid-19 pandemic other updates information have been deferred and will be added in future reports along with any nationally required monitoring in relation to the pandemic. 5. The report also includes an update from the Paediatric team; thankfully, numbers of paediatric deaths are very low and they are all investigated thoroughly; any learning is then linked into actions taken in response to learning across all areas of safety. 										
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"> • Trust Outcome Performance, Delivery and Operational Group • Patient Safety & Quality Standard Committee 									
Recommendation	<ol style="list-style-type: none"> 1. The Board of Directors is asked to note the content of this report and to derive assurance that there is continued focus to ensure in depth multidisciplinary learning being is obtained from mortality review processes. 2. The Board is asked to recognise the continued sustained levels in the national mortality statistics. 									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

Learning from Deaths Report, Q4, 2020-21

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 are related to the provision of safe and effective quality care. It is considered that if such safety and quality improvements are initiated effectively and embedded, then the mortality statistics will naturally show improvement.
- 1.3 The information presented in this report provides an overview of learning from deaths that has been obtained from mortality reviews undertaken by the Trust. The Trust policy identifies some key areas where all deaths will be reviewed and also identifies additional randomly selected cases will also be included in the review process. Some compulsory review areas have small numbers; therefore, learning is presented as a summation of all reviews to reduce the risk of identifying cases directly.
- 1.4 The report also provides a summary of the planned changes to the mortality review processes now that the Medical Examiners role in progressing successfully. The summary outlines the planned move towards aligning the wide range of case reviews undertaken across the organisation.
- 1.5 The numbers of mortality reviews undertaken by the Trust has been reduced during the Covid-19 pandemic; the capacity of clinical staff to undertake required mortality reviews has been significantly restricted. There are currently additional sessions planned to ensure relevant cases are reviewed and the required learning for improvement identified.

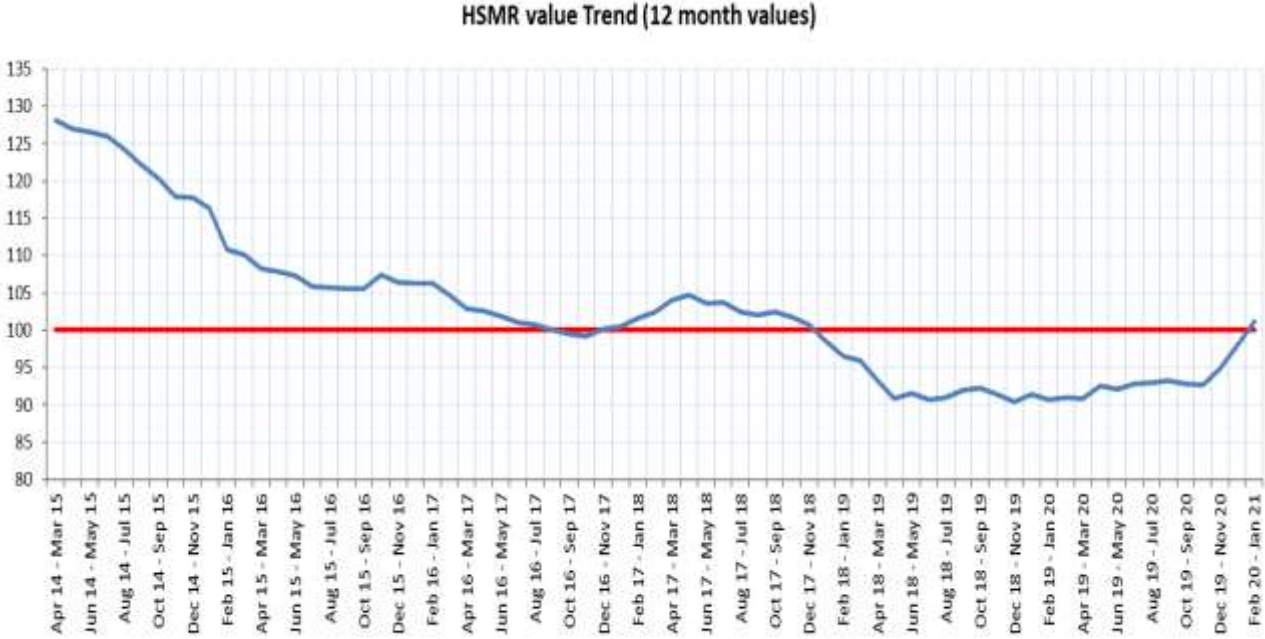
2. Mortality Data

- 2.1 Information related to mortality is gathered from data provided routinely by the Trust to a 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 **101.19** (February 2020 to January 2021), this has slightly increased from the previous **95.91** (October 2019 to September 2020). The value of 101.19 continues to

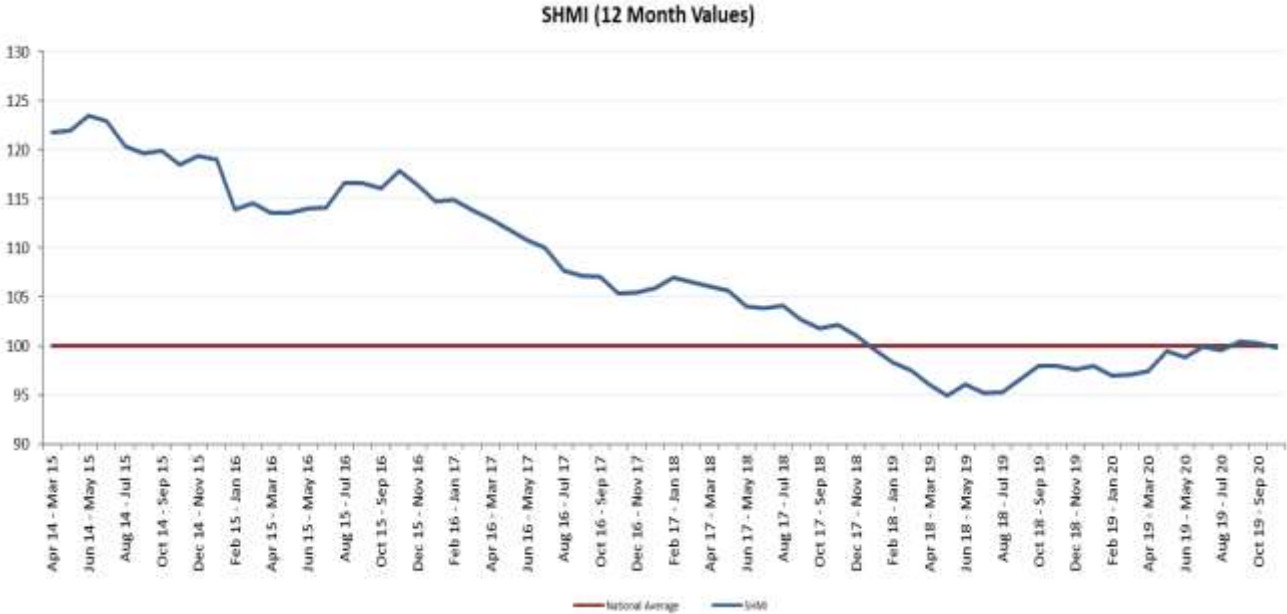
remain inside the 'as expected' range. The following chart displays the 12 month rolling HSMR trends from April 2014 to January 2021:



2.3 The Trust currently has the 45th lowest HSMR value from the 137 Trusts nationally, and 4th lowest value out of the 7 North East Trusts. The number of regional Trusts has reduced following the merger of South Tyneside and City of Sunderland Trusts.

2.4 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.

2.5 The latest SHMI value is now this has increased slightly to **99.4** (September 2019 to October 2020) from the previously reported value of **98.69** (August 2019 to July 2020). The value of 99.4 continues to remain inside the 'as expected' range. The graph below shows the 12 month rolling SHMI from April 2014 to October 2020:



- 2.6 The Trust currently has the 29th lowest SHMI value from the 137 Trusts nationally, and 3rd lowest value out of the 7 North East Trusts.
- 2.7 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.
- 2.8 The increased focus on this should allow the Trust to maintain clearer clinical records but also maintain the current statistical mortality rates during the Covid-19 pandemic when there are nationally more deaths occurring. The changes in coding highlighted in the previous report, as having the potential to lead to an increase in the mortality statistics, has led to an increase in the rates as expected. If this continues as the Covid Pandemic develops, the longer term impact on the statistics will need to be examined further.

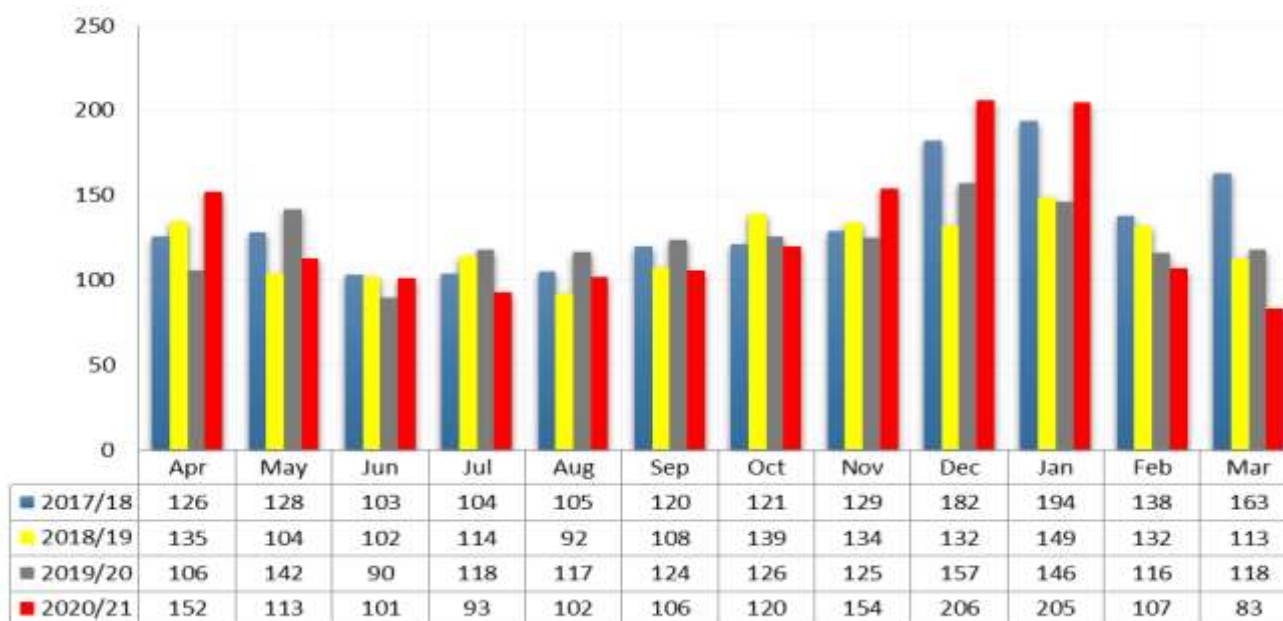
3. Mortality reviews

- 3.1 The Trust currently uses a mortality review tool is based on the “PRISM” methodology, one of the review tools recommended in the national guidance. This is a structured judgement style review of a case record, carried out by clinicians not involved in the patient’s care, to determine whether there were any problems in care. There is a plan to move towards implementing an alternative structured judgment review tool that can be used in a similar manner across a wider range of case reviews, not purely for mortality. As the changes progress further updates will be provided in future reports.

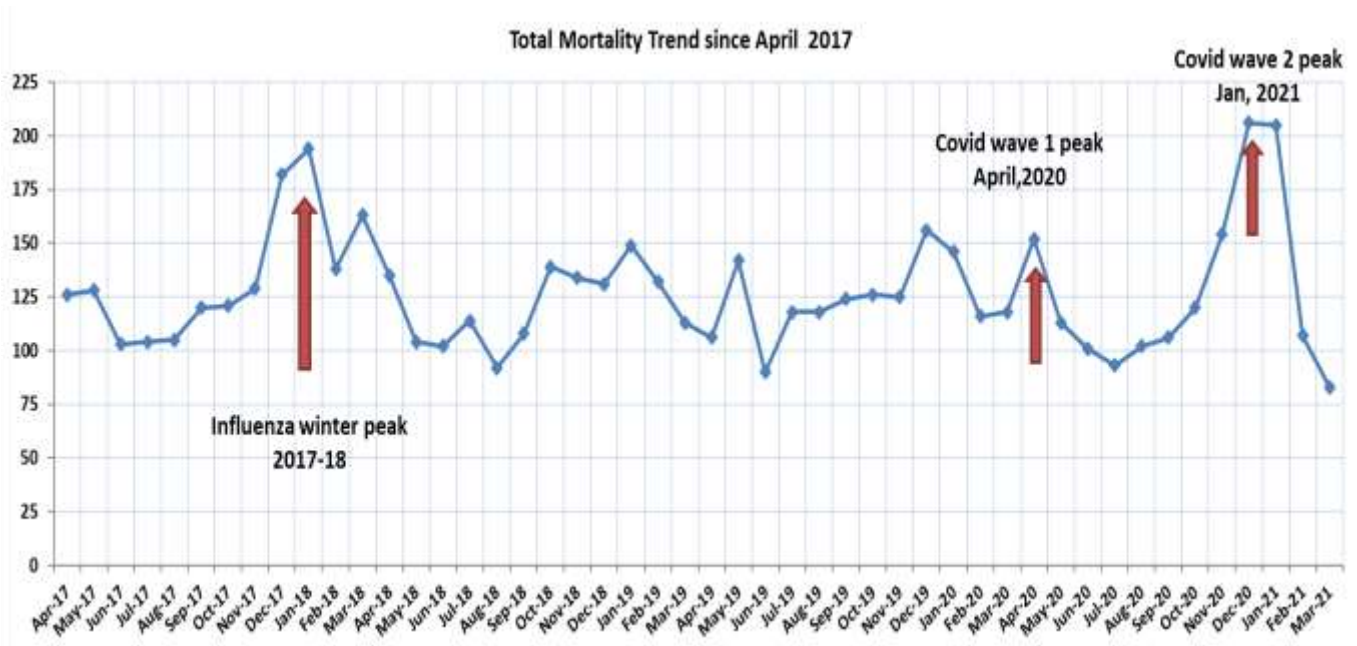
Case record review is undertaken routinely to learn and improve in the absence of any concerns, with all directorates undertaking their own specialty based mortality and morbidity meetings. This is because it can help identify issues where there are no initial concerns. It is also used where concerns exist, such as when bereaved families or members of staff raise issues about care.

- 3.2 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. Since April 2017, the Trust has reported the following deaths:

In-Patient and A&E Deaths



3.3 The following chart shows the monthly trend and fluctuations in mortalities since April 2017 to December 2020; the markers represent key areas of peak deaths linked with influenza over the winter of 2017-18 and Covid-19 during 2020-21:



3.4 The Trust policy currently identifies specific cases where a compulsory review is required; these include:

- Where requests are made by families to undertake a case review.
- Where staff request a case review.
- All deaths in the Intensive Care Unit (ICU).
- All deaths linked to complaints about significant concerns in relation to clinical care.
- All deaths linked to Serious Incident investigations.
- All deaths where the patient was admitted for elective treatment.

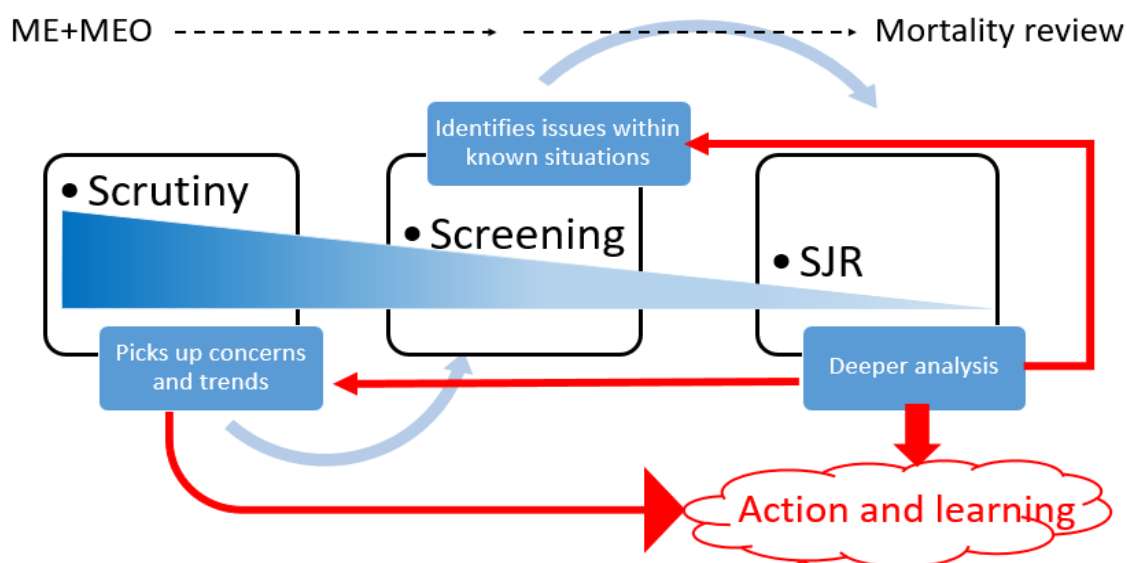
Compulsory case reviews are also undertaken for the following cases, which are linked to specific national review processes:

- 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.
- All stillbirths – in conjunction with nationally agreed Perinatal Mortality Review tool.

3.5 The current Trust “Learning from deaths” policy is being reviewed by the Trust Mortality Lead and the Lead Medical Examiner to ensure it reflects the scrutiny being applied to in-patient deaths following the introduction of the Medical Examiners team. The Trusts team of Medical Examiners (ME) have been in post for 9 months, covering 6 clinical sessions each week; the service has been extended to all of the West Wing in-patient areas. Following the appointment of two Medical Examiner Officers (MEOs) the team are about to expand the service into all adult in-patient wards.

This programme has been agreed with the Regional Medical Examiner with an aim for the team to scrutinise all in-patient deaths end of 2021-22.

- 3.6 With increasing numbers of deaths being considered under the scrutiny of the MEs; this provides an opportunity for the Trust to look at the overall strategy for mortality review review the myriad of other reviews that are undertaken, some of which may not be specifically linked to mortality; such as cardiac arrest or morbidity and mortality (M&M) reviews. These additional case reviews will provide an additional level of screening to afford more depth alongside the scrutiny from the ME service, which in turn can help identify any trends and concerns. The diagram below provides an outline of the proposed future structure with scrutiny and screening leading to a more detailed structured judgment review where concerns are identified. This approach will be defined in the planned amalgamation of Trust Medical Examiner and Learning from Deaths policies and processes; also aligning with the national requirements already outlined in the Trust policy.



- 3.7 In order to further develop the Trusts strategic approach to Learning from Deaths; an assessment tool is to be used to help identify additional areas for development. This assessment tool is part of a package developed by NHS England / improvement as part of their support tools with the “Better tomorrow: Learning from deaths, learning for lives” project.
- 3.8 Where a patient’s death immediately raises concern, this is reported and 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.

During 2020-21, there have been 18 cases reported and investigated as serious incidents, all were identified prior to mortality reviews being completed. Five of these remain under investigation and five remain under investigation with the Coroner, the overall outcome will be reported in future reports. The Coroner has recently commenced inquests using virtual technology and the Trust has several being planned over the summer that will help reduce the backlog.

- 3.9 The data presented in the appendix provides detail of all case reviews undertaken since April 2019. There are cases that may not have been identified immediately but have come to light as a

result of the receipt of complaints and family requests through the Trust Bereavement survey; as a result, there are some reviews pending completion and details may change slightly for each report.

- 3.10 The following table provides a summary of the data, by financial quarters, for 2020-21; a more detailed monthly breakdown is included in appendix 2. The numbers of mortality cases given scrutiny by the Medical Examiners team, during this latest quarter, has been included in the chart below to demonstrate the integration of the two approaches to reviewing care given. The ME team can refer any cases into the overall mortality review system for further interrogation of clinical care, as necessary.

2020-21	Q1	Q2	Q3	Q4	Total
Total deaths in scope	366	301	480	395	1542
Deaths in compulsory criteria	42	46	54	32	174
Compulsory case reviews completed (no.)	18	9	14	7	48
Compulsory case reviews completed (%)	44%	20%	32%	21%	27%
Compulsory reviews pending	23	37	40	25	125
Additional reviews & ME scrutiny completed	15	0	86	70	171
Total completed (no.)	33	9	100	77	219
Total completed (%)	9%	3%	21%	19%	14%
Reviewed Deaths considered avoidable (no.)	0	0	0	0	0
Reviewed Deaths considered avoidable (%)	0%	0%	0%	0%	0%
Reviewed Deaths considered not preventable (no.)	33	9	100	77	219
Reviewed Deaths considered not preventable (%)	100%	100%	100%	100%	100%

- 3.11 The numbers of mortality reviews undertaken by the Trust has been reduced during the Covid-19 pandemic; the capacity of clinical staff to undertake required mortality reviews has been significantly restricted. There are currently additional sessions planned to ensure relevant cases are reviewed and the required learning for improvement identified.

3.12 Covid-19 deaths

From March to the April 2021, the Trust has notified 524 deaths where patients were recorded as testing positive for Covid-19. The Trust has collated information to support identification of trends in the information and management of patients who have succumbed to Covid in our care; including looking at co-morbidities such as diabetes and chronic lung disease. A significant amount of this information continues to be provided for national data collection. The Trust is also working 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. This data is currently being gathered ready for the analysis.

Many of the Trusts clinical teams are actively involved in large research studies to improve the knowledge base in relation to Covid, this supports rapid improvements in management and clinical care that can be offered. Summary information from these studies and case reviews will be included in future reports along with any actions taken as a result of the learning obtained.

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 following national guidance and taking stringent measures to protect patients, visitors and staff in the hospital. As the numbers of Covid in the community have increased this has become increasingly difficult. To date there have been 61

deaths linked to possible nosocomial infection' these are cases with Covid recorded on their death certificate. There have also been a further 12 patients who died following a positive Covid Swab where Covid was not included on their death certificate. Details have been collated for the 61 potential cases, and, following analysis of the data a summary will be provided to the Trust Board within the next report.

4. Medical Examiners (ME)

As outline earlier in the report, the Trust ME team continues to progress their implementation plan within an aim to full scrutiny of all in hospital deaths by the end of this financial year. All of the ME and MEOs have now been accredited by the Royal College of Pathologists. The Trust ME office continues to have support from the Regional ME and MEO; this is reinforcing strong links with ME colleagues serving the hospitals south of the Tees.

The Trust works to national standards in the timeliness of issuing medical certificates of death and registering deaths. The mortuary and bereavement teams have reviewed their processes to maintain timeliness under recent pressures. The introduction of an appointment system has improved medical staff access to the Mortuary within the usual department working hours. A morning huddle held with the MEOs and BSOs will coordinate prompt provision of documents and interactions with families. Feedback from families is shared with clinical teams; any concerns are addressed with patient safety and patient experience team support.

Additional training sessions in relation to the MEs role and death certification, have been developed and held virtually; these are open to the doctors in training as well as final year medical students. Those are extending to include Coronial interactions and Cremation legislation with training for junior doctors also being included in the education programme within Medicine. A session is planned for the Trust induction of new appointees. Updates on the ME role and the relevant service changes have been delivered in the Trust to the Community, Orthopaedic and Surgical group meetings. The MEOs are meeting with Ward Managers and Ward clerks to facilitate the roll out to ward areas.

At this time there are difficulties recognised in relation to the implementation of the ME; the medical staff providing this service have a wealth of clinical expertise and experience; this means they are required to support the increasing activity required during the Covid pandemic. These are similar to the reduction in capacity, due to Covid, for clinical staff to undertake the mandated reviews of cases.

With assistance from IT, the electronic records and laboratory systems support teams, the Trust is aiming to be the first in the North East to be a fully digital ME service integrated within the electronic patient records (EPR) and wider patient safety systems. The Trust is including local partners in the Coroner's office, Registrars and Crematoria within this significant move towards a paper minimal approach. As a result of identifying delays when post mortems are required, the ME team have arranged for the Pathologists appointed by the Coroner to have access to and training in relation to the electronic records system Trakcare. Provision of these records electronically allows the Pathologists to review A&E and medical records in a timely fashion; nursing records continue to be provided currently as paper records.

5. Paediatric update

The Trust is fortunate in that there are very low numbers of deaths reported for children whilst they are in hospital. There is a national process in place to be followed whenever a child dies; this requires all professional groups involved with the child to review all interactions and involvement. For secondary healthcare, this involves a review of clinical management often over several years

leading up to their death. The information gathered through these reviews is shared by Trust representatives at the local Child Death Overview Panel (CDOP) as a way of contributing towards thematic learning shared locally, regionally and nationally via the national child death mortality database.

The department of paediatrics contributes effectively to the CDOP processes, including timely notification of deaths to the local CDOP office, holding rapid review meetings as part of Joint Agency Response involving children's social care, police and other agencies investigating the death. Completion of the reviews includes liaison with Coroner's office and where required the regional pathologist.

Over the last year, the Paediatric team have reviewed their processes in relation to child deaths. When a death occurs within the Trust staff are requested to report this within the local incident reporting system and also to the local CDOP; the death is also notified to the Medical Director and Chief Nurse as soon as possible. If necessary, cases may also be investigated through the Serious Incident process.

All deaths are reviewed for CDOP purposes, these will now be included in the Mortality and Morbidity meeting (M&M) which is chaired by the Paediatric clinical lead. This is a multidisciplinary group of medical and nursing staff, where a structured case record review is completed for all inpatient paediatric deaths. The care of the child will be reviewed ensuring the full pathway is taken into account; as a result, other professionals possibly involved in the child's care will be invited to contribute into the review. There is usually Coronial involvement in child deaths; and sometimes police involvement, depending on the nature of the death.

The Paediatric team have used the reviews as opportunities to ensure clinical guidance, policies and procedures are up to date. The team have focused on ensuring there is a structured and standardised approach to the recognition and response of acute illness in children and young people within all paediatric areas. There is currently no nationally agreed Paediatric Early Warning Score (PEWS); this is to be published during 2021-22. Until this time, the Trust has implemented the regional PEWS to support management of acutely ill children; this is supported by local guidance for staff and is now part of the Trusts electronic observation system.

The Paediatric and Emergency Department teams have recently reviewed the whole pathway for children attending the Trust. This has led to the recent development and implementation of the Paediatric Integrated Assessment Unit (PIAU). This joint team approach will ensure that the child/young person and their families are at the centre of all decision-making and that they are seen at the right time, by the right person in the right setting. The development of joint clinical pathways and standards of care has improved the journey of the child by reducing the numbers of handovers, transfers between areas and clinicians involved in a child's care.

The PIAU has senior medical and nursing staff, including paediatric nurse practitioners based within the unit at all times. All children or young people attending the unit are initially assessed and following this a plan of care is initiated including a full paediatric early warning score (PEWS). Having senior staff available to manage the children, from arrival, supports timely recognition of sepsis and its initial management. This is widely recognised as being particularly challenging in children with complex care needs.

In order to support record keeping and continuation of care through clinical handovers, the Paediatric service has progressed to using electronic records; this means that the PEWS information and the clinical records are available to support robust handovers between teams. Having records available readily supports effective escalation when concerns are identified relating

to ongoing monitoring of trends in PEWS parameters. The PEWS and relevant escalation processes are audited by senior staff; this allows the team to identify any generic issues with the completion of the PEWS but also supports individual feedback to staff where necessary. Learning from the audits is used to enhance the paediatric resuscitation training sessions; this allows the programme to be flexible to immediate requirements while still ensuring the core training is completed. The Paediatric team have rolling programme of joint multidisciplinary training and teaching sessions, these include updates covering PEWS, recognition and management of the deteriorating child, professional challenge, leadership, sepsis, pain management and Child Safeguarding.

Following reviews of some cases where children required transfer out of the Trust to a specialist unit; the Paediatric team have arranged bi-annual meetings with the regional children's transport team (NECTAR) along with representation from Trusts emergency and anaesthetic departments. These meeting support a wider multidisciplinary critical review of the management of the children involved, and the transfer arrangements. These reviews have supported the development of a standardised approach to care across the region; which includes improvements in timely escalation of the level of care for critically unwell children. The team have recently undertaken a review all transfers over 2 years, this included some children who unfortunately later died; this review has resulted in identification of areas of good practice as well as areas for learning. The service are currently analysing this information and will provide details of improvements made and any evaluation of this in a future report.

6. Conclusion/Summary


- 6.1 The Trust HMSR is currently **101.19** (February 2020 to January 2021), this has slightly increased from the previous **95.91** (October 2019 to September 2020). The latest SHMI value is now this has increased slightly to **99.4** (September 2019 to October 2020) from the previously reported value of **98.69** (August 2019 to July 2020). Both are "within expected" ranges; the increase in both statistical rates was expected as a result of coding changes in relation to Covid; as the pandemic progress further analysis maybe required if the rates continue to rise.
- 6.2 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. A summary of the current plan has been provided in the report.
- 6.3 There is ongoing data collection in relation to Covid-19 deaths, not only for research studies but to also understand how Covid is being transmitted in the community and what can be learned, this will be examined further in future reports.
- 6.4 There were 18 cases investigated as serious incidents during 2020-21, five remain under investigation and a further 5 are awaiting Coroners inquests to complete the reviews effectively. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.
- 6.5 During the Covid-19 pandemic clinical teams have not been able to provide all of the information that would generally be included in this report, updates are being obtained flexibly as the teams are able to supply the information.

7. Recommendations

- 7.1 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 in order to maintain the reduction in the Trusts mortality rates.
- 7.2 The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation; but to also continue to be aware of the impact of the changes to Covid coding as future statistics are published.
- 7.3 The Trust Board are asked to note the current development of a differing approach towards Learning from Deaths across the organisation.

Dr D Dwarakanath
Medical Director

Appendix 1

 North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2020-21												
Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews & Scrutiny	Total	Overall %	Death judged as avoidable (>50% likelihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr-20	152	28	13	46%	15	10	23	15%	0	0%	23	100%
May-20	113	6	0	0%	6	4	4	4%	0	0%	4	100%
Jun-20	101	8	5	63%	3	1	6	6%	0	0%	6	100%
Quarter 1	366	42	18	44%	23	15	33	9%	0	0%	33	100%
Jul-20	93	18	5	28%	13	0	5	4%	0	0%	5	0%
Aug-20	102	11	4	36%	7	0	4	4%	0	0%	0	0%
Sep-20	106	17	0	0%	17	0	0	0%	0	0%	0	0%
Quarter 2	301	46	9	20%	37	0	9	3%	0	0%	9	0%
Oct-20	120	22	9	23%	13	13	22	18%	0	0%	22	100%
Nov-20	154	14	3	21%	11	35	38	25%	0	0%	38	100%
Dec-20	206	18	2	13%	16	38	40	19%	0	0%	36	100%
Quarter 3	480	54	14	32%	40	86	100	21%	0	0%	100	100%
Jan-21	205	21	6	29%	15	37	43	21%	0	0%	43	100%
Feb-21	107	11	1	10%	10	20	21	20%	0	0%	21	100%
Mar-21	83	0	0	0%	0	13	13	16%	0	0%	13	100%
Quarter 4	395	32	7	21%	25	70	77	19%	0	0%	77	100%
Totals	1542	174	48	28%	125	171	219	14%	0	0%	219	100%

Board of Directors

Title of report:	NHSI/E Annual Operating Plan 2021/22									
Date:	29 April 2021									
Prepared by:	Lynne Taylor, Director of Planning and Performance Neil Atkinson, Director of Finance									
Executive sponsor:	Lynne Taylor, Director of Planning and Performance Neil Atkinson, Director of Finance									
Purpose of the report	The purpose of the report is to advise the Board on the Annual Operational Planning Requirements for 2021/22.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The NHS England and NHS Improvement (NHSE/I) Annual Operating Planning guidance for 2021/22 was released on the 25 March 2020. This document outlines the key priorities for 2021/22 taking into account the backdrop of the Covid-19 pandemic. The focus of the priorities is ultimately on the recovery of NHS services, recognising the significant impact the pandemic has had, and continues to have, on operational delivery across all health and social care providers.</p> <p>The planning guidance sets out the roadmap for recovery of NHS services, building on lessons learnt during the pandemic, addressing health inequalities, developing services that support both the physical and mental health of the population and returning services to pre-Covid levels.</p> <p>This paper provides an overview of the key priorities, the associated measures of success, submission requirements and the timeline for delivery of the Annual Operating Plans. These include</p> <ul style="list-style-type: none"> • Supporting the health and wellbeing of staff and taking action on recruitment and retention. • Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19. • Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand for mental health services. • Expanding primary care capacity to improve access, local health outcomes and address health inequalities. • Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. • Working collaboratively across systems to deliver on these priorities. 										
How this report impacts on current risks or highlights new risks:										
<p>This report highlights the Annual Operational Planning requirements for 2021/22. This includes delivering both as a unitary organisation and as part of the ICS, therefore potentially encompasses additional risks outside the organisation's control.</p> <p>However, the Trust is working closely with ICP/ICS partners to agree an overarching plan, which achieves the planning requirements as a system.</p>										

Committees/groups where this item has been discussed	Executive Team Care Group Directors Planning, Performance and Compliance Committee
Recommendation	The Board of Directors is asked to note the contents of the paper, including; <ul style="list-style-type: none"> • The key priorities outlined within the Annual Operating Planning Guidance. • The requirement to work across the ICS to deliver a collaborative, system approach to planning for the delivery of the key objectives outlined within the Annual Operating Planning Guidance. • Acknowledge the Trust's progress in the development of an organisational level plan, including the completion of the activity, workforce, financial and narrative submissions.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 April 2021

NHSI/E Annual Operating Plan 2021/22

Report of the Director of Planning and Performance and Director of Finance

1. Introduction/Purpose

- 1.1 The NHS England and NHS Improvement (NHSE/I) Annual Operating Planning guidance for 2021/22 was released on the 25th March 2020. This document outlines the key priorities for 2021/22 taking into account the backdrop of the Covid-19 pandemic. The focus of the priorities is ultimately on the recovery of NHS services, recognising the significant impact the pandemic has had, and continues to have, on operational delivery across all health and social care providers.
- 1.2 The report acknowledges the challenges met over the previous 12-month period, including unprecedented activity pressures, treating over 390,000 people with Covid-19 in hospitals, and many more in primary, community and mental health care. The NHS has continued to deliver other essential services, treating over 275,000 people with cancer and dealing with increases in urgent and emergency demand.
- 1.3 Alongside this, a vaccination programme has been delivered at significant pace to support the reduction in infection rates across the population.
- 1.4 The pandemic has shone a brighter light on health inequalities, highlighting the need to take further steps to develop population health management approaches that address inequalities in access, experience and outcomes, working with local partners across health, social care, and beyond.
- 1.5 As such, the planning guidance sets out the roadmap for recovery of NHS services, building on lessons learnt during the pandemic, addressing health inequalities, developing services that support both the physical and mental health of the population and returning services to pre-Covid levels.
- 1.6 There is an expectation that providers, Integrated Care Partnerships (ICP) and Integrated Care Systems will work together to develop system plans.
- 1.7 This paper provides an overview of the key priorities, the associated measures of success, the submission requirements and the timeline for delivery of the Annual Operating Plans.

2. Annual Operating Plan Requirements

- 2.1 During the pandemic, the NHS has demonstrated its ability to adapt and develop new services at scale and pace, and has, as an example, made real strides in embedding digital approaches into patient care. The Annual Operating Planning for 2020/21 aims to build on this success, with a focus on delivery at system level, in collaboration, ensuring effective partnership working across systems is at the heart of service planning and delivery.

2.2 As such, the financial framework arrangements for 2021/22 will continue to support a system-based approach to funding and planning.

2.3 Within this context, the planning priorities for the year ahead encompass;

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

Taking each of these in turn, a high-level summary of the planning requirements are outlined below.

2.4. Supporting the health and wellbeing of staff

2.4.1 This section of the planning guidance recognises the impact of Covid on NHS staff, therefore outlines the support mechanisms that need to be put in place to ensure staff's health and wellbeing is addressed going in 2021/22 and beyond. This includes;

- Carry over of Annual Leave and buyback – system finance assessment will exclude higher accruals for annual leave.
- Staff health and wellbeing conversations to be a focus over the first 6 months of the year, building in risk assessments, flexible working, IPC, testing etc.
- Rapid access to psychological and special support- investment in mental health hubs in each ICS.
- Addressing inequalities through improvement plans covering WRES findings and accelerate the delivery of the model employer goals.
- Maximise benefits of E-rostering, flexible working patterns and most effect deployment of staff linked to lessons learnt during Covid.
- Facilitate flexible staff working across the system, remote working plans and best use of technology.
- Development and delivery of local workforce plan as outlined in the NHS Long Term Plan, addressing education and training, recruitment and retention as a system, new roles i.e. Medical Support Workers and robust post graduate training.

2.5. Covid: Vaccination programme and continuous needs of patients

2.5.1 This element of the plan recognises the potential on-going impact of the pandemic, with little evidence of how long the initial vaccination will protect the population, therefore highlighting the future requirements relating to the management of Covid pressures. These include;

- Being prepared for a COVID-19 re-vaccination programme from autumn, with high uptake ambitions for seasonal flu vaccination, alongside;

- The possibility of COVID-19 vaccination of children, should vaccines be authorised for use in under 18s and recommended by the JCVI in this population.
- Preparation for future surges including; continued use of home oximetry, hospital led 'virtual wards', safe and timely discharge.
- Funding will continue for dedicated Post Covid Assessment clinics to support 'Long Covid' syndrome.
- Stocktake of both physical Critical Care Capacity and workforce to support resilience going forward.
- Continued application of the Infection Prevention and Control Guidance.

2.6. Transformation of services and restoration of elective and cancer services, including impact on Mental Health services

2.6.1 The pandemic has had a significant impact on NHS activity, and while the majority of care and activity has been maintained through the winter and the second wave, elective care has been disrupted and there are new demands on mental health services.

2.6.2 During the pandemic collaboration across providers helped ensure that every COVID-19 patient requiring hospital treatment received it, and staff could work where they were most needed.

2.6.3 In addition, pathway changes were rapidly implemented, helping ensure patients were only in hospital if they needed to be. The planning guidance outlines how the same approach should be embedded to transform the design and delivery of services across systems, to reduce unwarranted variation in access and outcomes, redesign clinical pathways to increase productivity, and accelerate progress on digitally-enabled care.

2.6.4 The transformation and restoration planning will include:

- £1bn funding to support recovery of elective and cancer services.
- To access the funds Providers will be required to meet the 'gateway' criteria, including addressing health inequalities, transformation of outpatients, system wide elective recovery, tackling the longest waiters and supporting staff.
- Maximise physical and workforce capacity across the system including Independent Sector (IS), integrating high impact changes i.e. segregation of patients.
- Prioritise the clinically most urgent patients, e.g. for cancer and Priority1/Priority 2 surgical treatments.
- Incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk (drawing on both primary and secondary care).
- Maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.
- Address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation.
- Safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through.

2.6.5 The guidance outlines a number of asks to support the delivery of the above restoration programme, these include;

- 70% of 2019/20 activity levels to be delivered from 1st April, increasing by 5% month on month to a level of 85% by July 2021.

- Local commissioning of IS activity to support recovery over the next 2 years.
- System level tracking of WL, including clinical review and prioritisation, shared demand and capacity planning.
- Dedicated fast Trak hubs for high volume, low complexity care, dedicated elective service pathways within acute sites and co-ordination hubs for monitoring and tackling system backlog.
- Whole pathway transformations to improve Cardiac, MSK and eye care – achieving upper quartile benchmark position, supported by GIRFT elective programme.
- Embed Advice and Guidance, patient initiated follow up services, with 25% of outpatients to be delivered remotely by telephone or video consultation.
- System wide workforce model to manage across provider working
- Implementation of new Community Diagnostic hubs and pathology and imaging networks to enhance elective recovery.
- Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and increased level of referrals and treatments by March 2022.

2.6.6 Cancer Alliances are being asked to draw up a single delivery plan on behalf of their integrated care system (ICSs) for April 2021 to September 2021 to deliver the following actions:

- Work with GPs to increase number of people coming forward for suspected cancer
- Work with specialist commissioners to restore screening services, using additional £50m investment committed for Breast screening and reduce backlog.
- Extension of bowel screening to 50-60 age group, 56 year olds by April 21
- Extend clinical prioritisation and hub model to cancer diagnostics (starting with Endoscopy)
- Increase uptake of innovations such as colon capsule endoscopy and Cytosponge for early diagnosis
- Accelerate Rapid diagnostic pathways for the most pressured tumour groups
- Restore first phase of Targeted Lung Health check projects at earliest point
- Embed system first approach to cancer pathway delivery
- Agree Personalised Stratified Follow up pathways for an additional three cancer types, alongside Breast, Prostate and Colorectal
- Achieve Faster Diagnosis standard from Q3, initially delivering at least 75%. Data will be published from spring 21

2.6.7 The ambitions set out in the Mental Health Implementation Plan 2019/20–2023/24, which expand and transform services, remain the foundation for the mental health response to COVID-19, enabling local systems to expand capacity, improve quality and tackle the treatment gap.

2.6.8 An additional £500m of funding has been made available in 2021/22 to address the impact of COVID-19.

2.7 Expanding primary care capacity to improve access, local health outcomes and address health inequalities

2.7.1 The Long Term Plan committed to a significant real terms expenditure increase on primary medical and community health services to improve prevention and keep people out of hospital. In 2021/22 this commitment will again be met and will support:

- Restoring and increasing access to primary care services.
 - Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities.
 - Transforming community services and avoiding unnecessary hospital admissions and improving flow, in particular on the emergency pathway.
- 2.7.2 COVID-19 has highlighted the correlation between poorer health outcomes and ethnicity and deprivation, specifically. Systems are encouraged to adopt population health management techniques as part of their targeted recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups.
- 2.7.3 To support this programme of work, NHSEI will continue to work with systems to develop the real-time data tools and techniques being used so effectively by the COVID vaccination programme, at a granular local level. This will include the use of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex needs, and those awaiting multiple appointments. There is an expectation that systems should provide proactive, multi-disciplinary, cross sector support to these patients, in line with the NHS Comprehensive Model for Personalised Care.
- 2.7.4 Systems are required to develop robust plans for the prevention of ill-health, led by a nominated Senior Responsible Officer, covering both primary and secondary prevention deliverables as outlined in the Long Term Plan, linked to long term conditions including diabetes, Cardio Vascular Disease (CVD) and obesity.
- 2.8 Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay**
- 2.8.1 With national transformation funding and the increase in primary and community care services, funded through baseline allocations, every system is asked to set out plans to accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022.
- 2.8.2 Additional transformation funding will be released subject to those plans and a commitment by all community service providers to provide complete and accurate data to the Community Services Dataset (CSDS) in 2021/22.
- 2.8.3 Systems have achieved significant reductions in long stays during 2020/21 equivalent to freeing up 6,000 beds and 11,000 staff across acute and community settings. A focus of the planning guidance is to ensure all providers continue to deliver timely and appropriate discharge from hospital inpatient settings and seek to deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days.
- 2.8.4 This will be supported by the continuation of the funding to support the first six weeks of additional care after discharge from an NHS setting during the first quarter and first four weeks from the beginning of July, with a further review for the second half of the year.
- 2.8.5 Systems are asked to continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes.
- 2.8.6 Specifically, systems should ensure 111 is fully utilised as the primary route of access into urgent and emergency care, including;

- Maximise booked time slots into A&E, at least 70% utilisation
- Maximise direct access to SDEC and specialty hot clinics and implement referral pathways to urgent community and mental health services.
- Adopt consistent, expanded SDEC model encompassing acute frailty services with Emergency departments to avoid unnecessary admissions

2.8.7 Revised emergency care standards will be utilised as supporting indicators of success, including;

- Time to initial assessment for all patients presenting at A&E.
- 12 hour waits in A&E from time of arrival.
- Proportion of patients spending more than 1 hour in A&E after being declared 'Ready to proceed'.

2.9 Working collaboratively across systems to deliver on these priorities

2.9.1 The priorities set out in the guidance are to be delivered through effective partnership working across systems, including effective provider collaboration and place-based partnerships with local government. The guidance sets out the expectations for how Integrated Care Systems (ICS) are expected to build on existing arrangements during 2021/22. These requirements include having system-wide governance arrangements to enable a collective model of responsibility and decision-making between system partners.

2.9.2 Integrated Care Systems are asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out above. These must be set out in a memorandum of understanding (MOU) and agreed with regional NHS England and NHS Improvement teams.

2.9.3 The ICSs are required to lead on the development of local health and care priorities that reflect the needs of the population, including;

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Helping the NHS support broader social and economic development

2.9.4 Plans should also support the delivery of three overarching objectives;

- Development of underpinning digital and data capability to support population-based approaches.
- Develop ICSs as organisations to meet the expectations set out in Integrating Care.
- Implement ICS level financial arrangements.

3. Annual Operating Plan – Financial Arrangements for H2 (April to September) 2021/22

3.1 The national NHS finance guidance was published at the end of March, which confirmed that the existing financial framework would continue for the first 6 months of 2021/22.

3.2 In conjunction with the guidance outlined above, ICS / ICP system envelopes were published with the primary objective of:

- Providing certainty and support for the continuing operational response to Covid-19, and;
 - To centrally generate organisational plans for H2, to avoid a lengthy planning process with commissioners / providers.
- 3.3 The system envelopes also attempted to recognise the following assumptions:
- The continued prevalence of Covid-19;
 - That infection control arrangements will continue across the NHS in the short term;
 - That the on-going vaccination programme will be expected to reduce the number of reported deaths as well as, reduce the number of positive cases; and,
 - Maintain the investment in both primary care and mental health.
- 3.4 The allocated system envelopes comprise the following specific funding flows:
- CCG Allocations and block contracts - these have been nationally calculated and are based on Q3 (October to December of 2020/21) and are expected to cover business as usual, known pressures (i.e. CNST) and policy priorities. It is assumed that there will be sufficient funding to return to 85% of 2019/20 activity levels.
 - System Top-Up - additional funding has been allocated to those systems where expected expenditure will be greater than income based on existing run-rates.
 - Growth funding – no specific funding has been allocated for growth with the anticipation that organisations will access the Elective Recovery Fund for activity in excess of 85% of 2019/20 levels.
 - Covid-19 – this is a non-recurrent allocation to cover the anticipated costs for the first six months of 2021/22.
 - Non-NHS Income - additional fixed income support for non-NHS income losses such as car parking, catering, R&D etc.
- 3.5 Included within the system envelopes, additional funding has been agreed with the NHS and Treasury and an additional £8.1bn of funding identified to support the national response to Covid-19. Of the additional £8.1bn, £7.4bn (91%) has been allocated to the H2 system envelopes, with only £700m of the additional funding remaining for the second half of the year. This potentially creates a significant change in funding arrangements across the financial year. Discussions between the NHS and Treasury for H2 have not begun so it is unclear as to the impact on overall future funding arrangements.
- 3.6 System envelopes have also be adjusted to reflect an efficiency requirement increasing through the second quarter and with an increased requirement for those systems that had deficits compared to 2019/2020 financial trajectories.
- 3.7 Specific system productivity measures will be aligned to reflect a focus on clinical pathway transformation and the reduction in unwarranted variation as part of the national elective recovery programme, underpinned by more effective rostering of staff.
- 3.8 Outpatient transformation will be aligned to a set of improvement measures in the second half of the year.
- 3.9 Similar to the previous financial year, commissioners and providers are not required to sign contracts for 2021/22 as the nationally mandated terms of the *NHS Standard Contract for 2020/21* will apply and the block payment arrangements supersede the schedules in the contract relating to activity and finance. An important component of

the guidance is that providers and commissioners should focus on returning to required non-Covid-19 levels of activity and the local management of the Covid-19 response.

- 3.10 Fixed funding envelopes have been issued to the Tees Valley ICP – providers and commissioners must achieve financial balance within these envelopes. The system is expected to break-even however, organisations within the system may mutually agree to deliver organisational surplus and deficit positions.
- 3.11 An Elective Recovery Fund (ERF) has been agreed to support local systems to realise ambitions for recovery. As part of the comprehensive spending review (Autumn 2020), £1.5bn (£0.5bn for Mental Health and £1.0bn for Elective) was allocated to support recovery.
- 3.12 The Elective Recovery Fund has been designed to reimburse ICS systems for additional costs of elective / outpatient activity based on delivering nationally set 2019/20 thresholds. To receive this income the ICS needs to support five key objectives: health inequalities, transforming outpatients, system led recovery, waiting list validation and people recovery).

4. Annual Operating Plan Submissions

- 4.1 The Annual Operating Plan submissions are required at ICS level, however with an expectation that a collaborative approach has been taken to triangulate Provider, Integrated Care Partnership and the overarching ICS plans.
- 4.2 The submissions include activity, workforce, financial and narrative templates, linked to the deliverables outlined in the planning guidance.
- 4.3 The timeline for submission of the plans are; draft system plans by the 6th May and final plans by the 3rd June, however with earlier timelines for organisational and ICP plans to feed into the overarching ICS plans.

5. Trust Planning Process

- 5.1 The Trust has commenced its Annual Operating Plan development, working with the wider South ICP to reviewing the requirements outlined within the guidance.
- 5.2 Weekly planning calls are in place at both ICP and ICS level, working collaboratively to review and address the asks outlined within the planning guidance, with regular discussion and updates on the key principles to be applied to deliver a cohesive ICS level plan.
- 5.3 The Trust has undertaken a gap analysis against the planning guidance, reviewing the baseline position against each deliverable, progress already delivered and any outstanding areas requiring further development.
- 5.4 Work has commenced on the completion of the activity, workforce, financial and narrative templates, which will initially feed into the ICP level plan then ultimately the ICS Annual Operating Plan for 2021/22.
- 5.5 Once completed the Trust's Annual Operating Plan will be ratified through the organisation's governance structure, pre the final submission in June.

6. Recommendations

6.1 The Board of Directors are asked to note the contents of the paper, including;

- The key priorities outlined within the Annual Operating Planning Guidance.
- The requirement to work across the ICS to deliver a collaborative, system approach to planning for the delivery of the key objectives outlined within the Annual Operating Planning Guidance.
- Acknowledge the Trust's progress in the development of an organisational level plan, including the completion of the activity, workforce, financial and narrative submissions.

Lynne Taylor, Director of Planning and Performance

Neil Atkinson, Director of Finance