North Tees and Hartlepool **NHS**

NHS Foundation Trust

Board of Directors Meeting

Thursday, 29 October 2020
at 1pm

Boardroom
University Hospital of North Tees

PG/SH

22 October 2020

Dear Colleague

A **meeting** of the **Board of Directors** will be held on **Thursday, 29 October 2020 at 1:00 pm in the Boardroom, University Hospital of North Tees.**

Yours sincerely

Paul Garvin
Chairman

Agenda

Led by

1.	(1.00pm)	Apologies for absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Minutes of the meeting held on, 30 July 2020 **(enclosed)**	Chairman
4.	(1.05pm)	Matters Arising / Action Log	Chairman

Items for Information

5.	(1.10pm)	Chairman's Report **(verbal)**	Chairman
6	(1.15pm)	Chief Executive's Report **(enclosed)**	J Gillon
7.	(1.30pm)	Retrospective Approval of Documents Executed Under Seal **(enclosed)**	J Gillon

Strategic Management

8.	(1.30pm)	Capital Programme Performance Q2: 2020/21 **(enclosed)**	N Atkinson
9.	(1.40pm)	Data Protection and Cyber Assurance Year-End Report 2019/20 **(enclosed)**	G Evans

Performance Management

10.	(1.50pm)	Integrated Compliance and Performance Report **(enclosed)**	L Taylor, N Atkinson & A Sheppard

11.   (2.05pm)   Winter Plan 2020/21 **(enclosed)**   L Buckley

Governance

12.   (2.15pm)   Learning from Deaths Report Q2: 2020/21 **(enclosed)**   D Dwarakanath

13.   (2.25pm)   Guardian of Safe Working Hours Report **(enclosed)**   D Dwarakanath

Operational

14**.**   (2.35pm)   Engaging with our BAME Workforce **(enclosed)**   A Sheppard

15.   (2.45pm)   NHS England Healthcare Worker Flu Vaccination Plan Compliance
                         (enclosed)   A Sheppard

Items to Receive

16.   (2.55pm)   Board of Directors and Council of Governor 2021 dates **(enclosed)**   B Bright

17.   (2.55pm)   Any Other Notified Business   Chairman

18.   Date of Next Meeting
        (**Thursday, 26 November 2020, Boardroom, University Hospital of North Tees**)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing People

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

Transforming Our Services

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

Health and Wellbeing

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

North Tees and Hartlepool NHS Foundation Trust

Video-conference meeting of the Board of Directors

Thursday, 29 October 2020 at 1 pm

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

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

The electronic pack of papers was circulated to the full Board

Attendance in the Boardroom: -

Paul Garvin, Chairman*	Chairman
Julie Gillon, Chief Executive*	CE
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Kevin Robinson, Non-Executive Director*	KR
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS

Attendance via video conferencing: -

Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PC
Jonathan Erskine, Non-Executive Director*	JE
Neil Schneider, Non-Executive Director	NS
Neil Atkinson, Director of Finance*	DoF
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information and Technology Officer	CITO
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Lynne Taylor, Director of Performance and Planning	DoP&P
Gary Wright, Deputy Chief People Officer	CPO

In attendance: -
Samantha Sharp, Personal Assistant (note taker)

In attendance via video conferencing: -
Tony Horrocks, Lead Governor / Elected Governor for Stockton
John Edwards, Elected Governor for Stockton
Ian Simpson, Elected Governor for Hartlepool
Wendy Gill, Elected Governor for Sedgefield
Alex Metcalfe, Local Democracy Reporter, Teesside Gazette/Teesside Live

BoD/4348   Apologies for Absence / Welcome

Apologies for absence received from Rita Taylor, Associate Non-Executive Director and Alan Sheppard, Chief People Officer.

The Chairman welcomed Governors and members of the press to this meeting highlighting that this was a meeting held in public giving them the opportunity to observe the meeting only and not take part in any debate or discussion in respect to the agenda.

The Chairman welcomed Lindsey Robertson to this her first Board of Directors' Meeting as

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* voting member

Chief Nurse/Director of Patient Safety and Quality.

BoD/4349 Declaration of Interests

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

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

BoD/4350 Minutes of the meeting held on, Thursday, 30 July 2020

> **Resolved:** that, the minutes of the meeting held on Thursday, 30 July 2020 be confirmed as an accurate record.

BoD/4351 Matters Arising / Action Log

There were no matters arising.

BoD/4352 Chairman's Report

The Chairman reported that the Trust and Board bid a fond farewell to Julie Lane on 23 October 2020 as she retired from her position at Chief Nurse/Director of Patient Safety and Quality with the Trust. The Chairman highlighted that the Trust held its annual Celebrating Excellence event on Julie's final day of service which celebrated the fantastic achievements of teams and wards throughout the Trust. This was a great tribute to Julie and Lindsey Robertson, incoming Chief Nurse/Director of Patient Safety and Quality for the work they have undertaken to ensure the Trust provides a high quality service for all patients. The CE provided the opening and closing addresses at this event which was a huge success celebrating the achievements of staff across the Trust.

The Chairman reported that he and the CE were meeting virtually with NHSE/I following this meeting to discuss the future of the Tees Valley and how organisations could improve partnership working to ensure that the Tees Valley Health and Care Partnership was able to progress to deliver joined up services for patients.

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

BoD/4353 Chief Executive's Report

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

- The Trust was currently in Phase 3 of the NHS response to COVID-19 and continued to restore services that were temporarily paused. A rise in admissions for COVID-19 was reported which peaked at 91 patients that week compared to a maximum of 78 admitted patients in the first wave. There were currently 84 confirmed cases within the Trust, seven in ITU; six on mechanical ventilation and one on non-invasive ventilation. Non-Executive Directors had continued to provide challenge virtually but were now attending meetings in person as and when possible whilst adhering to social distancing regulations. The Trust's COVID-19 vaccine trial continued with 253 participants. This was likely to be a two stage vaccine and latest research suggests that there would be a minimal time delay for patients having both the flu and COVID-19 vaccination. The restoration of non-COVID-19 clinical services was progressing and the recovery trajectory would continue notwithstanding the fluctuating picture around COVID-19 infection rates and hospital and critical care admissions. Care Groups had been

working on a COVID-19 second surge plan to ensure preparedness for a second wave of infections. Business Continuity Plans and Incident Command Plans had been reviewed and updated since the first wave. Staff health and wellbeing continued to be high priority and wellbeing hubs were being established at both North Tees and Hartlepool in addition to psychological support for staff;

- The NHS Providers Conference was held virtually on 6-8 October 2020 with this year's theme being 'reflect and recover', which explored the challenges of confronting the coronavirus pandemic and the impact it has had on the healthcare sector. A number of keynote speakers covered issues and challenges including reflecting and learning from COVID-19, informing system working and provider collaboration; progressing NHS recovery and getting ready for winter; and the Interim People Plan and improving culture in the NHS. In addition, the CE was part of a panel discussion looking at key legal considerations and liabilities arising from the pandemic and how boards and leaders obtained assurance during this period. Also the Communications and Marketing Team were part of the provider Showcase with their 'Have a Heart Stay Apart' campaign;

- A series of video messages has been developed and delivered by staff which highlighted the impact of violent behaviour experienced by the workforce. Violence against staff had reached its highest levels in five years and the aim of the videos was to help the public understand the rise in attacks on staff, and how they were not acceptable;

- The first North East and North Cumbria Provider Collaborative meeting took place in September. The purpose of the collaborative was to improve the health and wellbeing of the population with a focus on improving health inequalities. At ICP level, targeted work was taking place to develop robust governance arrangements to support partnership working;

- A Clinical Services Strategy event was held on 16 October, with over 70 participants. The session was interactive, led by clinicians and addressed the ambition for the Tees Valley, the emerging transformation plan, the progress and evolving service design and clarity on next steps;

- The annual Stoptober campaign to encourage smokers to quit the habit had commenced, and this year the Trust used the occasion to launch new 'no smoking' signage.

JE commended the work of the Trust in securing the COVID-19 research trial which was a great accolade for the Trust. JE asked whether any special considerations were in place for those with learning disabilities coming into the organisation. The CE reported that the Safeguarding Team continued to focus on the needs of those with learning disabilities and the CN/DoPS&Q highlighted the reasonable adjustments made to support this cohort of patients not just during the current pandemic but at all times. The CN/DoPS&Q reported that the Trust currently had four outbreaks which were being managed as part of the second wave supported by the infection prevention and control team. It was regularly reiterated to staff that they must adhere to social distancing measures at all time.

The Chairman placed on record his thanks to staff for how they had responded to the second wave of COVID-19.

> **Resolved:** (i) that, the contents of the report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme be noted; and
> (ii) that, the Chairman's thanks be placed on record to staff for how they had responded to the second wave of COVID-19.

BoD/4354   Retrospective Approval of Deed Executed Under Seal

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

Document	Date Signed	By
Licence to Underlet Between: 1) Durham & Tees Community Ventures Fund Co (No3) Limited 2) Community Health Partnerships Limited 3) North Tees and Hartlepool NHS Foundation Trust Relating to part of One Life Hartlepool Medical Centre, Park Road, Hartlepool, TS24 7PW occupied by the Trust. No new cost implication to the Trust, amendment to existing lease only.	26 August 2020	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/4355   Capital Programme Performance Quarter 2: 2020/21

The DoF provided an update in respect of the Capital Programme Performance for Quarter 2 2020/21 highlighting a circa £19m capital programme for 2020/21.

At the end of Month 6, the Trust was £2.9m behind plan on the capital programme incurring capital spend of £3.4m against a year to date plan of £6.3m. Despite this underspend, it was anticipated that the backlog would be recovered.

The DoF provided an update on the A&E front of house programme highlighting that this was planned to be completed in six months to enhance COVID-19 preparations leading into winter. To date, this was progressing on programme and on budget.

The DoF provided an update against the estates backlog maintenance programme highlighting progress against the oxygen ring main reinforcement, roofing repairs, concrete repair works, car park repairs, fire alarm replacement at North Tees and the lift refurbishment. £2.5m had been allocated to the medical equipment replacement programme and the DoF provided an update against schemes.

The CITO reported on Information and Technology Services (I&TS) and the digital programme highlighting investments made in technology particularly around the CISCO network upgrade, Isilon storage extension, PC/laptop/tablet replacements, TrakCare hardware refresh, the Great North Care Record, EPMA and the migration of all Trust users to nhs.net.

In response to a query raised by JR, the CITO reported that the Trust continued to invest in digital technology that was both fit for purpose now and in the future.

Resolved: that, the report be received and the position on capital schemes up to 30

September 2020 be noted.

BoD/4356   Data Protection and Cyber Assurance Year-End Report 2019/20

The CITO presented the year end 2019/20 Data Protection and Cyber Assurance Report which was deferred in March due to COVID-19. A number of Information Governance (IG) policies had been reviewed and updated to keep in line with national guidance and legislation and some in response to COVID-19.

The Trust measured performance against three key areas as part of the IG Key Performance Indicators: Data Protection (IG) training compliance 95% target currently at 99%; Subject Access Requests now achieved in excess of 99% compliance following investment into the service and current compliance at September was 100%; and the Data Security and Protection Tool-kit (DSPT) achieved 100% compliance.

There were currently 18 open risks on the IG risk register which was an increase of one compared to the same period the previous year. There were currently no high/red risks. The key cyber risks were now highlighted in the BAF.

The Trust had self-assessed itself for compliance against with DSPT toolkit reporting compliance against all mandatory items and one of the four non-mandatory items. This was also subjected to external audit with the Trust achieving full assurance as part of this audit.

The Trust had a robust process of incident reporting and an appropriate escalation process and during 2019/20 there had been five potential serious incidents reported to the Information Commissioners Office (ICO) with all being closed by the ICO with no further action pending.

The Trust continued to see a strong compliance and buy in from services with 'Data Protection by Design' principles and this was reflected in the number of new Data Protection Impact Assessments (DPIAs). A DPIA register was now published on the Trust's website for transparency.

The CITO reported on developments in the Trust which further strengthened the Trust's cyber resilience which included the replacement of mobile devices and the move to nhs.net secure encrypted email.

JE highlighted that good leadership from clinicians was essential to progress digital technology.

> **Resolved:** (i)   that, progress to date be noted; and
> (ii) that, the Board confirm their approval of the approach, governance and assurance methods outlined in this report.

BoD/4357   Integrated Compliance and Performance Summary

The DoP&P provided an overview highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of September 2020 and Quarter 2 in respect of performance, efficiency and productivity, quality and safety, workforce and finance. The Trust continued to experience significant pressures across the delivery of a number of standards as a result of the backlog linked to the COVID-19 pandemic, impacting upon a number of indicators. The Trust were currently in the recovery stage and working towards recovering all services to pre-COVID-19 levels. Key points were: -

- Single Oversight Framework: The Trust compared favourably nationally and regionally

in respect to the RTT position reporting in top position regionally. However, a number of patients were now reporting in the over 52 weeks' bracket although this had decreased slightly on the previous month (27 against 34). Pressures could be seen affecting performance against the cancer standards for the month of August and quarter 2 which was mirrored across the region with only two Trusts achieving the 62-day standard;

- Operational Efficiency and Productivity Standards: The Trust had maintained a positive position in relation to DTOCs and super-stranded patients although it was noted that the use of designated care settings for those discharged from hospital with COVID-19 would impact on this position. Theatre utilisation continued to be reviewed;

- Quality and Safety: The Trust remained within the expected range for both HSMR and SHMI values. The Trust had reported one Trust attributable cases of Clostridium Difficile in September, a decrease when compared to the previous month and the same period the previous year. A reduction in a number of other infection control indicators was also noted. The Trust were reporting 9 stage 3 complaints for September, remaining consistent with the previous reporting period. 30 stage 3 complaints were noted in quarter 2. There was an increase in stage 1 complaints. There had been two falls resulting in fracture in September 2020, showing an increase from no cases the previous month;

- Workforce: Sickness absence continued to be the key pressure within workforce and reported at 4.61% for August with 0.44% being attributable to COVID-19 related sickness. 'Anxiety/stress/depression/other psychiatric illnesses' accounted for the highest proportion of all sickness absence at 37%. 91% of staff from a BAME background had completed a risk assessment with 57% of staff in other risk groups. All staff had been given the opportunity to complete a risk assessment. Appraisal compliance was reported as 84% in September, mandatory training was 89% and staff turnover 7.98%. Staff wellbeing initiatives continued such as the 'Love Your Landscape' campaign, the setting up of 'wellbeing' rooms and acting on feedback received via the 'Listening into Action' app. A virtual wellbeing festival was held with various activities being available for staff to participate in. The number of volunteers had increased to 103 and the volunteer services team were involved in a number of key activities including the 'Home but not Alone' project and the development of new role profiles to support service improvement and development in line with the overall Trust plan;

- Finance: At the end of Month 6 2020/21, the Trust had delivered a break even position. The year to date contributions from Optimus and the LLP were £224k and £761k respectively. Optimus were currently ahead of plan by £80k and the LLP behind plan by £78k. The Group cash balance was £65.3m, driven by cash received in advance from the Department of Health for October activity and delays in the capital programme. Debtor days had decreased by ten days and creditor days had increased by 20 days in comparison to 2019/20.

SH reported that he had chaired the most recent meeting of the Workforce Committee highlighting the work of the committee and acknowledged the positive outcomes for the Trust.

The Chairman acknowledged concerns in respect to the use of designated care settings for those discharged from hospital with COVID-19 and how this would impact upon the Trust. The COO highlighted that this was causing pressure across the system and nationally and that this relied on care homes accepting to take on this role which was not an attractive proposition for them with a number of issues and risks identified. Discussions continued with the Department of Health and Social Care to agree a way forward. A risk would be added to the Trust's risk register highlighting the impact on delayed discharges affecting flow. The Trust were currently managing this well but the number of delayed discharges were increasing and this would continue to be monitored.

Resolved: (i) that, the performance against the key operational, quality, finance and workforce standards during September and Quarter 2 be noted; and

(ii) that, the on-going financial pressures be recognised; and

(iii) that, the on-going operational monitoring and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged.

BoD/4358   Winter Plan 2020/21

The COO provided a review of winter 2019/20 and outlined the plan for this year which spanned all Care Groups. In addition, the Trust had worked closely with colleagues in health and social care and at an ICP level. Locality Accident and Emergency Delivery Boards focused the planning across urgent and emergency care with the emphasis remaining on a whole system approach to improvement and delivery. An overarching governance structure across Care Groups had been established to provide appropriate monitoring, escalation and decision making of operational issues through the 'Home Safer Sooner' Group with escalation by variance to a cross Care Group Joint Senior Management Team meeting.

It was noted that effective winter planning and surge management had been a key priority across the Trust, linked to the NHS wider resilience agenda. This year brought additional challenge with the impact of a second wave of COVID-19 alongside actions to address the backlog generated as a result of the pause of work during wave 1.

The COO outlined proposed schemes to support delivery of the winter plan, including those that could be attributed to COVID-19 expenditure.

The Chairman highlighted that the Trust had no plans to cancel elective procedures as other parts of the country had but that this would continue to be monitored and managed appropriately.

Resolved: (i) that, the content of the report be noted; and

(ii) that, the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year whilst maintaining quality, patient experience and operational and financial efficiency be recognised; and

(iii) that, the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provide assurance of system engagement and collaboration with partners be noted; and

(iv) that, the Board are cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience; and

(v) that, the 2020/21 Winter Plan be received.

BoD/4359   Learning from Deaths Report

The MD/DCE provided an update in respect of performance against Learning from Deaths guidance. Key points included:

- Sanjay Miranda had been appointed as the new Mortality Lead for the Trust, replacing Jane Metcalf;
- Mortality: The Trust's HSMR value had increased slightly to 94.98 (August 2019 to July 2020), the SHMI had increased to 98.20 (May 2019 to April 2020); both were within

the 'as expected' range. The Trust currently had the 31st lowest HSMR value nationally and lowest in the region. The Trust currently had the 47th lowest SHMI value nationally and second lowest regionally. It was noted that deaths from COVID-19 were not included in the SHMI data;

- 80% of compulsory reviews had been reviewed during 2019/20, an overall 11% of all deaths. During 2020/21 to date 27% of compulsory reviews had been completed, an overall 5% of all deaths. This percentage was less than expected as a result of the impact of winter and the current COIVID-19 pandemic;

The Chairman highlighted that inpatient mortality remained consistent despite the pandemic and the MD/DCE highlighted that fewer deaths were reported in 2019/20 due to this being a particularly mild winter. Work continued in respect to excess deaths in the community and KR reported that Peter Acheson had been invited to discuss this further with the Performance, Planning and Compliance Committee.

The Chairman placed on record his thanks to Jane Metcalf for the work she had carried out as Trust mortality lead highlighting that he and the CE had written to Jane on behalf of the Board to thank her for her contribution during her tenure.

> **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.

BoD/4360 Guardian of Safe Working Hours Report

The MD/DCE presented the Guardian of Safe Working Report for the period April to July 2020 highlighting that following the initial phase of the COVID-19 pandemic, doctors were returning to their normal working patterns and shifts. Following a period where working hour limits and rest requirements were flexible, this had now been withdrawn and Trusts were expected to maintain compliance.

A total of 13 exceptions between May and July 2020 were submitted, mainly by foundation year one trainees for additional hours worked. No fines had been levied by the Guardian, however there was a fine pending for Obstetrics and Gynaecology due to inappropriate trainee supervision. The MD/DCE reported that this was the first fine levied to the Trust by the Guardian and that there was currently no guidance available as to what the fine would be. It was noted that the fine would be returned to the Directorate for them to demonstrate learning so that a similar breach did not occur in the future.

The MD/DCE reported that the Doctors' Forum continued to meet regularly albeit virtually and that they had been assured that appropriate PPE and FIT testing would be available.

JE reported that the Patient Safety and Quality Standards Committee had received the Annual Report of the Guardian of Safe Working at a recent meeting.

> **Resolved:** that, the content of the report be noted and accepted.

BoD/4361 Engaging with our Black, Asian and Minority Ethnic (BAME) Workforce

The DCPO outlined ways the Trust were actively engaging with its Black, Asian and Minority Ethnic (BAME) workforce to promote a culture of inclusivity across the organisation and to ensure that staff felt supported and safe whilst at work.

The Trust currently employed 544 employees from a BAME background, which accounted for circa 10% of the overall workforce. This highlighted that the Trust was fairly well represented when compared to the Government's Office for National Statistics, which reported a 5% BAME population in the North East.

Engaging with the BAME workforce had been a key priority for the Trust for a number of years. As a response to COVID-19 and in particular the impact on individuals from a BAME background, the Workforce Department had facilitated a process for managers to have a one to one discussion with their BAME employees as an opportunity to discuss any concerns their staff may have and to seek confirmation of any underlying health issues which may put them at an increased risk of COVID-19. A 100% response rate was achieved from BAME colleagues.

The DCPO reported that membership of the BAME Staff Network continued to meet virtually with good engagement and a mix of representatives from different job roles and professional groups. To support the Chair with time and resources required, the Trust would provide funding for the role on the basis of a half day per week which would be allocated to the individual's substantive department for an initial six-month period to allow for potential backfill.

Neil Schneider, Non-Executive Director had been appointed as the Health and Wellbeing Guardian and would play a pivotal role in all staff networks and would work alongside colleagues to promote the best interests of those from a BAME background.

The DCPO reported that the Trust had signed up to the Collective Promise which sought to create a fairer and more diverse NHS.

The DCPO reported on the key areas of concern raised in the 2020 Workforce Race Equality Standards (WRES) Report which would be monitored through the Culture Group. The Trust results from the WRES and WDES had been published on the Trust's website in line with requirements.

The DCPO outlined ways the Trust were addressing BAME representation at Board level highlighting initiatives in place to increase awareness of Board level roles and opportunities for shadowing to support succession planning for the future, linking into programmes already provided by NHSE/I and Gatenby Sanderson.

NS welcomed the breadth of the report which gave assurance that issues affecting those from a BAME background were taken seriously. In addition, he also articulated that he welcomed the opportunity of being the Trust's Health and Wellbeing Guardian. In collaboration with other organisations, the Trust sought to learn from others where similar challenges existed and to tackle the issues pertinent to this cohort of staff. It was agreed that an update on both the WRES and WDES action plans be presented to a future Board Seminar.

> **Resolved:** (i) that, the information presented within the paper, specifically the activities that were being undertaken to engage with and provide support to the BAME workforce during the COVID-19 pandemic and the actions identified in response to the WRES 2020 be considered; and
>
> (ii) that, the Board of Directors confirm their assurance that these activities are sufficiently robust and meaningful and will make a difference to the working lives of BAME employees and ultimately improve patient care; and
>
> (iii) that, an update on both the WRES and WDES action plans be presented to a future Board Seminar.

BoD/4362   NHS England Healthcare Worker Flu Vaccination Plan Compliance

The DCPO reported on guidance issued to trusts by NHS England / NHS Improvement in respect of flu vaccination planning highlighting that the Trust was fully compliant with the best practice check list. Compliance currently stood at 60% which was an extremely positive position and a significant improvement on the same period the previous year. There was a national ambition of 100% of front line staff with direct patient contact to be vaccinated and the DCPO provided assurance that the Trust had sufficient supply to achieve this.

The CE highlighted that upon guidance from NHSE/I and in conjunction with 'Every Contact Counts' Trusts were being encouraged to vaccinate patients in higher risk categories and that the DCPO was looking to procure sufficient vaccines for the organisation to undertake this.

> **Resolved:** (i)   that, the requirement from NHSE/I be acknowledged and that the self-assessment checklist and flu action plan 2020/21 be noted; and
> (ii)   that, Board Assurance was to be provided to NHSE/I by December 2020.

BoD/4363   Board of Directors' and Council of Governors' 2021 Dates

The Board and Council of Governor meeting dates for 2021 were reported.

> **Resolved:**   that, the Board and Council of Governor meeting dates for 2021 be noted.

BoD/4364   Any Other Notified Business

   a. Governor Representation

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

Tony Horrocks, Lead Governor/Elected Governor for Stockton thanked the Board for letting Governors join the meeting and on behalf of the Governors commended the Trust for the work being undertaken to ensure patients remained its top priority. In addition, he congratulated Lindsey Robertson on her appointment as Chief Nurse/ Director of Patient Safety and Quality.

Tony queried whether the Trust had any influence over the potential alert levels (Tiers 1-3) for the area. The CE reported that the Trust had minimal influence but was represented on the Local Resilience Forum which looks at the impact of the infection rate in the hospital and admissions into ITU. The CE also highlighted the need to take a risk based approach taking into account the mental health of individuals and the impact of social isolation.

Ian Simpson, Elected Governor for Hartlepool queried whether timelines were known for the completion of work in respect to the Tees Valley Partnership and the ICP. The Chairman explained that the direction for the NHS and the Department of Health and Social Care was system working rather than focusing on individual organisations. There was currently no timeline and the ICP and the partnership would not have any legal powers with each organisation retaining their own statutory status. The CE added that it was important that providers in the ICP needed to be clear on the common purpose and the direction of travel.

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

BoD/4365   Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 26 November 2020 in the Boardroom at the University Hospital of North Tees

The meeting closed at 3:10 pm

Signed: *P. Garvin*   Date: 26 November 2020

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
2020						
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	A. Sheppard			Postponed due to COVID-19 - Another date to be agreed
30 July 2020	BoD/4302	***NHS Workforce Race Equality Standard 2020 (WRES)*** Results of the WRES be published on the Trust's internet site by Friday, 28 September 2020	A.Sheppard	28 September 2020		
30 July 2020	BoD/4302	***NHS Workforce Race Equality Standard 2020 (WRES)*** CPO to provide an update back to the Board of Directors on 29 October 2020 in respect to actions taken in response to the WRES	A.Sheppard	29 October 2020		On agenda for Public BoD 29 OCtober 2020
30 July 2020	BoD/4303	***NHS Workforce Disability Equality Standard 2020 (WDES)*** Results of the WDES to be published on the Trust's internet site by 31 October 2020.	A.Sheppard	31 October 2020		

Completed actions (to be removed following next meeting)

Date	Ref.	Item Description	Owner		Completed	Notes
30 July 2020	BoD/4295	***Professional Workforce Report*** MD/DCE to report to the next meeting a plan highlighting the strategy and model of delivery going forward in respect to anaesthetics medical staff	D. Dwarakanath	24 September 2020	24 September 2020	On agenda for Closed Board meeting 24 September 2020
30 July 2020	BoD/4302	***NHS Workforce Race Equality Standard 2020 (WRES)*** Results of the WRES to be submitted to NHS England via the NHS Digital Strategic Data Collection Service by the deadline of 31 August 2020	A.Sheppard	31 August 2020	31 August 2020	Completed
30 July 2020	BoD/4303	***NHS Workforce Disability Equality Standard 2020 (WDES)*** Results of the WDES to be submitted to NHS England via the NHS Digital Strategic Data Collection Service by the deadline of 31 August 2020	A.Sheppard	31 August 2020	31 August 2020	Completed
28 May 2020	BoD/4254	***Learning from Deaths Report*** Summary paper on comorbidity reporting and management to be presented at a future Patient Safety and Quality Standards Committee	D. Dwarakanath			18/09/2020 DD: Presented in August alongside the Q1 learning from deaths report

Board of Directors

Title of report:	Chief Executive Report							
Date:	29 October 2020							
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff							
Executive Sponsor:	Julie Gillon, Chief Executive							
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.							
Action required:	Approve		Assurance		Discuss	X	Information	X
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X
Which CQC Standards apply to this report		X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

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

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

Key issues for Information:

- COVID-19 update and Phase 3 recovery
- Winter planning alongside a COVID-19 resurgence
- Brexit/EU Exit
- NHS Providers Conference
- Care Quality Commissioning – Developing our future strategy
- NHS becomes world's first national health system to commit to become Carbon NET Zero
- Chief Executive Development Network – dialogue with Amanda Pritchard
- Campaign against violent incidents
- ICS/ICP Update
- Clinical Services Strategy
- North East and North Cumbria COVID-19 Research Vaccine Study
- Stoptober

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 October 2020

Report of the Chief Executive

1.   Introduction

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

2.   Key Issues and Planned Actions

2.1   Strategic Objective: Putting our Population First

2.1.1 COVID-19 update and Phase 3 recovery

The Trust is currently in Phase 3 of the NHS response to COVID-19, and continues to restore services that were temporarily paused. Staff across the organisation are committed to providing excellent patient care and the Trust continues to perform highly against planned recovery trajectories with a commitment to supporting the delivery of services across the wider Tees Valley system. The restoration of non-COVID-19 clinical services is progressing and the recovery trajectory will continue notwithstanding the fluctuating picture around COVID-19 infection rate and hospital and critical care admissions.

In addition, the Trust continues to work with system partners on the development of recovery plans with a specific focus on addressing health inequalities and inequity of access to services. The continued development of services at Hartlepool Hospital, Community Hubs and the role of Integrated Single Point of Access service specifically considers measures to tackle differential admission rates, monitoring and reporting on inequalities in access, and service user outcomes across emergency, outpatient and elective care.

The Trust will continue to collaborate with other local providers to ensure all available capacity is appropriately managed to support system wide delivery as appropriate.

COVID-19 numbers

The rates of positive COVID-19 tests across Teesside and the North East have risen significantly over recent weeks. This is now being reflected in increasing COVID-19 related admissions to the Trust and increasing pressure on hospital and community services.

Total COVID Admissions	734
Total Admissions Base Wards	681
Total Admissions ITU	53
Number of Discharges	491
% Discharged	66.89%
Number of Deaths Positive COVID	149
% Deceased	20.30%
% still in Hospital	12.81%

COVID-19 vaccine

Trials continue regarding the development of an approved COVID-19 vaccine. Despite initial hopes that one of the two vaccines being trialled would be ready for mass distribution in October 2020, this is now unlikely. Although exact timescales are yet to be confirmed, intelligence suggests it is unlikely to be this calendar year. Whilst the delay is disappointing, the COVID-19 vaccine, likely to be a two stage vaccine (28 days apart) is now unlikely to have a negative impact on the seasonal flu campaign.

2.1.2 Winter planning alongside a COVID-19 resurgence

Alongside the winter plan the Care Groups have been working on a COVID-19 second surge plan – to ensure preparedness for a second wave of infections. Business Continuity Plans and Incident Command Plans have been reviewed and updated since the first wave, where necessary, and reflect learning from the first wave as well as feedback from staff through the Listening in Action programme. This feedback includes improving the management of staff redeployment; building on the positive response to internal communications; and enhanced support for 'high-risk' staff in line with addressing the health inequalities agenda.

In line with national expectations, the winter plan reflects the recovery of elective and diagnostic activity and ongoing response to COVID-19, the expected winter increase in urgent care demand, and also preparations for EU Exit.

The Trust plans for winter also include a programme to support the vaccination of staff against flu to support the resilience of services. The Trust has set ambitious targets for vaccination rates of 100% of staff in line with national guidance and will also, when clinically appropriate, provide vaccinations for patient contacts through pathways of care.

2.1.3 Brexit/EU Exit

The UK's exit from the European Union came into effect on 29 January 2020, with a transition period until 31 December 2020. The Trust has been preparing for the UK's exit from the EU since summer 2018 and continues to evaluate the position as the transition period approaches.

Many of the risks associated with a "no trade deal" are outside of the direct control of the Trust and will be further developed over the coming weeks as the Government refines the exit deal with the EU. In the interim, the Trusts' focus remains the mitigation of these risks as far as possible. Work undertaken by the Trust and North Tees and Hartlepool Solutions LLP during the COVID-19 crisis on PPE stocks, procurement, and management systems and processes means the Trust is in a stronger position than it was during the initial wave of COVID-19.

2.1.4 NHS Providers Conference

The NHS Providers Conference was held virtually on 6-8 October 2020 with this year's theme being 'reflect and recover', which explored the challenges of confronting the corornavirus pandemic and the impact it has had on the healthcare sector. A number of keynote speakers, including Simon Stevens, Matt Hancock, Amanda Pritchard, Prerana Issar and Ian Trenholm, covered issues and challenges including reflecting and learning from COVID-19 to realise ambitions for the service moving forward, informing system working and provider collaboration; progressing NHS recovery and getting ready for winter; and the Interim People Plan and improving culture in the NHS.

The Trust was involved in the conference this year as I was part of a panel discussion looking at the key legal considerations and liabilities arising from the pandemic and how boards and leaders obtained assurance during this period of immense pressure. The discussion covered areas including governance and board liability, employment and workforce, clinical negligence and health and safety. In addition, the Communications and Marketing Team were part of the

Provider Showcase with the 'Have a Heart Stay Apart' campaign, which provided an opportunity to shine a light on the innovative and pioneering work ongoing in the Trust.

2.1.5 Care Quality Commission - Developing our future strategy

The Care Quality Commission (CQC) is in the process of developing their next strategy and have shared their thinking on a range of key areas. They have produced a document which is a product of engagement they have undertaken so far.

The document is built on four central and interdependent themes that determine changes to regulation approach. Running throughout each theme is an ambition to improve people's care by looking at health and care systems, and how they're working together to reduce inequalities. The four themes focus on **people**, ensuring regulation is driven by what people expect and need from services, rather than how providers want to deliver them; **smart,** being smarter in how they regulate; **safe**, ensuring the promotion of strong safety cultures; and **improve**, playing a more active role to ensure services improve.

The CQC will be undertaking engagement over the next two months in order to explore each of these areas as part of an open conversation about the future direction of travel.

2.1.6 NHS becomes the world's first national health system to commit to become 'carbon net zero'

The NHS has adopted a multiyear plan to become the world's first carbon net zero national health system. The commitment comes amid growing evidence of the health impacts of climate change and air pollution, and aims to save thousands of lives and hospitalisations across the country. NHS England convened the NHS Net Zero Expert Panel in January following the launch of the Climate Assembly UK, to take and analyse evidence on how the health service can contribute to nationwide carbon reduction efforts. Their report sets out how the health service has already cut its own carbon footprint by 62% compared to the international-standard 1990 baseline, and by 26% when indirect factors are included. Based on the findings of the report the NHS has formally adopted two targets, set as the earliest possible credible dates for the NHS to achieve net zero emissions:

- for the *NHS Carbon Footprint* (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and;
- for the *NHS Carbon Footprint Plus*, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039.

The Director of Corporate Affairs and Chief of Staff is the lead for sustainability and climate change in the Trust and through the Sustainable Development Steering Group will consider the interventions proposed in the report with a view to adopting and adapting for the organisation. These include new ways of delivering care at or closer to home, meaning fewer patient journeys to hospitals; greening the NHS fleet; reducing waste of consumable products and switching to low-carbon alternatives where possible; making sure new buildings are built to be net-zero emissions, and; building energy conservation into staff training and education programmes.

2.1.7 Chief Executive Development Network

Through the Chief Executive Development Network, I had the opportunity to join the first dialogue with Amanda Pritchard, Chief Operating Officer for NHSE/I. The session provided NHS Leaders with a confidential opportunity to describe and test their thinking and underlying influence with regard to system working, whilst being open to discussion and debate with members.

2.2 Strategic Objective: Valuing our People

2.2.1 Campaign against violent incidents

A series of video messages has been developed and delivered by staff which highlights the impact of violent behaviour experienced by the workforce. Doctors, nurses, physiotherapists and administrators switched from their day-to-day roles to star in a host of brief videos highlighting the issues faced by NHS staff when members of the public become violent and aggressive whilst in their care.

Violence against staff has reached its highest levels in five years and the aim of the videos is to help the public understand the rise in attacks on staff, and how they are not acceptable. The series highlights the thoughts and feelings of Trust staff and how violent behaviour in other every day scenarios would not be tolerated, and should not be within any health and care setting. One of the clips shows a gym goer who becomes aggressive with a personal trainer quickly fade to a patient undertaking life-enabling physiotherapy. Further videos will be filmed and released in the coming weeks to ensure the message continues to be heard.

2.3 Strategic Objective: Transforming our Services

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

The provider organisations within the North East and North Cumbria held the first Provider Collaborative meeting in September. The purpose of the collaborative, although informal in nature, is to improve the health and wellbeing of the population with a focus on improving health inequalities and in the immediate term to optimise the delivery, quality and efficiency of local health and care services, supporting providers and CEOs by taking collaborative action.

The Inaugural meeting of the North East and North Cumbria Integrated Stroke Delivery Network Board (ISDN), took place on 23 September. The terms of references focus on a number of core activities, including ensuring effective patient flows and care pathways across the ISDN, with clinical collaboration and co-ordination between all stakeholders, including the voluntary sector, this is aligned to the established principles of the Tees Valley Integrated Care Partnership - Managed Clinical Network and the developing clinical strategy.

At ICP level, more targeted work is taking place on developing robust governance arrangements to support working in partnership, with clear identification of priorities upon which to focus.

In line with the developing Regional People Board, the establishment of an ICP Workforce Group is underway for the Tees Valley, which will help address the workforce challenges of the future collectively across the system. The Group will form part of the ICP Governance arrangements, with representation from across the various partner organisations. It will support the delivery of a broader programme of work including the development and delivery of the Clinical Services Strategy, as the ICP responds to the commitments within the NHS People Plan.

2.3.2 Clinical Services Strategy

A Clinical Services Strategy event was held on 16 October, with over 70 participants. The session was interactive, led by clinicians and addressed the ambition for Tees Valley, the emerging transformation plan, the progress and evolving service design and clarity on next steps. Enthusiasm and ambition pervaded the event and a programme infrastructure is supporting the ongoing delivery moving forward the network approach to clinical service delivery in the Tees Valley.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 North East and North Cumbria COVID-19 Research Vaccine Study

Volunteers from the North East and North Cumbria are being invited to join a leading phase three COVID-19 vaccine study, as the number of people signed up to take part in vaccine

research has reached over 250,000 nationally. The study will test the safety and effectiveness of a promising new vaccine across a broad spectrum of people, including those from a variety of age groups and backgrounds within the region.

This study will be run from the University of Hartlepool Hospital and will be the second COVID-19 vaccine study to be delivered within the region. It is a truly collaborative approach to delivering as it will be staffed by medical and research colleagues from the three acute trusts in Durham and the Tees Valley.

The phase three trial is the second to commence in the UK and will be undertaken at a number of National Institute for Health Research (NIHR) regional sites across the UK, including the North East, Lancashire, the Midlands, Greater Manchester, London, Glasgow and Belfast.

2.4.2 Stoptober

The annual Stoptober campaign to encourage smokers to quit the habit is upon us again, and this year the Trust has used the occasion to launch new 'no smoking' signage. The University Hospital of North Tees and University Hospital of Hartlepool have received mini-makeovers, with new vibrant images adorning windows and doors along with new posters, display stands and patient information leaflet reminding all that hospitals are smoke-free.

3.   Recommendations

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

Julie Gillon
Chief Executive

Board of Directors

Title of report:	Retrospective Approval of Documents Executed Under Seal								
Date:	29 October 2020								
Prepared by:	Sarah Hutt, Assistant Company Secretary								
Executive Sponsor:	Julie Gillon, Chief Executive								
Purpose of the report	This report provides details of a Licence to Underlet 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.

Document	Date Signed	By
Licence to Underlet Between: 1) Durham & Tees Community Ventures Fund Co (No3) Limited 2) Community Health Partnerships Limited 3) North Tees and Hartlepool NHS Foundation Trust Relating to part of One Life Hartlepool, Medical Centre, Park Road, Hartlepool, TS24 7PW occupied by the Trust. No new cost implication to the Trust, amendment to existing lease only.	26 August 2020	Neil Atkinson Director of Finance Barbara Bright Director of Corporate Affairs and Chief of Staff

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	
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 Q2 – 2020/21							
Date:	29th October 2020							
Prepared by:	Steven Taylor, Assistant Director Estates and Capital NT&HS LLP							
Executive sponsor:	Neil Atkinson, Director of Finance							
Purpose of the report	The purpose of this report is to provide the Board of Directors with an update as of 30 September 2020 (Quarter 2) on the progress of delivering the 2020/21 capital programme and recent changes that have been announced nationally and regionally.							
Action required:	Approve		Assurance	X	Discuss	X	Information	X
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

The Trust has an ambitious and challenging capital programme for 2020/21 of £18.4m. This is split into the following sections;

- Estates backlog maintenance
- Medical Equipment Replacement
- Energy Centre Infrastructure
- I&TS
- Donated assets
- COVID
- Externally funded programmes

At M6, the Trust continues to make progress against the capital programme and has spent £3.4m against a planned programme of £6.3m leaving an underspend of £2.9m. Progress against the capital plan has been impacted by COVID-19 and suppliers/contractors putting their staff into furlough. Activity has significantly increased on site towards the end of Q2 and expenditure will increase accordingly to meet the overall planned spend for the year.

Despite the current YTD underspend, the Trust is confident that the slippage on the capital programme will be addressed and the forecast position of circa £18m will be achieved. To support this, the Trust has introduced a capital performance framework to ensure all aspects of the capital programme have sufficient levels of oversight.

The significant capital programme for 2020/21 illustrates the Trust's commitment to investing in its estate, equipment and services to ensure our patients receive the best possible care.

A key addition to the in-year programme is the A&E Front of House development although the report covers all aspects of the capital progamme.

A&E Front of House Programme

This is typically a 14-month project that is planned to be completed in 6 months to enhance COVID-19 preparations leading into winter. The work will improve the patient flow through the Emergency department, by creating 'one front door' and directing patients to the most appropriate area. The work will also allow for green and red patient pathways within the A&E department. The work is progressing on programme and on budget to date, although this is a significant challenge to achieve. Phase 1 is anticipated to be completed by the end of November 2020 with overall completion by

The design is now 80% complete and a recent cost review, that included the contractor, indicates that the forecast costs are on budget. Work is progressing on programme, although this is a significant challenge to achieve. Phase 1 is anticipated to be completed by end of November 2020 with overall completion by end of January 2021.

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

- This report doesn't highlight any new risks.

Committees/groups where this item has been discussed	Capital and Revenue Management Group
Recommendation	The Board is requested to receive this report and note the position on capital schemes up to 30th September 2020.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 October 2020

Capital Programme Performance Q2 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 30 September 2020 (Quarter 2) on the progress of delivering the 2020/21 capital programme and also provide an update on the 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 overall detailed work-stream reports for Q2 are presented in **Appendix 1**.

2.2 The overall financial summary for the period to 30 September 2020 is presented at **Appendix 2**.

2.3 At M6, the Trust continues to make progress against the capital programme and has spent £3.4m against a planned programme of £6.3m leaving an underspend of £2.9m.

2.4 Despite the current YTD underspend, the Trust is confident that the slippage on the capital programme will be addressed and the forecast position of circa £18m will be achieved. To support this, the Trust has introduced a capital performance framework to ensure all aspects of the capital programme have sufficient levels of oversight.

The significant capital programme for 2020/21 illustrates the Trust's commitment to investing in its estate, equipment and services to ensure our patients receive the best possible care.

3. Recommendation

3.1 The Board is requested to receive this report and note the position on capital schemes up to 30 September 2020.

Presented by

Neil Atkinson	**Prof. Graham Evans**
Director of Finance	**Chief Information and Technology Officer/SIRO**

Appendix 1 - Work Stream Reports

1.   Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme has been prioritised against the allocation of £2.5m and agreed with the Care Groups. The following elements have been progressed in Q2.

VRA system: A replacement VRA has been purchased for Audiology Visual reinforcement audiometry (VRA) which is a test that allows an audiologist to assess hearing in infants and toddlers too young for normal tests by using animation.

Gamma Probes: Two replacement Gamma probe systems have been purchased for breast screening/theatres radioactive seeds which are implanted next to tumors identified during breast screening. The tumors can then be easily located using the gamma probe during surgery.

Diagnostic Ultrasound: A replacement Ultrasound machine has been purchased for Breast screening to improve the image quality available to the radiologists, the machine that has been replaced has been relocated to anaesthetics as the image quality is more than suitable for visualising the introduction of needles.

EBUS Ultrasound: a replacement for one of the two Endo-bronchial ultrasound Systems has been bought for Endoscopy/Lung Health. The new system has a much improved definition and is better for viewing lung cancer, infections, and other diseases causing enlarged lymph nodes in the chest.

Endoscopic Video System: A replacement Evis x1 endoscopic video system has been bought to replace an old 260 system, the new system enables the endoscopist to see a 4k image.

Theatre Operating/Transport Trollies: 16 new trollies have been purchased for Theatres to replace some of the existing aging fleet.

Bronchoscopy Navigation System: A replacement navigation system has been bought to replace the existing system. This system takes a CT scan stored on a DVD and gives a road map of the lungs enabling the team to plan the route they will take during the bronchoscopy before the patent is even on the table.

2. 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: *Complete;* this 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.

Isilon storage extension: *Complete;* increase the central storage capacity to support imaging projects and the new Electronic Document Management (EDM) platform.

Desktop/PC replacements: *Complete;* this is a 3-year payment plan to replace aging desktop computers to allow migration to the warranted Windows 10 operating system.

TrakCare Hardware refresh: *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: *Ongoing*; replacement of Out of Hospital services equipment - delayed due to COVID.

Laptop replacement: *Ongoing*; scheme to replace laptops within the Trust on a rolling basis as part of the Trusts hardware refresh programme.

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.

Servers and Storage: *Ongoing*; scheme to replace servers within the Trust on a rolling basis, as part of the Trusts hardware refresh programme.

Software: Two schemes, (1); to replace the backup solution to a newer version. (2); to replace the ICT Helpdesk system that used for ICT fault logging, call handling and resolution with a more up to date and customer friendly version.

Telecoms: Three schemes of work to update systems to the latest versions already used within the Trust they are:

1. DAKS (fire and gas alarm system) – *not yet started*,
2. DECT (Trust resilient Phone system) - *currently scheduled for Q3 delivery,*
3. Call Logging system which audits telephony systems - scheduled for delivery in Q4.

3. Digital Strategy – Electronic Patient Record

The 'Digital Hospital of Things' GDEFF 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 GDEFF programme enabled NTHFT £5m Public Dividend Capital (PDC) on a matched fund 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 Global Digital Exemplar (GDE) programme in Q4 2019/20, 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) Electronic Medical Record Adoption Model (EMRAM). It is our intention to move quickly toward an independently accredited HIMSS level 6 status.

2020/21 allocation is £2.04m of which £275k has been receipted.

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

Maintenance Upgrade – the next major upgrade of TrakCare will be T2020, the I&TS teams are busy preparing the environments in readiness for testing to commence. It is anticipated that the upgrade will take place Q4.

The Great North Care Record (GNCR) is a way of sharing patient information with health and care staff covering the 3.6 million people living in the North East and North Cumbria.

The regional Health Information Exchange (HIE) a core module of the GNCR continues to expand. There are now four acute Trusts making data available via the HIE, Newcastle Hospitals, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, South Tyneside and Sunderland NHS Foundation Trust and most recently NEAS. TPP SystmOne Community data for NTHFT is now also being shared and can be accessed directly from the Trust's EPR. NTHFT acute data scheduled for sharing Q3.

GNCR PEP – (Patient Engagement Platform) Baseline information provided, technical specifications being reviewed. Approaches for go live are now being considered.

Closed Loop prescribing and Administration - a proof of concept was due to take place in March but on hold due to the pandemic, once re-established and if successful, an approved business case would be needed. This is a key requirement for HMSS level 6.

Vocera Phase 2 –Business case (discussions ongoing re cost and current usage)

HealthCall – now live with F&F, Co-19 SMS results, Maternity Hypertension.

Integrated Observation machines – *Phase 1 complete*; with formal handovers to business as usual teams taking place. Phase 2 is now being explored, this will enhance the current interface and provide 'at a glance' information.

Pharmacy Dispensing Robot – *Successfully live 7 May 20*; feedback has been extremely positive. An evaluation of initial benefits is being conducted.

ITU TrakCare + Hardware – awaiting final version of the Business Case to be provided by the service to support the case for change.

Imprivata phase 2 - for wider use across the Trust, the business case has been finalised and is going through the necessary approval process.

Theatre EPMA Hardware – Training materials finalised, training of staff well underway with all Super-users trained. Standard Operation Process (SOPs) signed off. Risks raised on the log for monitoring purposes. ICT confirmed setup and installation of new devices (Touchscreen Anaesthetic solutions and HP laptops with Imprivata) which were tested in preparation for going live in October.

Clinicians Admission Document (CAD) – successfully rolled out across all inpatient wards, some improvements and/or suggestions have been made to the build. Feedback continues to be positive with clinicians really seeing the benefit of having real time access to information.

NHS.Net – the migration of all trust users across to nhs.net was complete within the agreed timescale, this project has been formally closed.

EDM2 – Following approval of the business case by the Exec Team in July, the procurement process is underway.

CareScan+ - Following approval of the business case at the Executive Management team in June 2020, resources from the Digital Programme Team have been provided for six months to support the implementation.   CareScan+ is scheduled to be live within all Theatres by mid December 2020. The project is currently in the data collection and validation phase for all products and assets. Hartlepool Theatres completed on schedule during August and the team are now focusing on North Tees Theatres, this is scheduled for completion end of September/early October.

The training and rollout of CareScan+ is being undertaken across both of the sites during October and November. Discussions continues with NHSX & NHSD to facilitate a pilot of CareScan+ within 6 external NHS sites.

Outpatient clinic letters - Upon authorisation of outpatient clinic letters following dictation, these letters will automatically be transferred via Message Exchange for Social Care and Health (MESH) directly into the GP systems.

4.   Estates Backlog Maintenance Programme

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 £3m, to be spent and the project completed by 1st January 2021. This challenging project is currently on time and on budget.

At the start of the financial year 2020/21 capital programme, and taking maturing risk into account, the Trust's backlog maintenance costs across the whole estate is £37.85m (from £40.5m in 2019/20), with high risk backlog maintenance valued at £3.7m (from £5.1m in 2019/20).

The 2019/20 Capital backlog maintenance allocation has now been broken down into categories and specific projects to target the high risk backlog issues. An overall programme covering all backlog projects has been developed and project managers have now been assigned for each project. A detailed spend profile project by project has now been developed. This will allow monthly reporting against time and cost for the overall programme (as required by NHSI).

The main components of the capital programme are as follows;

Oxygen Ring Main Reinforcement: Work commenced in April to convert the existing oxygen radial pipeworks system to a ring main, improving the capacity and resilience of the oxygen pipework system**.** The pipework installation is now complete. A new (temporary) VIE is in situ on the former helipad; the final vessel has a 20 week lead time. BOC (working under priority control of NHSI) carried out enhancements to the oxygen capacity of the UHNT vacuum Insulated Evaporators (VIE), increasing oxygen flow rate capacity from 1800l/m to 3500l/m. The UHH VIE has been returned and is operational.

Roofing repairs: The scope of works has been developed for the FY2020/21 roofing repairs programme. The programme has been tendered and Group Tegula Ltd appointed. The contract is capped at £2m over a multi-year arrangement, to allow flexibility to address the high risks roofs and other roofs in emergency conditions. A proportion of the additional CIR funding will be utilised for additional roofing repairs. Work has commenced on site to replace the roofing at X-ray dept. UHNT and outpatients and theatre corridor at UHH. Theatres 1 and 2, and the plant room at UHH and north wing UHNT will then be addressed.

Roofing repairs will remain a feature of the backlog capital programme over the remaining years of the 5 year 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). Works will be undertaken between Aug-Oct in 2020/21 and 2021/22 (typically good weather periods). Scaffolding has now been erected and work commenced on the front of house staircase and west side of the tower block. Comms has been issued to all staff.

Window Replacement: Replacement of the windows for consultants and wards 18 and 19 will commence in October. Additional programme of works currently in development for addressing priorities at UHH.

Roads and Car Park Repairs 2020/21: The scope of works has been developed for the FY20/21. A procurement process has been completed and AWG Civil Engineering Ltd appointed. The tender scope is a multi-year arrangement. The tender to be capped at £250K

to allow flexibility to tackle other emergency conditions or provide flexibility if the overall programme need to increase spend. A phased programme has been developed. Work is nearing completion of the north wing footpath and ramp, and the first phase of the main car park has commenced.

Ward Decant Programme: Refurbishment of ward 28 and 27 were accelerated during August and September and has been completed, save for final inspection and cleaning.

Fire Alarm Replacement UHNT: Installation will be completed by December, following which a planned changeover will be carried out. There is no anticipated impact on cost despite the delay in completion caused by Covid-19.

The existing fire alarm system continues to be fully operational until completion and changeover onto the new system.

Fire Alarm Replacement UHH: The business case was approved in May. The overall cost is anticipated to be £525K with £50K of spend in FY2020/21 and the remaining spend in FY 2021/22. Funding has already been identified within the 5-year capital backlog maintenance plan and the scheme will be brought forward to commence in Q4 of 2020/21, with estimated completion by March 2021. The tender documentation is complete, and RPS are reviewing the specification and the cost advisor drafting a schedule. The OJEU advert is planned to be issued in October.

Lift Refurbishment UHNT: The work was paused due to COVID-19 during late March. The overall completion date is now anticipated to be February 2021 (from October 2020). Lift 1,2 & 3 on Tower block have now been synchronized to improve the efficiency of response to landing calls. Works to refurbish lift No. 4 are nearing completion with minor issues to rectify. Overall 5 lifts have now been replaced as part of this programme of works with 3 more still to be completed.

A proportion of the CIR funding will replace/refurbish the UHNT theatre dirty/kitchen lift. An order has been placed and works are anticipated to commence on site in Q4.

Theatre Refurbishment UHNT: Proposals have been developed with the Elective Care Group to forward plan the refurbishment of the theatres on the UHNT site. Based on current risk levels theatre 1 and theatre 7 are recommended to be refurbished in the 2020/21 financial year. However, due to the need for additional recovery space associated with COVID-19, the agreed plan is now to create a new separate recovery space and refurbish theatre 7. Work to the recovery area will commence in November with anticipated completion in early January 2021. Refurbishment of theatre 7 is due to commence in in January through to March.

Theatre 9 operating light has recently failed and an order has been placed to replace (£30k).

The 5-year backlog plan includes the refurbish of two theatres per year for the remaining 4 years of the 5-year programme, in agreement 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. The overall project is now 90% complete and will continue into the 2020/21 financial year.

Additional CIR funding will address the A&E air handler, which is not currently linked to the BMS.

Mammography Room 2 UHNT: The enabling works completed on schedule. The machine was delivered on site and became operational in August.

CT Scanner Installation (UHH): The building enabling works to replace the CT scanner on the UHH site commenced on 24 April 2020 and was completed and brought into operational use in June 2020. The CT scanner itself was externally funded by NHSI in FY2019/20.
Mobile CT Scanner (UHNT): A mobile CT scanner has been loaned to the Trust from NHSI as part of the COVID-19 response measures to increase the scanning capability of the Trust. The CT scanner container unit was delivered to site on Saturday 30 May 2020. The unit has now been commissioned and was brought into operational use in June 2020.

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 early in the FY21/22 and the accessibility allocation for FY20/21 will focus on improving decoration and signage at main entrances of the Trust estate.

Electric Vehicle Charging: Four vehicle charging points have been installed at the Energy Centre, UHNT for Transport vehicles, and an additional four points at UHH.

Funding is allocated within the secondary electrical systems allocation for the installation of staff/public charging stations.

	Location / Number
Consultants car park UHNT	EV Charger point - Blue Hut Main Carpark (1 Charging Point)
Staff UHNT	Sub 4 - Charger Points (4 Charging Points)
Staff UHNT	Sub 1 - Charger Points (4 Charging Points)
Public UHH	EV Charger point - Blue Hut Main Carpark (1 Charging Point) UHH
Staff UHH	Staff Carpark UHH (4 Charger Points)
Shared / staff / public	Peterlee Hospital (1 Charger Point)
Public UHNT	UHNT - North wing visitors (4 Charger Points)

Pharmacy Robot Building Enabling Works: The pharmacy robot installation works are complete and the robot is now fully operational.

ICP Pathology Collaboration business case support: NTH Solutions has supported the Trust to develop options for the ICP pathology collaboration, with high level space planning and costings to expand cellular pathology into space vacated by microbiology. The building enabling costs are currently estimated at £1.5m.

Community Services Estate Review: The Trust currently provides community services from 53 leasehold premises. NT&HS LLP are working in collaboration with the Out of Hospital Care (OoHC) Team and Tees Valley CCG to explore opportunities to rationalise the use of third-party properties to achieve cost savings for the health economy. A wider review of leasehold premises continues to be developed in co-ordination with the South Integrated Care Partnership (ICP). NT&HS LLP continues to support the Trust to carry out this review. This was put on hold due to COVID-19 however is due to re-establish itself from August onwards.

Peterlee Community Hospital: NT&HS LLP continues to support the Trust to explore the future use and ownership of the Peterlee Community Hospital. This is linked to the Trust's wider estate strategy.

Waste Sterilisation Solution: The strip out of the old boiler house was completed at the end of July 2020. Works to connect utilities has been put on hold pending entering into the service agreement with the waste contractor. Completion is 3 months later than planned as work stopped due to COVID-19.

A revised business case was presented to the Trust Executive at the end of July 2020, and agreement was reached to proceed with the sterilwave waste solution on site. Negotiations have resumed to finalise the service contract and tenancy agreement.

Client Project Briefs: NTH Solutions has received 3 requests to carryout capital project works outside of the agreed backlog capital programme. In line with the MSA agreement, Client Project Brief request forms have been completed by the Trust to define the requirements. NTH Solutions has provided an estimated cost and confirmed when resources are available to safely manage these works.

Client Brief forms have been completed for:
- Enhanced Care Suite – Wd42 (£35K) **Approved Q3 – Now differed to Q4.**
- Maternity Automatic doors (£10K) **Approved Q2 – Now differed to Q3.**
- Former Creche – Staff Breakout area (£25K) **Approved Q2 – Now differed to Q3.**
- EDM Expansion – To be agreed

Capital Plan, Actual and Commitments
Reporting period: 1st April 2020 to 30th September 2020

	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	920	173	397	(224)	645
Climate Charge	50	9	12	(3)	34
Compliance (including fire alarms and lift refurbishment)	2,109	390	478	(88)	419
Patient Environment	906	171	140	31	166
Estates Backlog Total	**3,985**	**744**	**1,027**	**(284)**	**1,263**
IT					
ICT	1,988	994	177	817	1,142
IT Total	**1,988**	**994**	**177**	**817**	**1,142**
Medical Equipment					
Medical Equipment	2,851	1,203	551	652	383
Medical Equipment Total	**2,851**	**1,203**	**551**	**652**	**383**
Medical Equipment					
UHH CT Scanner	116	116	120	(4)	0
Medical Equipment Total	**116**	**116**	**120**	**(4)**	**0**
Energy Centre / Infrastructure					
Energy Centre	854	504	437	67	463
Energy Centre / Infrastructure Total	**854**	**504**	**437**	**67**	**463**
Externally Funded ICT Schemes					
Carescan	250	125	0	125	19
Cyber	100	50	0	50	0
Digital Pathology	0	0	18	(18)	0
GDEFF	2,046	1,023	204	819	21
Regional Digital Radiology	604	302	0	302	4
Externally Funded ICT Schemes Total	**3,000**	**1,500**	**222**	**1,278**	**45**
ICS AGREED CONTROL TOTAL (£12.794m)	**12,794**	**5,061**	**2,535**	**2,525**	**3,296**
SCHEMES OUTWITH ICS AGREED CONTROL TOTAL					
IT					
Care Scan	250	125	0	125	0
Pathology	0	0	0	0	0
Regional Digital Radiology	451	226	0	226	195
IT Total	**701**	**351**	**0**	**351**	**195**
Estates Backlog					
Mobile Breast Screening Unit	50	9	14	(5)	0
Estates Backlog Total	**50**	**9**	**14**	**(5)**	**0**
Donated	**724**	**362**	**261**	**101**	**253**
COVID-19	**0**	**0**	**467**	**(467)**	**0**
A&E National Allocation (via ICS)	**2,530**	**294**	**76**	**218**	**2,476**
A&E National Allocation - NEAS (via ICS)	**470**	**55**	**0**	**55**	**0**
Critical Infrastucture (via ICS)	**1,159**	**184**	**94**	**90**	**289**
EXTERNALLY FUNDED SCHEMES TOTAL	**5,634**	**1,255**	**913**	**342**	**3,214**
GRAND TOTAL	**18,428**	**6,316**	**3,448**	**2,867**	**6,510**

Board of Directors

Title of report:	Data Protection and Cyber Assurance DSPT Year End Report 2019/20								
Date:	29 October 2020								
Prepared by:	Neil Dobinson, Data Protection Officer (DPO)								
Executive sponsor:	Prof. Graham Evans, Chief Information Technology Officer / SIRO								
Purpose of the report	The purpose of this report is to provide an update and level of assurance to the Trust Board of Directors relating to the range of Information Governance (IG) and cyber security activities within the Trust.								
Action required:	Approve			Assurance	X	Discuss		Information	
Strategic Objectives supported by this paper:	Putting our Population First		X	Valuing our People		Transforming our Services		Health and Wellbeing	
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

1. Information Governance (IG) Framework

A number of IG Policies have been reviewed and updated since the last report, in addition to the creation and approval of some specific policies that are necessary to meet the evolving IG agenda. IG polices have been reviewed to bring in line with General Data Protection Regulations (GDPR) requirements and the new Data Protection Act2018, and new polices have been implemented to support National Data Opt Out, the use of online collaboration tools and the roll out of NHS email.

The Trust has developed a COVID-19 privacy notice to ensure transparency with both staff and patients over how data may be shared and processed for the pandemic response under the National Health Service Control of Patient Information Regulations 2002 (also known as COPI) to which the Trust are subject.

2. Information Governance (IG) - Key Performance Indicators 2019/20

The Trust measures performance against three key areas to determine compliance with IG requirements.

a) *Data Protection (IG) training* has been challenging due to Covid-19, however due to the change in the DSPT submission date the Trust has achieved 99% compliance
b) *Subject Access Requests* significant improvements have been made in this area over the past year and the cumulative compliance for the 2019/20 DSPT was 99.4% following investment into the service; the current compliance @ September 2020 is 100%
c) **DSPT (IG toolkit) compliance** The Trust has self-assessed compliance with all 116 mandatory evidence items, and were compliant with all 40 mandatory assertions and 1 of the 4 non-mandatory; therefore, the Trust scored as all 'Standards Met'; compliance has been assured by Audit with 'Significant Assurance' given.

4. Information Governance Risks

Currently, there are eighteen open risks on the IG risk register which is an increase of one risk compared to the same period last year. There are currently no high / red risks highlighted as the Trust has successfully lowered the previous one 'high' risk via mitigation. The key cyber risks are now highlighted in the BAF and are shown in more detail in the content of the main report.

5. Data Protection by Design

The Trust continues to see a strong compliance and buy in from services with 'Data protection by design' principles and this is reflected in the number of new DPIA's which have been submitted in 2019/20 for projects which meet the mandatory criteria. An emergency Covid-19 DPIA template has been developed in March 2020 and is now in use for urgent projects relating to the support of Covid-19 pandemic response. A new Data Security Risk Assessment tool to supplement the DPIA has been developed by the Trust and is now in use regionally.

6. Data Security Protection Toolkit (DSPT)

The DSPT in 2019/20 sets out 116 mandatory evidence (increased from 100 in 2018/19) items in 44 assertions (40 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance. The national NHS DSPT submission deadline was rescheduled to 31st September 2020 from the normal annual submission date in March due to the response to Covid-19 pandemic.

The Trust submitted its DSPT submission on the 28th September 2020.

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

The 2019/20 DSPT was also subject to external audit, a sample of 18 of the mandatory evidence items were audited by External Audit (Audit One) during January 2020 prior to the DSPT submission.

The Trust achieved full assurance as part of this audit.

7. Incident reporting

Incidents are formally managed in line with the Information Governance Incident Reporting Tool and Guidance issued by NHS Digital and the Information Commissioner's Office (ICO) for reporting personal data and cyber security breaches, the Trust Data & Cyber Breach Policy IG30 and the Incident Reporting, and Investigation Policy RM15.

For serious breaches (i.e. the extent of harm), the SIRO must be informed immediately by the DPO / Information Governance Manager, the Chief Executive will then be made aware by the SIRO as necessary. A decision will be taken as to whether to inform the Information Commissioner's Office (ICO) dependant on the level of incident.

When a data breach has been assessed and scores as a serious incident using the Information Governance Risk Assessment Tool, then the incident is mandated to be reported to the Information Commissioner (ICO) via the Data Security and Protection Toolkit (DSPT).

The Trust has reported five potential serious/high risk incidents to the ICO during the 2019/20 DSPT reporting period (April 2019 to September 2020); all incidents have since been closed by the ICO with no further action pending. Details of the incidents can be found in the main report.

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy. In order to further strengthen existing

Trust policy and to prevent repeat incidents in areas where incidents have occurred key actions have been undertaken, a summary can be found in the main report.

8. Cyber Security

The Trust aims to become compliant with Cyber Essentials Plus (CE+) by March 2021; the accreditation will increase the assurance level of the organisation in respect to its security and cyber controls. As an interim step the Trust has been accredited with the Cyber Essentials (CE) self-assessment accreditation.

The Trust has recently completed the successful implementation of NHS.net secure encrypted email. As of September 2020 all Trust staff now use the NHS mail service.

The Trust in preparedness for CE+ has implemented a new mobile device management service across the Trust for all Trust mobile devices.

Further information on this can be found in the body of the main report.

9. Reporting and Assurance

There have been no notable changes to the reporting and assurance framework since the last report. The governance structure can be seen in the main body of this report.

How this report impacts on current risks or highlights new risks:	
See section 4 above and section 5.3 & 6.3 in the full report	
Committees/groups where this item has been discussed	- Information Management and Information Governance Committee (IMIG) - Digital strategy Committee (DSC)
Recommendation	The board of directors are asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Meeting of the Board of Directors

October 2020

Data Protection and Cyber Assurance Report

Report of the
Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO)

1. Background
The establishment of the role, Senior Information Risk Owner (SIRO) required by the Information Governance Toolkit (now DSPT) was one of several NHS Information Governance (IG) measures identified to strengthen information assurance controls for NHS information assets. With the advent of GDPR and the new Data Protection Act 2018 the role of Data Protection Officer (DPO) has also been created to provide additional organisational assurance.

2. Purpose
The purpose of this report is to provide the board of directors with an update on Trusts Data Protection (IG) and cyber security agenda and to provide assurance to the compliance of IG and Cyber requirements.

3. Organisational Context
North Tees and Hartlepool NHS Foundation Trust is responsible for protecting the information it holds and is legally required under the Data Protection Act 2018 (DPA) to ensure the security and confidentiality of personal and special categories of information processed. These responsibilities also apply to other organisations working on behalf of the Trust. The new Data Protection Act 2018 provides an updated regulatory framework for the processing of personal information, including the holding, use or disclosure of such information.

The lawful and correct treatment of personal and special categories of information is vital to the successful operation of, and maintaining the confidence with the Trust and the individuals with whom it deals.

Therefore, the Trust will, through appropriate management and strict application of criteria and controls:
- Observe fully conditions regarding the fair collection and processing of data;
- Meet its legal obligations to specify the purposes for which data is used;
- Collect and process appropriate data and only to the extent that it is needed;
- Use compliant process to fulfil operational needs to comply with any legal requirements;
- Ensure the quality of data used is accurate;
- Apply strict checks to determine the length of time data is held and establish a compliant disposal process where necessary;
- Audit compliance with legislation and appropriate standards and escalate findings to the IAO and IMIG committee.
- Ensure that the rights of people about whom data is held can be fully exercised under the legislation. (These include: the right to be informed that processing is being undertaken; the right of access to one's personal information; the right to prevent processing in certain circumstances; the right to correct, rectify, block or erase information.);
- Take appropriate technical and organisational security measures to safeguard personal and sensitive personal data;
- Ensure that personal data is not transferred abroad without suitable safeguards.

The DPA lays down regulations for the handling of personal data. For all such data it is essential to abide by the principles in Article 5 of GDPR which govern the care and use made of the data.

Under DPA and GDPR Personal data refers any information relating to an identified or identifiable living individual (data subject) an identifiable individual is one who can be identified:

- directly or indirectly, in particular, by reference to an identifier such as a name,
- an identification number,
- location data,
- an online identifier e.g. including IP addresses internet cookies.
- one or more factors specific to the physical, physiological, genetic, e.g. DNA, mental, economic, cultural or social identity of that natural person.

Special Categories of Data was previously referred to as sensitive information under preceding legislation (Data Protection Act 1998) and refers to any personal data revealing;

- racial or ethnic origin,
- political opinions,
- religious or philosophical beliefs,
- trade union membership,
- the processing of genetic data,
- biometric data for uniquely identifying an individual,
- data concerning health or
- data concerning an individual's sex life or sexual orientation

4. Information risk, roles and responsibilities

4.1. Senior Information Risk Owner (SIRO)
The Chief Information and Technology Officer (CITO) fulfils the key role of Senior Information Risk Owner (SIRO) within the Trust, the SIRO is responsible for the trust information risk management framework.

4.2. Data Protection Officer (DPO)
The Data Protection Officer (DPO) is a role mandated in law under GDPR, the DPO is responsible to inform and advise the Trust and it employees about their obligations to comply with DPA and GDPR. The DPO will monitor compliance, ensuring policies; awareness raising and training of processing personal data is available to all staff. The DPO will act as a point of contact for all staff and provide advice and guidance on completion of data protection assessments (DPIAs). The DPO is the first point of contact for the ICO and for individuals whose data we process. The DPO will report any risks or issues to the SIRO.

4.3. Information Asset Owners (IAO's)
Information Asset Owners are senior individuals involved in running the relevant business function. Their role is to understand and address risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of those assets.

4.4. Information Asset Administrators (IAA's)
Information Asset Administrators ensure that policies and procedures are followed, recognises actual or potential security incidents, consult relevant individuals on incident management and ensure that information asset registers are accurate and up to date.

4.5. Caldicott Guardian & Deputy Caldicott Guardian

The Caldicott Guardian plays a key role in ensuring that the Trust satisfies the highest practical standards for handling patient identifiable information. Acting as the 'conscience' of the organisation, the Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information.

The Caldicott Guardian also has a strategic role, which involves representing and championing confidentiality and information sharing requirements and issues at senior management level and, where appropriate, at a range of levels within the organisation's overall governance framework.

5. Information Governance (Data Protection)

Information Governance is "*a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in modern health services*". It brings together, within a singular cohesive framework, the interdependent requirements and standards of practice. It is defined by the requirements within the Information Governance Toolkit against which the Trust is required to publish an annual self-assessment of compliance.

Information is a vital asset, both in terms of the clinical management of individual patient's/service users and the efficient management of services and resources throughout the Trust. It plays a key part in clinical governance, service planning and performance management.

It is therefore of paramount importance that information is effectively managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management to assure and demonstrate the proactive use of information as determined by legislative acts, statutes, regulatory requirements and best practice.

Information Governance (IG) applies to all information management activity in its broadest sense and underpins both clinical and corporate governance. Accordingly, it should be afforded appropriate priority as good information governance underpins all of the Trust's values.

5.1. Policy and Strategy

The following new IG & ICT Policies have been created and approved during the report period in order to meet the evolving IG agenda and reflect the GDPR:

- IG45   National Data Opt Out Compliance Policy
- IG44   Acceptable Use Policy – Collaboration Tools

The following IG & ICT Policies have been reviewed, updated and ratified during the report period in order to meet the evolving IG agenda and reflect the GDPR:

- IG34   Information Governance Framework
- IG12   Healthcare Records Management Policy
- IG25   Records Management & Retention Policy
- IG39   Secure Transfer of Personal, Confidential or Sensitive Information
- IG43   Data Minimisation Policy
- IG06   Research Governance, Conduct and Management Policy
- ICT06   Email, Internet and Digital Media Acceptable Use Policy
- IG04   Radiology Image Retention & Storage Policy
- ICT02   Information Security Policy
- ICT05   Removable Media Policy
- ICT04   Information Systems & Technical Infrastructure Change Control Policy
- ICT01   Control of ICT Projects Policy
- ICT03   Secure Disposal of ICT Equipment Policy

- ICT07   Mobile Devices Policy
- IG40   Clear Desk and Screen Policy
- IG31   Use of Whiteboards and Display Equipment Policy
- IG30   Data and Cyber Breach Management Policy

The following strategies have been reviewed, updated and ratified during the reporting period:

- Strat03   Information Governance Strategy

The following standard operating procedures have been reviewed, updated and ratified during the reporting period:

- SOPHCR-SAR01 Data Subjects Rights Procedure
- SOP IG-Con1   Updating supplier agreements and assurance procedure
- SOP IG-PBD01   Data Protection by Design and Default – DPIA Procedure
- Cyber Resilience Policy and Procedure
- Code of Practice in the use of NHS email (new)

The following privacy notices have been reviewed, updated and approved in the reporting period in order to meet our obligations for transparency under DPA / GDPR:

- NT&H Covid-19 Privacy Notice (new)
- NT&H Employee Privacy Notice
- NT&H Patient Privacy Notice
- NT&H Patient Privacy Notice (Children's)
- NT&H Website Privacy Notice
- Panacea Privacy Notice –Patient
- Panacea Privacy Notice –Patient (Children's)
- Panacea Privacy Notice – Employee
- NTH Solutions Privacy Notice – Employee

5.2. Key Performance Indicators (KPI)
The Trust IG team use KPI's to measure performance against national and local standards and targets.

The KPI's are set is three measurable areas, staff compliance with IG training, compliance with the fulfilment of subject access requests (patient/staff requests for information we hold on them) and the Trusts compliance level against the Information Governance Toolkit (DSPT).

KPI Indicator	2019/20 Target	2019/20 Actual

Data Security Training Completed By Staff Annually	95%	99%
Subject Access Requests - Complaince with response period of one calendar month (cumlatitve % for the period)*	100%	99.4%
DSPT Toolkit Compliance @ year end for mandatory compliance requirements	100%	100%

The Trusts compliance rate @ September 2020 with Subject Access Requests is 100% meeting the KPI.

5.3. Information Governance Risks

IG risks are managed via the Datix risk register and are reported into, and reviewed by, the Information Management and Information Governance (IMIG) Committee.

These risks are reviewed, analysed/themed and where appropriate, corrective actions agreed and implemented.

Currently, there are eighteen open risks on the IG risk register which is an increase of one risk compared to the same period last year. There are currently no high / red risks highlighted.

Risk Rating	2018/19 Year End	2019/20 Year End	Var.
High	1	0	-1
Moderate	6	7	+1
Low	8	9	+1
Very Low	2	2	0
TOTAL	17	18	+1

Key IG risk themes include:
- Compliance with data subject rights
- Storage of corporate & healthcare paper records
- Correspondence errors
- Access to data via Trust systems and networks
- Staff non-compliance with policy and procedure
- The use of email

5.4. Data Security and Protection Toolkit (DSPT) 2019/20 (September 2020)

The Data Security and Protection Standards for health and care set out the National Data Guardian's (NDG) data security ten standards. Completing DSPT self-assessment, by providing evidence and judging whether we meet the assertions, will demonstrate that our organisation is working towards or meeting the NDG standards.

1 Personal Confidential Data
2 Staff Responsibilities
3 Training

4   Managing Data Access
5   Process Reviews
6   Responding to Incidents
7   Continuity Planning
8   Unsupported Systems
9   IT Protection
10   Accountable Suppliers

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

The DSPT in 2019/20 sets out 116 mandatory evidence (increased from 100 in 2018/19) items in 44 assertions (40 Mandatory) which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

The national NHS DSPT submission deadline was rescheduled to 31st September 2020 from the normal annual submission date in March due to the response to Covid-19 pandemic.

The Trust submitted its DSPT submission on the 28th September 2020.

The Trust has self-assessed compliance with all 116 mandatory evidence items, and were compliant with all 40 mandatory assertions and 1 of the 4 non-mandatory; therefore, the Trust scored as all 'Standards Met' as shown below:
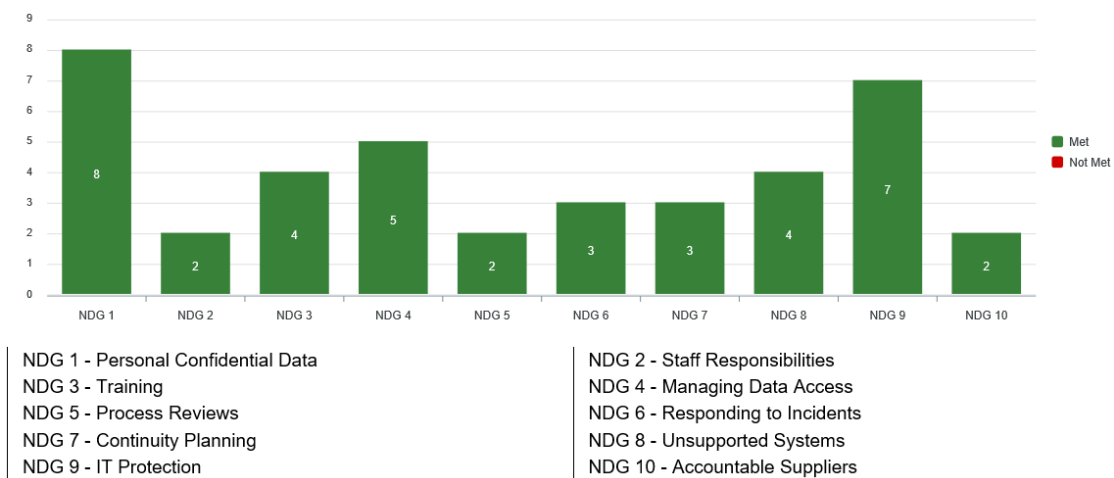
NDG 1 - Personal Confidential Data	NDG 2 - Staff Responsibilities
NDG 3 - Training	NDG 4 - Managing Data Access
NDG 5 - Process Reviews	NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning	NDG 8 - Unsupported Systems
NDG 9 - IT Protection	NDG 10 - Accountable Suppliers

The 2019/20 DSPT was also subject to external audit, a sample of 18 of the mandatory evidence items were audited by External Audit (Audit One) during January 2020 prior to the DSPT submission.

The Trust achieved full assurance as part of this audit:

Governance, risk management and control arrangements provide substantial assurance that the DSP Toolkit assertions are being managed effectively managed. Compliance with the DSP Toolkit assertions was found to be taking place.

Staff training and awareness of Information Governance is a key DSPT indicator, in 2019/20 we again had to ensure that 95% of all of our staff had received information governance training. The deadline to complete this mandatory training was extended to the end of September due to Covid-19. The Trust achieved this target of delivering 99% of staff data security training.

5.5. Incident reporting

Every care is taken to protect information and to avoid a security incident, especially where the result is a data breach when personal information is lost or disclosed inappropriately to an unauthorised person. In the event of such a security incident it is vital that appropriate action is taken to minimise any associated risk as soon as possible. We will investigate all security incidents classified as serious using a set plan and follow a Breach Management Plan in the event of a data breach.

Incidents are formally managed in line with the Information Governance Incident Reporting Tool and Guidance issued by NHS Digital and the Information Commissioner's Office (ICO) for reporting personal data and cyber security breaches, the Trust Data & Cyber Breach Policy IG30 and the Incident Reporting, and Investigation Policy RM15.

For serious breaches (i.e. the extent of harm), the SIRO must be informed immediately by the DPO / Information Governance Manager, the Chief Executive will then be made aware by the SIRO as necessary. A decision will be taken as to whether to inform the Information Commissioner's Office (ICO) dependant on the level of incident.

When a data breach has been assessed and scores as a serious incident using the Information Governance Risk Assessment Tool, then the incident is mandated to be reported to the Information Commissioner (ICO) via the Data Security and Protection Toolkit (DSPT).

The Trust has reported five potential serious/high risk incidents to the ICO during the 2019/20 DSPT reporting period (April 2019 to September 2020); all incidents have since been closed by the ICO with no further action pending.

The following potential high risk incidents were reported to the Information Commissioners Office (ICO) in the DSPT 2019/20 reporting period:

Incident ID	Incident Date	Brief Description	Outcome
20746	04/08/2020	Inappropriate access by a staff member to a data subjects personal data held in their electronic record	Incident Closed by ICO Identified Root Cause: Beach of Trust Policy Disciplinary action being taken
18448	15/01/2020	Inappropriate sharing of patient discharge information which has resulted in a breach of confidentiality	Incident Closed by ICO Identified Root Cause: Human Error Additional staff training given Revision of procedures to reduce risk of similar type of error

13655	06/06/2019	Disclosure in error of Test Result by Staff member which has resulted in a breach of confidentiality	Incident Closed by ICO Identified Root Cause: Human Error Additional staff training given
13653	31/05/2019	Unauthorized disclosure by staff member of information about another patient during a clinic consultation which has resulted in a breach of confidentiality.	Incident Closed by ICO Identified Root Cause: Beach of Trust Policy Disciplinary action being taken
13297	27/04/2019	Disclosure in Error of Medical Report by Staff member which has resulted in a breach of confidentiality.	Incident Closed by ICO Identified Root Cause: Human Error Additional staff training given

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy.

In order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred the following key actions have been undertaken:

- Review of IG policies and SOP's to ensure that they reflect the specific needs and practicalities of each internal department and that they reflected the changing needs of legislation in light of the updated Data Protection Act 2018 and the General Data Protection Regulations (GDPR)

- Increased the programme of comprehensive quality assurance and spot checks to ensure all departments are complying with Trust polices relating to the protection of personal data

- Continue to provide annual Data Security Training inclusive of Cyber Security and the provision of targeted training in areas of non-compliance

- Action has been taken to raise awareness with staff of the need to keep Smartcards safe and secure, additionally the Trust has also introduced a replacement fee chargeable to staff for lost Smartcards.

- Robust monitoring of departmental action plans following incidents to ensure appropriate actions have been implemented via IMIG committee

- Full review of information assets and information flows thought the Trust within a redesigned framework to comply with GDPR requirements

- Removal of all Trust Fax machines from the Trust

- Introduction of nhs.net email for all Trust staff by September 2020

- Use of new communication n methods to deliver key data protection messages i.e. use of Trust screen savers etc…

- Setup of an IAO / IAA forum to meet on a quarterly basis to ensure IAO/IAA's are fully supported in maintaining IG policy

- Further embed the principles of privacy by design and mandated the completion of Data privacy impact assessments (DPIA) for any new or change in process relating to personal identifiable data

- HR processes followed where repeated non-compliance has been found

5.6. Data Protection by Design

It has always been good practice to adopt privacy by design approach and to carry out a Privacy Impact Assessment (PIA) as part of this. However, the GDPR made privacy by design an express legal requirement, under the term 'data protection by design and by default'.   The Trust has adopted this approach.

It also makes 'Data Protection Impact Assessments' or DPIAs – mandatory in certain circumstances.

- where a new technology is being deployed
- where a profiling operation is likely to significantly affect individuals; or
- where there is processing on a large scale of the special categories of data.

The Trust continues to see a strong compliance and buy in from services with 'Data protection by design' principles and this is reflected in the number of new DPIA's which have been submitted in 2019/20 for projects which meet the mandatory criteria.

An emergency Covid-19 DPIA template has been developed in March 2020 and is now in use for urgent projects relating to the support of Covid-19 pandemic response.

A new Data Security Risk Assessment tool to supplement the DPIA has been developed by the Trust and is now in use regionally.

The Trust has approved:

- 48 Full DPIAs,
- 13 Covid-19 emergency DPIA's

The Trust has pending approval:

- 6 Full DPIA's
- 1 Covid-19 Emergency DPIA
- 19 pending initial assessment / screening

A DPIA register is now published on the Trust website for transparency.

5.7. Data Protection and Security Audits 2019/20

Throughout 2019/20, twenty-eight different randomly chosen locations across the UHNT and UHH sites were audited, these included both clinical (18) and non-clinical (10) areas. The purpose of these

audits is to ensure that the departments within the Trust are complying with Trust data protection and security policies and procedures and where they are not being followed actions have been assigned and mitigated.

The key themes of the audit finding included:

- Physical security of information assets (paper)
- The use of Smartcards and systems logins
- Communication methods and tools
- Disposal of confidential information
- Transportation of confidential information

In total circa. 70 minor actions were assigned and successful mitigation put in place to ensure compliance to policy and procedure.

5.8. Compliance with National 'Data opt out'

The Trust in line with NHS guidance has developed and policy and process in readiness for the compliance with the national data opt out programme.

This will ensure that patients who have decided to opt out of having their identifiable data used for purposes beyond direct healthcare will have their informed decision complied with.

When a preference to opt out has been made the Trust must ensure that the patient's identifiable data is not used for the purposes of research or for activities which assist the Trust in managing its services.

Any uses of patient identifiable data that is not directly for the provision of direct healthcare for the patient must be assessed to determine whether the National Opt Out applies.

Due to urgent operational responses to dealing with COVID-19, Health and care organisations now have until *March 2021* to put systems and processes in place so they can be compliant with the national data opt-out and apply patient's choices to any confidential patient information we use or share for purposes beyond their individual care.

Although we have in place a policy to support this as outlined above a number of operational and technical requirements still need to be implemented, therefore our Trust be compliant by **30 March 2021** with the national data opt-out policy.

5.9. Covid-19 - Confidential patient information & common law duty of confidentiality

Due to urgent public health operational responses in dealing with the Covid-19 pandemic, the Trust may need to share information with trusted partners or process data for purposes that are not specifically highlighted within the standard patient Privacy Notice at the time but which are essential our COVID-19 response. To support this the Trust have developed and published a temporary Covid-19 privacy notice on its website.

Individual healthcare organisations have also been given legal notice under the Health Service Control of Patient Information Regulations 2002 (also known as COPI**)** to support the processing and sharing of information to help the COVID-19 response. The notice is available here.

This is to ensure that confidential patient information can be used and shared appropriately and lawfully for purposes related to the COVID-19 response.

The COPI notice has now been extended until the end of March 2021 to help give healthcare organisations and Local Authorities the confidence to share the data needed to respond to Covid-19.

The Trust however as a Data controller are still required to comply with relevant and appropriate data protection standards and to ensure within reason that they operate within statutory and regulatory boundaries.

All data sharing and processing which uses the COPI regulations as its legal basis will need to either stop once the COPI period expires (March 2021) or another legal basis must be identified if the sharing and processing is still required. Where no alternative legal basis is found any data shared should be returned to the Trust or securely disposed of in accordance with Trust policy. Therefore, all such data processed under COPI is being logged on the data flow register with a COPI flag.

6. Cyber Security

The Trust has implemented a Cyber Security Strategy and is actively engaging with NHS Digital through their CareCert programme to further underpin the Trust cyber readiness.

As part of this the Trust is undertaking rigorous testing in the form of independent cyber assessments using the Cyber Essentials Plus assessment and the NHS IT health check assessment via NHS Digital. The Trust continues to provide cyber security training as part of its mandatory IG training and plans are in place to further strengthen the cyber element of this training into 2020/21.

The Trust aims to become compliant with Cyber Essentials Plus (CE+) by March 2021; the accreditation will increase the assurance level of the organisation in respect to its security and cyber controls. As an interim step the Trust has been accredited with the Cyber Essentials (CE) self-assessment accreditation.

The following developments further strengthen the Trusts cyber resilience.

6.1. Mobile Device Management

The Trust in preparedness for CE+ has implemented a new mobile device management service across the Trust for all Trust mobile devices.

The MDM solution which was completed in September 2020 allows the Trust to have greater control over the devices within its domain, all devices are encrypted and the Trust can remotely wipe any device should there be an incident or lost device.

In addition, the new service provides an application 'white list' process which allows the Trust to have full control of the applications and information that is downloaded or accessed via the device.

6.2. NHS email

The Trust has recently completed the successful implementation of NHS.net secure encrypted email. As of September 2020 all Trust staff now use the NHS mail service.

This implementation has significant benefits for the Trust which include:

- NHSmail email sent to secure domains is automatically encrypted and complies with the pan-government secure email standard. NHSmail is accredited to the NHS secure email standard (DCB1596) and is suitable for sharing patient identifiable and sensitive information.

- Because NHSmail is secure, it can be used to replace more expensive paper or telephone-based communication processes, saving money that can be better used for patient care.

- Staff can share calendars and folders with any other users on NHSmail, even if they're in different organisations. You can look up the contact details of more than one million NHS and business partner staff on the NHS Directory.

- NHSmail's security credentials are uniquely recognised by specialist security organisations, including Government Communications Headquarters (GCHQ), the Police and the Ministry of Defence.

- NHSmail users are protected by sophisticated and up-to-date anti-virus and anti-spam software, which checks every email passing through the NHSmail service.

- You can access NHSmail from all common smartphones, tablets, home and workplace computers, wherever you are in the world. If a mobile device connected to NHSmail is lost or stolen, the information it contains can be remotely erased keeping confidential information safe.

6.3. Cyber Security Risks

The Trust has identified various risks linked to the Trust's cyber security challenges which were identified following an ICT Security Audit. The risks identified are covered within other ICT risks on the Trusts Risk Register.

There are currently twelve cyber security risks on the corporate risk register, all rated as 'Medium Risk'.

The top three risks identified are:

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

The above risks have been escalated via the Board Assurance Framework (BAF) to the Trust Board and action plans are in place to resolve.

Summary of the current Cyber risks:

ID	Risk Title	Description
6166	Cyber Threat from ICT Unmanaged devices	Medical devices that are not managed by ICT if these devices are running outdated and unpatched computer operating systems that also do not have Anti-Virus on them.
6165	Cyber Threat Exploit Kits	Exploit kits include a collection of ready-made exploits

		usually planted in compromised websites or used in advertising campaigns. Exploit kits have the ability to identify exploitable vulnerabilities in a user's browser or web application and automatically exploit them.
6161	Cyber Threat Botnets	A botnet is a number of Internet-connected devices, each of which is running one or more bots. Botnets can be used to perform Distributed Denial-of-Service attacks, steal data, send spam, and allows the attacker to access the device and its connection.
6160	Cyber Threat Ransomware	Ransomware is a type of malicious software cyber criminals use to block you from accessing your own data. The digital extortionists encrypt the files on your system and add extensions to the attacked data and hold it "hostage" until the demanded ransom is paid.
6159	Cyber Threat Phishing	Phishing is the fraudulent attempt to obtain sensitive information or data, such as usernames, passwords and credit card details, by disguising oneself as a trustworthy entity in an electronic communication
6157	Cyber Threat Web Application attacks	Web application attacks are those attacks directed against available web applications, web services, and mobile apps. Such attacks try to abuse APIs that are incorporated in web applications.
6156	Cyber Threat Web Based attacks	Web based attacks are those that make use of web-enabled systems and services such as browsers (and their extensions), websites (including Content Management Systems), and the IT-components of web services and web applications.
6155	Cyber Threat Malware	Malware is any software intentionally designed to cause damage to a computer, server, client, or computer network. A wide variety of malware types exist, including computer viruses, worms, Trojan horses, ransomware, spyware, adware, rogue software, and scareware.
6154	Cyber Threat DOS/DDOS	In computing, a denial-of-service attack is a cyber-attack in which the perpetrator seeks to make a machine or network resource unavailable to its intended users by temporarily or indefinitely disrupting services of a host connected to the Internet.
6164	Cyber Threat Insider Threat	Insider threat refers to the threat that an insider will use his/her authorized access, wittingly or unwittingly, to do harm to the security of the Trust.
6163	Cyber Threat Identity Theft	Identity theft is a cyber-threat in which the attacker aims at obtaining confidential information that is used to identify a person or even a computer system. Such confidential information may be: identifiable names, addresses, contact data, credentials, financial data, health data, logs, etc. Subsequently, this information is abused to impersonate the owner of the identity. Identity theft is a special case of data breach.
6192	End User File Share Permissions	Risk of end users creating Shares on central file stores and not setting appropriate controls.

7. Reporting and Assurance

There have been no notable changes to the reporting and assurance framework since the last report. The governance structure is detailed below.

Trust Board

Audit Committee

Executive Team

Transformation Committee

Ps & Qs Committee

CITO Input

Digital Strategy Board

CITO Input

Information and Technology Services
Senior Management Team

Deputy Executive Group

Transformation Programme Management Group

Healthcare Records Committee

Digital Programmes Steering Group

Clinical Informatics Group

Information Management/Governance Group

Information and Communications Technology (ICT) Group

Clinical Activity Recording & Coding Group

Scan for Safety Board

Theatres Board

SystmOne Project Board

EPOC Board

Digital Care Programme Board

BHP/STP Digital Transformation Workstream

BCF Integration

Work area inputs By member

8. Recommendations

The board of directors are asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Professor Graham Evans
Chief Information and Technology Officer/SIRO

Neil Dobinson
Data Protection Officer (DPO)

Title of report:	Integrated Compliance and Performance Report							
Date:	29 October 2020							
Prepared by:	Lindsey Wallace							
Executive Sponsor:	Lynne Taylor							
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.							
Action required:	Approve		Assurance	x	Discuss	x	Information	x
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x

Executive Summary and the key issues for consideration/ decision:

- The report outlines the Trust's compliance against key access standards in September and Q2 2020 including quality, workforce and finance in accordance with the SOF.
- The Trust has continued to experience significant pressures across many standards including the impact of Covid-19 with most key indicators impacted upon in both month and quarter.
- Quality standards indicate positive performance against a number of key indicators, including HSMR/SHMI, C-difficile, Dementia standards.
- Sickness absence remains the key pressure within the workforce standards, however with multiple actions implemented to understand the underlying reasons.
- The impact of 'Wave 2' and additional pressures this may bring to recovery and managing winter pressures.
- At the end of M6, the Group is showing a break-even position. The year to date net contribution from Optimus is £224k against a plan of £144k (£80k ahead of plan). The year to date net contribution from the LLP is £761k against a plan of £839k (£78k behind plan). At M6, the Group cash balance is £65.3m, driven by cash received in advance from the DH for October activity and delays in the capital programme. Debtor days have decreased by 10 days and Creditor days have increased by 20 days in comparison to 2019/20 – due to washable gowns business case purchases and a general delay in timeliness of invoices sent to the Trust due to Covid-19.

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

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

Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee
Recommendation	Board are asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures resulting from the second wave of Covid-19.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 October 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Chief Nurse/ Director of Patient Safety and Quality, Chief of Workforce and Director of Finance

Strategic Aim and Strategic Objective: Putting Patients First

1.   Introduction/Purpose

1.1   The integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of September and Q2 2020.

1.2   The Integrated Dashboard is attached in Appendix 1- 5, with additional commentary provided against key metrics, providing month on month trend analysis. Appendix 1 outlines the trend analysis against the key Compliance indicators, Appendix 2 outlines Operational Efficiency and Productivity, Appendix 3 demonstrates Quality metrics, Appendix 4 Workforce and Appendix 5 Finance.

1.3   The Trust continues to experience significant pressures across the delivery of a number of the standards as a result of the backlog linked to the Covid-19 pandemic.

1.4   The Trust continues with its recovery of elective care to ensure capacity can return to 'normal' levels where possible. The impact of PPE and social distancing have been built into the Care Group plans, taking into account increased turnaround times etc. across outpatients, diagnostic and treatments.

1.5   NHSE/I have set out the Phase 3 recovery requirements, with an expectation that NHS services will make good progress in recovering all services to pre-Covid-19 levels by the end of October, however recognising the on-going impact of Covid-19 infections and winter. Revised trajectories including activity and workforce plans, with supporting commentary, was submitted at ICS level in September.

1.6   Increased infection rates are being seen nationally as we enter into 'wave 2' which poses additional pressures to the Trust whilst maintaining recovery and 'business as usual' together with winter pressures.

1.7   The Trust is participating in the national 'Clinical prioritisation and Validation Programme' as patient pathways remain open in relation to RTT, Cancer and Diagnostics. As suggested nationally, patients are being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates' however mindful of patients who have been waiting the longest. Close collaboration across the regional network in relation to cancer management continues, including the independent sector.

1.8   Embedding alternative ways of working continues supporting improved delivery of patient care across both elective and non- elective services, with a focus on admission avoidance wherever possible. This has reduced the hospital footfall with a positive

impact on a number efficiency and productivity indicators, whilst supporting delivery of quality, safe patient care.

1.9 The following sections provide a high level summary of the Trust's position against a number of the key performance standards.

2. Performance Overview

2.1 Compliance

2.1.1 As outlined above, the Covid-19 pandemic has impacted on the majority of key access standards as a result of adhering to national guidance around the management of elective pathways including RTT, cancer and diagnostics. That said, the overall position compared to national and regional positions remains positive.

2.1.2 The Trust remains one of the top reporting organisations in the region against the Referral to Treatment standards, however with a number of patients now reporting in the over 52 weeks' bracket (n=27) which has decreased slightly on last month (n=34). Recovery plans are in place to ensure any delayed pathways are kept to an absolute minimum. Patient choice to delay treatment, continues to impact upon the long waiter position. The RTT position nationally is reporting at 53.6%, with North East and Yorkshire reporting at 56.2% (August latest validated position) in comparison to the Trusts latest position reporting at 87.43%.

2.1.3 Residual pressures continue to impact on performance against the cancer standards for the month of August (latest validated position) and the Quarter 2 position (unvalidated), with unavoidable extended delays still evident as a result of the Trust and patients adhering to national guidance during Covid-19 wave 1. This is further compounded by patients' choice to delay treatments due to the continued Covid-19 infection rates.

2.1.4 The 62-day referral to treatment standard performed very well in the first part of the quarter considering the variables affecting it (reporting at 91% compliance) however August proved difficult reporting at 77.7% (validated) and Q2 reporting at 81.7% (unvalidated). Only 2 Trusts in the region achieved the 62-day standard with performance across the region ranging from 67.7% to 91%, a North East average of 80%.

2.1.5 The 2ww was also impacted upon as a result of the pandemic, for the same reasons as the 62-day standard, with patient choice to delay appointments significantly impacting on uptake of first appointment. Regional compliance ranges from 52.4% to 95.6%. The Trust reported at 91% for August (validated) and 91.3% for Q2 (unvalidated).

2.1.6 National guidance in relation to the pandemic led to significant pressures within the diagnostic pathway, delaying all routine diagnostics, with the exception of cancer and urgent referrals. The same trend can be seen nationally however improvement is noted with the Trust now reporting at 87.39%. The national average is reporting at 62.3% and regionally at 62%.

2.1.7 Emergency activity across the organisation has seen a decrease of 23.48% (n=2681) in Q2 compared to the same period last year and a similar picture throughout the year. Emergency activity included 1688 who were treated via Ambulatory Care, equating to 19.32% of total emergency admissions which is a significant decrease to normal activity.

2.1.8 Revised capacity management is in place to manage Covid-19 (Red) and non Covid-19 (Green) areas and whilst a reduced bed base is noted. Care Groups are currently reviewing the ability to flex in alignment with surge/increased demand, as staffing resource allows. This will also form part of the winter plan and resilience planning for 'wave 2'.

2.1.9 The Trust has maintained a positive position in relation to DTOCs and super stranded patients, reflective of the improved integrated pathway management across health and social care though an increase is noted.

2.1.10 Given the impact of Covid-19 on both elective and emergency care pathways, a number of the operational efficiency measures are currently under review, including theatre metrics, to ensure the revised KPIs reflect the new ways of working.

2.1.11 Despite the pressures outlined above, the Trust is on track to delivery its Phase 3 recovery trajectories, with the aim to deliver pre covid levels of outpatient, diagnostic and elective activity within the required timelines.

2.2 **Quality**

2.2.1 The latest HSMR value is now 94.98 (August 2019 to July 2020) which has increased from the previously unreported 94.42 (July 2019 to June 2020). The latest SHMI value reports at 98.20 (May 2019 to April 2020) which has increased from the previously reported value of 97.34 (April 2019 to March 2020).

2.2.2 For September 2020 the Trust is reporting 1 'Trust attributed' case of Clostridium difficile infection (1 COHA - Community Onset Healthcare Acquired). This is a decrease from the previous reporting period when 6 cases were reported (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired).

2.2.3 The Trust reported 21 hospital acquired Clostridium Difficile infections April to September 2020 compared to 32 for the same period last year. For quarter 2, the Trust reported 11 Trust attributed cases of Clostridium Difficile, against 2019/20 quarter 2 total of 18.

2.2.4 A reduction in MSSA, Ecoli, Klebsiella rates and CAUTIs has also been noted.

2.2.5 Following discussion at the last board around the Infection Prevention and Control (IPC) internal assurance framework in relation to Covid-19, the framework was considered by a CQC IPC panel and confirmed as providing assurance.

2.2.6 The Trust is reporting 9 stage 3 (Formal Letter) complaints for September 2020. This has remained the same from the previous reporting period. For Q2, the Trust reported 30 stage 3 complaints, against a 2019/20 quarter 2 total of 38.

2.2.7 The Trust is reporting 2 falls resulting in a fracture for September 2020. This has increased from zero cases in the previous reporting month. For Q2 the Trust reported 3 falls resulting in a fracture, against a 2019/20 quarter 2 total of 5.

2.3 Workforce

2.3.1 The sickness absence rate for August 2020 reported at 4.61%, 0.61% above the Trust target of 4.0% and 0.16% lower than it was in July (4.77%). This is broken down into 0.44% attributable to Covid-19 related sickness and 4.17% attributable to other sickness.

2.3.2   'Anxiety/stress/depression' was the top sickness reason in August, accounting for 37% of days lost. 'Other musculoskeletal problems' was the second top reason (12%), with 'Chest & respiratory problems' the third highest (11%). There were 132 further cases of Covid-19 related staff absence in September, broken down into 66 staff members who were absent for 10 days and 66 who self-isolated for 14 days.

2.3.3   The cost of sickness absence reported as £268,326 for August 2020 which is a decrease of £41,415 compared to July (£309,741).

2.3.4   Covid-19 risk assessments for higher risk staff continue to be undertaken by line managers supported by Workforce; to-date 91% of BAME staff, and 56% of staff in other risk groups, have had an assessment completed.

2.3.5   Appraisal compliance is reported as 84% in September, a decrease of 1% since August. Mandatory Training is 89%, an increase of 1% and Staff Turnover is 7.98%, a decrease of 0.13%.

2.3.6   As the Government has 'paused' shielding, the Trust has provided support to enable those employees to return to their workplace. The majority of 'shielders' have returned to their substantive roles but alternative duties have been identified for some for the interim period. Others who have not been able to return to work are being supported via the Trust's Workforce policies. The is continuously reviewed in accordance with government guidance and Workforce policies.

2.3.7   Staff wellbeing initiatives started in recent months continue to be progressed, such as 'Love Your Landscape', the setting up of a 'wellbeing' room and acting on feedback received via the 'Listening in Action' app. Other health and wellbeing activities included the 'Know Your Numbers' campaign for staff to have their blood pressure taken and relevant advice given. A virtual Wellbeing Festival was held during the last week of the month with various activities that were both live and recorded for staff to join with. The Trust also signed up to the 'Time to Change' Pledge, following the development, submission and approval of an action plan. The Pledge builds on existing work and is part of an ongoing journey to support the health and wellbeing of our staff.

2.3.8   Work has continued to ensure the needs of patients, staff and the organisation are supported where possible by the volunteer service. External partners, such as Radio Stitch and the RVS, have been resuming activities and the return of existing volunteers, combined with ongoing recruitment, has led to an increase in numbers in recent months, with the Trust counting 103 active volunteers as at 30th September. This trend is expected to continue, with contact being maintained with all volunteers and support, including risk assessments, being provided to assist their transition back into the organisation.

2.3.9   The Volunteer Services team is involved in a number of key activities that have been reinvigorated following Covid-19, these include the 'Home but not Alone' project, development of new role profiles to support service improvements and development of plans for winter, with contribution to the overall Trust plan.

3   Finance Overview

3.1   NHSI/E issued guidance setting out the revised financial arrangements for 1st April to 31st July 2020 with the main aims to ensure:
        • that the NHS has sufficient money to do what it is needed during this period;
        • that the costs of dealing with COVID-19 are captured and funded, and;
        • that financial governance is maintained.

3.2 These arrangements continued throughout August and September 2020 and new system allocated financial envelopes have been issued from M7 onwards. As a Trust, we continued to mirror the national arrangements which aim to fund providers for cost based on 2019/20 run rates.

3.3 For the period April to July 2020 this was underpinned by an Interim Financial Management Framework which was agreed at the Executive and Care Group Director meetings. During this period, the Trust achieved a breakeven position each month under the interim arrangements.

3.4 With effect from M5, we introduced revised 8-month control totals advance of the national guidance. The revised control totals aim to deliver a breakeven position at year-end. This is also underpinned by the reintroduction of the Financial Management Performance Framework.

3.5 At the end of M6, the Group is showing a break-even position. The year to date net contribution from Optimus is £224k against a plan of £144k (£80k ahead of plan). The year to date net contribution from the LLP is £761k against a plan of £839k (£78k behind plan). At M6, the Group cash balance is £65.3m, driven by cash received in advance from the DH for October activity and delays in the capital programme. Debtor days have decreased by 10 days and Creditor days have increased by 20 days in comparison to 2019/20 – due to washable gowns business case purchases and a general delay in timeliness of invoices sent to the Trust due to Covid-19.

4. Key Challenges

4.1 The management of the Covid-19 reconfiguration to meet the needs of Phase 3 recovery and pathway management.

4.2 Management of wave 2 pressures whilst maintaining urgent and elective recovery with alongside predicted winter pressures.

4.3 This will include new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point and will form the basis of the annual business planning cycle moving into 2021.

4.4 Financial impact of Covid-19 on the in-year recovery.

5. Conclusion/Summary

5.1 The Trust continues to experience significant pressures as a result of the Covid-19 pandemic, inevitably impacting on the delivery of access standards however recovery plans are now fully implemented. Additional pressures may be faced in managing recovery as the country enters into a second wave.

5.2 Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance. In addition to this, the Trust has continued with 'business as usual' daily sitrep reports, including field testing of the emergency care standards, alongside multiple additional Covid-19 Sitrep reports with weekend reporting reintroduced.

5.3 The impact of Covid-19 'self- isolation' for staff continues to contribute to the overall resource pressures together with increased infection rates currently being witnessed in wave 2.

6. Recommendations

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards during September and Q2.
- Recognise the on-going financial pressures.
- Acknowledge the on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

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

Integrated Performance and Compliance Report

September 2020

Integrated Performance & Compliance

Developed by: Performance Team
Development lead: Lindsey Wallace

Measure *(click on*						
Emergency Care Activity	Sep-20					On aggregate, activity saw a decrease in September compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net decrease of 19.4% (n=2838) with admissions also seeing a decrease of 23.1% (n=489). Q2 has seen a similar picture with attendances seeing a decrease 20.6% (n=9258) and admissions seeing a decrease of 28.1% (n=1823).
New Cancer 31 days subsequent Treatment (Drug Therapy)	Aug-20	98.0%	**100.0%**	**100.0%**		The Trust achieved against this standard (Augusts validated position) and for Q2 (unvalidated) with all patients treated within standard.
New Cancer 31 days subsequent Treatment (Surgery)	Aug-20	94.0%	**88.6%**	**88.5%**		The Trust under achieved against this standard though small numbers (August validated position) with 31 out of 35 patients treated in time. The Regional position for Surgery is 92.8%
New Cancer 62 days (consultant upgrade)	Aug-20	85.0%	**82.4%**	**91.7%**		The Trust under achieved against this standard with 7 out of 8.5 patients treated within time. The regional position reported 92.5%.
New Cancer 62 days (screening)	Aug-20	90.0%	**50.0%**	**88.9%**		The Trust underachieved against this standard for the month of August (latest validated position). 1 out of 2 patients treated within the time. The Screening programmes were paused during Covid however a restart programme began in September. The regional position reported at 47.06%. Q2 is reporting at 88.8% (unvalidated).
New Cancer GP 62 Day (New Rules)	Aug-20	85.0%	**77.7%**	**81.0%**		Residual backlog pressures continue to impact on the Trusts ability to achieve this standard during August, with 47 out of 60.5 accountable patients treated within time. Only 2 Trusts achieved this standard. The regional position reported at 80%.Q2 is reporting at 81.4% (unvalidated).
New Cancer Current 31 Day (New Rules)	Aug-20	96.0%	**95.3%**	**96.6%**		The Trust under achieved against this standard with 81 out of 85 patients treated within time . Recovery is evident in Q2 reporting at 96.5% (unvalidated).
New Cancer Two week Rule (New Rules)	Aug-20	93.0%	**91.0%**	**91.4%**		The Trust underachieved this standard as a result of patient choice and residual pressures of covid. 798 patients seen in time out of 877. The regional average position is reporting at 74.3% for August. Q2 is provisionally reporting at 91.3%.
Breast Symptomatic Two week Rule (New Rules)	Aug-20	93.0%	**89.3%**	**89.4%**		The Trust underachieved this standard for the month of August (latest validated position), with 158 out of 177 referrals being seen within 14 days, mainly as a result of clinical triage, patient choice and reduced capacity in accordance with national guidance surrounding social distancing. The regional average position is reporting at 81.6%. Q2 is provisionally reporting at 89.3%.
RTT incomplete pathways wait (92%)	Sep-20	92.00%	**87.43%**	**79.67%**		
RTT incomplete pathways wait (92nd percentile)	Sep-20	28.00	**30.90**	**31.10**		The disruption to services as a result of the Covid-19 pandemic continues, in the main as a result of patients choosing to delay treatment for various reasons and national guidance around isolation and swabbing pre procedures. Whilst the Trust continues to experience some long waits, it remains one of the top performing Trusts across the region. A regional position reporting an average of 59.35%, with a range of 0-1227 patients waiting over 52 weeks. For the month of September the Trust is reporting 27 (34 in August) patients waiting over 52 weeks. A small increase in the overall waiting list size is noted (3.62%, n= 450, compared to January 2020 position) with increased waiting times across incomplete, 92nd percentile and median waits, all of which have been unavoidable. To add context to this, Cumbria and North East regions performance ranged from 39.54% to 95.92%. Clinicians have been reviewing patients and providing advice and guidance back to the care of the GP where appropriate, based on clinical need and priority.
RTT incomplete pathways wait (Median)	Sep-20	7.20	**7.40**	**6.50**		
RTT incomplete pathways >52 week wait	Sep-20	0	**27**	**33**		

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q2	Trend	Details
Number of patients waiting less than 6 weeks for diagnostic procedures	Sep-20	99.00%	87.39%	79.86%		Performance against the 6 week diagnostic standard continues to show improvement with a further 40% (n=383) reduction in over 6 week waits compared to the previous months position. Additional plans are underway to further expand Endoscopy capacity utilising weekend working to support recovery.
* Cancer Q2 is a provisional Position						
Performance Overview / Key Highlights		The COVID-19 pandemic continues to have an impact on the delivery of elective pathways, resulting in the under achievement against a number of the access standards which is a similar picture to the national and regional position. However the Trust has developed robust recovery plans to support the delivery of services going forward, including stretching trajectories and is already seeing an improving trend. Plans are in place to continue with business as usual as the country enters the second wave of the pandemic with regular strategic command meetings taking place.			

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
New to Review ratio (cons led)	Aug-20	1.37	1.46		A slight increase is noted this month however noting a reduced standard compared to the same time last year
Outpatient DNA (new)	Sep-20	7.20%	7.12%		A reduction in overall DNA rates continues some of which is thought to be a result of non face to face appointments. The reminder service ceased during Covid due to the changes in clinic activity however this is planned to recommence in October.
Outpatient DNA (review)	Sep-20	9.00%	8.00%		
Revised Occupancy Trust	Sep-20	95.00%	86.41%		The Trust continues to manage beds on a flexible basis to accommodate surges in demand and red and green areas. Resilience plans in place to flex up as necessary. Elective beds have been reinstated at Hartlepool with the elective recovery programme underway.
Operation Time Utilisation	Sep-20	72.86%	68.99%		As part of recovery, a task and finish group has been established to review theatre metrics in line with Model Hospital. This will include a full review of the impact of IPC restrictions and pre operative processes that may impact on the current planning of lists.
Run Time Utilisation	Sep-20	87.07%	85.16%		
Planned Session Utilisation *	Sep-20	92.50%	80.25%		
Cancelled procedures (Non medical)	Sep-20	0.80%	0.39%		As recovery progresses for elective procedures it is inevitable that some procedures will be cancelled for various reasons including non adherence to guidelines such as isolation and swabbing principles. The Trust had 11 procedures cancelled on the day for non medical reasons with Staff sickness and out of time being the main under lying issues.
Cancelled Urgent Operations for second time	Sep-20	0	0		
Cancelled on day of operation	Sep-20	8.80%	6.86%		
Late Start %	Sep-20	33.11%	60.42%		As part of recovery, a task and finish group has been established to review theatre metrics in line with Model Hospital.
Early Finishes %	Sep-20	46.13%	46.18%		

Session overruns (>30 minutes)	Sep-20	12.89%	**14.58%**		
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Sep-20	0	**21**		The North East (NEAS) average handovers greater than 30 minutes ranged between 4-384, with the average over 60 minutes ranging between 0 – 84. Internal validation of the NEAS reports indicates the Trust had 21 >30 minutes and 1 >60 minutes.
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Sep-20	0	**1**		NEAS reported the Trust at 52.2% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 41.9% with performance ranging between 31.30% and 58.85%.
Delayed Transfers of Care	Sep-20	3.50%	**0.80%**		
Super Stranded Reduction (per day average)	Sep-20	63	**46**		The Trust has maintained a positive position in relation to DTOCs and super stranded.

Performance Overview / Key Highlights	The Hospital Evaluation Data (HED) within the main report provides a summary of the Trusts benchmark position against a number of performance indicators covering clinical quality, operational efficiency, patient safety and finance. The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) benchmarking data available in the main menu.

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Jul-20	106.00	94.98		The latest HSMR value is now 94.98 (August 2019 to July 2020), this has increased from the previously unreported 94.42 (July 2019 to June 2020). The value of 94.98 continues to remain inside the 'as expected' range; the national mean is 100.

When benchmarked against the same period last year (August 2018 to July 2019) this has increased from 92.92 to 94.98. |
| SHMI Mortality rate (Rolling 12 month value) | Apr-20 | 110.00 | 98.20 | | The latest SHMI value is now 98.20 (May 2019 to April 2020), this has increased from the previously reported value of 97.34 (April 2019 to March 2020).

When benchmarked against the same period last year (May 2018 to April 2019) this has increased from 96.20 to 98.20. |
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Sep-20	90.00%	100.00%		The Trust is reporting that 100% of patients aged 75 and over, who were admitted as emergencies, stayed more than 72 hours were asked the dementia case finding question.
Dementia - % of patients undergone a diagnostic assessment	Sep-20	90.00%	100.00%		The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Sep-20	90.00%	100.00%		The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.
Complaint Stage 1 - Informal	Sep-20	99	107		The Trust is reporting 107 stage 1 complaints for September 2020.This has increased from the 88 stage 1 complaints in August 2020.

This is due to a restriction in visiting during the Covid pandemic, as this is not identifiable into any specific area across the services. This issue will be mitigated with the patient family updates and virtual visiting implemented across the Trust.

When benchmarked against the same period last year (September 2019) this has increased from 99 to 107.

For quarter 2, the Trust reported 286 stage 1 complaints, against a 2019/20 quarter 2 total of 267. |
| Complaint Stage 2 - Formal Meeting | Sep-20 | 9 | 1 | | The Trust is reporting 1 stage 2 complaint for September 2020. This has increased from zero reported stage 2 complaints in August 2020.

When benchmarked against the same period last year (September 2019) this has decreased from 9 to 1.

For quarter 2, the Trust reported 5 stage 2 complaints, against a 2019/20 quarter 2 total of 26. |

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Complaint Stage 3 - Formal Chief Executive Letter	Sep-20	14	9		The Trust is reporting 9 stage 3 complaints for September 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (September 2019) this has decreased from 14 to 9. For quarter 2, the Trust reported 30 stage 3 complaints, against a 2019/20 quarter 2 total of 38.
Corporate & Departmental Risks (Red)	Sep-20	7	9		The Trust is reporting 9 Corporate Red Risks for August 2020.
Never Events	Sep-20	0	0		There has been no Never Events reported in this period.
Category 2 Pressure Ulcers (In-Hospital)	Aug-20	24	5		The Trust is reporting 5 category 2 pressure ulcers for August 2020. This has decreased from 13 category 2 ulcers reported for July 2020. When benchmarked against the same period last year (August 2019) this has decreased from 24 to 5 cases.
Category 3 Pressure Ulcers (In-Hospital)	Aug-20	3	4		The Trust is reporting 4 category 3 pressure ulcers for August 2020. This has increased from zero category 3 ulcers reported for July 2020. When benchmarked against the same period last year (August 2019) this has increased from 3 to 4 cases.
Category 4 Pressure Ulcers (In-Hospital)	Aug-20	0	0		The Trust is reporting zero category 4 pressure ulcer for August 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (August 2019) this has remained the same at zero.
Fall - No Injury (In-Hospital)	Sep-20	77	74		The Trust is reporting 74 falls resulting in no injury for September 2020. This has decreased from the 96 falls reported for August 2020. When benchmarked against the same period last year (September 2019) this has decreased from 77 to 74. For quarter 2, the Trust reported 244 falls resulting in no injury, against a 2019/20 quarter 2 total of 231.
Fall - Injury, No Fracture (In-Hospital)	Sep-20	17	22		The Trust is reporting 22 falls resulting in an injury, but no fracture for September 2020. This has increased from the 16 falls resulting in an injury reported for August 2020. When benchmarked against the same period last year (September 2019) this has increased from 17 to 22. For quarter 2, the Trust reported 52 falls resulting in an injury, but no fracture, against a 2019/20 quarter 2 total of 58.

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Fall - With Fracture (In-Hospital)	Sep-20	2	2		The Trust is reporting 2 falls resulting in a fracture for September 2020. This has increased from zero reported in the previous period. When benchmarked against the same period last year (September 2019) this has remained the same at 2. For quarter 2, the Trust reported 3 falls resulting in a fracture, against a 2019/20 quarter 2 total of 5.
VTE Risk Assessment	Sep-20	95.00%	95.28%		The Trust is reporting that 95.28% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during September 2020. This has decreased from 96.51% reported in August 2020. For quarter 2, the Trust reported 96.29% VTE Risk Assessment, against a 2019/20 quarter 2 total of 97.01%.
Hand Hygiene Compliance	Sep-20	95.00%	99.00%		The overall Trust compliance score for hand hygiene is 99% for September 2020; this has remained the same from the previous reporting period. For quarter 2, the Trust reported 98% hand hygiene compliance, against a 2019/20 quarter 2 average of 98%.
Clostridium difficile (C.diff)	Sep-20	10	1		For September 2020 the Trust is reporting 1 Trust attributed case of Clostridium difficile infection (1 COHA - Community Onset Healthcare Acquired), this has decreased from the previous reporting period when 6 cases were reported (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired). The Trust has not been set a trajectory for 2020-21 yet, so no targets can be aligned for each month. This will be updated when the trajectory has been set. For quarter 2, the Trust reported 11 Trust attributed cases of Clostridium difficile, against 2019/20 quarter 2 total of 18.
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Sep-20	0	0		The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in September 2020. This remains the same from previous reporting period and the target of zero cases. For quarter 2, the Trust reported Zero Trust attributed cases of MRSA, against a trajectory of Zero.
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Sep-20	2	2		The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for September 2020. This has decreased from the 5 case previously reported in August 2020. When benchmarked against the same period last year (September 2019) this has remained the same at 2 cases. For quarter 2, the Trust reported 10 Trust attributed cases of MSSA, against a 2019/20 quarter 2 total of 8 cases.

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Escherichia coli (E.coli)	Sep-20	4	1		The Trust is reporting 1 Trust attributed case of E coli bacteraemia in September 2020. This has decreased from the 4 case previously reported in August 2020. When benchmarked against the same period last year (September 2019) this has decreased from 4 to 1. For quarter 2, the Trust reported 7 Trust attributed cases of Ecoli, against a 2019/20 quarter 2 total of 15 cases.
Klebsiella species bacteraemia (Kleb sp)	Sep-20	1	1		The Trust has reported 1 Trust attributed case of Klebsiella species bacteraemia in September 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (September 2019) this has remained the same at 1 case. For quarter 2, the Trust reported 2 Trust attributed cases of Klebsiella species, against a 2019/20 quarter 2 total of 3 cases.
Pseudomonas aeruginosa bacteraemia (Ps a)	Sep-20	1	0		The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in September 2020. This has decreased from the 1 case previously reported in August 2020. When benchmarked against the same period last year (September 2019) this has decreased from 1 to zero cases. For quarter 2, the Trust reported 1 Trust attributed cases of Pseudomonas aeruginosa, against a 2019/20 quarter 2 total of 1 case.
CAUTI	Sep-20	37	22		For September 2020 the Trust is reporting 22 Trust attributed cases of a catheter-associated urinary tract infection (CAUTI), this has increased from the 13 cases reported in the previous reporting period. For quarter 2, the Trust reported 51 Trust attributed cases of CAUTI, against a 2019/20 quarter 2 total of 101 cases.
Friends & Family - (Ward) [National Score based on % 'Very Good' & 'Good']	Sep-20	70.00%	84%		The in-patient Friends and Family position for the new method of rating the service 'Very Good or Good' was 84% for September 2020, this has decreased from 85% reporting in August 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Friends & Family - (A&E/Urgent Care) [National Score based on % 'Very Good' & 'Good']	Sep-20	70.00%	89%		The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for the new method of rating the service 'Very Good or Good' was 89% for September 2020. This has increased from 85% reported in August 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Friends & Family - (Birth) [National Score based on % 'Very Good' & 'Good']	Sep-20	70.00%	96%		The Maternity (Delivery) Friends and Family position for the new method of rating the service 'Very Good or Good' was 96% for September 2020. This has increased from 90% reported in August 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Registered Nurse/Midwife day shift fill rates	Sep-20	>=80% and <=109.99%	**80.73%**		Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of September 2020 is 80.73%.
Registered Nurse/Midwife Night shift fill rates	Sep-20	>=80% and <=109.99%	**84.90%**		Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of September 2020 is 84.90%.
Care Staff day shift fill rates	Sep-20	>=80% and <=109.99%	**88.57%**		Care Staff day shift fill rates across inpatient areas for the month of September 2020 is 88.57%
Care Staff Night shift fill rates	Sep-20	>=110% and <=125.99%	**118.52%**		Care Staff night shift fill rates across inpatient areas for the month of September 2020 is 118.52%.

Performance Overview / Key Highlights	The latest HSMR value is now 94.98 (August 2019 to July 2020), this has increased from the previously unreported 94.42 (July 2019 to June 2020), the latest SHMI value is now 98.20 (May 2019 to April 2020), this has increased from the previously reported value of 97.34 (April 2019 to March 2020). For September 2020 the Trust is reporting 1 Trust attributed cases of Clostridium difficile infection (1 COHA - Community Onset Healthcare Acquired), this has decreased from the previous reporting period when 6 cases were reported (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired). There has been no trajectory set for 2020-21 as of yet, when it has been set, this will be cascased. The Trust finished September 2020 in a better position than September 2019 for Cdiff, Ecoli, Pseudomoonas and Cauti's, and the same for MSSA and Klebsiella.
Conclusion and recommendation	Please note the content of the report; current performance and work to continuously improve. The HSMR and SHMI values which continue to remain within the expected range, even though they have both increased slightly. The Infections cumullative positions for 2020 reporting infections categories area all lower than at the same point in 2019.

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q2	Trend	Details
Sickness	Aug-20	4.00%	4.61%			The sickness absence rates for September 2020 are not available to time of reporting. The sickness absence rate for August 2020 is reported at 4.61%, which is 0.61% above the Trust target of 4.0%. This is broken down into 0.44% attributable to COVID-19-related sickness and 4.17% attributable to other sickness. The cost of sickness absence is reported as £268,326 for August 2020. This has decreased by £41,415 compared to July (£309,741). Benchmarking The latest national sickness absence data available is for the month of May 2020 and supplied by NHS Digital. The sickness rate for North Tees and Hartlepool is 6.50%, which is 1.26% above the regional average and 1.77% above the NHS average. Northumbria Healthcare NHS Foundation Trust report the lowest sickness absence rate for May 2020 at 4.35%. The highest sickness absence rate in the North East region for May 2020 is reported by County Durham and Darlington NHS Foundation Trust at 7.08%.
Turnover (12 months rolling data)	Sep-20	10.00%	7.98%	7.98%		The Trust Staff Turnover figure in September is 7.98%, a decrease of 0.13% from the August figure of 8.11%.
Mandatory Training	Sep-20	80%	89%	89%		Mandatory Training compliance is reported as 89% in September, an increase of 1% from the August figure of 88%.
Appraisals	Sep-20	95%	84%	84%		Appraisal compliance is reported as 84% in September, a 1% decrease from the August figure of 85%.
Performance Overview / Key Highlights						When comparing August 2020 to the previous months' sickness absence rate of 4.77%, there has been a decrease in the Trust's sickness absence rate of 0.16%. The sickness rate breaks down into 0.44% attributable to COVID-19-related sickness and 4.17% attributable to other sickness. 'Anxiety/stress/depression' was the top sickness reason in August, accounting for 37% of days lost. 'Other musculoskeletal problems' was the second top reason (12%), with 'Chest & respiratory problems' the third highest (11%).
Conclusion and recommendation						Note the positive performance against standards together with the on-going work to integrate performance reporting.

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
A&E	*Target*		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00								
	Total Time in Department (Mean) Type 1 & 3	Sep-20	97.26	99.82	103.50	100.20	120.29	105.79	106.21	106.00	102.25	102.30	112.00	105.52								
Cancer	*Target*		98.0%	97.7%	98.0%	97.9%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%										
	New Cancer 31 days subsequent Treatment (Drug Therapy)	Aug-20	98.9%	90.4%	98.9%	99.1%	100.0%	100.0%	92.9%	97.9%	100.0%	100.0%										
	Target		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%										
	New Cancer 31 days subsequent Treatment (Surgery)	Aug-20	100.0%	92.3%	95.2%	95.7%	77.8%	84.6%	100.0%	89.5%	80.0%	88.6%										
	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%										
	New Cancer 62 days (consultant upgrade)	Aug-20	88.2%	93.8%	90.5%	90.7%	100.0%	83.3%	91.7%	93.3%	88.9%	82.4%										
Cancer	*Target*		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%										
	New Cancer 62 days (screening)	Aug-20	82.9%	100.0%	92.0%	92.0%	90.0%	27.0%	14.3%	60.2%	50.0%	50.0%										
	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%										
	New Cancer GP 62 Day (New Rules)	Aug-20	76.1%	73.9%	87.3%	79.3%	85.0%	80.0%	80.4%	81.9%	91.0%	77.7%										
Cancer	*Target*		96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%										
	New Cancer Current 31 Day (New Rules)	Aug-20	98.5%	99.2%	97.8%	98.5%	92.5%	93.3%	95.3%	93.8%	98.8%	95.3%										
	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%										
	New Cancer Two week Rule (New Rules)	Aug-20	93.2%	93.8%	93.3%	93.5%	91.5%	94.6%	88.3%	91.0%	89.4%	91.0%										
Cancer	*Target*		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%										
	Breast Symptomatic Two week Rule (New Rules)	Aug-20	95.5%	96.9%	95.8%	96.1%	81.8%	93.8%	64.3%	73.0%	87.3%	89.3%										

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
RTT	*Target*		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%								
	RTT incomplete pathways wait (92%)	Sep-20	93.28%	94.19%	93.84%	93.79%	88.44%	79.09%	69.66%	37.65%	69.81%	79.94%	87.43%	79.67%								
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00								
	RTT incomplete pathways wait (92nd percentile)	Sep-20	16.60	16.00	17.10	16.60	20.40	25.40	28.90	27.20	30.40	31.90	30.90	31.10								
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20								
	RTT incomplete pathways wait (Median)	Sep-20	6.10	6.00	7.60	6.60	10.10	12.90	14.10	8.70	6.10	6.00	7.40	6.50								
	Target		0	0	0	0	0	0	0	0	0	0	0	0								
	RTT incomplete pathways >52 week wait	Sep-20	0	0	0	0	0	3	16	6	37	34	27	33								
Diagnostics	*Target*		99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%								
	Number of patients waiting less than 6 weeks for diagnostic procedures	Sep-20	88.73%	95.63%	90.19%	91.67%	43.26%	40.15%	64.59%	48.60%	74.42%	78.01%	87.39%	79.86%								
CIDS	*Target*		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%								
	CIDs -Referral information	Sep-20	93.33%	95.10%	100.00%	95.89%	100.00%	100.00%	100.00%	96.16%	100.00%		97.04%	98.45%								
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%								
	CIDs- Referral to Treatment information	Sep-20	96.48%	97.35%	97.09%	96.94%	99.95%	98.21%	98.08%	95.65%	97.40%		97.83%	97.83%								
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%								
	CIDs- Treatment Activity Information	Sep-20	94.22%	94.08%	100.00%	95.89%	100.00%	100.00%	100.00%	95.68%	100.00%		93.92%	96.81%								

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
New to review	Target		1.45	1.45	1.45	1.45	1.37	1.37	1.37	1.37	1.37	1.37										
	New to Review ratio (cons led)	Aug-20	1.41	1.32	1.41	1.41	1.30	1.08	1.35	1.26	1.40	1.46										
DNA	Target		7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%								
	Outpatient DNA (new)	Sep-20	7.40%	7.50%	7.78%	7.87%	5.17%	4.59%	6.01%	5.50%	6.32%	6.97%	7.12%	6.98%								
	Target		9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%								
	Outpatient DNA (review)	Sep-20	9.52%	9.14%	9.43%	9.37%	6.54%	5.99%	5.76%	6.18%	7.61%	8.21%	8.00%	8.09%								
Coding	Target		3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01										
	Average depth of coding	Aug-20	6.93	6.92	6.89	6.61	7.30	7.37	7.39	6.92	7.36	7.44										
LOS	Target		3.40	3.40	3.14	3.31	3.17	3.18	3.60	3.32	3.60											
	Length of Stay Elective	Jun-20	2.13	2.12	2.03	2.03	1.94	1.87	1.69	1.85	1.65											
	Target		4.20	4.20	4.19	4.20	4.20	4.19	4.11	4.17	4.11											
	Length of Stay Emergency	Jun-20	3.44	3.45	3.52	3.52	3.50	3.48	3.49	3.40	3.45											
Day case	Target		76.62%	76.68%	76.01%	76.44%	75.58%	75.33%	75.00%	75.30%	74.59%											
	Day case Rate	Jun-20	78.63%	79.45%	79.04%	79.04%	79.83%	79.98%	77.30%	77.16%	77.27%											
	Target		4.50%	4.50%	4.50%	4.50%					4.50%	4.50%	4.50%	4.50%								
	Pre - Op Stays	Sep-20	1.56%	1.20%	1.21%	1.42%					2.69%	5.17%	3.46%	3.57%								
Occupancy	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	Revised Occupancy North Tees	Sep-20	91.93%	90.77%	73.93%	86.89%	56.71%	69.96%	73.92%	65.11%	76.21%	81.02%	87.13%	81.57%								
	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%		95.00%	95.00%	95.00%	95.00%								
	Revised Occupancy Hartlepool	Sep-20	89.52%	76.63%	79.44%	82.46%	Closed	Closed	Closed		43.15%	27.63%	63.78%	45.25%								
	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	Revised Occupancy Trust	Sep-20	91.79%	89.97%	74.20%	86.65%	56.71%	69.96%	73.92%	65.11%	75.72%	79.35%	86.41%	80.64%								
Bed days	Target		998	998	998	2994	506	506	506	1518	506	506	506	1518								
	Excess bed days	Sep-20	257	545	982	1784	193	207	256	1227	201	150	193	544								
	Target		535	535	535	1605	317	317	317	951	317	317	317	951								
	Delayed bed days	Sep-20	281	270	206	757	36	33	110	955	162	126	99	387								
Readmissions *	Target		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%											
	Readmission rate 30 days (Elective admission)	Jul-20	3.72%	4.17%	5.01%	4.34%	5.84%	5.35%	3.60%	4.09%	3.43%											
	Target		9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%											

			Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
	Readmission rate 30 days (Emergency admission)*	Jul-20	13.40%	12.66%	10.92%	12.65%	13.79%	16.87%	16.47%										
	Target		7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%								
	Readmission rate 30 days (Total)	Jul-20	9.19%	8.79%	7.89%	8.77%	12.30%	14.39%	12.55%										
	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%					
EDS	Electronic Discharge Summaries within 24 hours (incl. A&E)	Sep-20	93.04%	92.84%	91.99%	92.65%	91.96%	91.10%	92.92%	92.03%	93.80%	91.54%	91.06%	92.11%					
	Target		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%					
C-sections	Emergency c-section rates	Sep-20	14.01%	15.13%	11.47%	13.44%	7.58%	12.56%	18.26%	13.82%	18.78%	18.09%	19.44%	18.80%					
Theatres	Target		72.86%	72.86%	72.86%	72.86%					72.86%	72.86%	72.86%	72.86%					
	Operation Time Utilisation	Sep-20	70.77%	74.29%	72.92%	72.65%					59.68%	64.43%	68.99%	65.49%					
	Target		87.07%	87.07%	87.07%	87.07%					87.07%	87.07%	87.07%	87.07%					
	Run Time Utilisation	Sep-20	86.40%	87.51%	86.88%	86.92%					78.24%	81.15%	85.16%	82.34%					
	Target		92.50%	92.50%	92.50%	92.50%					92.50%	92.50%	92.50%	92.50%					
	Planned Session Utilisation *	Sep-20	91.67%	92.86%	76.23%	84.62%					83.12%	56.56%	80.25%	77.40%					
	Target		0.80%	0.80%	0.80%	0.80%					0.80%	0.80%	0.80%	0.80%					
	Cancelled procedures (Non medical)	Sep-20	0.19%	0.24%	0.66%	0.50%					0.14%	0.25%	0.39%	0.27%					
	Target		0	0	0	0					0	0	0	0					
	Readmission within 28 days of non medical cancelled operation	Sep-20	1	0	4	5					1	3	2	5					
	Target		0	0	0	0					0	0	0	0					
	Cancelled Urgent Operations for second time	Sep-20	0	0	0	0					0	0	0	0					
	Target		8.80%	8.80%	8.80%	8.80%					8.80%	8.80%	8.80%	8.80%					
	Cancelled on day of operation	Sep-20	6.48%	7.58%	9.31%	8.44%					7.26%	7.46%	6.86%	7.15%					
	Target		33.11%	33.11%	33.11%	33.11%					33.11%	33.11%	33.11%	33.11%					
	Late Start %	Sep-20	43.01%	41.39%	44.53%	42.93%					53.91%	52.00%	60.42%	56.83%					
	Target		46.13%	46.13%	46.13%	46.13%					46.13%	46.13%	46.13%	46.13%					
	Early Finishes %	Sep-20	47.20%	47.62%	40.08%	45.16%					64.84%	62.40%	46.18%	54.24%					
	Target		12.89%	12.89%	12.89%	12.89%					12.89%	12.89%	12.89%	12.89%					
	Session overruns (>30 minutes)	Sep-20	16.78%	12.82%	18.62%	16.00%					10.16%	12.80%	14.58%	13.10%					
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%					
	A&E unplanned returns within 7 days - Type 1	Sep-20	1.81%	1.64%	0.90%	1.46%	0.49%	0.45%	0.43%	0.46%	1.34%	0.97%	0.79%	1.02%					
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%					

Integrated Performance and Compliance Dashboard - September 2020 (2019-2020 against target)
APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
A&E	A&E left without being seen - Type 1	Sep-20	2.57%	3.04%	2.34%	2.65%	1.61%	2.01%	1.61%	1.75%	1.78%	3.02%	3.12%	2.66%								
	Target		15	15	15	15.00	15	15	15	15.00	15	15	15	15								
	Time to Initial Assessment (mean) Type 1 & 3	Sep-20	9.08	9.42	8.59	9.03	9.40	7.28	7.33	8.00	6.32	6.80	6.94	6.69								
	Target		0	0	0	0	0	0	0	0	0	0	0	0								
	Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Sep-20	21	10	29	60	7	1	12	20	10	26	21	57								
	Target		0	0	0	0	0	0	0	0	0	0	0	0								
	Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Sep-20	1	1	4	6	0	0	0	0	0	0	1	1								
	Target		0	0	0	0	0	0	0	0	0	0	0	0								
	A&E 12 Hour Trolley waits - Type 1	Sep-20	0	0	0	0	0	0	0	0	0	0	0	0								
Screening	Target		95.00%	95.00%							95.00%	95.00%	95.00%	95.00%								
	Diabetic Retinopathy Screening	Sep-20	98.34%	98.45%							87.44%	81.25%	76.20%	81.62%								
Audiology	Target		93.50%	93.50%	93.50%	93.50%	93.50%		93.50%	93.50%	93.50%	93.50%										
	TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Sep-20	97.96%	96.70%	98.10%	98.90%	98.90%		94.12%	97.56%	95.83%	96.15%										
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%			5.00%	5.00%	5.00%	5.00%								
	TCS35b - % of wheelchair referrals not completed within 8 weeks but completed within 18 weeks	Sep-20	4.90%	1.35%	15.76%	8.00%	0.00%	0.00%			10.62%	2.21%	7.72%	6.63%								
	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%			95.00%	95.00%	95.00%	95.00%								
	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Sep-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			91.48%	92.75%	100.00%	94.43%								
	Target		18.30	18.30	18.30	18.30	18.30	18.30			18.30	18.30	18.30	18.30								
	Audiology non admitted wait (92nd percentile)	Sep-20	4.00	5.00	6.00	6.00	10.00	15.00			19.00	17.00	12.00	22.00								
Patient identifier	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%								
	Patient Identifier Indicator	Sep-20	94.22%	94.08%	100.00%	95.89%	100.00%	100.00%	100.00%	100.00%	100.00%		93.92%	96.81%								
EOL	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%								
	End of Life measure	Sep-20	87.18%	86.96%	84.04%	86.07%	83.04%	84.02%	81.41%	82.93%	87.12%		79.31%	82.68%								
DTOC	Target		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%								
	Delayed Transfers of Care	Sep-20	1.75%	1.84%	1.70%	1.77%	0.53%	0.37%	1.13%	0.71%	1.62%	1.13%	0.80%	1.16%								
Super Stranded	Target		65	65	64	65	64	64	64	64	63	63	63	63								
	Super Stranded Reduction (per day average)	Sep-20	72	67	66	68	13	20	27	20	31	40	46	39								

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
Unplanned	Target		199.7	199.7	199.7	199.7	160.6	160.6	160.6	160.6	163.0	163.0										
	Emergency admissions for acute conditions that should not usually require hospital admission	Aug-20	159.3	137.5	106.3	135.3	56.5	63.5	83.8	68.1	87.8	92.8										
	Target		21.51	21.51	21.51	21.51	17.06	17.06	17.06	17.06	19.7	19.65										
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Aug-20	30.03	21.13	13.35	21.51	1.11	10.01	11.12	7.42	6.67	5.56										
	Target		73.3	73.3	73.3	73.3	70.7	70.7	70.7	70.7	56.4	56.4										
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Aug-20	78.5	64.5	49.5	60.1	28.8	39.8	56.8	41.8	50.0	48.3										
	Target		44.49	44.49	44.49	44.49	22.25	22.25	22.25	22.25	10.38	10.38										
	Unplanned hospitalisation for respiratory tract infections in under 19s	Aug-20	55.62	12.24	26.70	31.52	2.22	1.11	0.00	1.11	0.00	1.11										
Stroke	Target		80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%								
	Stroke admissions 90% of time spent on dedicated Stroke unit	Sep-20	89.74%	90.48%	86.67%	88.89%	96.36%	93.02%	90.00%	89.70%	89.36%	91.18%	89.29%	89.91%								
	Target		75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%								
	High risk TIAs assessed and treated within 24 hours	Sep-20	60.00%	100.00%	100.00%	84.62%	85.71%	50.00%	100.00%	80.00%	100.00%	100.00%	100.00%	100.00%								

Measure	KPI	Period	Jan 20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun 20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb-21	Mar-21	Q4
Staff	*Target*		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%										
	Sickness	Aug-20	4.98%	4.52%	5.43%	5.01%	6.93%	6.50%	5.54%	6.20%	4.77%	4.61%										
	Target		10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%								
	Turnover (12 months rolling data) - revised methodology from Nov-18 *	Sep-20	9.71%	9.38%	9.42%	9.42%	9.56%	9.17%	8.83%	8.83%	8.23%	8.11%	7.98%	7.98%								
	Target		80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%								
	Mandatory Training	Sep-20	89.0%	89.0%	90.0%	90.0%	87.0%	86.0%	86.0%	86.0%	87.0%	88.0%	89.0%	89.0%								
	Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%								
	Appraisals	Sep-20	85.0%	86.0%	86.0%	86.0%	86.0%	85.0%	86.0%	86.0%	85.0%	85.0%	84.0%	84.0%								

Measure	KPI	Period	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Q4	Apr 20	May 20	Jun 20	Q1	Jul 20	Aug 20	Sep 20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan 21	Feb 21	Mar 21	Q4
HMSR	*Target*		108.00	108.00	108.00	108.00	108.00		109.00	109.00	109.00		109.00											
	HSMR Mortality Rates (Rolling 12 month value)	Jul-20	91.30	92.15	91.27	92.24	91.01		92.90	93.36	94.42		94.98											
SHMI	*Target*		109.00	109.00	109.00	109.00	109.00		110.00															
	SHMI Mortality rate (Rolling 12 month value)	Apr-20	97.75	98.80	98.11	96.66	97.34		98.20															
Dementia	*Target*		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%								
	Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Sep-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%								
	Dementia - % of patients undergone a diagnostic assessment	Sep-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%								
	Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Sep-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								
Complaints			49	50	73	64	60	197	61	79	87	227	83	85	99	267								
	Complaint Stage 1 - Informal	Sep-20	75	66	97	88	64	249	44	49	60	153	91	88	107	286								
			9	6	5	13	8	26	7	5	6	18	13	4	9	26								
	Complaint Stage 2 - Formal Meeting	Sep-20	7	7	8	3	1	12	3	0	0	3	4	0	1	5								
			20	12	14	30	10	54	13	12	13	38	9	15	14	38								
	Complaint Stage 3 - Formal Chief Executive Letter	Sep-20	16	9	16	11	7	34	2	5	8	15	12	9	9	30								
	Target		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%										
	Complaint response times % (25 days)	Aug-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%										
Risks			10	8	9	7	7	23	6	6	7	19	7	7	7	21								
	Corporate & Departmental Risks (Red)	Sep-20	7	6	5	4	5	14	7	6	6	19	5	6	9	20								
Never Events			0	0	0	0	0	0	0	0	0	0	0	0	0	0								
	Never Events	Sep-20	0	0	0	0	0	0	0	0	0	0	1	0	0	1								
Pressure Ulcers	*Target*		6	8	8	6	8	22	7	11	7	25	19	7										
	Catergory 1 Pressure Ulcers (In-Hospital)	Aug-20	3	4	8	7	3	18	4	6	6	16	3	1										
	Target		19	15	15	28	15	58	23	26	27	76	24	24										
	Category 2 Pressure Ulcers (In-Hospital)	Aug-20	19	21	29	33	20	82	28	24	21	73	13	5										
	Target		2	1	3	4	5	12	4	3	1	8	4	3										
	Category 3 Pressure Ulcers (In-Hospital)	Aug-20	1	2	2	4	0	6	0	1	0	1	0	4										
	Target		0	0	0	1	0	1	1	0	0	1	1	0										
	Category 4 Pressure Ulcers (In-Hospital)	Aug-20	0	0	1	0	0	1	0	0	0	0	0	0										

Measure	KPI	Period	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
Falls			79	79	84	72	80	236	74	90	76	240	67	87	77	231								
	Fall - No Injury (In-Hospital)	Sep-20	67	69	57	64	52	173	59	55	61	175	74	96	74	244								
			21	23	28	20	16	64	19	22	21	62	21	20	17	58								
	Fall - Injury, No Fracture (In-Hospital)	Sep-20	22	21	15	20	13	48	15	8	13	36	14	16	22	52								
			3	4	2	3	4	9	1	3	0	4	2	1	2	5								
	Fall - With Fracture (In-Hospital)	Sep-20	0	0	0	9	0	9	0	0	0	0	1	0	2	3								
VTE	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	VTE Risk Assessment	Sep-20	97.39%	97.08%	97.66%	97.36%	96.98%	97.53%	95.44%	95.85%	96.24%	95.84%	97.09%	96.51%	95.28%	96.29%								
Hand Hygiene Compliance	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%								
	Hand Hygiene Compliance	Sep-20	98.00%	99.00%	99.00%	99.00%	100.00%	96.00%	100.00%	99.00%	99.00%	99.33%	97.00%	99.00%	99.00%	98.33%								
Infections	Target		5	4	5	5	5	15	4	7	3	14	2	6	10	18								
	Clostridium difficile (C.diff)	Sep-20	6	4	2	2	2	6	5	2	3	10	4	6	1	11								
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0								
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Sep-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
			1	4	1	3	1	5	0	7	1	8	4	2	2	8								
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Sep-20	2	2	0	1	3	4	1	1	2	4	3	5	2	10								
			3	2	2	1	3	6	3	6	4	13	4	7	4	15								
	Escherichia coli (E.coli)	Sep-20	6	2	1	6	4	11	0	1	2	3	2	4	1	7								
			3	1	1	2	1	4	2	0	0	2	0	2	1	3								
	Klebsiella species bacteraemia (Kleb sp)	Sep-20	1	0	3	0	0	3	0	1	0	1	0	1	1	2								
			1	2	1	0	0	1	0	0	0	0	0	0	1	1								
	Pseudomonas aeruginosa bacteraemia (Ps a)	Sep-20	1	0	0	0	0	0	0	0	0	0	0	1	0	1								
									28	37	19	84	25	39	37	101								
	CAUTI	Sep-20	21	32	31	27	33	91	15	12	19	46	16	13	22	51								
FFT	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%								
	Friends & Family - (Ward) [National Score based on % 'Very Good' & 'Good']	Sep-20	96.00%	98.00%	93.00%	91.00%	90.00%	97.00%	95.00%	96.00%	88.00%	93.00%	86.00%	85.00%	84.00%	85.00%								
	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%								
	Friends & Family - (A&E/Urgent Care) [National Score based on % 'Very Good' & 'Good']	Sep-20	82.00%	100.00%	86.00%	78.00%	87.00%	89.00%	90.00%	89.00%	84.00%	87.67%	87.00%	85.00%	89.00%	87.00%								
	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%								
	Friends & Family - (Birth) [National Score based on % 'Very Good' & 'Good']	Sep-20	94.00%	100.00%	83.00%	100.00%	100.00%	99.00%	100.00%	100.00%	50.00%	83.33%	100.00%	90.00%	96.00%	95.33%								

APPENDIX 3 - QUALITY AND SAFETY

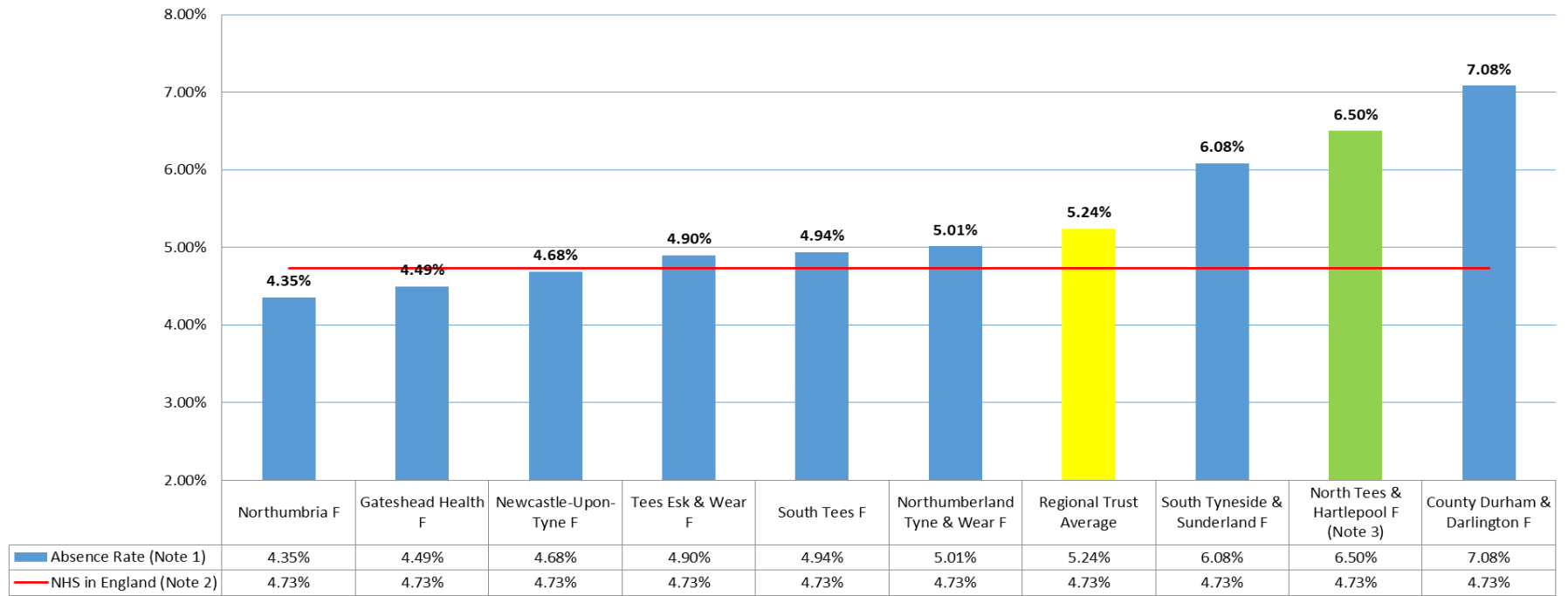| Measure	KPI	Period	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
Workforce	*Target*		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%					>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%								
	Registered Nurse/Midwife day shift fill rates	Sep-20	86.08%	86.17%	83.67%	83.57%	79.30%	86.84%					72.39%	73.86%	80.73%	75.66%								
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%					>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%								
	Registered Nurse/Midwife Night shift fill rates	Sep-20	91.44%	91.53%	93.01%	92.62%	85.61%	93.77%					77.52%	79.32%	84.90%	80.58%								
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%					>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%								
	Care Staff day shift fill rates	Sep-20	98.97%	99.05%	99.05%	100.82%	89.08%	90.12%					75.57%	80.78%	88.57%	81.64%								
	Target		>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%					>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%								
	Care Staff Night shift fill rates	Sep-20	138.41%	138.69%	149.66%	144.91%	125.04%	122.22%					105.57%	114.47%	118.52%	112.85%								

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - August 20										
Incomplete Pathways waiting <18 weeks	**53.6%**		**79.9%**	**69.5%**	**95.9%**	**63.6%**	**58.3%**	**76.3%**	**39.5%**	**48.3%**
Half of patients wait less than	15		6	6	5	10	12	9	25	22
Half of admitted patients wait less than	12		5	23	N/A	18	7	20	6	11
19 out of 20 patients wait less than	52+		36	45	N/A	49	48	43	52+	50
Half of Non admitted Pathways waited less than	5		2	2	4	4	4	5	2	2
19 out of 20 patients wait less than	39		31	29	22	36	38	36	33	28

Cancer 62 Day Standard - August 20	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		79.84 (99/124)	91.84 (22.5/24.5)	100 (0.5/0.5)	35.71 (5/14)	66.67 (20/30)	100 (14.5/14.5)	94.12 (16/17)	90.48 (9.5/10.5)	100 (11/13)
Lung		83.33 (50/60)	75 (9/12)	100 (6/6)	0 (0/1)	100 (4.5/4.5)	84.62 (11/13)	77.78 (3.5/4.5)	88.46 (11.5/13)	91.67 (4.5/6)
Gynae		79.49 (31/39)	100 (2.5/2.5)	100 (6.5/6.5)	75 (3/4)	33.33 (3/9)	100 (1/1)	100 (4.5/4.5)	100 (8.5/8.5)	66.67 (2/3)
Upper GI		57.14 (32/56)	90.91 (5/5.5)	75 (3/4)	50 (1/2)	100 (3.5/3.5)	39.29 (5.5/14)	88.89 (8/9)	39.29 (5.5/14)	25 (0.5/4)
Lower GI		64.37 (56/87)	60 (4.5/7.5)	90.63 (14.5/16)	40 (4/10)	25 (1/4)	86.36 (9.5/11)	63.16 (12/19)	73.33 (5.5/7.5)	45.83 (5/12)
Uro (incl testes)	Data not available	80.83 (97/120)	35.71 (2.5/7)	86.15 (28/32.5)	70 (7/10)	87.5 (7/8)	76.47 (13/17)	96.15 (25/26)	74.36 (14.5/19.5)	0 (0/0)
Haem (incl AL)		84.85 (28/33)	0 (0/0)	100 (6.5/6.5)	0 (0/2)	100 (1/1)	81.82 (4.5/5.5)	100 (6.5/6.5)	85.71 (6/7)	77.78 (3.5/4.5)
Head & Neck		83.78 (31/37)	0 (0/0)	100 (9.5/9.5)	60 (3/5)	0 (0/0)	86.67 (6.5/7.5)	0 (0/0)	76.92 (10/13)	100 (2/2)
Skin		93.96 (140/149)	0 (0/0)	100 (5/5)	91.67 (11/12)	0 (0/0)	91.3 (42/46)	90.91 (10/11)	93.55 (29/31)	100 (43/44)
Sarcoma		87.5 (7/8)	0 (0/0.5)	0 (0/0)	100 (0.5/0.5)	100 (1/1)	88.89 (4/4.5)	100 (0.5/0.5)	100 (1/1)	0 (0/0)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)
Other		72.73 (8/11)	100 (1/1)	66.67 (2/3)	0 (0/0)	100 (1/1)	50 (1/2)	0 (0/0)	66.67 (1/1.5)	80 (2/2.5)
All		80 (580/725)	77.69 (47/60.5)	91.06 (81.5/89.5)	57.02 (34.5/60.5)	67.74 (42/62)	82.72 (112.5/136)	87.76 (86/98)	80.63 (102/126.5)	80.98 (74.5/92)

North East Region Trusts - Sickness Rates May 2020

	Northumbria F	Gateshead Health F	Newcastle-Upon-Tyne F	Tees Esk & Wear F	South Tees F	Northumberland Tyne & Wear F	Regional Trust Average	South Tyneside & Sunderland F	North Tees & Hartlepool F (Note 3)	County Durham & Darlington F
Absence Rate (Note 1)	4.35%	4.49%	4.68%	4.90%	4.94%	5.01%	5.24%	6.08%	6.50%	7.08%
NHS in England (Note 2)	4.73%	4.73%	4.73%	4.73%	4.73%	4.73%	4.73%	4.73%	4.73%	4.73%

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

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

Northumbria Healthcare NHS Foundation Trust report the lowest sickness absence rate for May 2020 at 4.35%.

The highest sickness absence rate in the North East region for May 2020 is reported by County Durham and Darlington NHS Foundation Trust at 7.08%.

The sickness rate for North Tees and Hartlepool is 6.50%, which is 1.26% **above** the regional average and 1.77% **above** the NHS average. It is the second highest rate in the region this month.

Integrated Performance and Compliance Dashboard - September 2020 Benchmark HED

Standard Indicator Set: Operational Efficiency	Trust Performance			Benchmarking ⓘ		Position ⓘ	
Indicator	Current	Previous	Change	Peer	National		
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	9.30% (Jul 2019 - Jun 2020)	9.19% (Jun 2019 - May 2020)	0.11 ↑	7.48%	7.70%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	2.20% (Jul 2019 - Jun 2020)	2.11% (Jun 2019 - May 2020)	0.09 ↑	2.15%	2.02%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	5.05% (Jul 2019 - Jun 2020)	4.98% (Jun 2019 - May 2020)	0.07 ↑	4.77%	4.29%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	7.47% (Jul 2019 - Jun 2020)	7.40% (Jun 2019 - May 2020)	0.07 ↑	6.97%	6.10%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	10.41% (Jul 2019 - Jun 2020)	10.32% (Jun 2019 - May 2020)	0.09 ↑	9.62%	8.24%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Sep 2020) ⓘ	7.63% (Aug 2019 - Jul 2020)	7.76% (Jul 2019 - Jun 2020)	-0.13 ↓	7.30%	7.05%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Sep 2020) ⓘ	2.40 (Aug 2019 - Jul 2020)	2.39 (Jul 2019 - Jun 2020)	0.02 ↑	2.44	2.19		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Sep 2020) ⓘ	0.00% (Aug 2019 - Jul 2020)	0.00% (Jul 2019 - Jun 2020)	No Change	11.37%	11.06%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Aug 2020) ⓘ	88.84% (Jul 2019 - Jun 2020)	88.76% (Jun 2019 - May 2020)	0.08 ↑	74.57%	69.66%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Aug 2020) ⓘ	93.30% (Jul 2019 - Jun 2020)	93.98% (Jun 2019 - May 2020)	-0.68 ↓	88.91%	83.80%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Aug 2020) ⓘ	90.21% (Jul 2019 - Jun 2020)	91.89% (Jun 2019 - May 2020)	-1.68 ↓	82.16%	72.68%		
Day case realisation rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	96.75% (Aug 2019 - Jul 2020)	96.83% (Jul 2019 - Jun 2020)	-0.08 ↓	94.99%	95.71%		
Day case rate (12 mth rolling) HES Inpatients (Sep 2020) ⓘ	83.75% (Aug 2019 - Jul 2020)	83.82% (Jul 2019 - Jun 2020)	-0.07 ↓	83.90%	69.54%		

Integrated Performance and Compliance Dashboard - September 2020 Benchmark HED

Metric		Value 1	Value 2	Change		Bench 1	Bench 2		
Average excess length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.11 (Aug 2019 - Jul 2020)	0.11 (Jul 2019 - Jun 2020)	-0.01 ↓		0.35	0.45		
Average length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	3.27 (Aug 2019 - Jul 2020)	3.31 (Jul 2019 - Jun 2020)	-0.03 ↓		4.04	4.51		
Average elective length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	1.65 (Aug 2019 - Jul 2020)	1.69 (Jul 2019 - Jun 2020)	-0.04 ↓		3.60	4.50		
Average non-elective length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	3.45 (Aug 2019 - Jul 2020)	3.49 (Jul 2019 - Jun 2020)	-0.03 ↓		4.11	4.50		
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.21 (Aug 2019 - Jul 2020)	0.21 (Jul 2019 - Jun 2020)	No Change		0.23	0.23		
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.01 (Aug 2019 - Jul 2020)	0.01 (Jul 2019 - Jun 2020)	No Change		0.03	0.03		
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.35 (Aug 2019 - Jul 2020)	0.35 (Jul 2019 - Jun 2020)	No Change		0.42	0.46		
Average post-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.89 (Aug 2019 - Jul 2020)	0.89 (Jul 2019 - Jun 2020)	No Change		1.02	0.93		
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.20 (Aug 2019 - Jul 2020)	0.20 (Jul 2019 - Jun 2020)	No Change		0.35	0.28		
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	1.36 (Aug 2019 - Jul 2020)	1.36 (Jul 2019 - Jun 2020)	-0.01 ↓		1.68	1.65		
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	35.59% (Aug 2019 - Jul 2020)	35.60% (Jul 2019 - Jun 2020)	-0.01 ↓		34.87%	33.50%		
Elective stranded rate (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	4.60% (Aug 2019 - Jul 2020)	4.77% (Jul 2019 - Jun 2020)	-0.17 ↓		12.93%	12.37%		
Emergency stranded rate (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	17.08% (Aug 2019 - Jul 2020)	17.07% (Jul 2019 - Jun 2020)	0.01 ↑		18.30%	20.10%		
Elective super-stranded rate (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.66% (Aug 2019 - Jul 2020)	0.67% (Jul 2019 - Jun 2020)	-0.01 ↓		2.43%	3.27%		
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	92.98% (Aug 2019 - Jul 2020)	92.96% (Jul 2019 - Jun 2020)	0.02 ↑		78.08%	77.95%		
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	0.41% (Aug 2019 - Jul 2020)	0.39% (Jul 2019 - Jun 2020)	0.02 ↑		1.00%	0.90%		
Relative risk length of stay (12 mth rolling) HES Inpatients (Sep 2020)	ⓘ	84.79 (Aug 2019 - Jul 2020)	84.64 (Jul 2019 - Jun 2020)	0.14 ↑		104.50	99.88	Low (>95%)	

REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

Current Month £000's

	Actual (£'000s)
Income exc. donated asset income	28,269
Pay	18,763
Operating Non Pay	7,350
Pass through drugs and devices	1,058
Total Operating Costs	27,171
EBITDA	1,098
Interest, Depreciation and PDC	1,098
Surpus/Deficit before PSF	0
Impairments	0
Capital donations / grants I&E impact	0
Surplus/(Deficit) for the year	0

Statement of Financial Position

	Actual (£'000s)
Assets, Non Current	113,093
Assets, Current	80,778
Total Assets	193,871
Liabilities, current	(19,136)
Net current assets (current assets less current liabiitiess)	61,643
Liabilities, non current	(4,044)
Total Assets Employed	170,692
Taxpayers Equity	170,692

Commentary

NHSI/E issued guidance setting out the revised financial arrangements for 1st April to 31st July 2020 with the main aims to ensure:

- that the NHS has sufficient money to do what it is needed during this period;
- that the costs of dealing with COVID-19 are captured and funded, and;
- that financial governance is maintained.

These arrangements continued throughout August and September 2020 and new system allocated financial envelopes have been issued from M7 onwards.

As a Trust, we continued to mirror the national arrangements which aim to fund providers for cost based on 2019/20 run rates. For the period April to July 2020 this was underpinned by an Interim Financial Management Framework which was agreed at the Executive and Care Group Director meetings. During this period, the Trust achieved a breakeven position each month under the interim arrangements.

With effect from M5, we introduced revised 8-month control totals advance of the national guidance. The revised control totals aim to deliver a breakeven position at year-end. This is also underpinned by the reintroduction of the Financial Management Performance Framework. At the end of M6, the Group is showing a break-even position. The year to date net contribution from Optimus is £224k against a plan of £144k (£80k ahead of plan). The year to date net contribution from the LLP is £761k against a plan of £839k (£78k behind plan).

At M6, the Group cash balance is £65.3m, driven by cash received in advance from the DH for October activity and delays in the capital programme.

Debtor days have decreased by 10 days and Creditor days have increased by 20 days in comparison to 2019/20 – due to washable gowns business case purchases and a general delay in timeliness of invoices sent to the Trust due to Covid-19.

Board of Directors

Title of report:	North Tees and Hartlepool NHS Foundation Trust – Winter Plan 2020/21
Date:	29 October 2020
Prepared by:	Louise Johnson – Care Group Director: Healthy Lives Rachel Blackmore - Care Group Manager: Responsive Care
Executive sponsor:	Levi Buckley – Chief Operating Officer
Purpose of the report	Effective winter planning and surge management has been a key priority across the Trust, linked to the NHS wider resilience agenda. This year brings additional challenge with the impact of a second wave of COVID-19 alongside actions to address the backlog generated as a result of the pause of work during wave 1. Flexible management of surges in emergency activity and the management of elective waiting times whilst ensuring patient safety, quality and experience remains at the heart of its values.

Action required:	Approve	X	Assurance	X	Discuss		Information	
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing	

Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:
The purpose of the report is to provide the Board of directors with an overview of the organisation preparedness for winter 2020/21 and to provide assurance that there is full alignment with wider syste plans. Appropriate escalation and operational management processes are in place including escalation by exception, to the Executive Team.

How this report impacts on current risks or highlights new risks:
Capacity and Demand including the impact of COVID/ on-going Emergency Department capital works Workforce capacity and associated escalation plans Service Delivery and Performance Standards including maintenance of Phase 3 recovery plans System delivery and stakeholder engagement

Committees/groups where this item has been discussed	Care Group Directors Meeting Joint Senior Management Team Trust Resilience Forum Local A&E Delivery Board Urgent and Emergency Care Operational Network ICS and ICP winter planning and resilience forums Executive Management Team
Recommendation	The Board of Directors is asked to: • Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and

	throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency.
	• Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners.
	• Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 October 2020

Winter Plan 2020/21

Report of the Chief Operating Officer

1   Introduction

1.1 Each winter presents a number of challenges in the effective and efficient delivery of health and social care services. This year brings the additional challenge of COVID-19, and the Trust's plans need to be more robust than ever. Over the winter period pressures affect all parts of the health system with key areas of risk associated with planning for winter including:

- A capital build to support improved flow and segregation of COVID patients with phased work which at times limits available space front of house and day case unit;
- Cold weather and associated respiratory infections;
- Frail and elderly population and chronic medical conditions;
- Influenza, COVID-19 and the potential for pandemic outbreaks;
- Staff retention and sustainability, including sickness, test and trace, self-isolation and associated absence;
- Continued uncertainty surrounding EU Exit.

1.2 Year-on-year effective winter planning and surge management has been a key priority across the Trust, linked to the NHS wider resilience agenda. Whilst the Trust is well rehearsed in planning for winter and surge, this year brings additional challenge with the impact of a second wave of COVID-19 alongside actions to address the backlog generated as a result of the pause of work during wave 1. Flexible management of surges in emergency activity and the management of elective waiting times whilst ensuring patient safety, quality and experience remains at the heart of the organisation's commitment to provide the best healthcare for everyone within our population.

1.3 The coronavirus pandemic has meant that the Trust needs to plan for surges in demand related to Covid-19 as well as the usual seasonal increase in flu and activity. It is imperative to maintain infection prevention and control standards including social distancing and the availability of PPE. This places additional pressures on areas such as the urgent care and emergency department and requires a flexible configuration of both wards and the organisations community services. Within the 2020/21 Winter Plan, lessons learned from previous years and throughout the first wave of coronavirus have been incorporated, including the effectiveness of the system-response in relation to patient flow which has been demonstrated in the initial response to Covid-19.

1.4 The key focus of the 2020/21 winter plan is to:

- Prevent overcrowding in the urgent care and emergency department and ensure timely and effective triage, decision making and discharge arrangements.
- Manage demand and admission avoidance by signposting patients to alternative to acute, community and primary care based services.
- Maintain flow throughout the in-hospital and community system, ensuring that patients that are medically fit for discharge do not stay in hospital unnecessarily. This

includes close working with our social care partners to support safe discharge to care home settings.

- Support the health and wellbeing of the Trust's workforce including an emphasis on an effective flu campaign.

1.5 Locality Accident and Emergency (A&E) Delivery Boards focused the planning across urgent and emergency care with the emphasis remaining on a whole system approach to improvement and delivery.

2 Context and System Governance

2.1 The Trust is focussed on delivering a transformational home safer sooner model with the following priorities:

- Home First - Admission avoidance
- Home First – Discharge to assess
- Front Door
- Flow – Every Second Counts
- Plan for Surge – Agile Capacity
- Wider System Preparation

2.2 The diagram below summaries the key work streams that have been established to support the operational delivery of the Winter Plan objectives.
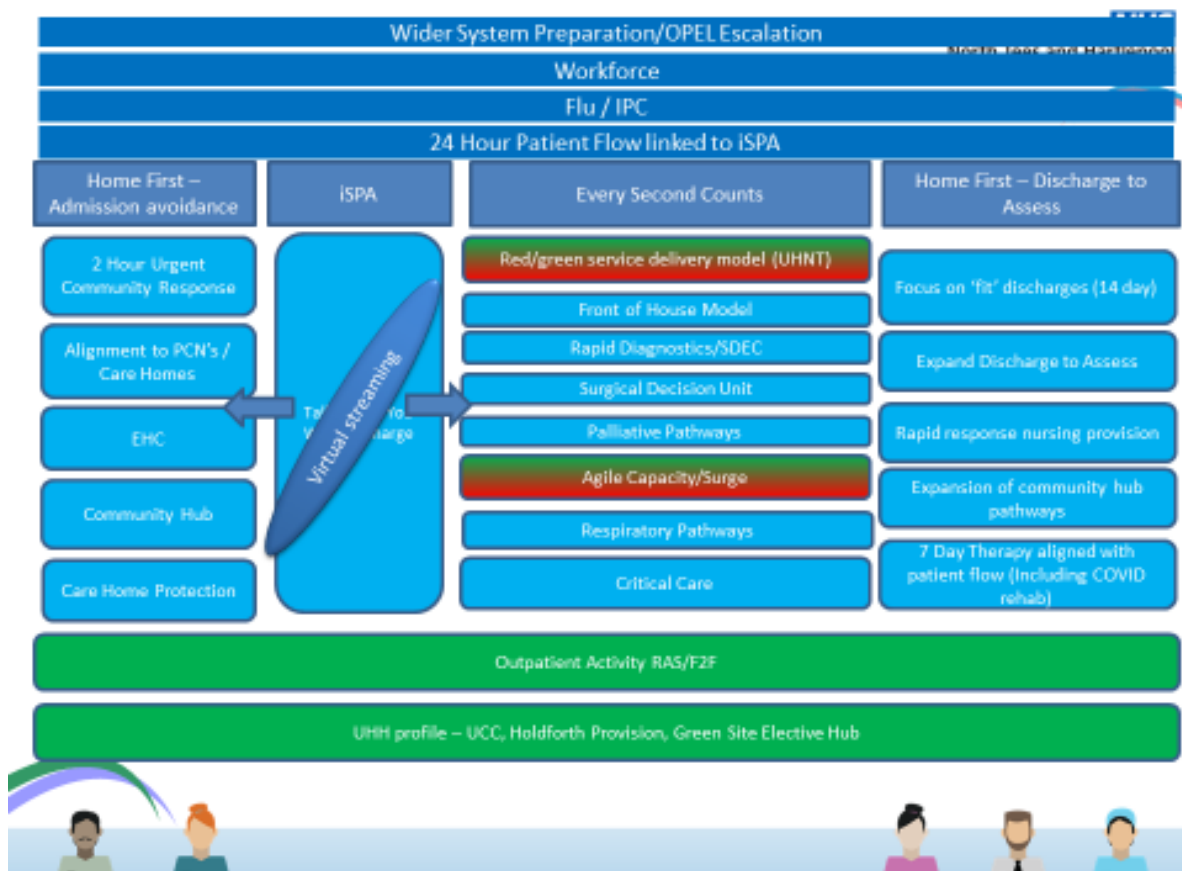
2.3 This structure is underpinned by the available workforce to support, infection control and prevention guidance and principles, the Trust flu campaign and 24-hour patient flow linked to iSPA.

2.4 An overarching governance structure across Care Groups has been established to provide appropriate monitoring, escalation and decision making of operational issues though the 'Home Safer Sooner' Group with escalation by variance to a cross Care Group Joint Senior Management Team Meeting.

2.5 The Trust Winter Plan works to the key principles:
- Ensure sufficient capacity to meet the pressures of winter in the context of segregated COVID pathways
- Prioritisation of schemes that are not only achievable but will deliver value for money and have a positive impact on managing surge and escalation in the winter period
- Utilise community assets to deliver care at home, prevent inappropriate attendances or admissions to hospital and to enable early supported discharge from hospital
- Implement 'Criteria to Reside' and reduce inappropriate long lengths of stay
- Ensure correct bed base to meet demand whist remaining agile to manage surge
- Ensure an Integrated Command and Control Centre (ICC) with appropriate escalation as per internal action cards and system wide OPEL
- Elective planning to reduce risk of cancelled procedures
- Support delivery of Urgent and Emergency Care Standards, encompassing 'every second counts' for timely patient care
- Daily SitRep reporting including weekends and Christmas period incorporating the weekly 'Discharge Patient Tracking List' submission (DPTL) to monitor long lengths of stay alongside a daily COVID SitRep.

2.6 The Trust's Chief Executive is Chair of the Local A&E Delivery Board and with organisational membership at the Urgent and Emergency Care Network and ICP forums, the Trust supports the wider planning agenda with regard to system wide issue's The Winter Plan has been developed and shared in conjunction with these system forums.

2.7 Risks have continued to be identified to ensure that mitigation can be introduced into the system to minimise any impact on safety, quality and financial and operational efficiency.

3 Winter Plan 2020/21

3.1 With a possible second wave of Covid, and to progress with initiatives that will allow the Trust to remain flexible in managing surge and flow throughout winter the structure below outlines the organisation's governance approach:

Transformation Projects-Governance Structure

Potential projects to be allocated

'Hot clinics', telephone follow up/support post discharge,

Joint SMT

For escalation of risks

Home Safer Sooner

Nick Roper Chair/Levi Buckley/Louise Johnson Vice Chair

Monitoring and operational support for work streams. Decision making if required.

Home First

Lead Jill Foreman

Projects

- Virtual streaming and ISPA/ vocera
- Primary Care Networks
- Hospital Discharge Service (new guidance & subsequent actions)" & "Discharge to Assess".
- Transport

Every Second Counts

Lead Viv Priestley

Projects

- Emergency Care Field testing
- Pathways between ED and specialities (paeds/surgery/ITU/EAU)
- Urgent Care pathways (TBFYW)

Agile Capacity

Lead Rachel Blackmore

Projects

- Incident Command Centre
- Surge and escalation / bed modelling
- Stroke pathway
- Rlos
- Virtual diagnostic service

Project Teams

Representatives from all 3 care groups in each of the project group

| Workforce | Estates/LLP | Finance |

4 Home First

4.1 Plans within this work stream focus on delivering new guidance for timely discharge, as illustration below, providing a consistent 7-day service and managing patients in the most appropriate setting.
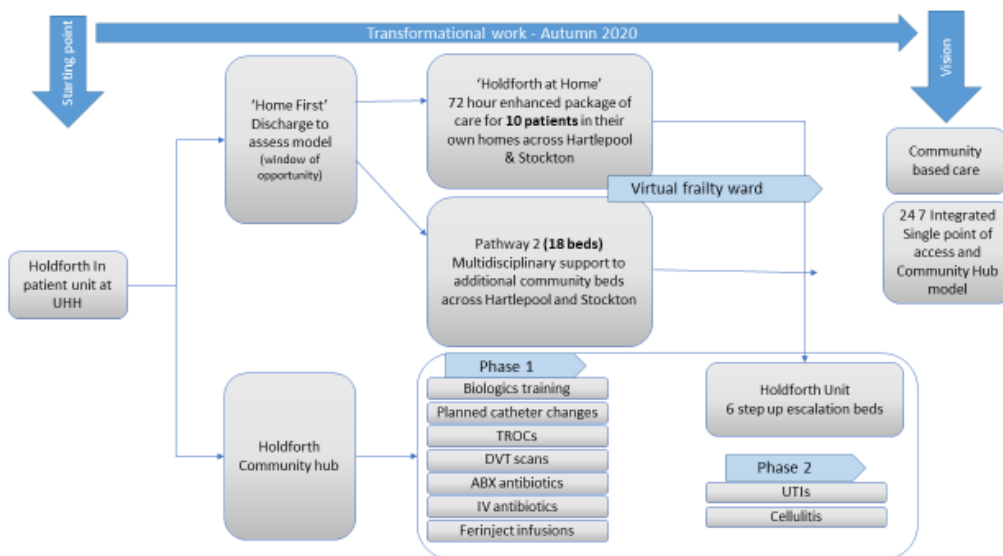
5 Front Door

5.1 Work continues to enhance the Front Door model by ensuring patients are managed in the right place to allow a timely review and subsequent management plan. This includes the role of partnerships and digital technologies to support virtual assessments and

measures to reduce crowding in waiting areas.
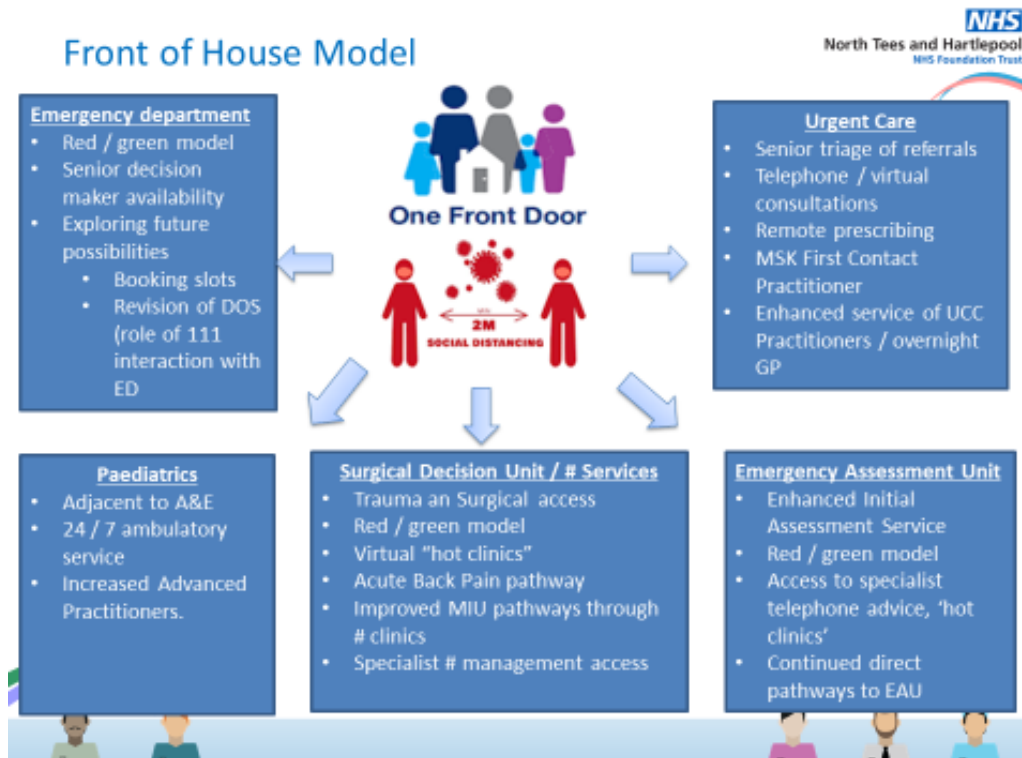
6 Flow – Every Second Counts

6.1 Work continues to ensure time spent within acute care is appropriate and necessary. This includes the use of Hartlepool and North Tees sites to support the elective programme for both urgent and routine cases.   Projects highlighted below some of the planned initiatives to deliver this approach:
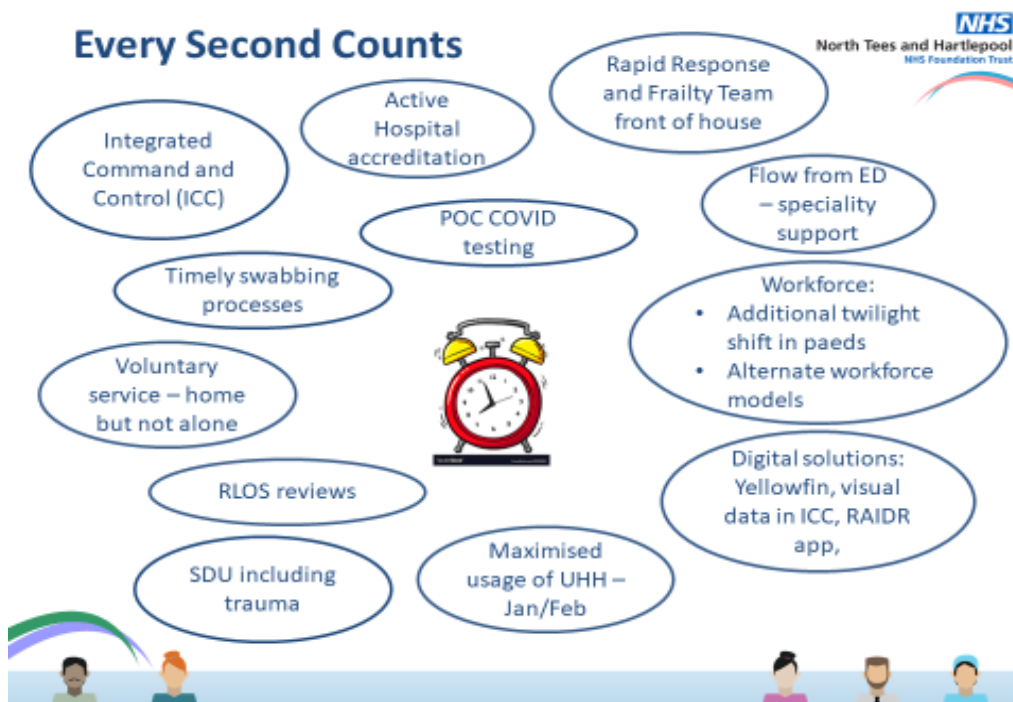
7 Plan for Surge – Agile Capacity

7.1 Integrated Command & Control (ICC) - a new ICC model with virtual links to the integrated single points of access (iSPA) utilising digital technologies to support patient flow, e.g. yellow fin, RAIDR to allow oversight and coordination.

7.2 Bed re-modelling has been approached as a collective across care groups by using a recognised ECIST (Emergency Care Improvement Support Team) bed modelling tool to forecast demand which provides a consistency of approach and a common understanding.

7.3 The 7 day discharge and the enhanced home first provision is pivotal to enabling the bed modelling assumptions. This transformational work will directly impact on demand and flow which in turn will reduce the requirement to open escalation beds.

7.4 There is a phased approach to escalation beds at times of surge. This demonstrates flexible working across Care Groups and opportunities to escalate areas based on demand with the best utilisation of workforce. This has been realised by expanding current ward areas as opposed to opening a full resilience ward.

7.5 It is hoped that, as with recent years, the impact of winter does not see a negative impact on elective surgery. However, should the triggers be reached this may lead to elective cancellations. This would be closely managed by Care Groups with a view to reducing the impact and ensuring a swift return once the escalation trigger subsides. Triggers which would lead to the cancelation of elective activity include:

- Increased staffing requirement due to persistent Critical Care escalation due to increased numbers of Level 3 patients, including Covid patients.
- Availability of acute beds; ensuring the sufficient provision of emergency activity
- Local specific response to National directive to cancel elective activity; i.e. maintain some activity on UHH site but cancel UHNTs elective activity
- Wider system pressures requiring the Trust to support other providers.

7.6 Incorporated within the bed modelling there is the ability to flex bed capacity between 'Covid' and 'Non Covid' areas. It is important to maintain this flexibility in regards to a second wave and the impact of the building works front of house.

Schemes to support delivery of the winter plan

7.7 A detailed piece of work has been undertaken across all Care Groups to prioritise schemes that are not only achievable but will deliver value for money and have a positive impact on managing surge and escalation in the winter period. This provides a basis for those schemes that are not funded within the allocated winter budget but would still deliver should any further non recurrent monies become available during the winter period.

8 Agile Workforce

8.1 Sickness absence within the organisation can create additional pressures, which is recognised as a risk. The Trust has embedded additional sickness management processes during 2020/21 to focus on key areas of both short and long term sickness plus monitoring of COVID isolation levels. Significant work is on-going to understand the overarching staff profile and influences on absence to support sickness reduction.

8.2 In preparation for a potential surge in Critical Care, the teams will work in collaboration across the Critical Care network and the Care Groups have internal escalation plans in support of increased activity linked to acuity and COVID 19.

9   Internal and Wider System Preparation

9.1 Operational Pressure and Escalation Levels (OPEL) have been reviewed to ensure wider utilisation and system response. This provides an objective and consistent approach to escalation and associated actions. There is a system in place to initiate a system wide escalation through the A&E Delivery Board.

9.2 Daily command and coordination to manage winter surge periods though the ICC. Escalation action cards have been developed for the following, in regard to triggers of escalation for the Emergency Department for flow and capacity:
  • Senior Sister & Senior Doctor, Emergency Department
  • Patient Process Facilitator
  • Clinical Site Manager
  • On Call Manager

10 Financial Implications

10.1 Under the new financial framework for the remainder of 2020/21, additional expenditure incurred throughout winter is assumed to be incorporated into the ICP block contract.

10.2 As part of the Trust's internal financial framework, and issue of revised control totals, a reserve has been allocated for winter expenditure. In addition, the Clinical Decisions Group has been allocated a further fund for Covid related expenditure.

11 Risks and Mitigation

11.1 Although significant planning has been undertaken by the organisation there are clearly still risks that need to be considered. The table below outlines the identified risks and potential mitigation: -

RISK	MITIGATION
Surges in activity and patient acuity.	Utilisation of passed additional capacity, OPEL escalation and mutual aid. Review of the bed predictor tool to more accurately support decision making and planning for surge.
Second spike in COVID-19 that affects flow / impact on ITU / impact on elective programme	Close monitoring of COVID impact and utilisation of triggers to manage this and step down of services should this be required.
Capital scheme progressing front of house through winter and the risk of crowding and limited flow	Weekly mobilisation meetings to monitor progress and mitigation required against any risks should this be required Close working with contractors and architects to ensure timely completion of work Risk associated with the project managed through risk management processes.
Workforce vacancies, sickness levels and COVID isolation / test and trace impacting challenging the ability to open additional beds.	Rolling recruitment programmes for hard to recruit to posts, over-recruiting where required.

| | Implementation of evidence-based workforce planning methodology required to support Care Groups with alternative workforce models, roles and rota-planning.

Monitoring of absence and daily staffing meetings to ensure shared responsibility to ensure safe staffing across the organisation. |
|---|---|
| Utilisation of agency staff if inability to recruit to vacancies and resilience posts. | NHSP recruitment drive and strict management of agency deployment. |
| Capacity with segregation and flexibility to respond | Use of local COVID cohorting guidance to ensure maximum safe usage of available beds

Social distancing impact on waiting areas with escalation plans in place to maintain safety. |
Potentially insufficient flu vaccinations for local communities and staff	Coordinated approach to flu programme and system working to manage supplies and demand across partnerships.
Increased demand on urgent care/ED due to COVID restrictions in primary care/ impact of TB4YW	Weekly meetings to monitor impact and implement measures within the system to support.
Adverse weather conditions and impact on staff travel and NEAS	Use of alternative methods of transport and support from other agencies.
Regional divert policy.

Potential exacerbation of out of area activity | System assurance – effective collaboration between key stakeholders and impact of diverts on partner organisations. |
| Impact of a new Hospital Discharge Operating model framework | Daily review of patients against criteria and use of a discharge list to support flow with escalation of complex cases

Discharge/home first schemes

Visible available care home capacity and capability to support COVID with close working between partners |
| Full realisation of system support to facilitate admission avoidance and timely discharge does not materialise | Out of hospital initiatives and continuing collaboration with primary and social care.

Strengthened already established relationships following the first wave of COVID to allow timely discussions/escalations. |
| Limited resilience funding. | Close monitoring of expenditure by Care Group Directors and Director of Finance.

Resilience funding to resource agreed schemes only with weekly monitoring of expenditure.

Seek additional support from the Clinical Commissioning Groups or restrict additional resources. |
| Patient safety issues. | All additional capacity will be resourced according to the 'red rules'.

Any incidents or 'near miss' or complaints will be investigated in a timely manner and lessons learned shared. |
| Cancellation of elective activity to facilitate surges in emergency activity. | Flexible bed bases.

Elective Care Recovery.

Weekend Lists – 7/7 working. |

Impact on referral to treatment standard from cancellation of elective procedures.	Tight management of referral to treatment and control of theatre lists to ensure that none are wasted.
Potential infection control pressures ie outbreak management, mixing surgical and orthopaedic procedures on ring fenced elective wards.	Support from ICPT to manage outbreak and implement measures required Move additional elective activity to Hartlepool site, supported by appropriate clinical cover.
Uncertainty of plans surrounding EU Exit.	Liaise with the national team regarding direction which may result in a SitRep report.

12 Summary and Conclusion

12.1 In summary, the Trust's reflections on the previous winter period and the challenging pressures across the system informed the preparation and planning for operational resilience and surge management for this coming winter. Learning from last winter and from the pandemic to date, alongside close collaborative working with all partners, is essential to ensure the health and social care system is prepared for the challenges of the forthcoming winter. The likely impact of any further escalation of the current pandemic and the impact it could have on the delivery of critical services during the most challenging months of the year is difficult to predict, although the Trust regularly reviews modelling data to inform surge planning.

12.2 The Trust's plans are robust and enable a controlled approach borne out in the introduction of quality initiatives, clear lines of accountability in the command and control structure and robust financial management, whilst focussing on maintaining patient safety and quality outcomes.

12.3 Planning for an agile phased approach to surge and escalation is dictated by the uncertainty surrounding the second wave of COVID and its impact on hospital admissions supported by bed modelling and COVID modelling forecasts. Enhanced relationships with local authorities and care homes during COVID provides a building block for further partnership working though winter.

12.4 It is not possible to accurately predict the requirements for the winter of 2020/21 or surges in activity throughout the year throughout, this Winter Plan anticipates the key initiatives required to maintain quality, safety and patient experience whilst maintaining the majority of elective activity and sustaining operational and financial efficiency.

13 Recommendations

13.1 The Board of Directors is asked to:

- Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency.
- Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners.
- Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

Levi Buckley
Chief Operating Officer

Author:
Louise Johnson, Care Group Director, Healthy Lives
Rachel Blackmore, Care Group Manager, Responsive Care

Board of Directors

Title of report:	Learning from Deaths Report, Quarter 2, 2020-21
Date:	29 October 2020
Prepared by:	Mr S Miranda / Janet Alderton
Executive sponsor:	Medical Director
Purpose of the report	To provide an overview of the learning obtained through the review of deaths that occur within the organisation. Also, to provide details from the clinical teams around actions that have been implemented as a result of the overall learning and, where available, to provide an evaluation of the impact of these.

Action required:	Approve	X	Assurance	X	Discuss	X	Information	
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:

1. The Trusts HSMR value in the latest period has increased slightly to **94.98** (August 2019 to July 2020), the SHMI has increased slightly to **98.20** (May 2019 to April 2020).
2. There has been a sustained improvement in the level of care being documented which has helped sustain the current reported national mortality statistics.
3. For 2019-20, 80% of the compulsory mortality reviews identified using the Trust Learning from Deaths policy have been reviewed. During 2020-21, to the end of quarter 2, 21% of compulsory reviews have been completed.
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.

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	• Trust Outcome Performance, Delivery and Operational Group • Patient Safety & Quality Standard Committee
Recommendation	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 improvement in the national mortality statistics.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

29 October 2020

Learning from Deaths Report

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   During the Covid-19 pandemic clinical teams have not been able to provide all of the updates that would generally be included in this report.   It is planned that these updates will be obtained over the next 2 quarters and these will also take into account any national requirements introduced in relation to mortality reviews during and following the pandemic.

1.5   The Trusts Medical Director has recently appointed a new Mortality Lead for the organisation; this is an opportunity to review the current processes in place in relation to mortality and the policy covering learning from deaths. These changes will be reflected in future reports.

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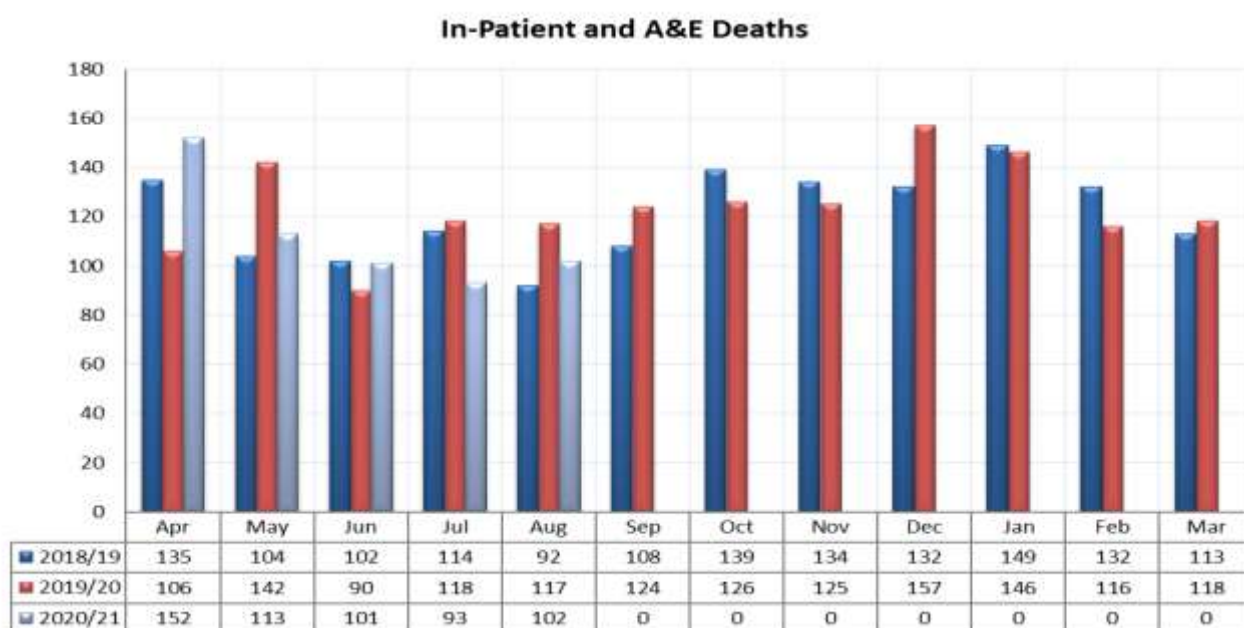
This information is used to calculate an overall HSMR taking into account, gender of the patient, age, how the patient was admitted (emergency or elective), levels of deprivation, how many times they have been admitted as an emergency in the last year, if palliative care was provided and various details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

2.2   The latest HSMR value is now **94.98** (August 2019 to July 2020), this has slightly increased from the previously unreported **92.94** (March 2019 to February 2020). The value of 94.98 continues to remain inside the 'as expected' range.

2.3   The Trust currently has the 31st lowest HSMR value from the 137 Trusts nationally, and the lowest value out of the 8 North East Trusts.
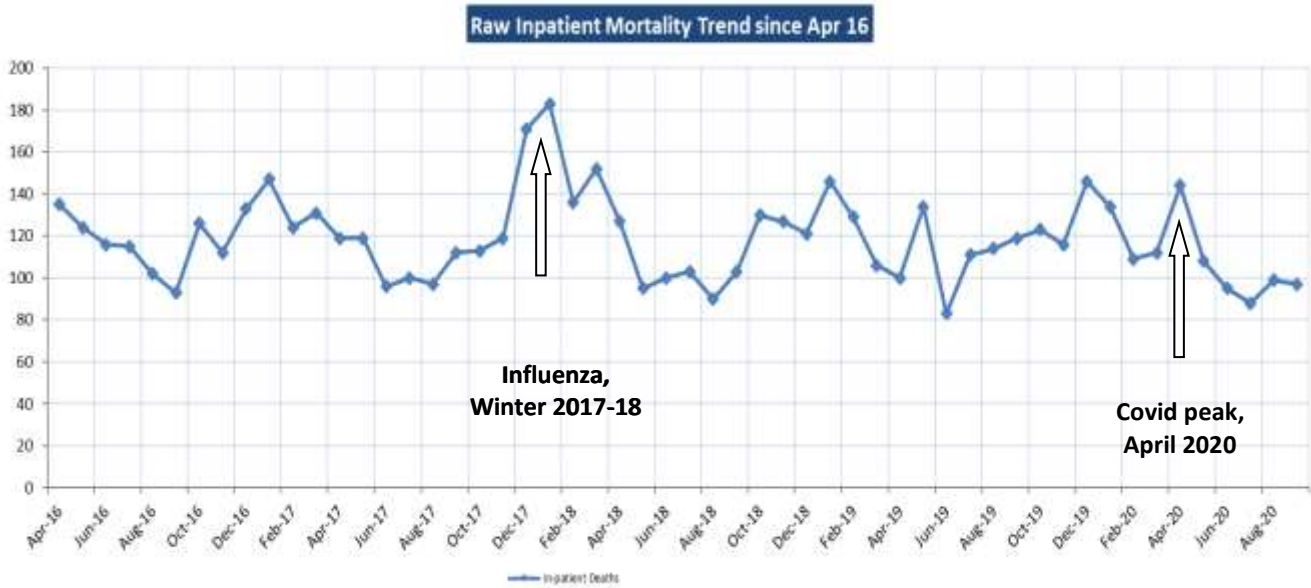
2.4 The Summary Hospital-level Mortality Indicator (SHMI) is a ratio between the number of actual (observed) deaths to the "expected" number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.

2.5 The latest SHMI value is now **98.20** (May 2019 to April 2020), this has increased slightly from the previously reported value of **98.11** (February 2019 to January 2020). The value of 98.20 continues to remain inside the 'as expected' range.

2.6 The Trust currently has the 47th lowest SHMI value from the 137 Trusts nationally, and 2nd lowest value out of the 8 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.

3. Mortality reviews

3.1 The Trust uses an electronic system to record mortality case reviews that are undertaken; this system is also used by other trusts in the region and is based on the "PRISM" methodology, one of the review tools recommended in the national guidance. This is a structured 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. 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 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 2018 the Trust has reported the following deaths:

In-Patient and A&E Deaths

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	93	102	0	0	0	0	0	0	0

3.3 The following chart shows the monthly trend and fluctuations in mortalities since April 2016 to September 2020:

Raw Inpatient Mortality Trend since Apr 16

Influenza, Winter 2017-18

Covid peak, April 2020

—— Inpatient Deaths

3.4 The Trust policy 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, some of these reviews are not yet recorded in the Trust mortality system and this is an area of ongoing development:

- 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.

There are also additional reviews that are undertaken either as a random selection or in response to requests internal or external to the Trust.

3.4 Where a patient's death immediately raises concern, this should be reported and escalated through the Trusts incident reporting and investigation process, implementing Duty of Candour procedures as required. This includes informing senior staff of the case and the identified concerns; 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 2019-20, there were 18 cases identified to be investigated as serious incidents, all of these were identified prior to mortality reviews being completed. One case has been identified, following investigation, and completed Coronial review, as having a Hogan score of 4 which is "probably preventable". Overall 5 of the cases remain under review, requiring information from the Coroner to complete the review and the investigations and three of the cases are also linked to the Child Death Overview Panel. The overall outcomes will be reported in future reports. During the Covid-19 pandemic the Coroner has not undertaken any inquests, this is in line with national instruction from the Chief Coroner. Despite some initial planning for inquests to be held, currently there are no confirmed dates and it is possible they will not be listed until 2021.

To the end of quarter 2, 2020-21, there have been 10 cases reported and investigated as serious incidents, all were identified prior to mortality reviews being completed. Three remain under investigation and four require information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

3.5 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.

3.6 The following table provides a summary of the data by financial quarters, to date, for 2019-20; a more detailed monthly breakdown is included in appendix 1.

2019-20 end Q2 2020-21	Q1	Q2	Q3	Q4	Total
Total deaths in scope	338	359	408	380	**1485**
Deaths in compulsory criteria	38	37	45	38	**158**
Compulsory case reviews completed (no.)	34	30	36	25	**125**
Compulsory case reviews completed (%)	89%	81%	80%	68%	**80%**
Compulsory reviews pending	4	7	9	12	**32**
Additional reviews completed	4	10	12	14	**40**
Total of reviews completed (no.)	38	40	48	39	**165**
Total of reviews completed (%)	11%	11%	12%	10%	**11%**
Reviewed Deaths considered avoidable (no.)	0	1	0	0	**1**
Reviewed Deaths considered avoidable (%)	0%	2%	0%	0%	**1%**
Reviewed Deaths considered not preventable (no.)	38	39	48	39	**164**
Reviewed Deaths considered not preventable (%)	100%	98%	100%	100%	**99%**

The following table provides a summary of the data by financial quarters, to date, for 2020-21; a more detailed monthly breakdown is included in appendix 2.

2020-21	Q1	Q2	Q3	Q4	Total
Total deaths in scope	366	300			**666**
Deaths in compulsory criteria	41	43			**84**
Compulsory case reviews completed (no.)	18	0			**18**
Compulsory case reviews completed (%)	44%	0%			**21%**
Compulsory reviews pending	23	43			**66**
Additional reviews completed	15	0			**15**
Total of reviews completed (no.)	33	0			**33**
Total of reviews completed (%)	9%	0%			**5%**
Reviewed Deaths considered avoidable (no.)	0	0			**0**
Reviewed Deaths considered avoidable (%)	0%	0%			**0%**
Reviewed Deaths considered not preventable (no.)	33	0			**33**
Reviewed Deaths considered not preventable (%)	100%	0%			**100%**

3.7 The numbers of mortality reviews undertaken by the Trust is lower during winter periods; this is usually resolved during quarter 4 each year. However, as a result of the Covid-19 pandemic the clinical staff have not been able to undertake the numbers of mortality reviews to reflect a significant improvement in the analysis given above. There is ongoing work to ensure all cases identified as compulsory are reviewed as required.

3.8 **Covid-19 deaths**

From March 2020 to the end of quarter 2 2020-21, the Trust has notified 137 deaths where patients were recorded as being positive for Covid-19. There are reviews being undertaken to assist in assessing the overall quality of the care provided to our patients during the pandemic. The information being collected will also allow the Trust to understand if the findings from national data collection is comparable to the patients who died in our care; including looking at co-morbidities such as diabetes and chronic lung disease. Summary information from these reviews will be included in future reports along with any actions taken as a result of the learning obtained.

4. Medical Examiners (ME)

The Trusts team of Medical Examiners is now active covering 6 clinical sessions each week; the service has been introduced in Wards 40, 41 and 42.

Updates on the ME role and the relevant service changes have been delivered in the Trust to the Community and Surgical group meetings, with training for junior doctors also being included in the education programme within Medicine. The service will roll out to the rest of the wards in the West Wing from November 2020; from then to include the wards and emergency areas when the 2 Medical Examiner Officers (MEO) are in post.

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.

The Trust ME team continues to have support from the Regional ME and Regional MEO; and are improving already strong links with ME colleagues serving the hospitals south of the Tees. In addition to the re-design of the internal ME processes the team will be working with the newly

appointed Trust Mortality Lead in further development of the overall Learning from Deaths programme.

The MEs and Bereavement Officers are also welcoming the Estates team plans to enhance the area outside the Woodlands Offices on the ground floor to offer a quiet, confidential area for bereaved families to sit. These changes will help ensure any discussions being held by MEs, MEOs and Bereavement Officers are confidential and uninterrupted creating a clear identifiable area readily linked to the Woodlands Suite in the floor below. An appointment system has already been introduced for the Woodlands Suite to facilitate joint working within that space.

5.   Learning and actions from reviews

5.1   Learning Disability Reviews (LeDeR)

The Trust undertakes reviews for all patients with a learning disability (LD) who die in our care; these deaths are thankfully low with an average of less than one per month since 2019, however, this makes it even more important to take every opportunity to learn. Information from the reviews is shared with the Teeswide LeDeR team who then collate the information for shared learning across all health and social care services. If necessary individual this can lead to a full multiagency review meeting to assist in identifying any shared learning.

The first multiagency review meeting has recently been held and the Trust has identified learning in relation to inviting and preparing patients for screening services. Currently the trust is reviewing what "easy read" information is available, across all screening programmes, and also examining how to increase involvement of the community LD speciality team if patients and families need support in preparing for screening.

As a result of the internal LeDeR reviews it has been identified that the referral processes to the Nurse Advisor for LD, internally to the Trust, could be improved. A standard operating procedure (SOP) has now been developed to help guide staff when making a referral and to also outline what actions will be taken following a referral. As part of this an online referral system has been developed to ensure there is a clear record of referrals and the information provided by the staff. This also allows the Nurse Advisor for learning disability to hold an audit trail of who has been referred to service as it is electronic.

The Trust is part of a regional network; the network has developed a training package for acute secondary care services to access. This training has been developed to ensure there is consistency within all of the education and pathways for patients with a learning disability across all North East Trusts. This supports the Trusts introduction of the learning disability diamond standards; these support a pathway of care promoting good practice. Once trust staff have accessed the training they can then become a learning disability diamond (champion) for their area of work. This will be rolled out in the Trust over 2020/2021.

The reviews undertaken this year have evidenced good team working and understanding of the Mental Capacity Act requirements. There is clear evidence of the use of best interest meetings to ensure an MDT approach to planning of care whilst in hospital; this has also supported communication with families. The reviews have highlighted how vital this is in all cases when discussing resuscitation requirements and palliative care.

Learning as described above, and from future LeDer reviews are to be collated into a work programme for the Trust. This will also identify improvements initiated and will be monitored via

the Trusts Vulnerability Group and actions followed to completion; where necessary additional support will be imitated for any barriers or challenges identified.

5.2 Surgical Mortality Reviews

The Surgical department has for many years undertaken reviews of any cases linked to morbidity, where complications occur, and where patients have died in their care. The reviews are presented at the Morbidity and Mortality (M&M) meetings; this allows MDT involvement in the reviews to share learning but also gives a wider range of professionals an opportunity to identify what actions need to be taken.

The Surgical team have identified the following areas where improvements and changes in practice have been initiated as a result of the M&M reviews:

- In order to ensure consistency of review, any patients in the hospital that have been by the surgical team are now discussed at a daily meeting at 8am which are led by a consultant. This will ensure there all relevant patients have consultant input into their management, either by reviewing test results or attending the patient directly.   The introduction of this daily session has evaluated well by supporting prompt and appropriate treatments for referrals.
- The team have arranged for a specific referral slot on the request system for emergency Computerised Tomography (CT) scans. This was identified from reviews of cases where patients required emergency laparotomy surgery; having this referral process for scans supports them being completed more promptly which can then support clinical decision making about undertaking emergency surgical procedures.
- Some surgical cases reviewed have identified the need for broader discussions across other specialist services to support shared learning and collaborative improvements. Recently there has been joint governance session with the anaesthetic, medicine and orthopaedic teams to do this.
- The team have also recognised through their M&M reviews, and following discussions in relation to other Trust wide serious incident investigations; that there are some complex conditions that need more specialist management and involvement to support current practices. In order to enhance the services awareness of these they have invited specialist teams Geriatric medicine, urologists, nephrologists, palliative care and gastroenterologists to the Clinical Governance sessions to provide updates.
- A clinical audit has been undertaken by the surgical team to examine the use of DNACPR forms for surgical patients; this generated significant discussion and has helped raise awareness amongst clinicians. This has also supported the surgical team when considering management and escalation plans for critically ill patients; and where necessary escalation to, and the involvement of, the palliative care team.

5.3 Leading Improvements in Clinical Activity Recording and Coding

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.

Education and Training
Multiprofessional regular training sessions:
   a. Cross specialty including nurse practitioners, clinicians, doctors in training, ward and specialist nurses.
   b. Prioritised by areas of highest need, based on gap analysis following clinical audits.

c. Reinforced with subsequent rolling audits and monitoring of outcomes to demonstrate and share learning.

d. Training to coders which is specialty specific.

Planned outcome: To have an improved understanding of the principles of accurate and optimal recording leading to better coding practices, demonstrated by depths of coding.

Digital alignment

Working in collaboration with Electronic Patient Record (EPR) team to improve digital processes to provide more clinical information to clinicians:

a. For example; the availability of primary care report helped to gain access to comorbidities at the time of admission and first clerking, leading to improved depth of coding and Charlson comorbidities, such as Chronic Kidney Disease (CKD) or previous heart attack.

b. Other examples include:

- improved automation of comorbidities in discharge summaries.
- Access to clinic letters for the coders on the electronic patient record (Trak), facilitating capture of comorbidities especially for elective cases.
- Automated recording of CKD on the pathology system (ICE) to prompt clinicians to record CKD better.

c. The Clinical Coding team are now involved in Clinical Active Record development, to ensure processes embedded so far are retained and further opportunities to be identified to optimise recording, reduced inefficiencies and lead to better coding, due to improved retrieval of clinical information.

Improved coding practices

a. Increased coding from case notes, this is to be rolled out in phased manner, starting with areas of highest priority, as directed by clinical audits led by senior clinical staff. This was temporarily withheld in March, as a result of Covid, but is gradually being re-established.

b. Senior clinical input is being provided as a regular source of support to the clinical coders, this helps them to resolve uncertainties in relation to clinical information without undue delay.

The Trust has implemented the use of automated software to identify potential missed comorbidities followed by clinician validation, this is leading to improved depth of coding. There is an exception for the month of March 2020 as a result of Covid-19, this is reflected in the chart below which shows the Trust average depth of coding since 2015 against the national average.

Trust Average Diagnosis Coding Depth
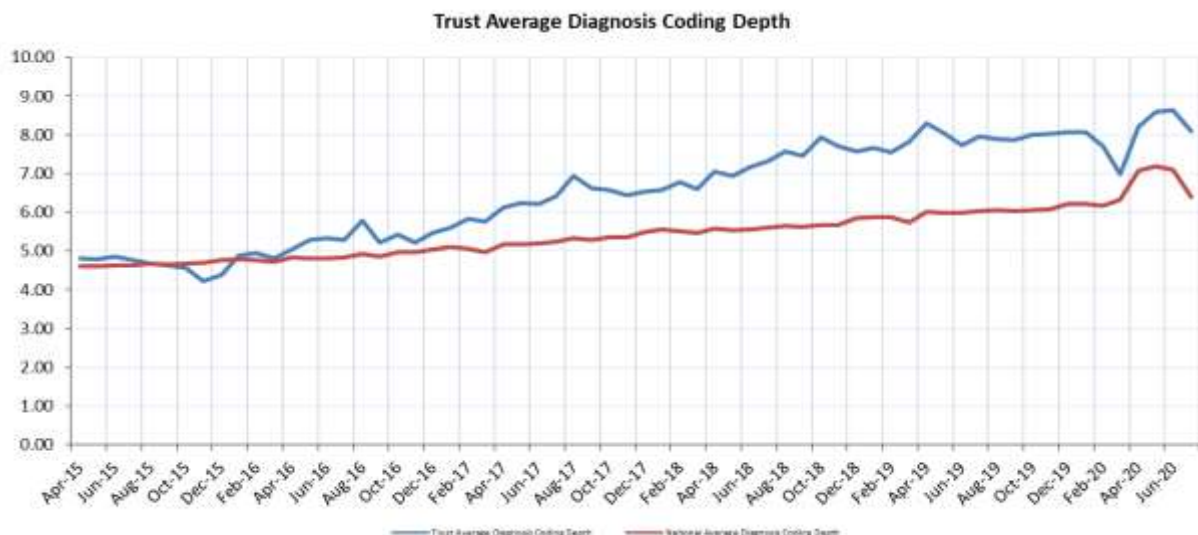
There is ongoing benchmarking on a monthly basis in relation to the depth of coding and overall rate of Charlson comorbidities. Specific comorbidities are also being used to identify areas of variation and subsequent audit, targeted training and re-audit. Examples of this include recording of metastatic cancer in clinical oncology/chemotherapy day unit and CKD. Focused clinician and coding auditor led audits are being undertaken including pneumonia, stroke, senility. These will help determine if diagnoses are being recorded appropriately.

There has been a recent audit of random cases where sepsis is a main diagnosis; this is the highest diagnosis group coded for Trust deaths currently. The audit revealed that the cases are being correctly coded as sepsis but also highlighted some areas for improvement in clinical management and timescales. This is now being linked in to education sessions as described earlier. The results of future audits linked to sepsis and acute or chronic kidney disease will be followed up with the Trusts, newly introduced Deteriorating Patient Group as part of their ongoing work programme.

The Trust recognises that patients at the end of their life benefit from improved clinical care as a result of the involvement of the Specialist Palliative Care team (SPCT), not only to support the patients and their families but also to assist clinical staff providing the required care. In order to accurately understand and monitor, how many patients, the SPCT provide support to, there has been an improved capture of palliative care input with SPCT coding being continuously updated via data from SystmOne. The chart below shows the overall improvement in the Palliative care involvement and subsequent coding since 2013. The numbers relate to patient discharged, alive or deceased during the given period, who have been seen by the Specialist Palliative Care team.

Palliative Care and HSMR (12 month rolling periods)
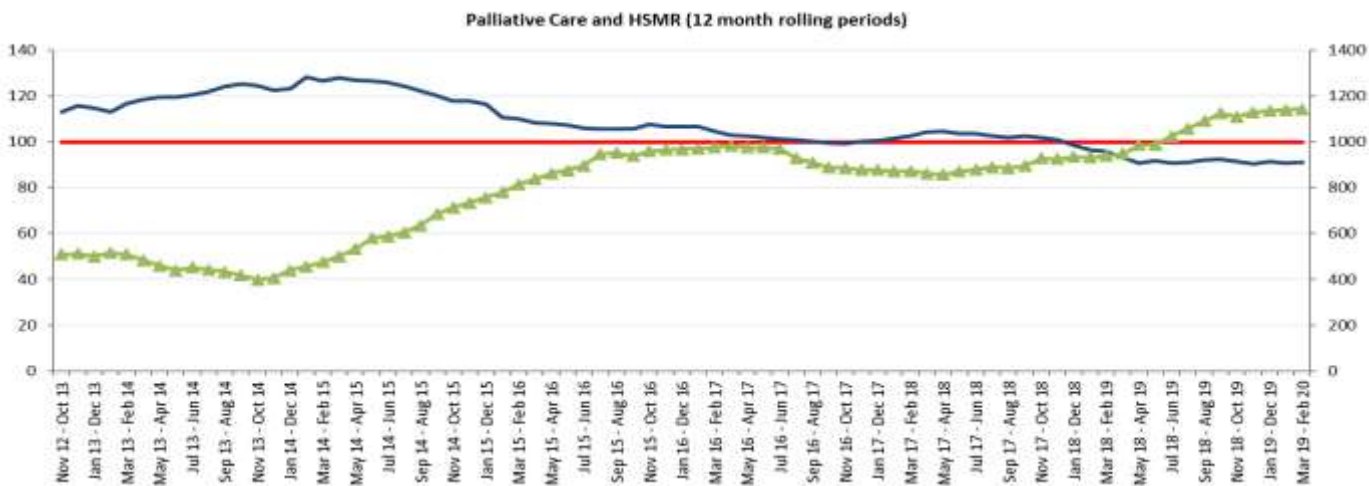
From March 2020 onwards, a random sample (40%) of patients who have been diagnosed with Covid have been regularly audited to ensure optimal recording and coding practices in place. There are also ongoing rolling audits in areas where Active Clinical Notes (ACN) have been recently deployed. These have all identified no significant loss of information capture within the healthcare records during the pandemic, which is assuring.

6.   Conclusion/Summary

6.1   The Trusts HSMR value in the latest period is **94.98** (August 2019 to July 2020), the SHMI is currently **98.20** (May 2019 to April 2020).

6.2   There has been a sustained improvement in clinical documentation to support multidisciplinary working but also to support the increased data the Trust are able code and subsequently provide for the national mortality statistics.

6.3 The Trusts Medical Director has recently appointed a new Mortality Lead for the organisation; this is an opportunity to review the current processes in place in relation to mortality and the policy covering learning from deaths. These changes will be reflected in future reports

6.4 Of the compulsory case reviews identified in the Trusts policy 80% have been reviewed during 2019-2020, an overall 11% of all deaths. During 2020-21 to date 27% of compulsory reviews have been completed to date, an overall 5% of all deaths. This percentage is less than expected as a result of the impact of winter and the current Covid-19 pandemic, both of which reduce the clinical staff's ability to complete the reviews. There is ongoing data collection in relation to Covid-19 deaths and this will be examined further in future reports.

6.5 There are 18 cases which were investigated as serious incidents during 2019-20, five remain under review awaiting Coroners inquests to complete these effectively, and three of the cases are also linked to the Child Death Overview Panel. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately. There was one case identified as being "probably being preventable".

6.6 There are 10 cases which are being investigated as serious incidents during 2020-21 to date. Three remain under investigation and four also awaiting Coroners inquests to complete the reviews effectively. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

6.7 Learning from the Trust Learning Disabilities mortality reviews is being shared regionally as part of an overall collaborative approach. The multidisciplinary review enables shared learning across all care sectors involved in a patients' care. There are some excellent examples of good quality supportive care being provided, as well as details about improvements being made.

6.8 The Trust has appointed and implemented a team of Medical Examiners role; this role is recommended from a recent national Coronial review.

6.9 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.

Dr D Dwarakanath
Medical Director

Appendix 1

North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2019-20

Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% liklihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 19	106	15	12	80%	3	1	13	12%	0	0%	13	100%
May-19	142	12	12	100%	0	3	15	11%	0	0%	15	100%
Jun-19	90	11	10	91%	1	0	10	11%	0	0%	10	100%
Quarter 1	338	38	34	89%	4	4	38	11%	0	0%	38	100%
Jul-19	118	11	7	64%	4	5	12	10%	0	0%	12	100%
Aug-19	117	18	16	89%	2	4	20	17%	1	7%	19	93%
Sep-19	124	8	7	88%	1	1	8	6%	0	0%	8	100%
Quarter 2	359	37	30	81%	7	10	40	11%	1	2%	39	98%
Oct-19	126	14	11	79%	3	2	13	10%	0	0%	13	100%
Nov-19	125	18	15	83%	3	5	20	16%	0	0%	20	100%
Dec-19	157	13	10	77%	3	5	15	10%	0	0%	15	100%
Quarter 3	408	45	36	80%	9	12	48	12%	0	0%	48	100%
Jan-20	146	17	12	71%	5	4	16	11%	0	0%	16	100%
Feb-20	116	12	9	75%	3	1	10	8%	0	0%	10	100%
Mar-20	118	8	4	50%	4	9	13	0%	0	0%	13	100%
Quarter 4	380	37	25	68%	12	14	39	0.3%	0	0%	39	100%
Totals	1485	157	125	80%	32	40	165	11%	1	1%	164	99%

Appendix 2

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	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% liklihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 20	152	27	13	48%	14	10	23	15%	0	0%	23	100%
May-20	113	5	0	0%	5	4	4	4%	0	0%	4	100%
Jun-20	101	9	5	56%	4	1	6	6%	0	0%	6	100%
Quarter 1	366	41	18	44%	23	15	33	9%	0	0%	33	100%
Jul-20	93	17	0	0%	17	0	0	0%	0	0%	0	0%
Aug-20	102	11	0	0%	11	0	0	0%	0	0%	0	0%
Sep-20	105	15	0	0%	15	0	0	0%	0	0%	0	0%
Quarter 2	300	43	0	0%	43	0	0	0%	0	0%	0	0%
Oct-20												
Nov-20												
Dec-20												
Quarter 3												
Jan-21												
Feb-21												
Mar-21												
Quarter 4												
Totals	**666**	**84**	**18**	**21%**	**66**	**15**	**33**	**5%**	**0**	**0%**	**33**	**100%**

Board of Directors

Title of report:	Guardian of Safe Working Hours Report
Date:	October 2020
Prepared by:	Mr Pud Bhaskar, Guardian of Safe Working hours
Executive Sponsor:	Deepak Dwarakanath, Medical Director and Deputy Chief Executive Officer
Purpose of the report	The New Junior Doctor Contract (2016) requests that the Guardian of Safe Working Hours (GOSW) prepares a quarterly report to the Board of Directors. These reports contain information relating to the safe working of doctors within the Trust. This report covers exception reports between April 2020 and July 2020.

Action required:	Approve		Assurance	✓	Discuss	✓	Information	✓
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓

Which CQC Standards apply to this report	Safe	✓	Caring	✓	Effective	✓	Responsive	✓	Well Led	✓

Executive Summary and the key issues for consideration/ decision:

Following the initial phase of the coronavirus pandemic, our doctors are starting to return to their normal working patterns and shifts. Their flexibility and support during recent months is commended.   During this time NHS Employers and the BMA published guidance on where working hours limits and rest requirements outlined in the national terms and conditions could be flexible, this has now been withdrawn and Trusts are expected to maintain compliance.

Trainees across the region have missed out on training opportunities due to postponed rotations and the reduction in elective activity. Whilst this has not prevented most trainees from progressing, further impact from subsequent surges could result in delayed progression for many trainees.   As such, Health Education England, released a statement on the 'principles for educational organisations during pandemic surges' to help guide trusts and protect training.

Many departments are utilising technology to provide training opportunities, such as virtual teaching sessions which are recorded and made accessible to those who are unable to attend. The Guardian has also increased the frequency of the Doctors' Forum to monitor issues and the impact on trainees. The main area of concern continues to be around fit testing and availability of personal protective equipment. Leads from procurement and infection prevention recently attended the forum to speak to trainees and address concerns. The Guardian continues to champion safe working practices and actively encourages trainees and trust equivalents to submit exception reports for loss of educational opportunities and breaches to safe working hours and rest requirements. The first Guardian fine is to be levied due to inappropriate trainee

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

1. Fit testing and availability of personal protective equipment remains a concern amongst the junior medical workforce.
2. Delayed start dates for newly appointed doctors in training, the Lead Employer Trust (LET) will keep Trusts updated on any potential risks to start dates.
3. Possible disruption to educational and training opportunities due to subsequent pandemic surges.

Committees/groups where this item has been discussed	Patient Safety and Quality Standards Committee
Recommendation	The Board of Directors are asked to note the content of and accept this report.

Guardian of Safe Working Quarterly Report

Executive Summary

This report focuses on Doctors in Training and forms part of the reporting requirements of the 2016 contract for doctors and dentists in training. It aims to provide the Board of Directors with a summary on the working hours and practices during the reporting period, providing assurances on safe working and highlighting areas of concern.

It concludes that the organisation continues to meet the demands of the contract and that there is no evidence to suggest current working practices amongst trainees at the Trust are unsafe. However, doctors have reported difficulties in arranging fit testing and obtaining personal protective equipment, mainly masks in smaller sizes. The first Guardian fine against a department will also be issued shortly once the finer detail has been worked out.

Exception reporting continues to be the mechanism used to highlight non-compliance with safe working hours, lack of support, and missed educational opportunities. No exception reports were submitted in April 2020; this is largely to do with adjustments made due to the pandemic, which were done in collaboration with doctors. As normal working patterns and activity is starting to return so are exception reports.

A total of 13 exceptions were submitted between May and July 2020, mainly by foundation trainees for additional hours worked in surgery and medicine. Appendix one provides an exception report overview. No fines have been levied for breaches in the safety limits of working hours. However, there is a fine pending for Obstetrics and Gynaecology, due to a junior trainee being allocated to an unsupervised clinic. To maintain patient safety a specialist midwife in an adjacent clinic supported the trainee. Concerns outside of exception reporting have also been raised by other trainees in obstetrics and gynaecology, it is recommended that a clinical lead is appointed to oversee the rostering and support of doctors in training. This would be in line with the best practice published by the British Medical Association and NHS Employers.

NHS Employers and the BMA also published guidance on where working hours limits and rest requirements outlined in the terms and conditions of service were flexible during the initial phase of the pandemic. This has now been withdrawn and organisations are now expected to fully comply with the terms and conditions of service.

A number of training rotations were postponed by Health Education England (HEE) due to the pandemic, clinical activities also declined due to cancellation of some elective work. This has resulted in a loss of training opportunities for trainees. Whilst this has not prevented most trainees in the region from progressing, subsequent surges could result in delayed progression of many trainees if the same approach is adopted. As such, HEE, released a statement on the 'principles for educational organisations during pandemic surges' to help guide trusts and protect training.

As part of their recovery plans, some surgical areas are utilising facilities within the private sector for NHS work, these sessions are able to provide valuable training opportunities. Initially, HEE raised some concerns and advised that these facilities were not recognised for training. This led to both local and national discussions so provisions and assurances were put in place to support training at these locations. There are strict requirements which must be adhered to which are overseen by the Director of Medical Education.

It is worth noting that a number of specialties within the organisation utilised technology to deliver virtual teaching sessions, which were recorded and made accessible for those unable to attend. This demonstrates good practice which should be adopted across the whole organisation. The Doctors' Forum is now being held monthly and facilitated using Microsoft Teams, which has resulted in an increase in engagement. Concerns over fit testing and the availability of personal protective equipment continues to be raised. To address the issue representatives from procurement and infection prevention attended the last forum to provide guidance and clarity. This was well received and representatives have been invited to the next meeting.

Foundation year two doctors working in medicine specialties raised concerns around late finishes due to delays in handover and requested additional payment. Trainees were reminded that the exception reporting process is in place for this reason and should be utilised. Supervisors will review the reports and determine if any form of compensation should be given. Feedback has also been passed onto the clinical leads within the Care Group for further exploration.

The Trust continues to implement national revisions to the doctors in training contract so that compliance is maintained. These changes resulted in the majority of rotas within the Trust being re-designed or tweaked. Part of the amendments included a maximum of one weekend in three being worked. Only one rota in the organisation falls shy of this requirement, which is the tier 2 (registrar) rota within Emergency Medicine. The department applied the provisions within the contract to seek approval from those working the rota, the doctors' forum, and the Local Negotiation Committee to maintain the rota. Agreement was achieved with agreement for regular review.

The August rotation went ahead as planned but there were a number of delayed starters from oversees. Late starters are expected to join the Trust in October and December, in the meantime, gaps have been managed locally.

Overall there have been no significant exceptions resulting in any fines and there are no major concerns relating to safe working hours at present. Where concerns have been highlighted, work is on-going to ensure that they are addressed. The exception reporting process continues to enable the compensation of additional hours worked and ensures trainees are compensated appropriately.
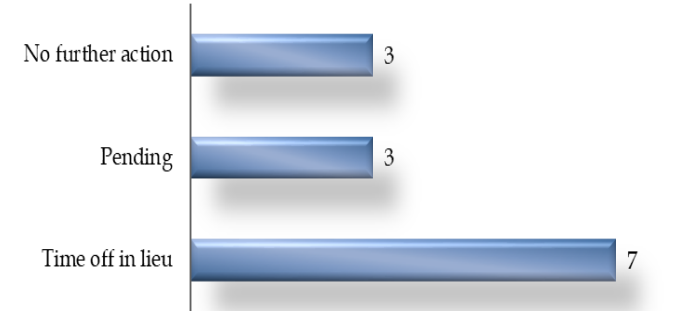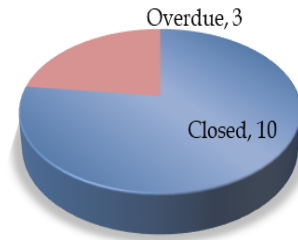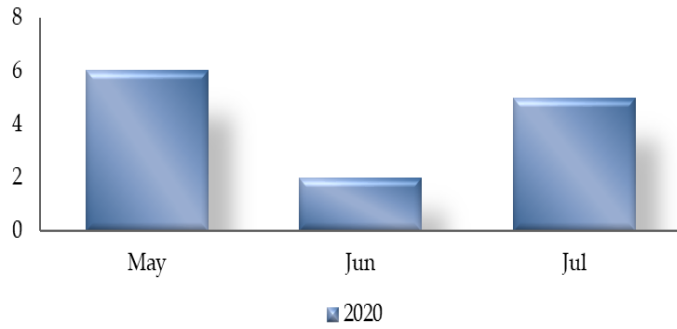
The following new recommendations are made to the board:

1. Every area should have a clinical lead to oversee and support rostering of doctors in training

2. List of PPE fit testers in each area to be made available (this is now available on the Trust's intranet site).

3. Shortage of size small masks to be addressed (this is both a local and national issue).

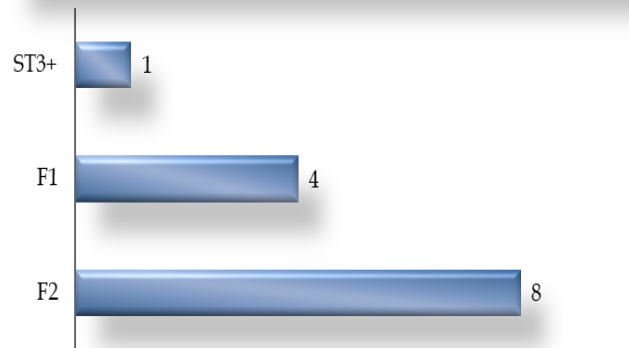4. Clarification on handover process in EAU and incorporated into work schedules.

The board is asked to note this report for information and assurance.

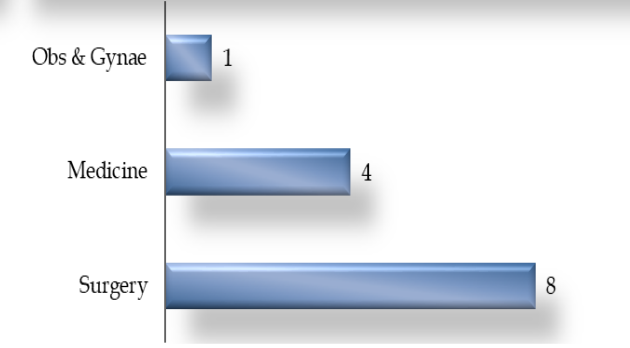**Mr Pud Bhaskar, Guardian of Safe Working Hours**

Appendix One: Exception Reporting Dashboard Screenshot – April 2020 to July 2020
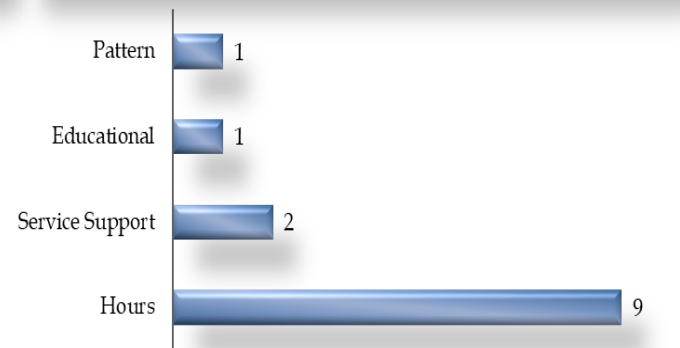

Submitted (bar chart)
- May: 6
- Jun: 2
- Jul: 5
- Legend: 2020

Status (pie chart)
- Overdue, 3
- Closed, 10

Outcome (bar chart)
- No further action: 3
- Pending: 3
- Time off in lieu: 7

Grade (bar chart)
- ST3+: 1
- F1: 4
- F2: 8

Specialty (bar chart)
- Obs & Gynae: 1
- Medicine: 4
- Surgery: 8

Type (bar chart)
- Pattern: 1
- Educational: 1
- Service Support: 2
- Hours: 9

13 Exception reports submitted by 6 doctors

4

Board of Directors

Title:	Engaging with our BAME Workforce
Date:	29 October 2020
Prepared by:	Elizabeth Morrell – Employee Relations Manager
Executive Sponsor:	Alan Sheppard, Chief People Officer
Purpose of the report	To provide assurance to the Trust's Board of Directors that the Trust is actively engaging with our BAME workforce to promote a culture of inclusivity across the organisation, to ensure that staff feel supported and safe whilst at work and also to provide an update on the actions being developed in response to the Workforce Race Equality Scheme (WRES) 2020.

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	X
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

The Trust is committed to creating a fairer and more diverse NHS for everyone.

Over previous years we have undertaken a range of engagement activities to seek feedback from our staff, to recognise and celebrate our diverse workforce and to promote a culture of inclusivity across the organisation.

This paper considers the risks which currently exist in relation to our BAME workforce. This includes the Covid-19 Pandemic and the results from the Workforce Race Equality Scheme (WRES) 2020.

We have identified a number of initiatives and specific activities which will help to improve the experience of our BAME colleagues and these include:

- Expansion of the BAME Staff Network (section 3.0)
- Signing up to The Collective Promise (section 4.0)
- Covid Risk Assessments (section 5.0)
- Our Health and Being Offer to staff (section 6.0)
- WRES 2020 (section 7.0)
- Recruitment Metrics and Staff Development (section 8)

All of these activities have placed us in a stronger position so that we may better respond to the needs and concerns of our BAME employees, and we will continue to be open to listening to staff experience and sharing these stories with our Executive Team and Board of Directors.

The paper highlights that there is still a lot more for us to do, however we have identified those actions that are necessary for us to achieve progress in these areas.

The recently published People Plan underpins everything that we are seeking to achieve and provides a structure in which we can align our actions to the strategic direction of the Trust.

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

Risk 5573 – Inability to retain high quality staff
Risk 5805 – failure to achieve sickness absence target

This report impacts on the current workforce risks which relate to reduced staffing arising from increased absence due to Covid-19, and highlights how engagement with our BAME workforce can reduce this risk.

Committees/groups where this item has been discussed	The results of the WRES have been presented to the Trust's Executive Team on 14 July 2020, along with a report on Engaging with our BAME Workforce.
	The results of the WRES have been presented to the Trust's Board of Directors on 30 July 2020.
	An update on the WRES Action Plan has been presented to the Trust's Workforce Committee on 15 October 2020.
Recommendation	The Board of Directors are requested to consider the information presented within this paper, specifically the activities that are being undertaken to engage with and provide support to our BAME workforce during the Covid-19 pandemic and the actions identified in response to the WRES 2020.
	The Board of Directors are requested to confirm their assurance that these activities are sufficiently robust and meaningful and will make a difference to the working lives of our BAME employees.
Next steps for presentation eg Board Committee/Board meeting	There will be continued monitoring of BAME engagement and staff experience at the BAME Staff Network, the Culture Group and the Workforce Committee.
	A future Board Seminar is being planned which will focus on the lived experiences of our employees and feedback on what it is like to work for this Trust not only as a BAME employee, but also from staff who are a minority in respect of other protected characteristics, including but not limited to: disability, LGBTQ+, age, gender and religion.

North Tees & Hartlepool NHS Foundation Trust

Board Meeting

29 October 2020

Engaging with our BAME Workforce

1.0 Introduction

1.1 At North Tees and Hartlepool NHS Foundation Trust, we are immensely proud of the contribution that our staff make towards delivering excellence in care and this is especially the case given the challenges we have all faced during the Covid-19 pandemic.

1.2 As a Trust we are committed to creating a fairer and more diverse NHS for everyone. Over previous years we have undertaken a range of engagement activities not only as a means of seeking feedback from our staff, but also to recognise and celebrate our diverse workforce and promote a culture of inclusivity across the organisation.

1.3 The health, safety and welfare of our staff is a key priority of the Trust and this continues to be an area of primary focus during the current Covid-19 pandemic.

1.4 The Chief Medical Officer for England commissioned a Public Health review into Covid-19 and the disproportionate effect that the virus was having on people from Black and Asian Minority Ethnic (BAME) backgrounds, including the growing concern that there was an overrepresentation of BAME health and care professionals among the coronavirus fatalities. The review found that the highest age standardised rates of Covid-19 were in people of BAME ethnicity and the lowest rates were in people of White ethnicity.

1.5 We have undertaken a range of engagement activities over previous years not only as a means of seeking feedback from our staff, but also to recognise and celebrate our diverse workforce and promote a culture of inclusivity across the organisation. Now more than ever, it is vitally important that we continue to support our staff and keep them safe at work, particularly in respect of our BAME colleagues who face a higher risk of serious illness if they contract the Covid-19 virus.

1.6 For the purposes of this report we have included the BAME staff who are currently employed within North Tees and Hartlepool Solutions since they are considered to be part of the Trust's wider workforce family and the various support mechanisms that we have in place and the engagement activities that we undertake extend to our colleagues working within our subsidiary companies.

1.7 It is noted that many of the sections of this report are interlinked and therefore most of the activities and identified actions span across more than one area.

1.8 This report seeks to provide the Trust's Board of Directors with an overview of the activity undertaken since March 2020, including data trends, WRES action plans and recruitment data. Risks have been highlighted, and this includes the activities that we are taking to mitigate any areas of concern, to provide assurance to the Board.

2.0 Workforce Profile – BAME Employees

2.1 As an organisation, we currently employ 5,498 staff across North Tees and Hartlepool NHS Foundation Trust and our subsidiary companies which includes North Tees and Hartlepool Solutions and Optimus Health Ltd.

2.2 A total of 544 employees are from a BAME background, which equates to 10% of the workforce. When we consider this figure against the most recently available data relating to residential statistics and the ethnic profile of our local population, the Trust's BAME workforce profile is double that of the BAME population within the North East (5%).

2.3 These figures differ slightly to the Trust's Workforce Race Equality Scheme (WRES) since the WRES only includes Trust employees and not those staff who are employed by our subsidiary companies.

3.0 BAME Staff Network

3.1 The Trust's BAME network was established in 2018 and is currently chaired by our two Race Equality Leads – Sushil Munakhya (Occupational Therapist) and Raf Rashid (Stop Smoking Advisor).

3.2 The number of members within the network remains relatively low, despite having moved to a virtual platform in June 2020, however there has been good engagement during the meetings and there is a mix of representatives including allied health professionals, medical staff and nursing staff. Sushil's role as a staff side representative is a welcome additional benefit to the group as he is able to feedback any comments or concerns that may have been brought to his attention as the Race representative for Unison.

3.3 We are pleased to report that the discussions that have taken place at the network have been of a positive nature and these have primarily focused on how the group can make a difference for BAME staff across the Trust. One particular comment which was made during the last meeting in September epitomises the group's current position: 'What is in our gift to change? The Trust is listening to us, what is it that we want?'

3.4 The following topics have been suggested by the group as the areas that they view to be of the highest priority and requiring further action:

- Development opportunities for BAME staff was without doubt the highest priority for the group, and section 8 of this report contains further information regarding recruitment data and staff suggestions.
- Embedding cultural awareness within the Trust to create a more inclusive and inquisitive culture - 'educating others about us'.
- Promotion of the various cultural events that are celebrated by our diverse staff, commencing with Black History Month in October and Diwali in November (Ramadan and Eid al-Hada were celebrated in April, May and July of this year).
- Review of exit information with analysis of BAME leavers to identify potential themes/concerns.
- Identify BAME Network Champions within each of the Care Groups and Corporate areas to promote membership of the group and increase engagement within our BAME workforce.

3.5 As the group continues to grow, we are keen to reflect on the learning from staff stories and their experiences to:

- Understand what it is like to be a BAME employee working within this Trust;

- Inform our Equality Impact Assessments as part of our Policy review process;
- Improve what we do;
- Add more depth to our WRES action plan.
- Identify a range of BAME allies from across the organisation.

3.6 It is vitally important that we create a sense of psychological safety within the network so that staff feel safe to share their experiences and we are committed to supporting our staff and encouraging them share their stories with our Trust Board.

3.7 As part of the People Plan agenda, we have appointed a Health and Wellbeing Guardian who will play a pivotal role in all of our staff networks. Neil Schneider, Nonexecutive Director, has agreed to undertake the role of the Guardian and he is committed to ensuring that staff stories and experiences are shared at the highest levels of the organisation. We intend to hold a future Board Seminar which will focus on the lived experiences of our employees and feedback on what it is like to work for this Trust not only as a BAME employee, but also from staff who are a minority in respect of other protected characteristics, including but not limited to: disability, LGBTQ+, age, gender and religion.

3.8 We have also taken the opportunity to review the responsibilities of the Staff Network Chair and we have issued a copy of the responsibilities document to each Chairperson with a request that they sign to agree their commitment to this. The Network Chair has a vital role to play in representing the staff vision and purpose of the network and the key intention behind the role is to embed ownership of the Network within the membership of the group and take a lead on the development of the Network.

3.9 In recognition of the importance that the Trust places on the role of the Network Chair and our commitment to supporting the Chair with the time and resources they require to undertake the role, we are delighted with the news that the Trust will provide funding for the role on the basis of a half day per week. This funding will be allocated to the individual's substantive department for an initial six-month period which will allow for potential backfill to support the Chair's substantive role.

3.10 The Chair will also be supported by a senior/executive level sponsor, who will ensure that any issues relating to equality, including those specific to the network group, are considered at the highest level of the organisation through discussion at the Trust's Executive Team.

3.11 We must not forget that many individuals are not defined by just one characteristic and it will be the case that many of our staff have multiple protected characteristics. We recognise the importance of intersectionality and that this will require all of our staff networks to come together at various points in the future to consider the wider aspects of equality, diversity and inclusion.

4.0 The Collective Promise

4.1 Creating a fairer and more diverse NHS is not only a priority for our Trust – it is a commitment made by all NHS organisations through the implementation and delivery of the Workforce Race Equality Standard (more information about the WRES is contained at section 7 of this report).

4.2 Discussions regarding workplace equality have taken place at our regional Social Partnership Forum (SPF) and this is where the concept of the Collective Promise was

established to enable a collective approach to resolving regional workforce issues for BAME employees.

4.3 The Collective Promise is:

"a commitment from healthcare leaders across the North East and Yorkshire, to better support people from Black, Asian and minority ethnic (BAME) communities and this includes ensuring fairness for all and embedding a culture where, no matter your race and/or background, your personal experience, either as a staff member or as someone who access health and care services, is one that is not influenced by any bias, be it unconscious or not".

4.4 Although the agreement is currently in draft format, we have confirmed our commitment to this initiative and we have recently taken part in a regional (virtual) conference on 2 October. It was evident from the conference that there is unanimous support across the Integrated Care System (ICS) to support our BAME staff – to give BAME staff a voice in each of our organisations and also a collective voice in the wider ICS.

4.5 Many of the actions outlined within the Collective Promise reflect the metrics contained within the WRES and therefore they have already been identified as areas for future focus. Unsurprisingly, development of a staff network was the key priority, closely followed by learning and development and BAME representation in senior posts including at Board level.

4.6 One comment which particularly resonated with the group was the perception that because there are less BAME employees working within the NHS in the North East, there are no significant issues for Trusts to act upon. It was widely agreed that this assumption is not true and reflects an even bigger need for BAME individuals to have a voice within their organisation.

5.0 Risk Assessments

5.1 As an employer, we are committed to working in partnership with our staff side colleagues to ensure that the workplace is a safe and healthy environment for our staff. This includes a commitment to delivering risk assessments to any member of staff who requests one.

5.2 At an early stage of the pandemic, workforce and occupational health representatives worked together to devise a risk assessment process for all staff who are deemed to be at high risk of Covid-19 and therefore may be more likely to become seriously ill if they were to contract the virus.

5.3 Once the alarming news began to emerge about the disproportionate effect on individuals from a BAME background and the higher fatalities amongst BAME healthcare workers, we were extremely concerned by this information and took immediate measures to contact our BAME employees to assure them that we were responding to this issue and to advise them of the actions we intended to take to safeguard their health and wellbeing and to listen to any concerns that they may have. This letter was issued as a joint statement on behalf of the Chief Nurse, the Chief People Officer and the Chief Operating Officer.

5.4 The workforce department facilitated a process for 1:1 discussion to take place between managers and individual members of staff to allay any concerns they may have, signpost them to a range of support mechanisms and encourage completion of a risk assessment.

We also took the opportunity to further review and amend the risk assessment documentation to identify BAME ethnicity as a high risk factor and to assign a points weighting to the overall assessment.

5.5 Since then, regular communications have been issued to all staff through multiple channels including Trust-wide communications, individual emails and written correspondence, manager briefings and employee engagement newsletters.

5.6 As at 19 October 2020, we have reported a 100% response rate from our BAME employees, however, throughout this process we have been explicit that this is not a tick box exercise and our goal is not simply to achieve a 100% response rate – it is to ensure that 100% of our staff feel supported in their roles and have access to the appropriate PPE that they need to carry out their role safely. We are committed to ensuring that staff feel safe to have such conversations with their manger and that discussions are not rushed.

5.7 In June 2020, we received instructions from NHSE/I that we must report against the number of risk assessments completed for all vulnerable groups. We immediately implemented a process to capture this information and are pleased to report that we have met this requirement and we continue to publish our results on a weekly basis via sharepoint.

5.8 In addition to the individual risk assessments, we have also developed an environmental risk assessment which we continue to review and update on a 3-monthly basis.

5.9 We have issued a manager's guide to supporting staff who have been shielding, as a means of facilitating their return to work. This has also included additional support from the workforce, organisation development and employee engagement teams in terms of hosting virtual coffee mornings, facilitating outstanding risk assessments and undertaking welfare visits during the week commencing 3 August 2020. Occupational health colleagues have provided advice and support to 'shielding' staff with recommendations for phased returns where appropriate.

6.0 Our Health and Wellbeing Offer

6.1 The Covid-19 pandemic has exposed further health inequalities for individuals from a BAME background and particularly those individuals working within a health and care setting.

6.2 Since the start of the pandemic, our Health and Wellbeing, Psychology and Chaplaincy Teams have been working in partnership to bring together all of the various resources and support mechanisms to create a combined health and wellbeing offer for staff. The aim was to simplify the way in which staff are able to access these resources and an acknowledgement that anything more complicated than 'easy' would not be helpful.

6.3 As an organisation, we are aware of the impact of the pandemic on staff, both physically and mentally, and we wanted to give the message to staff that, individually, we are all impacted and it is okay for us to acknowledge changes in our usual resilience.

6.4 We have an extremely strong reputation for our commitment to the health and wellbeing of our staff, and we have one of the highest rates in England for our staff survey results in this area. This meant that we had an excellent foundation on which to build on and our enhancements have included:

- Implementation of a Staff Psychology Support Hub.
- Introduction of an on-site recharge hub for a 6-week period during the height of the pandemic, where staff could take a break and relax in a different environment.
- Launch of the Listening into Action App, as a means of increasing staff engagement, seeking feedback from staff and providing feedback to staff on emerging themes.
- Introduction of modified Schwartz Rounds and 'team time' sessions for individual departments.
- Publication of a range of resources for staff to access via Sharepoint.
- Dedicated support to staff who have been absent during the shielding period, including facilitated return to work and on-going support following their return.

6.5   Future activities include:

- The creation of permanent recharge hubs on both the North Tees and Hartlepool sites, as a result of a successful bid for funding from 'Sir Tom's fund'.
- Future Schwartz Round planned for BAME staff, with staff stories to be shared at an Executive and Board level.

7.0 WRES

7.1 The Workforce Race Equality Standard (WRES) was introduced as part of the NHS Standard Contract in 2015 and seeks to tackle one particular aspect of equality – the consistently less favourable treatment of those who identify themselves as Black, Asian or from a Minority Ethnic background.

7.2 National research has shown that individuals who are from a Black, Asian or Minority Ethnic background are:

- less likely to be appointed for jobs once shortlisted;
- less likely to be selected for training and development programmes;
- more likely to experience harassment, bullying or abuse;
- more likely to be disciplined and dismissed.

7.3 Appendix One shows the Trust's WRES metrics over a five-year period. During this time, we have:

- Increased our BAME workforce from 8.6% to 11%.
- Consistently reported that applications from BAME individuals are more likely to be appointed from shortlisting, than applications from White individuals.
- Continued to report that BAME employees are less likely to enter formal disciplinary hearings than White employees, for the previous four years.
- Continued to report that BAME employees are more likely to receive non-mandatory training and CPD than White employees, for the previous four years.

7.4 There are some fluctuations in the ratios over the five-year period 2016-2020, however we are pleased to have maintained an overall positive position in relation to these indicators.

7.5 Regrettably, there are some areas requiring improvement and these relate mainly to the staff survey metrics relating to bullying and harassment from patients and staff, and also staff experience of discrimination. Again, the figures reported fluctuate over the five-year period, however there has been an overall downward trend with BAME staff reporting

poorer experiences for 2020. This is evidenced within Appendix One of this paper, specifically metrics 5 and 6 which are obtained from our annual staff survey results.

7.6 Conversely, the responses received from White employees have remained overall the same with variations no higher than 1-2%. When compared to the experiences of White employees, BAME staff report significantly higher experiences, for example:

- 14.3% more BAME employees reported bullying and harassment from patients than White staff.
- 15.4% more BAME employees reported bullying and harassment from staff than White employees.

7.7 These areas have been a focus of concern for a number of years, with actions planned each year in an attempt to improve the experiences of BAME staff, and yet they appear to have made little difference to the results.

7.8 Discussions at the BAME staff network have not highlighted any specific areas of concern in relation to bullying and harassment. Likewise, our staff side Race Equality Lead has not raised any issues relating to individual members of staff. Similarly, analysis of our employee relations casework has identified some cases of alleged bullying and harassment and discrimination of BAME employees, however nothing to indicate the high levels of dissatisfaction reported in the staff survey.

7.9 Nevertheless, it is essential that we continue to strive to make improvements in this area and a WRES Action Planning Update has been presented to the Trust's Workforce Committee on 15 October 2020. A summary of the key actions outlined within that paper are summarised as:

- Continue to embed equality within the Trust's Culture Group, with a rolling programme of feedback implemented in August 2020.
- Discussion of WRES metrics with the BAME staff network, to encourage staff to share their experiences and identify additional actions.
- Development of a Patient Charter via the Keeping People Safe Group to promote the Trust's zero tolerance approach to bullying and harassment. This includes the introduction of a staff policy, with clear lines of escalation so that staff are aware of their rights when dealing with a difficult patient and to ensure that staff feel supported when carrying out their role. In addition to the Charter, the group is reviewing additional actions with a key focus on the theme of: Report, Respond and Support.
- A proposal for the implementation of A&E Navigators to engage with patients who are displaying aggressive or violent behaviours to allow for signposting to appropriate support. The Navigator will continue to have contact after the hospital attendance. The role will also act as a de-escalation champion within the department, with potential to provide outreach support to other departments.
- Letters are issued to patients who are deemed to be 'frequent offenders' or after serious incidents, to notify them that their behaviour is inappropriate and the impact this has on clinical services.
- De-escalation training for staff continues to be delivered.
- Publicise BAME Staff as role models and highlight their visible role within the organisation.
- Explore the Cultural Ambassadors Scheme, as promoted by the RCN, which highlights the value of appointing (including) a cultural ambassador as part of the Trust's capability and disciplinary process, where appropriate.
- Continued roll out of the Customer Services charter and the behavioural standards framework for all staff members.

- Implementation of a new recruitment and selection e-learning programme for recruiting managers as part of the Great Place to Work Programme and the ICS Equality Delivery Group.
- Launch of the Trust's Values Based Recruitment initiative, which will include consideration of essential values such as respect and valuing diversity.
- Discuss equality, diversity and inclusion as part of the health and wellbeing conversations as described in the People Plan.
- Increase representation of BAME staff across the whole organisation, in both clinical and non-clinical roles at a senior level.

7.10 We will continue to monitor progress against these actions with regular feedback to the BAME staff network, the Culture Group and the Workforce Committee.

8.0 Recruitment Metrics and Staff Development

8.1 Staff development is undoubtedly an area of priority for the Trust and this has been raised on a regular basis at the Trust's BAME staff network and also at the regional BAME network event held on 2 October.

8.2 We are committed to ensuring that our BAME employees have equal access to training, are aware of the development opportunities open to them and are actively encouraged to consider their future aspirations as part of their annual development review, and receive the required coaching and mentoring to support them to achieve their goals. However, in order to understand the true position as it exists within the organisation, we need to examine the feedback we have received from staff, and undertake more in-depth analysis of our recruitment information.

8.3 Staff feedback

8.3.1 We have received some extremely constructive comments from our BAME staff network and we very much value this information since it is derived directly from the people who are most affected by this issue.

8.3.2 The comments we have received include:

- Promote opportunities for leadership development amongst BAME staff, including the grants that are available for training and how staff can access funding.
- Educate our managers on how to encourage BAME staff to think about their own personal development – highlighting areas in which they have previously excelled and actively encouraging them to consider their future career.
- Implement mentoring and coaching for BAME staff.
- Ask our staff what are the barriers as they see them. What are the issues that we need to be aware of and what has prevented staff from progressing in the past?
- Acknowledgement that 'not everyone wants to be top of the tree'. How do we support those staff who do not wish to progress so that they continue to feel valued by the Trust?
- Highlight the importance of the appraisal process and encourage our BAME staff to be vocal about their aspirations. Whilst some managers are very good at encouraging staff think about their future, it is better when this comes from employee themselves. How can we encourage BAME staff to feel confident to pursue their goals? Ask our staff where they see themselves in 3 years' time and draw up a development plan to help them achieve their goals. It is important to build intentions from the start and not wait until after the 3 years have passed.

- Importance on constructive feedback following interview, with examples cited where staff had not been given sufficient explanation as to why they had been unsuccessful and how they may perform better if they were to apply again in the future. The nurse recruitment centres were highlighted as an area of good practice.
- Implement a process of reverse mentoring whereby members of the network are assigned a senior manager mentor, where they will be encouraged to challenge perceptions of our leaders and to consider the impact of strategic/policy decisions from the point of view of a BAME employee (this can be extended to all protected characteristics).
- The Trust has strong reputation for supporting our BAME medical staff and we have been held as a beacon site for SAS development, hosting regional SAS conferences, and encouraging SAS doctors to undertake the CESR programme with a view to becoming a consultant. A number of our senior medical staff are from a BAME background, including a number of Clinical Directors and also our Medical Director.

8.4 Recruitment Statistics for Senior Posts

8.4.1 Feedback from staff, whilst useful and extremely insightful, tells only one side of the story and it is therefore important that we consider staff development from a range of different perspectives.

8.4.2 We undertake detailed analysis of our BAME workforce and BAME representation as part of our annual WRES submission, the details of which are shown in indicator 1 of Appendix One of this report.

8.4.3 Indicator 1 tells us that 4.48% of our senior posts are filled by employees who are from a BAME background. The definition of a senior post is Band 8 and above, including posts at Very Senior Manager (VSM) and Executive/Board level.

8.4.4 The Trust's overall position for this metric has improved over the past five years with an increase of 2.08%, however this remains lower than the BAME local population (5%) and is significantly lower than the Trust's BAME workforce (11%). The 4.48% represents 9 individuals out of a total of 201 posts.

8.4.5 To explore this area in more detail, we need to look at our recruitment information and the table below shows the number of senior posts advertised and appointed to for the period 2019/20.

	Number of Applications			Number Shortlisted			Attended for Interview			Appointed		
	White	Bame	Total	White	Bame	Total	White	Bame	Total	White	Bame	Total
Band 8a	34	11	**46**	29	6	**35**	25	4	**29**	13	3	**16**
Band 8b	2	6	**8**	1	4	**5**	1	3	**4**	0	1	**1**
Band 8c	5	0	**5**	3	0	**3**	3	0	**3**	1	0	**1**
VSM	7	2	**9**	6	0	**6**	5	0	**5**	3	0	**3**
Total	**48**	**19**	**68**	**39**	**10**	**49**	**34**	**7**	**41**	**17**	**4**	**21**

8.4.6 During this period, the Trust appointed to 21 positions at Band 8a and above, including VSM and Executive level. We received a total of 68 applications for these posts of which 19 applications were received from individuals from a BAME background, i.e. 28% of all applications.

8.4.7 If we take this analysis further, of the 19 BAME individuals who applied for positions, 10 individuals were shortlisted to attend for interview and 7 individuals actually attended for interview (3 applicants withdrew at the shortlisting stage). Of the 7 individuals who attended for interview, 4 were successfully appointed to a senior position.

8.4.8 In summary:

- 28% of all applications received were from BAME individuals.
- 20% of those shortlisted for interview were from a BAME background. This can also be viewed as: of the 19 BAME applications received, 53% of these applicants were shortlisted.
- 17% of people attending for interview were from a BAME background.
- Of the 21 positions available, 19% of these posts were filled by a BAME applicant, which is 57% of those who attended for interview.
- Overall, of all applications received, 35% of White applicants were appointed to senior posts as compared to 21% of BAME applicants.

8.4.9 The above summary indicates that the chance of an individual from a BAME background being appointed to a senior post greatly increases once they reach the shortlisting stage, with 4 out of 7 individuals attending for interview and being appointed. However, the number of applications received is low and confirms the need to undertake additional activities to engage with our local communities and to ensure that our existing BAME employees have robust and meaningful development plans.

8.5 Board Representation

8.5.1 Metric 9 of the WRES relates to BAME representation at Board level and the aim is for the proportion of Trust Board Members to be representative of the Trust's workforce and the local communities which we serve.

8.5.2 Prior to 2016, the Trust did not have any BAME representation at Board Level however this changed in 2016 following the appointment of a new Medical Director following the retirement of the previous postholder. Whilst we continue to have representation, this figure has slowly and steadily reduced over the five year period from 7.1% in 2016 to 5.3% in 2020. This is direct contrast to our BAME workforce which has increased from 8.6% in 2016 to 11% in 2020.

8.5.3 The reduction in representation is due to an increase in the number of posts at Board level. As an organisation, we are committed to improving senior representation across the Trust and our subsidiary companies and there have been positive discussions at the regional BAME network as to how we can work collectively to improve this metric and share examples of best practice across the area. Discussions have included:

- Enhance recruitment processes for nonexecutive directors, including: blindfold interviewing; hosting BAME recruitment events and identifying BAME ambassadors within the community to promote roles within the organisation.

- When shortlisting for senior roles, consider the potential of applicants rather than restricting interviews to only those candidates who already have leadership experience.

- Consider job crafting and the introduction of developmental roles, guiding staff to apply for these opportunities with the potential to move into a more senior post in the future.

- Ensure that selection panels for senior posts are sufficiently diverse.

- Look to build opportunities for network members to shadow our NEDs to gain experience.

- Highlighted the Gatenby Sanderson development programme for aspiring nonexecutive directors from under-represented groups.

9.0 Conclusion

9.1 The Covid-19 pandemic has highlighted the health inequalities that exist for BAME communities and the WRES continues to highlight issues relating to bullying and harassment of BAME employees working within the NHS, the discrimination they have experienced from colleagues/managers and a belief that equal opportunities do not exist for BAME staff.

9.2 This report explores the evidence which is available to us and this comes from a range of different sources including staff feedback, feedback from other organisations across the wider ICS, WRES statistics, staff survey results, workforce information and recruitment statistics.

9.3 The information we have obtained indicates that these concerns are both real and systemic and they exist across the NHS. So now that we know that this is the case, how does this influence our strategic direction and what can we do to address the issues we have identified?

9.4 The main risk to us was implementing a Covid risk assessment process and completing meaningful assessments for over 500 BAME employees in a timely manner. We acted immediately to mobilise a risk assessment process and we continue to monitor responses and report on our progress.

9.5 We introduced enhancements to our existing award winning health and wellbeing offer, with extremely positive feedback from staff.

9.6 We have supported over 90 individuals who have returned to work from shielding, and we are continuing to provide support so that they can continue to work whilst we enter a new phase of the pandemic.

9.7 We have increased the frequency of our BAME network meetings as a means of both supporting and seeking feedback from our BAME staff. We have engaged with the wider ICS as part of the Collective Promise, where we will continue to encourage our BAME staff to have a voice within the organisation and also across the ICS. Further work is planned to allocate funded time to the network chair on the basis of a half day per week, including identification of an executive/senior manager sponsor in addition to the Trust's Health and Wellbeing Guardian.

9.8 We have reviewed our WRES action plan for 2020 and have increased the number of meaningful actions that we intend to undertake to improve the experiences of our BAME staff.

9.9   We have undertaken analysis of BAME representation across our senior posts, including a review of our recruitment data for senior posts so that we may better understand what barriers may exist for BAME applicants.

9.10   All of these activities have placed us in a stronger position so that we may better respond to the needs and concerns of our BAME employees, and we will continue to be open to listening to staff experience and sharing these stories with our Executive Team and Board of Directors. There is still a lot more for us to do, however we have identified those actions that are necessary for us to achieve progress in these areas.

9.11   The recently published People Plan underpins everything that we are seeking to achieve and provides a structure in which we can align our actions to the strategic direction of the Trust.

10.0   Recommendations

10.1   The Board of Directors are requested to consider the information presented within this paper, specifically the activities that are being undertaken to engage with and provide support to our BAME workforce during the Covid-19 pandemic and the actions identified in response to the WRES 2020.

10.2   The Board of Directors are requested to confirm their assurance that these activities are sufficiently robust and meaningful and will make a difference to the working lives of our BAME employees and ultimately improve patient care.

Paper submitted by:
Alan Sheppard
Chief People Officer

Appendix 1

Workforce Race Equality Scheme
Five Year Analysis (2016 – 2020)

	National WRES Metrics	2016	2017	2018	2019	2020
1	% of BAME staff in senior positions (Band 8-9, VSM and Exec Board)	2.4%	2.06%	3%	4.35%	4.48%
	BAME staff in the workforce overall	8.6%	9%	10%	11%	11%

2	**Likelihood of White Staff being appointed from shortlisting compared to BAME staff, across all posts**	White: 0.92 times greater	White: 0.74 times greater	White: 0.58 times greater	White: 0.86 times greater	White: 0.99 times greater
3	**Likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.**	BAME: 1.25 times greater	BAME: 0.33 times greater	BAME: 0.9 times greater	BAME: 0.76 times greater	BAME: 0.69 times greater
4	**Likelihood of BAME staff accessing non-mandatory training and CPD compared to BAME staff**	White: 1.18 times greater	White: 0.6 times greater	White: 0.89 times greater	White: 0.67 times greater	White: 0.77 times greater
5	**% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months**	BAME: 33.33% White: 27.27%	BAME: 39.13% White: 26.62%	BAME: 36% White: 29.02%	BAME: 37.5% White: 26.9%	BAME: 42.3% White: 28%
6	**% of staff experiencing harassment, bullying or abuse from staff in the last 12 months**	BAME: 22.2% White: 25.22%	BAME: 20% White: 19.79%	BAME: 38% White: 22.53%	BAME: 31.3% White: 18.3%	BAME: 33.8% White: 18.4%
7	**% believing the Trust provides equal opportunities for career progression or promotion**	BAME: 100% White: 89.8%	BAME: 89.89% White: 90.08%	BAME: 80% White: 94%	BAME: 85.7% White: 91.4%	BAME: 77.4% White: 90.2%
8	**% believing they have experienced discrimination at work from their manager/team leader or other colleagues.**	BAME: 5.56% White: 4.65%	BAME: 15.91% White: 5.14%	BAME: 14% White: 4.97%	BAME: 8.5% White: 4.4%	BAME: 11.7% White: 4.2%

9	**Boards are broadly representative of the population they serve.**					
		2016	**2017**	**2018**	**2019**	**2020**
	Trust Board overall:	7.1%	7.1%	6.7%	6.7%	5.3%
	Trust Workforce:	8.6%	9%	10%	11%	11%
	North East Population:	As at 2011 census 5%				

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

Title:	NHS England Healthcare Worker Flu Vaccination Plan Compliance
Date:	29 October 2020
Prepared by:	Michelle Taylor, Head of Workforce
Executive Sponsor:	Alan Sheppard, Chief People Officer
Purpose of the report	To advise Trust Board of the requirements of Trusts in relation to flu vaccination planning and to provide assurance that the Trust have robust plans in place in relation to the 2020/21 flu campaign.

Action required:	Approve		Assurance	x	Discuss	X	Information	X
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing our People	X	Transforming our Services		Health and Wellbeing	x
Which CQC Standards apply to this report	Safe	X	Caring		Effective		Responsive		Well Led	X

Executive Summary and the key issues for consideration/ decision:

NHSE/I wrote to NHS Trusts in relation to the 2020/21 flu campaign; reiterating the importance of health care workers being vaccinated against flu.

A review was undertaken nationally with regards to flu planning and local management of this within Trusts and as a result Trusts have been asked to provide assurance that appropriate plans are in place in order to achieve the target to immunise 100% of frontline health care workers.

Annually, Trusts are required to provide assurance to their Board of Directors in relation to having appropriate and robust plans in place to vaccinate staff. There are added complexities this year with Covid in mind, nevertheless robust plans have been developed and implemented to take into account such complexities ensuring the Trust is in the best position as possible to achieve the target this year.

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

Retention of staff, ensuring resilience over winter period

Committees/groups where this item has been discussed	Flu Steering Group Workforce Committee
Recommendation	To acknowledge the requirements from NHSE/I and to note the self - assessment checklist and flu action plan 2020/21. Board assurance is to be provided to NHSE/I by December 2020
Next steps for presentation	Confirm assurance

Healthcare Worker flu vaccination best practice management checklist
For public assurance via trust boards by December 2020

A	Committed leadership	Trust Self-Assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	To be confirmed at October 2020 meeting of the Board of Directors
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	A total of 7,500 quadrivalent vaccinations ordered for staff
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	Evaluation of flu 2019/20 campaign provided at a number of forums across the Trust including ETM
A4	Agree a board champion for flu campaign	Board Champion for flu confirmed as Medial Director
A5	All board members receive flu vaccination and publicise this	Board members Flu Clinic planned, followed by internal publicity and appropriate social media
A6	Flu team formed with representatives from all areas, staff groups and trade union representatives	Established flu steering group in plan with wide representation from across the Trust.
A7	Flu team to meet regularly from September 2020	Flu group meetings from June 20 and are planned throughout the campaign
B	**Communication plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions	Full communication plan in place, including myth buster and rationale to be vaccinated
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Flu clinic time table agreed and publicised week commencing 28 September
B3	Board and senior managers having their vaccinations to be published	Communications to attend the Board flu clinic to ensure appropriate publicity
B4	Flu vaccination programme and access to vaccination on induction programmes	Flu vaccine to be offered to new staff during induction
B5	Programme to be published on screensavers, posters and social media	Included in the communication plan
B6	Weekly feedback on percentage uptake for areas, teams and staff groups	Weekly figures on flu vaccination update to be published
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer vaccinators nominated for all clinical area across the Trust with regular support and contact in place
C2	Schedule for easy access drop in clinics agreed	Built into the flu timetable and will take place with appropriate safeguards from an infection control perspective
C3	Schedule for 24 hour mobile vaccinations to be agreed	Peer immunisers to be available in clinical areas to ensure staff working different shifts are accommodated
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	Incentives in place (pens, water bottles)

D2	Success to be celebrated weekly	Successes to be captured in Flu's News publication and other forms of internal media

Board of Directors

Title:	Board of Directors and Council of Governor 2021 dates								
Date:	29 October 2020								
Prepared by:	Sarah Hutt, Assistant Company Secretary								
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Purpose of the report	This report presents the schedule of key dates for 2021 for the Board of Directors and Council of Governors.								
Action required:	Approve		Assurance	X	Discuss		Information	X	
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X	
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:
As part of the governance arrangements and forward planning for 2021, a schedule has been produced for the following meetings: • Board of Directors • Board Seminars • Council of Governors • Annual General Meeting • Trust Directors Group The dates are appended to this report for information.

How this report impacts on current risks or highlights new risks:
No risks.

Committees/groups where this item has been discussed	Council of Governors Board of Directors
Recommendation	The Board of Directors is asked to note the meeting schedule and dates for 2021.

North Tees and Hartlepool NHS Foundation Trust
2021 Board of Directors, Board Seminars, Council of Governors, TDG and AGM Meetings

BoD Meeting 10.30 am – In committee 1 pm – public	Group Board of Directors	Board Seminars	Council of Governors' Meeting 10.00am – 1.00pm	Annual General Meeting	Trust Directors Group 9am
Thursday, 28 January Boardroom, UHNT, 10.30 am	Thursday, 28 January – Q3 Boardroom, UHNT, 9.30am	Thursday, 14 January Boardroom, UHNT, 1.00pm			Friday, 8 January Boardroom, UHNT
		Thursday, 11 February Boardroom, UHNT, 1.00pm	Thursday, 18 February Venue tbc		Friday, 12 February Boardroom, UHNT
Thursday, 25 March Boardroom, UHNT, 10.30 am					Friday, 12 March Boardroom, UHNT
Thursday, 29 April Boardroom, UHNT, 10.30 am	Thursday, 29 April – Q4 Boardroom, UHNT, 9.30am	Thursday, 15 April Boardroom, UHH, 1.00pm			Friday, 9 April Boardroom, UHNT
Thursday, 27 May Boardroom, UHNT, 10.30 am		Thursday, 13 May Boardroom, UHNT, 1.00pm	Thursday, 6 May Venue tbc		Friday, 14 May Boardroom, UHNT
					Friday, 11 June Boardroom, UHNT
Thursday, 29 July Boardroom, UHNT, 10.30 am	Thursday, 29 July – Q1 Boardroom, UHNT, 9.30am	Thursday, 15 July Boardroom, UHNT, 1.00pm			Friday, 9 July Boardroom, UHNT
					Friday, 13 August Boardroom, UHNT
Thursday, 23 September Boardroom, UHNT, 10.30 am Closed meeting only		Thursday, 23 September Boardroom, UHNT, **_11.00am_** Lunch provided	Thursday, 16 September Venue tbc		Friday, 10 September Boardroom, UHNT
Thursday, 28 October Boardroom, UHH, 10.30 am	Thursday, 28 October – Q2 Boardroom, UHH, 9.30am	Thursday, 14 October Boardroom, UHH, 1.00pm		Thursday, 7 October 10am	Friday, 8 October Boardroom, UHNT
		Thursday, 11 November Boardroom, UHNT, 1.00pm	Thursday, 18 November Venue tbc		Friday, 12 November Boardroom, UHNT
Thursday, 2 December Boardroom, UHNT, 10.30 am		Thursday, 16 December Boardroom, UHH, 1.00pm			Friday, 10 December Boardroom, UHNT

23 October 2020