



# Virtual Board of Directors Meeting

**Thursday, 30 April 2020  
at 11.10am**

PG/SH

University Hospital of North Tees  
Hardwick  
Stockton on Tees  
TS19 8PE

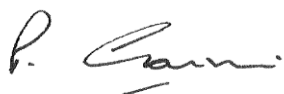
21 April 2020

Telephone: 01642 617617  
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Dear Colleague

A shortened meeting of the **Board of Directors** will be held virtually via video conferencing on **Thursday, 30 April 2020** at 11.10am. Dial in details will be circulated separately.

Yours sincerely



**Paul Garvin**  
Chairman

#### Agenda

		Led by
1.	(11.10am) Summary of the virtual meeting held on, 26 March 2020 ( <b>enclosed</b> )	Chairman
2.	(11.10am) COVID19 Briefing ( <b>enclosed</b> )	J Gillon
3.	(11.15am) Integrated Compliance and Performance Report ( <b>enclosed</b> )	L Taylor
4.	(11.20am) Any Other Notified Business	Chairman
5.	Date of Next <b>Virtual Meeting</b> <b>(Thursday, 28 May 2020)</b>	

## North Tees and Hartlepool NHS Foundation Trust

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

30 April 2020 at 12:35

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 via video conferencing: -

Paul Garvin, Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PG
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Neil Schneider, Associate Non-Executive Director	NS
Rita Taylor, Associate Non-Executive Director	RT

#### Attendance in the Boardroom: -

Julie Gillon, Chief Executive*	CE
Neil Atkinson, Director of Finance*	DoF
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS

#### In attendance: -

Samantha Sharp, Personal Assistant (note taker)

#### BoD/4231 Summary of the meeting held on, Thursday, 26 March 2020

**Resolved:** that, the summary of the meeting held on Thursday, 26 March 2020 be confirmed as an accurate record.

#### BoD/4232 COVID-19 Briefing

A briefing in respect to the Trust's response and future preparedness to the recent outbreak of COVID-19 and the continuing threat was included within the papers. This highlighted that the Trust were following all guidance issued and actions requested by NHSEI and Public Health England.

Patient pathways had remained open in relation to RTT, cancer and diagnostics. Where possible, appointments were undertaken via telephone. As part of the recovery plan, cancer 'cells' would manage those most at risk through the available capacity across all provider organisations, including the independent sector.

A range of digital solutions had been implemented throughout the Trust which supported patient care, improved patient experience and protected staff.

The wellbeing of staff was important and a number of initiatives had commenced to support staff during this crisis. These included the setting up of a food stall in the restaurant to support

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\* voting member

staff who are unable to obtain fresh food, suspension of car parking charges, offer of free food and availability of psychological therapy support to staff. Staff engagement was undertaken via the employee engagement team as well as an app provided by Listening into Action which provided feedback from staff on key areas of concern. Currently no themes had been identified but a full thematic analysis would be undertaken. The Trust were currently hosting a Vans for Bands bus which provided a recharge hub for staff to relax either following their shift or during breaks. This had been appreciated by staff and the Trust were working with NTH Solutions to provide a longer term solution to a recharge hub at both the North Tees and Hartlepool sites going forward

A process was in place to quickly and safely fast-track former members of staff back into the organisation together with others who had skills valuable for the organisation. A training plan had been developed in order to redeploy appropriate staff into priority areas.

- Resolved:**
- (i) that, the contents of the briefing be noted and consideration given to the level of assurance and robustness of plans in place to comply with the Trust's legislative responsibilities regarding emergency preparedness, resilience and response to COVID 19; and
  - (ii) that, the dynamic nature of the Trust's response to emergency preparedness specifically and the emphasis on patient safety and staff welfare be noted; and
  - (iii) note that, the plans are adapted on a daily basis in response to national requirements and local intelligence; and
  - (iv) that, the continual need to provide services in response to the management of patients with COVID-19 be noted.

#### **BoD/4233 Integrated Compliance and Performance Report**

A briefing in respect to the Trust's performance for the month of March 2020, Quarter 4 and year end 2020 was included within the papers. The Trust had experienced unprecedented pressures during the March period as a result of the COVID-19 pandemic which had ultimately impacted upon delivery of both emergency and elective clinical pathways. Despite this a positive year-end position was achieved. Key points were: -

- **Single Oversight Framework:** Pressures remained around the 62-day cancer standard and the diagnostic standard. All other cancer standards were achieved in March and Quarter 4. Diagnostics were seeing a good recovery with an improved position against non-obstetric ultrasound breaches, however the COVID-19 pandemic had now impacted upon this recovery. The median RTT wait had slightly increased towards the end of March with the Trust underachieving against this metric (7.60). The year-end position had been achieved. Emergency care activity had decreased in both March and Q4 when compared to the same period the previous year. The field testing of the proposed new standards had now ceased at the end of March and evaluation was awaited. Admissions had seen a decrease of 29.7% in March and 21.8% in Quarter 4.
- **Operational Efficiency and Productivity Standards:** A positive position had been maintained in relation to reducing extended length of stay, with delayed transfers of care reporting an average of 2% in year, with the super-stranded patients reporting an average of 66 against a trajectory of 64 at the end of March. In year, the Trust had maintained a positive position in relation to day case rates, lengths of stay, cancelled procedures, new to review ratios, DNAs and depth of coding resulting in increased productivity across services;
- **Quality and Safety:** Largely positive performance against a number of key indicators including HSMR/SHMI and Dementia Standards. The Trust had reported 53 cases of

Clostridium Difficile during 2019/20, within trajectory of 56. There had been a reduction in stage 1 complaints when compared to the previous month though an increase when compared to the same period the previous year. This was expected as Ward Matrons were now being encouraged to ensure concerns were addressed and reported at an earlier stage. Stage 2 and 3 complaints continued to reduce. All falls had reduced with no falls resulting in fracture reported in March. Nine falls resulting in fracture were reported in Quarter 4. During 2019/20, a total of 18 falls resulting in a fracture was reported.

- Workforce: Sickness absence continued to be the key pressure within workforce and remained above the 4% target. There had been an increase in the long-term sickness rate with a decrease in short-term sickness. Anxiety/stress/depression/other psychiatric illnesses' continued to account for the highest proportion of all sickness absence at 39%, an increase when compared to January (35.7%). COVID-19 related absences currently stood at an average of 4-5%, reducing from an average of 11%. Turnover and attrition rates remained within expected levels. Mandatory training and appraisal compliance was 90% and 86% respectively, remaining static. Mandatory training and appraisals had been suspended with only essential training and appraisals taking place. It was noted that for those self-isolating, mandatory training could be completed on-line at home;
- Financial position: The year-end position was a surplus against control total of £670k. This included Provider Sustainability Funding of £10.2m due to the Trust achieving its control total. The Group cash balance was £16.7m which was £10.8m favourable to the NHSI plan, driven mainly by improvements in the I&E position, an increase in liabilities and additional PDC. However there would be a technical adjustment to the accounts to reflect the fact that the District Valuers had written down the value of the new energy centre by circa £16m. (Final value to be settled.). At Month 12, the Trust had capital spend of £13.9m against a yearend amended plan of £14.7m;

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards during March and Quarter 4 in light of the impact of the COVID-19 pandemic be noted; and
  - (ii) that, the on-going financial pressures be recognised; and
  - (iii) that, the on-going operational monitoring and management of service delivery during 2019/20, including the intense mitigation work that has taken place to reduce the impact of in-year pressures be acknowledged.

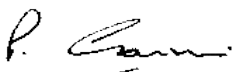
**BoD/4234 Any Other Notified Business**

No other business reported.

**BoD/4235 Date and Time of Next Meeting**

**Resolved:** that, the next virtual meeting be held on Thursday, 28 May 2020.

The meeting closed at 12:45 pm

Signed: 

Date: 28 May 2020

### Board of Directors

Title of report:	COVID-19 Briefing									
Date:	30 April 2020									
Prepared by:	Julie Gillon, Chief Executive Levi Buckley, Chief Operating Officer Lynne Taylor, Director of Planning and Performance									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to provide the Board of Directors with an update on the current position in terms of the Emergency Preparedness, Resilience and Response (EPRR) and management of operational activities in relation to COVID-19.									
Action required:	Approve	✓	Assurance	✓	Discuss		Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing People	✓	Transforming our Services	✓	Health and Wellbeing			
Which CQC Standards apply to this report	Safe	✓	Caring		Effective	✓	Responsive		Well Led	
Executive Summary and the key issues for consideration/ decision:										
<p>A sound and well governed infrastructure is in place with Executive Leadership providing the required decision making to support the organisation through the COVID-19 threat response, planning and recovery.</p> <p>The Trust has followed all the guidance issued and actions requested by (NHSE/I) and Public Health England (PHE). The report outlines the next steps in respect of recovery against key clinical, operational, quality and performance requirements.</p>										
How this report impacts on current risks or highlights new risks:										
<p>The COVID-19 outbreak has posed significant clinical and operational challenges to the Trust. A separate risk register has been developed to grasp the enormity of the risk profile and this has been incorporated into the Board Assurance Framework.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting, Executive COVID-19 Meeting Strategic Emergency Preparedness Group Care Group Directors									
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the briefing and consider the level of assurance and the robustness of plans in place to comply with the Trusts legislative responsibilities regarding Emergency Preparedness, Resilience and Response to COVID-19;</li> <li>• Acknowledge the dynamic nature of the Trust's response to Emergency Preparedness. Specifically, the Board is asked to note the emphasis on patient safety and staff welfare;</li> <li>• Note the plans are adapted on a daily basis in response to national requirements and local intelligence; and</li> </ul>									

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Note the continued need to provide services in response to the management of patients with COVID-19.</li></ul> |
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# **North Tees & Hartlepool NHS Foundation Trust**

## **Meeting of Board of Directors**

**30 April 2020**

### **COVID-19 Briefing**

#### **Report of the Chief Executive**

##### **1. Purpose**

The outbreak of COVID-19 has developed beyond all expectations and this is evidenced in the many and varied approaches by the international community in dealing with the crisis. The magnitude of this pandemic is unlike any health and care crisis that has been seen in modern times, and it will undoubtedly leave a significant impact on the NHS.

The purpose of the report is to provide the Board of Directors with an update on the current position in terms of the Emergency Preparedness, Resilience and Response (EPRR) and management of operational activities in relation to COVID-19.

##### **2. Background**

The Trust must plan for and be able to respond to a wide range of emergencies and business continuity incidents that could affect health or patient care. Under the Civil Contingencies Act (2004), the Trust is designated as a Category 1 responder. This means that it must be able to provide an effective response in emergencies whilst still maintaining service provision. The Trust is subject to the full range of civil protection duties, including risk assessment to inform contingency planning and sharing information with other responders to enhance co-ordination. This work is referred to as Emergency Preparedness, Resilience and Response (EPRR).

As part of this process, the Chief Executive and Executive Team have overall responsibility to support appropriate escalation and provide rapid decision making, with reporting mechanisms in place to ensure day-to-day performance and compliance is managed and monitored accordingly, and to provide the Board of Directors with the assurance it needs as the accountable body.

In line with national guidance, local plans and the Trust Major Incident Plan, an Incident Command Centre (ICC) has been mobilised at North Tees Hospital. The ICC will co-ordinate:

- Implementing emergency plans and daily surge management in conjunction with site coordinators
- Sharing of information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

##### **3. Governance and Leadership**

In line with the Trust's EPRR arrangements, an infrastructure of support has been established and is now embedded to ensure decisive leadership, governance, empowerment and control.

The Executive Team is supported through the strategic co-ordination meetings to collate information and escalation alongside several advisory groups with a strong clinical infrastructure to support timely and appropriate decision making. This ensures robust and streamlined information is in place through a series of work streams which include:

- Clinical Decisions Group;
- Infection Prevention and Control;
- Planning and Recovery;
- Communications;
- Workforce.



The groups are overseen by the Executive team to make key decisions and to maintain leadership and oversight through the current crisis ensuring a broad, holistic view of both challenges and opportunities, and maintaining well directed management.

The health, safety and wellbeing of patients and staff and teams, working across the organisation, has remained the absolute priority. The Trust continues to work strictly within guidelines issued by the Public Health England (PHE) and the Health and Safety Executive (HSE) relating to COVID-19 and is following all relevant national guidance. The Trust has worked closely with NHSE/I, both nationally and regionally, to develop and implement plans for the local management of COVID-19 and the response to deal with significant demand.

#### 4. Overview of national/regional statistics - Coronavirus (COVID-19) in the UK – Public Health England data

**Table 1: National Dashboard**

<b>22 April 2020</b>	<b>Number of Cases</b>	<b>Number of Deaths</b>
UK	129,044	17,337
North East	5,575	786
Cumbria	1,529	233

**Table 2: North East and North Cumbria Trusts**

<b>22 April 2020</b>	<b>COVID-19 reported deaths</b>
South Tyneside and Sunderland NHS FT	197
South Tees NHS FT	141
CDDFT	120
Northumbria Healthcare NHS FT	112
North Cumbria Integrated Care NHS FT (inc South Cumbria data)	102
Gateshead Health NHS FT	81
Newcastle upon Tyne Hospitals NHS FT	70
North Tees and Hartlepool NHS FT	57
Tees, Esk and Wear Valleys NHS FT	5
Cumbria, N'land, Tyne and Wear NHS FT	5

Notwithstanding the Trust's continuing preparedness for the management of COVID-19 there is a slight plateauing of new infections at both a regional and national level. While this provides some cautious optimism it is clear that there will be continued infections and that a second wave, or multiple waves, of infections are still possible.

#### 5. Operational Management

##### 5.1 Care Group Service Transformation

Through delegated leadership from the Executive Team, the Care Groups have been instrumental in developing and enacting strategic plans and transforming services. A 'can do' approach within Care Groups is ensuring that patients and staff have the very best care and support possible and this has been further evidenced through internal and external collaboration, enabling virtual clinics across all specialties and the mobilisation of all staff groups to support across all disciplines where appropriate, with a framework of comprehensive education packages 'on the job' training.

Working collaboratively with Local Authorities, Hartlepool and Stockton Health (HSH) and the CCG has proved beneficial in enhancing already established services, for example, Stockton LA becoming a partner in iSPA, HSH providing GP support to the Urgent Care Centre and the CCG working with the Trust to develop a model of care in the local hospices. Without doubt support and collaboration has been unwavering and there is a strong commitment across all

partners to capture and maintain the innovation and transformation that the response to COVID-19 has unlocked.

## **5.2 COVID-19 Forecast Modelling**

An essential piece of the planning work has been the use of predictive models to support resource management. A number of scenarios have been modelled through, based on national evidence to date, with a best case, likely and worst case scenario predicted, however recognising the national and local position is changing on a daily basis. This work will develop a forecast position, which will support the predictive models for workforce, PPE and potentially oxygen requirements.

## **5.3 Performance and Recovery**

It is critically important that the Trust is in a position to respond to the clinical and operational requirements of the first wave of COVID-19 threat and therein to enact recovery and resilience in the face of ongoing management. The recovery position should never be underestimated and given that COVID-19 management will have a bearing on productivity and efficiency. The Trust will capitalise on the transformative operational opportunity whilst ensuring clinical safety and expeditious recovery as an imperative.

The impact of COVID-19 has significantly impacted on the elective and emergency operational pathways, resulting in a reduction in activity both through patients choosing not to attend the hospital services, and the need to review how the Trust delivers routine activity in line with national clinical guidelines. Wherever possible, clinical pathways have been maintained through non face to face delivery, including 'advice and guidance', virtual appointments and increased clinical triage in primary care. However, inevitably this has resulted in a backlog of routine pathways which will require a robust recovery plan to delivery.

The Trust is progressing the development of the post COVID-19 recovery plans in preparation for the significant work which will be required to address the level of planned activity which has been postponed, whilst considering further COVID-19 driven surges in emergency admissions. In order to minimise the risks and impact for patients a phased approach based on adaptability and dynamic response will be implemented working with partner organisations to utilise capacity across the Tees Valley.

## **5.4 PPE**

Public Health England (PHE) has worked with Royal Colleges and various speciality groups to revise the guidance on Personal Protective Equipment (PPE). NHS Supply Chain is working to quickly address some operational challenges that are affecting the distribution of PPE to Trusts across the country. In addition, the Trust is working at a local level in order to establish mechanisms for sourcing and purchasing equipment at pace. The priority is to maintain staff and patient safety remains a driving force in PPE management.

## **5.5 Workforce and Staffing**

### **5.5.1 Staff Wellbeing**

The Trust has ensured that the wellbeing of staff has been central to the response to the COVID-19 pandemic, recognising the physical, emotional and mental impact that staff face.

The Trust has been able to offer the following to staff:

- Schwartz rounds (to be called 'Team Time' during the pandemic)
- hot and cold food for staff until the end of April
- free car parking
- a wellbeing bus
- recharge hubs

- access to online support from Alliance
- Listening into Action App
- Increased availability of internal counselling services

### **5.5.2 Staff Testing**

The Trust has continued to expand capacity for staff testing, which has supported a significant reduction in reported sickness absence. Staff health and wellbeing remains a key priority for the Trust and further initiatives have been implemented including further expansion of psychological support for staff.

In addition, testing has also begun on index cases i.e. a spouse or child of a staff member who is symptomatic. The Trust is also providing support to the wider system by way of providing appointments to North East Ambulance Service, Tees, Esk & Wear Valley NHS Foundation Trust and Care Homes.

### **5.5.3 Workforce training**

In response to a changing workforce model across medical, nursing and allied health teams, additional training has been provided to allow safe redeployment of staff into the areas of increased demand. Significant numbers of staff have undertaken training in intensive care associated skills, respiratory training and safe and effective use of PPE.

## **5.6 Communications**

Information and updates about the evolving COVID-19 situation are communicated regularly across the Trust's internal and external channels focusing on information for patients, carers, the public and staff, including three key messages delivered daily, Chief Executive weekly briefing, COVID-19 e-bulletin from the Executive Team, weekly video to clinical teams, weekend message to staff and weekly update on #KeepingPositive #OurResponse campaign to local press. The Trust continues to work with all of the local MPs to understand constituents concerns or queries.

## **5.7 Digital Enablement**

Digital enablement has infiltrated the Trust, supporting clinical and operational decision making and streamlining clinical practice/delivery. Innovation and traction in the 'V' (virtual) suite platform will continue to support recovery.

## **6. Regional Resilience**

In addition to the local resilience and governance infrastructure to support planning, the North East Nightingale Hospital was announced earlier this month, the project lead commissioned from Newcastle University Hospitals and is based in Washington near Sunderland to meet the anticipated deficit of beds, both critical care, general and acute to manage the expected COVID-19 surge.

## **7. COVID-19 Finance**

Guidance has been published by NHSE/I in respect of cost collection for 2019/20 which requests that Trusts undertake an urgent review of financial governance to ensure that decisions to commit resources in response to COVID-19 are robust and effective. Trusts are required to record the costs incurred in responding to the outbreak with sufficient detail to meet the requirements of external audit and public scrutiny.

Expenditure claims are reviewed on a monthly basis by the NHSE/I Regional and National Teams with an expectation that all expenditure has to be "*reasonable and proportionate*" and

is being considered against a range of factors i.e. attributable to COVID-19, consideration of demand and capacity, and implementation for the peak of COVID-19 activity only.

More capital equipment is being procured nationally and any COVID-19 submissions greater than £250k need NHSE/I national approval.

## **8. Risks and Assurance**

The Executive Team has developed a COVID-19 related risk report to collate the emerging picture of impact in relationship to the Board Assurance Framework (BAF). The operational risks around clinical, operational and financial impacts are monitored, mitigated and managed on a daily basis through the Trust's risk register via the Datix system. Strategic risks with potential to affect the wider operation and sustainability of the organisation are currently in development and will be presented to Board in Quarter 1 as part of the board assurance process.

## **9. Recommendations**

The Board of Directors is asked to:

- Note the contents of the briefing and consider the level of assurance and the robustness of plans in place to comply with the Trusts legislative responsibilities regarding Emergency Preparedness, Resilience and Response to COVID-19;
- Acknowledge the dynamic nature of the Trust's response to Emergency Preparedness. Specifically, the Board is asked to note the emphasis on patient safety and staff welfare;
- Note the plans are adapted on a daily basis in response to national requirements and local intelligence; and
- Note the continued need to provide services in response to the management of patients with COVID-19.

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

## Board of Directors

Title of report:	Integrated Compliance and Performance Report									
Date:	30 April 2020									
Prepared by:	Lindsey Wallace, Head of Performance, Planning and Development									
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance									
Purpose of the report	The report provides the Board of Directors with an overview of the integrated performance for compliance, quality, finance and workforce for March and Quarter 4.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<ul style="list-style-type: none"> <li>The Trust has experienced unprecedented pressures during the March period as a result of the Covid-19 pandemic, which has ultimately impacted upon delivery of both emergency and elective clinical pathways</li> <li>The attached report provides a high level overview of the performance against key indicators during the March and quarter 4 periods.</li> <li>Despite the significant pressures placed upon the Trust over the March period, compliance and performance has maintained a relatively positive position against key standards, with the aim to keep any delays to an absolute minimum</li> <li>The Trust has continued to perform well against the Safety and Quality metrics, despite the current pressures being experienced.</li> <li>The Trust has implemented initiatives aimed at supporting staff through the current Covid-19 period, acknowledging the impact of additional absence due to staff 'self-isolation'.</li> <li>The yearend financial position is a deficit of (£17.8m). This compares to a planned breakeven position. The Group therefore finished the year £17.8m behind plan. The yearend position included an impairment of £18.4m. The surplus before impairment was £0.6m, £0.6m ahead of plan.</li> </ul>										
How this report impacts on current risks or highlights new risks:										
<p>Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of managing Covid-19 pressures.</p> <p>Financial recovery alongside the current Covid-19 pressures.</p> <p>Compliance against sickness absence, compounded by Covid-19 self-isolation, continues to be a key pressure.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee									
Recommendation	The Board of Directors is asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures.									

# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors Meeting

30 April 2020

### Integrated Compliance and Performance Report

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

#### 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 March and Q4 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 relates to Finance.
- 1.3 The Trust has experienced unprecedented pressures during the March period as a result of the Covid-19 pandemic, which has ultimately impacted upon delivery of both emergency and elective clinical pathways.
- 1.4 The Trust has developed and implemented resilience plans to support delivery of key services these pressures, including new ways of working to ensure patient pathways can commence safely during the pandemic period. This includes virtual appointments, access to clinical advice and guidance through Electronic Referral Systems (ESR), additional triage through the Community Integrated Single Point of Access etc. Patient pathways have remained open in relation to RTT, Cancer and Diagnostics, with patients being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates', with some patient's conditions allowing a 12 week 'pause' alongside regular clinical review.
- 1.5 The Trust will inevitably see a significant impact on delays to pathways, and the associated standards, as a result of this, however is already in the process of developing a recovery plan which will be ready to mobilise as the situation allows. Close collaboration across the regional network in relation to cancer management is underway, with cancer 'cells' agreed to manage those most at risk through the available capacity across all provider organisations, including the independent sector.

##### 2. Compliance and Performance

- 2.1 Pressures across the system continued in the first two months of the quarter resulting in the Trust under achieving against the 62-day referral to treatment standard in January (76.1%) and February (73.9%), indicating a similar trend to the national and regional position. However, provisional data indicates the Trust has recovered the

position in March, with an un-validated position reporting at 85.1%. The provisional Q4 position reported at 78.6%.

- 2.2 Key issues over the quarter have include; patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups with the Tertiary centre experiencing similar pressures. The impact of Covid-19 pressures became evident at the end of March, however as outlined in section 1.5, the Trust is now moving into recovery phase.
- 2.3 The Trust reported compliance against the RTT standard in both March and Q4 and whilst the Trust remains in a relatively positive position, a recovery plan is underway to ensure any delayed pathways are kept to an absolute minimum as the Covid-19 situation allows.
- 2.4 The Trust continued to work with NHS England in the 'testing' of the revised emergency care standards during March, however the pilot of the Critical hour standards has now been completed and will move into the evaluation stage.
- 2.5 Emergency activity across the organisation has seen a decrease of 14.56% (n=1792) in Q4 compared to the same period last year, with emergency activity including 2819 who were treated via Ambulatory Care, equating to 26.81% of total emergency admissions in Q4.
- 2.6 The Trust has maintained a positive position in relation to DTOCs however seasonal pressures in Q4 saw a slight increase against super stranded patients reporting just above (n=66) the year end trajectory of 64.

### **3. Quality and Patient Safety**

- 3.1 The Trust continues to remain within the expected range for both HSMR and SHMI values. The latest HSMR value is now 91.30 (December 2018 to November 2019), this has decreased from the previously unreported 92.17 (November 2018 to October 2019). The latest SHMI value is now 98.53 (November 2018 to October 2019), this has decreased from the previously reported value of 99.02 (October 2018 to September 2019).
- 3.2 For March 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired). The Trust end of year position is 53 Trust attributed cases (36 HOHA - Hospital Onset Healthcare Acquired and 17 COHA - Community Onset Healthcare Acquired), against a trajectory of 56, therefore meeting the annual objective.
- 3.3 The Trust is reporting 7 stage 3 complaints for March 2020. This has decreased from the 11 stage 3 complaints in February 2020. For quarter 4, the Trust reported 34 stage 3 complaints, against 54 for the same period last year. For 2019/20 the Trust has reported 150 stage 3 complaints, against a 2018/19 total of 192. From April onwards, during the COVID-19 pandemic, complaints handling will be managed in accordance with priority (i.e. stage 3 will follow current process, however stage 2 will be 'paused' as this would require a face to face meeting).
- 3.4 The Trust is reporting zero falls resulting in a fracture for March 2020. This has decreased from nine in the previous month. For quarter 4, the Trust reported 9 falls resulting in a fracture, against a 2018/19 quarter 4 total of 9. For 2019/20 the Trust is reporting 18 falls resulting in a fracture, against a 2018/19 total of 12.

- 3.5 Increased acuity of patients and a significant increase in patients requiring enhanced care has led to an increase in HCA fill rate on night duty.
- 3.6 The Unify Registered Nurse/Midwife night shift fill rates submission has been suspended until further notice due to COVID-19. NHS Digital have stated the following; *"In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and Care Hours Per Patient Day (Safe Staffing) Collection at this time with immediate effect (including March reporting)."*

#### **4. Workforce**

- 4.1 The performance report for the Workforce Directorate contains information for the period up to 31<sup>st</sup> March, with sickness up to 29<sup>th</sup> February 2020.
- 4.2 The sickness absence rate for February 2020 is reported at 4.52%, which is 0.52% above the revised Trust target of 4.0%, a decrease of 0.46% when compared to the previous months' sickness absence rate of 4.98%.
- 4.3 The long term sickness absence rate for February 2020 is reported at 3.21% an increase of 0.32% when compared to the previous month (2.89%). The short-term sickness absence rate for February 2020 is reported at 1.67%, a decrease of 0.42% when compared to the previous month (2.09%). The cost of sickness absence is reported as £221, 062 for the month of February 2020 which has increased by £21,160 compared to January 2020 (£199, 902).
- 4.4 'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 39% for February 2020, which is an increase of 3.3% compared to January 2020 (35.7%).
- 4.5 During the month of March 2020 there were 569 cases of COVID-19 related absences. These are separated into three categories; 285 Staff members who were absent for 7 days (symptomatic), 243 who self-isolated for 14 days (family member symptomatic) and 41 who are shielding for 12 weeks (high risk).
- 4.6 The Workforce Department are managing and coordinating a 'Cov-19 Absence call-in line' which is operating Monday to Friday 8am-8pm and 9-5pm on Saturdays and Sundays. The department is coordinating the arrangement of swab tests for staff and index cases and risk assessments for staff identified as very high risk or high risk. A dedicated team has been identified to support the continued management of urgent/high-risk employee relation issues following national guidance that non-essential HR activity be paused. Consideration is being given on an individual basis to on-going cases taking into consideration impact on the individual, the trust and statutory requirements.
- 4.7 Work with Square One Law is currently paused due to Covid-19 activity. The intention is that this will be a bespoke absence management training sessions with managers across the Trust providing dedicated legal advice in relation to the management of complex absence cases; balancing with appropriate and relevant support to the individuals.
- 4.8 Health and Wellbeing support for staff is continuously reviewed to ensure provision is fit for purpose and meets the needs of staff and the Trust. Future areas of development to complement the current strategy are; Suicide Prevention, Carers



within the workforce, Bereavement/extended leave, Witness Support and non-clinical supervision, this is currently paused due to Covid-19 activity.

- 4.9 Able Future is available to support Trust employees as an alternative to counselling. If eligible, an application is sent to the Department of Work and Pensions and an initial meeting is arranged following which 6 months' support is provided with a 'light touch' for a further 2 months. If an employee is not eligible, they are signposted for appropriate support. Alliance also remains available to all employees.
- 4.10 Three Mental Health First Aid Sessions have been held to date providing employees with Mental Health First Aid awareness to complement the wellbeing strategies already in place. Further sessions are in the process of being commissioned and an action plan is being developed for the implementation of Mental Health First Aiders into the Trust, however, this is currently on hold due to the Covid-19 activity.
- 4.11 The Attendance Management Policy is currently under review with input from key stakeholders across the Trust representing all Care Groups and departments.
- 4.12 The turnover rate for March 2020 is reported at 9.42% which has increased by 0.04% when compared to the previous month (9.38%). The attrition figure for March 2020 is reported at 1.33%, which is consistent when compared to the previous month.
- 4.13 The overall compliance for mandatory training for March 2020 is 90%, which has remained consistent with the previous month.
- 4.14 Appraisal compliance is reported at 86% for March 2020, which has increased by 1% when compared with the previous month.

## **5. Volunteers**

- 5.1 During the early part of the year volunteer numbers were on the increase as a result of targeted recruitment to support the development of the Home 'but not' Alone and Winter Pressures programmes. However, there has been a significant impact on volunteer numbers and volunteering services within the Trust as a result of COVID-19. Over the last month contact has been made with all volunteers to establish their intentions in being able to support activities during COVID-19. For those who are unable to commit time or be able to attend due to personal circumstances, a process has been established to maintain regular contact in order to provide any support during this period and also to assist in a streamlined return to the Trust at the first opportunity. Therefore, as at 31 March 2020 the Trust has 20 active internal volunteers, five of which are volunteer drivers. All external volunteer partners (Radio Stitch, RVS, League of Friends and Bookbase), have suspended their activities within the Trust during this period.
- 5.2 To support the Trust during times of pressure, the Volunteer Responder role has been developed which will offer the flexibility for volunteers to support where the need is greatest. They will have access to Vocera badges, which will enable them to respond in a timely manner to any requests to support patients at discharge, collect medication and any other appropriate duties.
- 5.3 To support COVID-19, there has been a national campaign for NHS Volunteers which has resulted in an overwhelming response. These volunteers are to be managed by the RVS and will largely be involved in supporting community activities. However, there is still opportunity for support to be provided to NHS organisations

and the Trust is establishing links into the national work to review the activities which could be supported through this initiative.

- 5.4 In addition to the national campaign, the Trust has been contacted directly by members of the public and local organisations who want to offer support during this period. As at 31 March, a total of 139 expressions of interest have been received from individuals as well as organisations such as Middlesbrough College. Strong working relationships have also been developed with Bloodrun, who currently support the Trust but have advised they can provide additional capacity to the volunteer driver team, which would enable a range of activities to be undertaken. To enable volunteers to be brought into the Trust at pace and following new guidance from NHSE/I, a streamlined recruitment process has been developed and implemented.
- 5.5 There has been engagement with staff to understand their needs and the support required which has resulted in the introduction of the Listening Into Action app to support staff sharing their ideas and needs.
- 5.6 The Organisation Development Team have been facilitating the sharing and distribution of products donated to staff across the Trust. Recharge hubs have been created for staff to have some time away from their area of practice.
- 5.7 A regular communications and marketing meeting is taking place, with the Employee Engagement team in attendance, to support the organisation through this period.

## **6. Finance Overview**

- 6.1 The year-end position is a deficit of (£17.8m) therefore finishing behind plan. This compares to a planned breakeven position. The yearend position included an impairment of £18.4m. The surplus before impairment was £0.6m, £0.6m ahead of plan.
- 6.2 Cash levels stand at £16.7m at the end of March. Debtor days have worsened by 7 days in comparison to March 2018/19 and creditor days have worsened by 2 days in comparison to March 2018/19 levels.

## **7. Key Challenges**

- 7.1 The management of the Covid-19 pressures alongside the delivery of 'business as usual' service provision in the longer term. This will include new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point.
- 7.2 Covid-19 Situation reporting has significantly increased, adding to the Trust's pressures, resulting in the requirement to deliver 7-day corporate support within the staffing resource available.
- 7.3 Financial impact of Covid-19 on the in-year recovery.

## **8. Conclusion/Summary**

- 8.1 Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance, ensuring quality and patient safety is maintained at all times.
- 8.2 The impact of Covid 'self- isolation' for staff has contributed to the overall pressures,

## **9. Recommendations**

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards during March and Q4 in light of the impact of the Covid -19 pandemic.
- Recognise the on-going financial pressures.
- Acknowledge the operational monitoring and management of service delivery during 2019/20, including the intense mitigation work that has taken place to reduce the impact of in-year pressures.

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



# Integrated Performance and Compliance Report

## March 2020



**Integrated Performance & Compliance**

# Integrated Performance and Compliance Dashboard - March 2020

## SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
Emergency Care Activity	Mar-20	Not applicable during Emergency Care Standards testing period				<p>On aggregate, activity saw a decrease in both March and Q4 compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net decrease of 28.1% (n=4195) in the month of March and 13.8% (n=6211) in Q4, with admissions also seeing a decrease of 29.7% (n=671) in March and 21.8% (n=1518) in Q4. A significant decrease in activity within IUCC was noted towards the end of March as COVID-19 pandemic began.</p> <p>Emergency activity across the organisation has seen a decrease of 14.56% (n=1792) in Q4 compared to the same period last year, with emergency activity including 2819 who were treated via Ambulatory Care, equating to 26.81% of total emergency admissions in Q4.</p> <p>Field testing of the new Emergency Care standards has continued. Data will remain non disclosable including the four hour target.</p> <p>The Trust has managed ambulance handovers well keeping delays to a minimum and one of the lowest in the region (details can be found in subsequent section, handover delays &gt;30 and &gt;60 mins).</p>
New Cancer 31 days subsequent Treatment (Drug Therapy)	Mar-20	98.0%	99.2%	99.1%		The Trust achieved these standards provisionally for March and Q4 however under achieved 31 day subsequent treatment surgery in February (13 patients treated/ 1 breach).
New Cancer 31 days subsequent Treatment (Surgery)	Mar-20	94.0%	95.2%	95.7%		
New Cancer 62 days (consultant upgrade)	Mar-20	85.0%	100.0%	92.3%		
New Cancer 62 days (screening)	Mar-20	90.0%	89.8%	91.1%		The Trust achieved a validated position against this standard in February however pressures with capacity led to under achievement in March (unvalidated position - treated 24.5/ 2.5 breaches) although has provisionally achieved the overall Quarter.
New Cancer GP 62 Day (New Rules)	Mar-20	85.0%	85.1%	78.6%		Pressures across the system continued in the first two months of the quarter resulting in the Trust under achieving in January and February, similar trends to national and regional positions. However the Trust recovered the position in March despite pressures faced from the impact of COVID-19 with an unvalidated position reporting at 85.1%, not sufficient to recover the quarter reporting at 78.6% (provisional).
New Cancer Current 31 Day (New Rules)	Mar-20	96.0%	97.7%	98.5%		The Trust achieved this standard for the month of February (latest validated position) and provisionally for March and Q4.

# Integrated Performance and Compliance Dashboard - March 2020

## SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
New Cancer Two week Rule (New Rules)	Mar-20	93.0%	93.1%	93.4%		<p>The Trust achieved this standard for the month of February (latest validated position) and provisionally for March and Q4.</p>
Breast Symptomatic Two week Rule (New Rules)	Feb-20	93.0%	96.9%	96.0%		

## Integrated Performance and Compliance Dashboard - March 2020

### SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
RTT incomplete pathways wait (92%)	Mar-20	92.00%	93.84%	93.79%		Despite the disruption to the elective pathways towards the end of March as a result of the COVID-19 pandemic, the Trust has reported compliance against the RTT standard with no patient waiting more than 52 weeks. A slight increase to the median waiting is noted towards the end of March.
RTT incomplete pathways wait (92nd percentile)	Mar-20	28.00	17.10	16.60		
RTT incomplete pathways wait (Median)	Mar-20	7.20	7.60	6.60		Recovery plans are currently being developed.
RTT incomplete pathways >52 week wait	Mar-20	0	0	0		
Number of patients waiting less than 6 weeks for diagnostic procedures	Mar-20	99.00%	90.19%	91.67%		Diagnostics were seeing a good recovery with an improved position against non obstetric ultrasound breaches however the Covid pandemic has now impacted upon this recovery

## Integrated Performance and Compliance Dashboard - March 2020

### SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
<b>Performance Overview / Key Highlights</b>						<p>The Trust has experienced significant pressures as a result of the COVID-19 pandemic generally with all access standards affected. Robust plans have been mobilised within a relatively short space of time towards the end of Q4 moving into the new financial year, including daily situation reports and the expansion of ITU capacity.</p> <p>Robust governance and monitoring of patients pathways has been adapted to fit in alignment with national and local guidance.</p> <p>In addition to this pressure the Trust has continued with 'business as usual' daily sitrep reports including field testing of the emergency care standards.</p>
<b>Conclusion and recommendation</b>						<p>Whilst the Trust has robust governance processes in place for the monitoring and management of all standards there is recognition that current national pressures may ultimately impact on consistent delivery, therefore presents an on-going risk.</p> <p>This risk is outlined within the Trust's Risk Register and Board Assurance Framework, with supporting mitigation and recovery plans, alongside internal and external governance assurance processes.</p> <p>Please note:</p> <ul style="list-style-type: none"> <li>• The effective management to date of the mobilisation of COVID-19 plans and mitigations.</li> <li>• Performance against the key operational, quality and workforce standards.</li> <li>• 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.</li> </ul>



## Integrated Performance and Compliance Dashboard - March 2020



### EFFICIENCY AND PRODUCTIVITY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q4	Trend	Details
Outpatient DNA (new)	Mar-20	7.20%	7.78%	7.87%		In March the Trust saw a slight rise in DNAs generally felt to be a result of patients anxiety around COVID-19. The Trust has put in place alternative ways of making contact with patients such as telephone and video outpatient appointments that also offers assurance to patients and maintains their care.
Outpatient DNA (review)	Mar-20	9.00%	9.43%	9.37%		The Trust has also recently implemented a Referral Assessment Service within outpatient bookings which was a longer term plan expedited as a result of the pandemic. This allows GPs to seek advice and guidance regarding their patients and allows clinician to triage appointments to ensure only urgent referrals are received during the pandemic.

# Integrated Performance and Compliance Dashboard - March 2020



## EFFICIENCY AND PRODUCTIVITY

Revised Occupancy Trust	Mar-20	85.00%			<p>The Covid pandemic saw bed occupancy reduce towards the end of March as the Trust prepared to escalate ITU capacity. This involved the cancellation of all elective procedures including cancers and closing a number of elective and medical beds across the Trust in an attempt to co-hort appropriately trained staff and ensure skill mix.</p> <p>Beds occupied reduced significantly towards the end of March with only 259 occupied compared to 519 at the beginning of March.</p>
ASI's - (No SLOT analysis)	Feb-20	4.00%			<p>The Trust has continued to experience pressures with capacity within outpatients resulting in appointment slot issues however remain the lowest in region (18.6% regional average with a range of 6.2% to 32.7%) and nationally (23.5%).</p>
Cancelled procedures (Non medical)	Mar-20	0.80%			<p>19 patients were cancelled on the day in March with out of time being the main reason.</p>
Readmission within 28 days of non medical cancelled operation	Mar-20	0			<p>The Trust were unable to reappointed 4 patients within 28 days initially as a result of capacity and then resulting in COVID-19 which saw the cancellation of all procedures (2 Gynae, 1 dental, 1 spinal).</p>

# Integrated Performance and Compliance Dashboard - March 2020



## EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Mar-20	0	29	60		The North East (NEAS) average handovers greater than 30 minutes reported an unvalidated position of 116 (range 48-283), with the average over 60 minutes reporting at 15 (range 0 – 58). NEAS report the Trust at 70 delays >30 minutes and 7 >60 minutes whereas internal validated reports the Trust at 29 >30 minutes and 4 >60 minutes.
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Mar-20	0	4	6		The Trust reported 47.2% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 37% with performance ranging between 27.4% and 43.4%.
Delayed Transfers of Care	Mar-20	3.50%	1.70%	1.77%		The Trust has maintained a positive position in relation to DTOCs however seasonal pressures in Q4 saw a slight increase against super stranded patients reporting just above (n=66) the year end trajectory of 64. That said the Trust has made a significant improvement over the year in reducing these numbers.
Super Stranded Reduction (per day average)	Mar-20	64	66	68		

<b>Performance Overview / Key Highlights</b>	<p>The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) considering the unprecedented pressures faced as a result of COVID-19.</p> <p>A recovery plan is underway.</p>
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## Integrated Performance and Compliance Dashboard - March 2020



### QUALITY AND SAFETY

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

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Complaint Stage 1 - Informal	Mar-20	60	64		<p>The Trust is reporting 64 stage 1 complaints for March 2020. This has decreased from the 88 stage 1 complaints in February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has increased from 60 to 64.</p> <p>For quarter 4, the Trust reported 249 stage 1 complaints, against a 2018/19 quarter 4 total of 197.</p> <p>For 2019/20 the Trust is reporting 981 stage 1 complaints, against a 2018/19 total of 725.</p>
Complaint Stage 2 - Formal Meeting	Mar-20	8	1		<p>The Trust is reporting 1 stage 2 complaint for March 2020. This has decreased from the 3 stage 2 complaints in February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 8 to 1.</p> <p>For quarter 4, the Trust reported 12 stage 2 complaints, against a 2018/19 quarter 4 total of 26.</p> <p>For 2019/20 the Trust is reporting 77 stage 2 complaints, against a 2018/19 total of 100.</p>
Complaint Stage 3 - Formal Chief Executive Letter	Mar-20	10	7		<p>The Trust is reporting 7 stage 3 complaints for March 2020. This has decreased from the 11 stage 3 complaints in February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 10 to 7.</p> <p>For quarter 4, the Trust reported 34 stage 3 complaints, against a 2018/19 quarter 4 total of 54.</p> <p>For 2019/20 the Trust is reporting 150 stage 3 complaints, against a 2018/19 total of 192.</p>
Never Events	Mar-20	0	0		<p>There has been no Never Events reported in this period.</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Category 2 Pressure Ulcers (In-Hospital)	Feb-20	28	33		<p>The Trust is reporting 33 category 2 pressure ulcers for February 2020. This has increased from 29 category 2 ulcers reported for January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has increased from 28 to 33 cases.</p>
Category 3 Pressure Ulcers (In-Hospital)	Feb-20	4	4		<p>The Trust is reporting 4 category 3 pressure ulcers for February 2020. This has increased from the 2 cases reported in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has remained the same at 4 cases.</p>
Category 4 Pressure Ulcers (In-Hospital)	Feb-20	1	0		<p>The Trust is reporting zero category 4 pressure ulcer for February 2020. This has decreased from the 1 case in January 2020.</p> <p>When benchmarked against the same period last year (February 2019) this has decreased from 1 to zero cases.</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Fall - No Injury (In-Hospital)	Mar-20	80	52		<p>The Trust is reporting 52 falls resulting in no injury for March 2020. This has decreased from the 64 falls reported for February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 80 to 52.</p> <p>For quarter 4, the Trust reported 173 falls resulting in no injury, against a 2018/19 quarter 4 total of 236.</p> <p>For 2019/20 the Trust is reporting 862 falls resulting in no injury, against a 2018/19 total of 1022.</p>
Fall - Injury, No Fracture (In-Hospital)	Mar-20	16	13		<p>The Trust is reporting 13 falls resulting in an injury, but no fracture for March 2020. This has decreased from the 20 falls resulting in an injury reported for February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 16 to 13 cases.</p> <p>For quarter 4, the Trust reported 48 falls resulting in an injury, but no fracture, against a 2018/19 quarter 4 total of 64.</p> <p>For 2019/20 the Trust is reporting 223 falls resulting in an injury, but no fracture, against a 2018/19 total of 192.</p>
Fall - With Fracture (In-Hospital)	Mar-20	4	0		<p>The Trust is reporting zero falls resulting in a fracture for March 2020. This has decreased from the 9 falls resulting in a fracture reported for February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 4 to zero.</p> <p>For quarter 4, the Trust reported 9 falls resulting in a fracture, against a 2018/19 quarter 4 total of 9.</p> <p>For 2019/20 the Trust is reporting 18 falls resulting in a fracture, against a 2018/19 total of 12.</p>
VTE Risk Assessment	Mar-20	95.00%	96.98%		<p>The Trust is reporting that 96.98% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during March 2020. This has decreased from 97.36% reported in February 2020.</p> <p>For quarter 4, the Trust reported 97.33% VTE Risk Assessment, against a 2018/19 quarter 4 total of 97.53%.</p> <p>For 2019/20 the Trust is reporting 97.29% VTE Risk Assessment, against a 2018/19 average of 97.71%.</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Trend	Details
Hand Hygiene Compliance	Mar-20	95.00%	100.00%		<p>The overall Trust compliance score for hand hygiene is 100% for March 2020; this has increased from 99% in February 2020.</p> <p>For quarter 4, the Trust reported 99% hand hygiene compliance, against a 2018/19 quarter 4 average of 96%.</p> <p>For 2019/20 the Trust is reporting 99.33% hand hygiene compliance, against a 2018/19 average of 96.33%.</p>



# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Clostridium difficile (C.diff)	Mar-20	5	2		<p>For March 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired), this has remained the same from the previous reporting period (2 COHA - Community Onset Healthcare Acquired).</p> <p>The Trust total stands at 53, against a trajectory of 56 by the end of March 2020, therefore meeting the total Trajectory set.</p> <p>For quarter 4, the Trust reported 6 Trust attributed cases of Clostridium difficile, against a trajectory of 15.</p> <p>For 2019/20 the Trust is reporting 53 Trust attributed cases of Clostridium difficile, against a 2019/20 trajectory of 56 cases.</p>
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Mar-20	0	0		<p>The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in March 2020. This remains the same from previous reporting period and the target of zero cases.</p> <p>For quarter 4, the Trust reported Zero Trust attributed cases of MRSA, against a trajectory of Zero.</p> <p>For 2019/20 the Trust is reporting Zero Trust attributed cases of MRSA, against a 2018/19 total of zero cases.</p>
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Mar-20	1	3		<p>The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for March 2020. This has increased from the 1 case reported in the previous period of February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has increased from 1 to 3.</p> <p>For quarter 4, the Trust reported 4 Trust attributed cases of MSSA, against a 2018/19 quarter 4 total of 5 cases.</p> <p>For 2019/20 the Trust is reporting 26 Trust attributed cases of MSSA, against a 2018/19 total of 21 cases.</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Escherichia coli (E.coli)	Mar-20	3	4		<p>The Trust is reporting 3 Trust attributed cases of E coli bacteraemia in March 2020. This has decreased from the 7 reported cases in February 2020.</p> <p>When benchmarked against the same period last year (March 2019) this has increased from 3 to 4 cases.</p> <p>For quarter 4, the Trust reported 11 Trust attributed cases of Ecoli, against a 2018/19 quarter 4 total of 6 cases.</p> <p>For 2019/20 the Trust is reporting 52 Trust attributed cases of Ecoli, against a 2018/19 total of 39 cases.</p>
Klebsiella species bacteraemia (Kleb sp)	Mar-20	1	0		<p>The Trust has reported zero Trust attributed cases of Klebsiella species bacteraemia in March 2020. This has remained the same from the previous period.</p> <p>When benchmarked against the same period last year (March 2019) this has decreased from 1 to zero.</p> <p>For quarter 4, the Trust reported 3 Trust attributed cases of Klebsiella species, against a 2018/19 quarter 4 total of 4 cases.</p> <p>For 2019/20 the Trust is reporting 10 Trust attributed cases of Klebsiella species, against a 2018/19 total of 20 cases.</p>
Pseudomonas aeruginosa bacteraemia (Ps a)	Mar-20	0	0		<p>The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in March 2020. This has remained the same from the previous reporting period.</p> <p>When benchmarked against the same period last year (March 2019) this has remained the same at zero cases.</p> <p>For quarter 4, the Trust reported 0 Trust attributed cases of Pseudomonas aeruginosa, against a 2018/19 quarter 4 total of 1 case.</p> <p>For 2019/20 the Trust is reporting 3 Trust attributed cases of Pseudomonas aeruginosa, against a 2018/19 total of 9 cases.</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	70.00%	90%		<p>The in-patient position for Friends and Family for 'Would Recommend' was 90% for March 2020; this has decreased from the previously reported 91% in February 2020.</p> <p>The new FFT question and responses commence April 2020, this moves away from 'Would you recommend' to 'how would you rate the service'.</p> <p>The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.</p>
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	70.00%	87%		<p>The A&amp;E position for Friends and Family for 'Would Recommend' was 87% for March 2020; this has increased from the reported 78% in February 2020.</p> <p>The new FFT question and responses commence April 2020, this moves away from 'Would you recommend' to 'how would you rate the service'.</p> <p>The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.</p>
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	70.00%	100%		<p>For maternity – (Question 2 – birth) the Friends and Family 'Would Recommend' is 100% for March 2020; this has remained the same from the previous reporting period.</p> <p>The new FFT question and responses commence April 2020, this moves away from 'Would you recommend' to 'how would you rate the service'.</p> <p>The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.</p>
Registered Nurse/Midwife day shift fill rates	Mar-20	>=80% and <=109.99%			<p>The Unify submission for Registered Nurse/Midwife day shift fill rates has been suspended until further notice due to COVID-19.</p> <p>NHS Digital have stated the following:</p> <p>"In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect (including March reporting)."</p>



QUALITY AND SAFETY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Trend	Details
Registered Nurse/Midwife Night shift fill rates	Mar-20	>=80% and <=109.99%			<p>The Unify Registered Nurse/Midwife night shift fill rates submission has been suspended until further notice due to COVID-19.</p> <p>NHS Digital have stated the following:</p> <p>"In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect (including March reporting)."</p>

# Integrated Performance and Compliance Dashboard - March 2020



## QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Care Staff day shift fill rates	Mar-20	>=80% and <=109.99%			<p>The Unify Care Staff day shift fill rates submission has been suspended until further notice due to COVID-19.</p> <p>NHS Digital have stated the following:</p> <p>"In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect (including March reporting)."</p>
Care Staff Night shift fill rates	Mar-20	>=110% and <=125.99%			<p>The Unify Care Staff night shift fill rates submission has been suspended until further notice due to COVID-19.</p> <p>NHS Digital have stated the following:</p> <p>"In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect (including March reporting)."</p>
Trust - Harm Free Care %	Feb-20	97.50%	<b>97.34%</b>		<p>The Trusts overall Harm Free care in February 2020 was 97.34%, this has decreased from 97.94% in January 2020.</p> <p>Safety Thermometer will cease to collect data from April 2020, therefore March 2020 will be the last data returned.</p>

### Performance Overview / Key Highlights

The latest data for the Trusts HSMR is 91.30; this has decreased from the previously unreported 92.17, with the Trusts latest SHMI at 98.53, this has decreased from the previously reported position of 99.02.

For March 2020 the Trust is reporting 2 Trust attributed cases of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired), this has remained the same from the previous reporting period. The Trust total stands at 53 cases of Clostridium difficile infection (36 HOHA - Hospital Onset Healthcare Acquired and 17 COHA - Community Onset Healthcare Acquired), against a trajectory of 56 by the end of March 2020.

### Conclusion and recommendation

The Board of Directors is asked to note the content of the report; current performance and work to continuously improve. The Board are asked to note the excellent HSMR and SHMI values which continue to remain within the expected range, along with the on trajectory position for Cdiff.

Integrated Performance and Compliance Dashboard - March 2020



WORKFORCE

Measure (click on measure for trend graphs) Reporting period Target Actual Q4 Trend Details

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q4	Trend	Details
Sickness	Feb-20	4.00%	4.52%			<p>The sickness absence rates for March 2020 are not yet available.</p> <p>The sickness absence rate for February 2020 is reported at 4.52%, which is 0.52% above the revised Trust target of 4.0%.</p> <p>The long term sickness absence rate for February 2020 is reported at 3.21% an increase of 0.32% when compared to the previous month (2.89%).</p> <p>The short-term sickness absence rate for February 2020 is reported at 1.67%, a decrease of 0.42% when compared to the previous month (2.09%).</p> <p>The cost of sickness absence is reported as £221, 062 for the month of February 2020. This has increased by £21,160 compared to January 2020 (£199, 902).</p> <p><b>Benchmarking</b></p> <p>The latest national sickness absence data available is for the month of November 2019 and supplied by NHS Digital.</p> <p>The sickness rate for North Tees and Hartlepool is 5.57%, which is 0.25% above the regional average and 0.84% above the NHS average.</p> <p>Four North East Trust's report a rate lower than the regional average; none report a rate lower than the national average.</p> <p>The highest sickness absence rate in the North East region for November 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.93%.</p>
Turnover (12 months rolling data)	Mar-20	10.00%	9.42%	9.42%		<p>The turnover rate for March 2020 is reported at 9.42% which has increased by 0.04% when compared to the previous month (9.38%).</p>
Mandatory Training	Mar-20	80%	90%	90%		<p>The overall compliance for mandatory training for March 2020 is 90%, which has remained consistent with the previous month.</p>
Appraisals	Mar-20	95%	86%	86%		<p>Appraisal compliance is reported at 86% for March 2020, which has remained the same as the previous month.</p>



WORKFORCE

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q4	Trend	Details
Performance Overview / Key Highlights	<p>North Tees &amp; Hartlepool NHS Foundation Trust</p> <p>When comparing February 2020 to the previous months' sickness absence rate of 4.98%, there has been a decrease in the Trust's sickness absence rate of 0.46%.</p> <p>'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 39% for February 2020, which is an increase of 3.3% compared to January 2020 (35.7%).</p>					
Conclusion and recommendation	<p>The Board is asked to note the contents within the workforce report and positive performance against standards together with the on-going work to integrate performance reporting.</p>					

Integrated Performance and Compliance Dashboard - March 2020

APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK



Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Cancer	Target		98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
	New Cancer 31 days subsequent Treatment (Drug Therapy)	Mar-20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	99.1%	98.9%	100.0%	99.2%	99.1%
Cancer	Target		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
	New Cancer 31 days subsequent Treatment (Surgery)	Mar-20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	97.7%	100.0%	100.0%	92.3%	97.7%	100.0%	92.3%	95.2%	95.7%
Cancer	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	New Cancer 62 days (consultant upgrade)	Mar-20	80.0%	75.0%	88.9%	80.0%	95.5%	88.9%	85.7%	90.4%	77.8%	95.7%	88.2%	91.7%	88.2%	93.8%	100.0%	92.3%
Cancer	Target		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
	New Cancer 62 days (screening)	Mar-20	97.2%	97.4%	100.0%	98.2%	96.2%	92.3%	96.8%	95.3%	90.3%	92.5%	88.0%	91.1%	82.9%	100.0%	89.8%	91.1%
Cancer	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	New Cancer GP 62 Day (New Rules)	Mar-20	80.1%	80.2%	90.3%	83.3%	78.1%	82.4%	80.7%	80.1%	79.2%	85.8%	70.2%	78.4%	76.1%	73.9%	85.1%	78.6%
Cancer	Target		96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
	New Cancer Current 31 Day (New Rules)	Mar-20	97.9%	96.5%	98.4%	97.6%	99.4%	99.1%	98.6%	99.0%	100.0%	100.0%	99.1%	99.7%	98.5%	99.2%	97.7%	98.5%
Cancer	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	New Cancer Two week Rule (New Rules)	Mar-20	90.6%	91.8%	91.1%	91.1%	93.3%	93.2%	93.0%	93.2%	93.6%	93.3%	92.1%	93.0%	93.2%	93.8%	93.1%	93.4%
Cancer	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Breast Symptomatic Two week Rule (New Rules)	Feb-20	88.8%	92.6%	94.7%	91.7%	95.5%	97.7%	98.0%	96.9%	94.4%	95.9%	93.2%	94.5%	95.5%	96.9%	95.4%	96.0%
RTT	Target		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
	RTT incomplete pathways wait (92%)	Mar-20	94.00%	94.24%	94.06%	94.10%	93.85%	92.82%	92.37%	93.02%	92.53%	92.98%	92.62%	92.71%	93.28%	94.19%	93.84%	93.79%
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00
	RTT incomplete pathways wait (92nd percentile)	Mar-20	15.70	16.30	16.40	16.10	16.40	17.40	17.70	17.30	17.60	16.70	17.70	17.30	16.60	16.00	17.10	16.60
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20
	RTT incomplete pathways wait (Median)	Mar-20	5.40	5.30	5.40	5.40	5.40	5.70	5.70	5.70	5.40	5.40	6.10	5.60	6.10	6.00	7.60	6.60
RTT	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	RTT incomplete pathways >52 week wait	Mar-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostics	Target		99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
	Number of patients waiting less than 6 weeks for diagnostic procedures	Mar-20	98.11%	99.19%	99.69%	99.01%	99.02%	90.66%	89.29%	93.09%	94.44%	93.24%	87.50%	91.70%	88.73%	95.63%	90.19%	91.67%
CIDS	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	CIDs -Referral information	Feb-20	96.23%	95.98%	96.37%	96.16%	95.82%	96.15%	96.25%	96.07%	96.35%	95.84%	95.42%	95.89%	93.33%	95.10%		
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	CIDs- Referral to Treatment information	Feb-20	95.82%	95.44%	95.72%	95.65%	95.61%	94.52%	96.59%	95.64%	96.62%	97.17%	96.62%	96.81%	96.48%	97.35%		
CIDS	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	CIDs- Treatment Activity Information	Feb-20	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%	94.52%	95.45%	94.22%	94.08%		

\* Cancer March and Q4 is a provisional position



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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4
<b>New to review</b>	<i>Target</i>		1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45		
	New to Review ratio (cons led)	Feb-20	1.20	1.34	1.31	1.26	1.32	1.26	1.27	1.28	1.35	1.37	1.29	1.29	1.41	1.32		
<b>DNA</b>	<i>Target</i>		7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
	Outpatient DNA (new)	Mar-20	8.84%	8.65%	8.26%	8.50%	7.68%	7.83%	7.25%	7.52%	7.89%	7.26%	8.11%	7.74%	7.40%	7.50%	7.78%	7.87%
	<i>Target</i>		9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%
	Outpatient DNA (review)	Mar-20	11.26%	11.56%	9.78%	10.85%	10.10%	9.97%	10.50%	10.13%	9.88%	9.25%	10.54%	9.86%	9.52%	9.14%	9.43%	9.37%
<b>LOS</b>	<i>Target</i>		3.20	3.20	3.18	3.19	3.34	3.15	3.34	3.28	3.33	3.33	3.36	3.34				
	Length of Stay Elective	Dec-19	1.75	1.81	1.85	1.85	1.89	2.03	2.10	2.10	2.13	2.14	2.16	2.16				
	<i>Target</i>		4.08	4.09	4.08	4.08	4.20	4.08	4.29	4.19	4.26	4.26	4.24	4.25				
	Length of Stay Emergency	Dec-19	3.42	3.43	3.40	3.40	3.41	3.40	3.42	3.42	3.41	3.41	3.43	2.16				
<b>Day case</b>	<i>Target</i>		76.59%	76.54%	76.66%	76.60%	76.66%	76.65%	76.65%	76.65%	76.50%	76.61%	76.79%	76.63%				
	Day case Rate	Dec-19	77.17%	76.64%	77.16%	77.16%	76.95%	77.14%	77.14%	77.14%	78.12%	78.48%	78.90%	216.00%				
	<i>Target</i>		4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%
	Pre - Op Stays	Mar-20	2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%	1.56%	1.20%	1.21%	1.42%
<b>Occupancy</b>	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
	Revised Occupancy North Tees	Mar-20	89.94%	91.11%	92.08%	91.04%	92.24%	91.06%	92.53%	91.94%	92.52%	95.27%	90.47%	92.73%	91.93%	90.77%	73.93%	86.89%
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
	Revised Occupancy Hartlepool	Mar-20	72.72%	75.91%	77.99%	75.54%	67.11%	64.87%	66.45%	66.83%	67.30%	78.12%	83.05%	75.71%	89.52%	76.63%	79.44%	82.46%
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
	Revised Occupancy Trust	Mar-20	88.80%	90.09%	91.14%	90.01%	90.59%	89.35%	90.81%	90.28%	90.83%	94.06%	90.07%	91.65%	91.79%	89.97%	74.20%	86.65%

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan 20	Feb 20	Mar 20	Q4	
Readmissions *	Target		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
	Readmission rate 30 days (Elective admission)	Jan-20	3.97%	3.89%	4.55%	4.09%	3.89%	4.66%	4.79%	4.60%	4.25%	4.41%	4.70%	4.44%	3.72%				
	Target		9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%				
	Readmission rate 30 days (Emergency admission)*	Jan-20	14.77%	14.87%	15.06%	15.06%	12.40%	14.36%	14.73%	14.70%	14.64%	13.57%	13.53%	14.09%	13.40%				
Readmissions *	Target		7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%				
	Readmission rate 30 days (Total)	Jan-20	10.37%	9.91%	10.43%	10.31%	8.71%	10.24%	10.38%	10.32%	10.09%	9.58%	10.01%	9.99%	9.19%				
EDS	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Electronic Discharge Summaries within 24 hours (incl. A&E)	Mar-20	89.59%	91.86%	93.15%	91.55%	91.56%	90.71%	89.84%	90.72%	91.48%	92.28%	90.94%	91.58%	93.04%	92.84%	91.99%	92.65%	
C-sections	Target		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%
	Emergency c-section rates	Mar-20	15.12%	11.76%	19.91%	15.54%	12.98%	12.28%	14.51%	13.20%	10.95%	16.75%	14.29%	14.00%	14.01%	15.13%	11.47%	13.44%	
ASI's	Target		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%		
	ASI's - (No SLOT analysis)	Feb-20	5.40%	3.80%	3.10%	4.10%	3.20%	3.40%	4.10%	3.57%	4.00%	6.10%	5.60%	5.20%	5.30%	6.20%			
Theatres	Target		72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%
	Operation Time Utilisation	Feb-20	75.70%	71.80%	75.06%	74.10%	75.25%	72.83%	77.48%	75.40%	74.55%	76.17%	69.41%	73.63%	70.77%	74.29%	72.92%	72.65%	
	Target		87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%
	Run Time Utilisation	Feb-20	88.61%	88.01%	89.05%	89.19%	90.92%	87.41%	94.05%	91.25%	89.39%	88.40%	84.01%	87.53%	86.40%	87.51%	86.88%	86.92%	
Theatres	Target		92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%
	Planned Session Utilisation *	Feb-20	95.16%	94.95%	93.09%	92.64%	75.11%	90.98%	91.22%	91.17%	92.43%	91.82%	91.29%	91.18%	91.67%	92.86%	76.23%	84.62%	

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
	Target		0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%
	Cancelled procedures (Non medical)	Mar-20	0.42%	0.46%	0.33%	0.40%	0.46%	0.71%	0.83%	0.66%	0.14%	0.67%	0.67%	0.47%	0.19%	0.24%	0.66%	0.50%
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Readmission within 28 days of non medical cancelled operation	Mar-20	0	0	0	0	1	1	1	3	0	1	0	1	1	0	4	5
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cancelled Urgent Operations for second time	Mar-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Target		8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%
	Cancelled on day of operation	Feb-20	8.01%	7.80%	7.28%	7.69%	8.27%	9.21%	7.21%	8.27%	9.23%	6.35%	7.64%	7.86%	6.48%	7.58%	9.31%	8.44%
	Target		33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%
	Late Start %	Feb-20	32.44%	41.08%	34.63%	36.10%	35.50%	38.81%	40.37%	37.96%	39.93%	45.00%	42.74%	42.27%	43.01%	41.39%	44.53%	42.93%
	Target		46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%
	Early Finishes %	Feb-20	44.27%	43.77%	43.11%	43.71%	46.95%	46.12%	36.30%	42.93%	44.37%	36.00%	47.72%	42.27%	47.20%	47.62%	40.08%	45.16%
	Target		12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%
	Session overruns (>30 minutes)	Feb-20	14.50%	13.80%	14.13%	14.13%	16.03%	14.16%	15.19%	15.50%	12.97%	19.67%	12.03%	14.98%	16.78%	12.82%	18.62%	16.00%
A&E	Target		00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15
	A&E Time to Initial Assessment -Ambulance arrivals (95th percentile) - Type 1	Mar-20	00:44	00:41	00:46	00:44	00:52	00:46	00:49	00:49	00:46	00:56	01:01	00:53	00:41	00:44	00:35	00:40
	Target		01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00
	A&E Time to Initial Treatment (Median) - Type 1	Mar-20	01:03	01:00	01:03	01:02	01:14	01:07	01:08	01:09	01:03	01:30	01:23	01:18	00:55	01:00	00:39	00:51
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
A&E unplanned returns within 7 days - Type 1	Mar-20	1.67%	1.60%	1.36%	1.54%	1.46%	1.49%	1.37%	1.44%	1.06%	1.60%	1.53%	1.40%	1.81%	1.64%	0.90%	1.46%	
Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	
A&E left without being seen - Type 1	Mar-20	3.45%	3.22%	3.43%	3.43%	3.92%	3.93%	3.73%	3.86%	3.23%	4.33%	3.86%	3.81%	2.57%	3.04%	2.34%	2.65%	

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
	<i>Target</i>																	
	A&E Time to departure (95th percentile) - Type 1	Mar-20	05:51	05:47	06:19	06:02	06:31	06:25	06:43	06:34	06:26	07:33	07:29	07:15	06:43	06:36	06:09	06:29
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Mar-20	10	9	12	31	10	17	8	35	5	23	38	66	21	10	29	60
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Mar-20	0	0	0	0	0	0	0	0	1	7	7	15	1	1	4	6
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	A&E 12 Hour Trolley waits - Type 1	Mar-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Screening</b>	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
	Diabetic Retinopathy Screening	Feb-20	98.52%	98.54%	98.47%	98.51%	98.60%	98.24%	98.28%	98.37%	98.40%	98.11%	98.33%	98.28%	98.34%	98.45%		
<b>TCS</b>	<i>Target</i>		17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%
	TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Mar-20	13.33%	9.52%	11.92%	11.39%	11.43%	9.13%	8.86%	9.60%	13.13%	14.37%	14.93%	14.08%	9.38%	8.13%	7.75%	8.44%
	<i>Target</i>		93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%		
	TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Feb-20	100.00%	100.00%	98.70%	99.58%	98.02%	99.00%	97.50%	98.35%	98.11%	98.39%	94.40%	98.25%	97.96%	96.70%		
<b>TCS</b>	<i>Target</i>		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	TCS 35 - % of standard wheelchair referrals completed within five days	Mar-20	94.16%	91.26%	95.54%	93.42%	76.24%	70.89%	61.01%	69.03%	61.46%	71.35%	88.64%	70.54%	79.26%	90.54%	59.78%	75.16%
<b>Audiology</b>	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Feb-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	<i>Target</i>		18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30		
	Audiology non admitted wait (92nd percentile)	Feb-20	6.00	4.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00	5.00	5.00	5.00	4.00	5.00		
<b>Patient identifier</b>	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	Patient Identifier Indicator	Feb-20	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%	94.52%	95.45%	94.22%	94.08%		

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
<b>EOL</b>	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	End of Life measure	Feb-20	83.08%	84.95%	82.20%	83.64%	80.81%	87.65%	82.89%	83.81%	79.45%	81.88%	82.14%	81.32%	87.18%	86.96%		
<b>DTOC</b>	<i>Target</i>		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
	Delayed Transfers of Care	Mar-20	2.52%	2.08%	2.43%	2.34%	3.02%	2.43%	2.31%	2.59%	1.77%	1.67%	1.56%	1.67%	1.75%	1.84%	1.70%	1.77%
<b>Super Stranded</b>	<i>Target</i>		68	68	68	68	67	67	67	67	66	66	66	66	65	65	64	64
	Super Stranded Reduction (per day average)	Mar-20	61	66	65	64	62	72	76	70	63	62	62	62	72	67	66	68

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



### APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Unplanned	Target		169.8	169.8	169.8	169.8	154.4	154.4	154.4	154.4	167.9	167.9	167.9	167.9	199.7	199.7		
	Emergency admissions for acute conditions that should not usually require hospital admission	Feb-20	151.2	163.8	159.7	160.6	171.2	161.1	150.7	164.7	123.8	175.0	183.3	180.2	159.3	137.5		
	Target		20.02	20.02	20.02	20.02	23.0	22.99	22.99	22.99	23.36	23.36	23.36	23.36	21.51	21.51		
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Feb-20	13.35	16.69	21.13	17.1	22.3	10.01	26.70	19.65	15.57	23.36	18.91	19.28	30.03	21.13		
	Target		56.8	56.8	56.8	56.8	60.5	60.5	60.5	60.5	67.4	67.4	67.4	67.4	73.3	73.3		
Stroke	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Feb-20	85.3	67.0	55.5	70.7	53.0	55.8	60.3	58.0	82.1	74.0	74.0	77.5	78.5	64.5		
	Target		23.36	23.36	23.36	23.36	14.46	14.46	14.46	14.46	105.67	105.67	105.67	105.67	44.49	44.49		
	Unplanned hospitalisation for respiratory tract infections in under 19s	Feb-20	28.92	21.13	16.69	22.3	8.90	5.56	16.69	10.38	34.48	81.20	135.71	83.80	55.62	12.24		
	Target		80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%		
Stroke	Stroke admissions 90% of time spent on dedicated Stroke unit	Feb-20	82.61%	92.86%	96.30%	89.70%	97.67%	92.59%	96.00%	95.24%	96.72%	96.55%	90.91%	95.09%	89.74%	90.48%		
	Target		75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%		
	High risk TIAs assessed and treated within 24 hours	Feb-20	77.78%	100.00%	66.67%	80.00%	100.00%	83.33%	100.00%	92.86%	100.00%	100.00%	50.00%	92.86%	60.00%	100.00%		

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



### APPENDIX 4 - WORKFORCE

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Staff	Target		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%			
	Sickness	Feb-20	4.55%	4.94%	4.91%	4.77%	4.64%	4.62%	4.15%	4.39%	5.30%	5.42%	5.28%	5.30%	4.98%	4.52%			
	Target		10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
	Turnover (12 months rolling data) - revised methodology from Nov-18 *	Mar-20	8.59%	8.92%	8.97%	8.97%	9.39%	9.54%	9.65%	9.65%	9.86%	9.73%	9.73%	9.73%	9.71%	9.38%	9.42%	9.42%	
	Target		80.0%	80.0%	80.0%	80.0%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
	Mandatory Training	Mar-20	86.0%	87.0%	87.0%	87.0%	88.00%	87.00%	87.00%	87.00%	87.00%	87.00%	88.00%	88.00%	89.00%	89.00%	90.00%	90.00%	
Target		95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Appraisals	Mar-20	84.0%	83.0%	83.0%	83.0%	84.00%	85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	85.00%	86.00%	86.00%	86.00%		

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4		
HMSR	Target		109.00	109.00	109.00		108.00	108.00	108.00		108.00	108.00	108.00		108.00	108.00								
	HSMR Mortality Rates (Rolling 12 month value)	Nov-19	96.17	95.80	93.66		91.07	92.20	91.40		92.00	92.90	93.00		92.17	91.30								
	Target		3.46%	3.49%	3.54%		3.72%	3.66%	3.68%		3.63%	3.60%	3.59%		3.59%	3.63%								
SHMI	Target		110.00	110.00	110.00		109.00	109.00	109.00		109.00	109.00	109.00		109.00									
	SHMI Mortality rate (Rolling 12 month value)	Oct-19	98.71	98.01	97.11		96.20	96.88	96.15		96.19	97.55	99.02		98.53									
	Target		3.64%	3.64%	3.66%		3.67%	3.59%	3.58%		3.60%	3.54%	3.49%		3.57%									
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%	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	Mar-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Dementia - % of patients undergone a diagnostic assessment	Mar-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Mar-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Complaints			74	60	59	193	57	42	55	154	63	78	70	211	64	49	50	163	73	64	60	197		
	Complaint Stage 1 - Informal	Mar-20	73	64	60	197	61	79	87	227	83	85	99	267	97	75	66	238	97	88	64	249		
			10	10	8	28	7	9	6	22	14	8	8	30	7	9	6	22	5	13	8	26		
	Complaint Stage 2 - Formal Meeting	Mar-20	5	13	8	26	7	5	6	18	13	4	9	26	7	7	7	21	8	3	1	12		
		18	19	7	44	18	6	10	34	16	16	12	44	28	20	12	60	14	30	10	54			
Complaint Stage 3 - Formal Chief Executive Letter	Mar-20	14	30	10	54	13	12	13	38	9	15	14	38	15	16	9	40	16	11	7	34			



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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Risks	Corporate & Departmental Risks (Red)	Mar-20	5	4	4	13	3	3	3	9	6	9	8	23	8	10	8	26	9	7	7	23	
		Mar-20	9	7	7	23	6	6	7	19	7	7	7	21	7	7	6	20	5	4	5	14	
Never Events	Never Events	Mar-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Mar-20	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Pressure Ulcers	Target	Feb-20	0	3	3	6	0	2	2	4	3	4	3	10	4	6	8	18	8	6			
	Category 1 Pressure Ulcers (In-Hospital)	Feb-20	8	6	8	22	7	11	7	25	19	7	3	29	9	3	4	16	8	7			
	Target	Feb-20	13	19	16	48	13	26	13	52	14	17	14	45	9	19	15	43	15	28			
	Category 2 Pressure Ulcers (In-Hospital)	Feb-20	15	28	15	58	23	26	27	76	24	24	28	76	20	19	21	60	29	33			
	Target	Feb-20	1	2	0	3	5	5	1	11	0	2	4	6	3	2	1	6	3	4			
Category 3 Pressure Ulcers (In-Hospital)	Feb-20	3	4	5	12	4	3	1	8	4	3	5	12	3	1	2	6	2	4				
Target	Feb-20	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1			
Category 4 Pressure Ulcers (In-Hospital)	Feb-20	0	1	0	1	1	0	0	1	1	0	0	1	0	0	0	0	0	1	0			
Falls	Fall - No Injury (In-Hospital)	Mar-20	90	106	105	301	119	98	79	296	82	82	87	251	81	79	79	239	84	72	80	236	
		Mar-20	84	72	80	236	74	90	76	240	67	87	77	231	82	67	69	218	57	64	52	173	
	Fall - Injury, No Fracture (In-Hospital)	Mar-20	32	27	25	84	13	11	8	32	15	10	9	34	18	21	23	62	28	20	16	64	
		Mar-20	28	20	16	64	19	22	21	62	21	20	17	58	12	22	21	55	15	20	13	48	
Fall - With Fracture (In-Hospital)	Mar-20	2	1	2	5	1	1	1	3	1	1	1	3	1	3	4	8	2	3	4	9		
	Mar-20	2	3	4	9	1	3	0	4	2	1	2	5	0	0	0	0	0	0	9	0	9	
VTE	Target	Mar-20	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
	VTE Risk Assessment	Mar-20	97.83%	96.90%	97.86%	97.53%	97.75%	97.16%	97.57%	97.49%	96.71%	97.02%	97.30%	97.01%	97.52%	97.39%	97.08%	97.33%	97.66%	97.36%	96.98%	97.33%	

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Hand Hygiene Compliance	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
	Hand Hygiene Compliance	Mar-20	96.00%	96.00%	97.00%	96.00%	96.00%	97.00%	98.00%	97.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%	99.00%	98.00%	99.00%	99.00%	100.00%	99.00%	
Infections	Target		1	1	1	3	5	5	5	15	4	5	4	13	4	5	4	13	5	5	5	15	
	Clostridium difficile (C.diff)	Mar-20	5	5	2	12	4	7	3	14	2	6	10	18	5	6	4	15	2	2	2	6	
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Mar-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Target		1	3	4	8	1	2	1	4	0	2	2	4	3	1	4	8	1	3	1	5	
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Mar-20	1	3	1	5	0	7	1	8	4	2	2	8	2	2	2	6	0	1	3	4	
	Target		5	1	1	7	4	3	3	10	8	2	3	13	5	3	2	10	2	1	3	6	
Escherichia coli (E.coli)	Mar-20	2	1	3	6	3	6	4	13	4	7	4	15	5	6	2	13	1	6	4	11		
Target		6	1	2	9	1	2	3	6	2	2	2	6	0	3	1	4	1	2	1	4		
Klebsiella species bacteraemia (Kleb sp)	Mar-20	1	2	1	4	2	0	0	2	0	2	1	3	1	1	0	2	3	0	0	3		
Target		1	0	0	1	0	1	2	3	0	0	1	1	1	1	2	4	1	0	0	1		
Pseudomonas aeruginosa bacteraemia (Ps a)	Mar-20	1	0	0	1	0	0	0	0	0	0	1	1	1	1	0	2	0	0	0	0		
FFT	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	
	Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	97.00%	97.00%	98.00%	97.00%	99.00%	98.00%	97.00%	98.00%	95.00%	97.00%	99.00%	97.00%	98.00%	96.00%	98.00%	97.00%	93.00%	91.00%	90.00%	91.00%	
	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	
	Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	91.00%	89.00%	88.00%	89.00%	89.00%	84.00%	92.00%	88.00%	74.00%	80.00%	88.00%	81.00%	75.00%	82.00%	100.00%	86.00%	86.00%	78.00%	87.00%	84.00%	
Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%		
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Mar-20	100.00%	100.00%	98.00%	99.00%	97.00%	99.00%	100.00%	99.00%	100.00%	100.00%	95.00%	98.00%	89.00%	94.00%	100.00%	94.00%	83.00%	100.00%	100.00%	94.00%		

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4		
Workforce	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	
	Registered Nurse/Midwife day shift fill rates	Mar-20	90.33%	85.38%	84.82%	86.84%	84.71%	84.71%	84.26%	84.56%	85.14%	83.02%	82.70%	83.62%	84.11%	86.08%	86.17%	85.45%	83.67%	83.57%			83.62%	
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%
	Registered Nurse/Midwife Night shift fill rates	Mar-20	96.42%	93.56%	91.32%	93.77%	92.44%	92.79%	93.26%	92.83%	94.69%	93.47%	93.01%	93.72%	94.21%	91.44%	91.53%	92.39%	93.01%	92.62%			92.82%	
Care Staff	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	
	Care Staff day shift fill rates	Mar-20	88.71%	89.11%	92.55%	90.12%	91.73%	92.03%	95.66%	93.14%	97.80%	99.74%	96.22%	97.92%	97.43%	98.97%	99.05%	98.48%	99.05%	100.82%			99.94%	
Care Staff	Target		>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	
	Care Staff Night shift fill rates	Mar-20	129.77%	117.87%	119.03%	122.22%	123.39%	122.06%	119.22%	121.56%	118.05%	132.00%	133.03%	127.69%	131.66%	138.41%	138.69%	136.25%	149.66%	144.91%			147.29%	
Safety Thermometer	Target		97.84%	97.84%	97.84%	97.84%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%		
	Trust - Harm Free Care %	Feb-20	97.86%	98.75%	98.49%	98.37%	98.57%	98.53%	97.25%	98.12%	98.75%	99.30%	97.80%	98.62%	98.16%	98.23%	97.94%	98.11%	97.94%	97.34%				
Trust - New Harm %	Target		2.16%	2.16%	2.16%	2.16%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%		
	Trust - New Harm %	Feb-20	2.14%	1.25%	1.51%	1.63%	1.43%	1.47%	2.75%	1.88%	1.25%	0.70%	2.20%	1.38%	1.84%	1.77%	2.06%	1.89%	2.06%	2.66%				

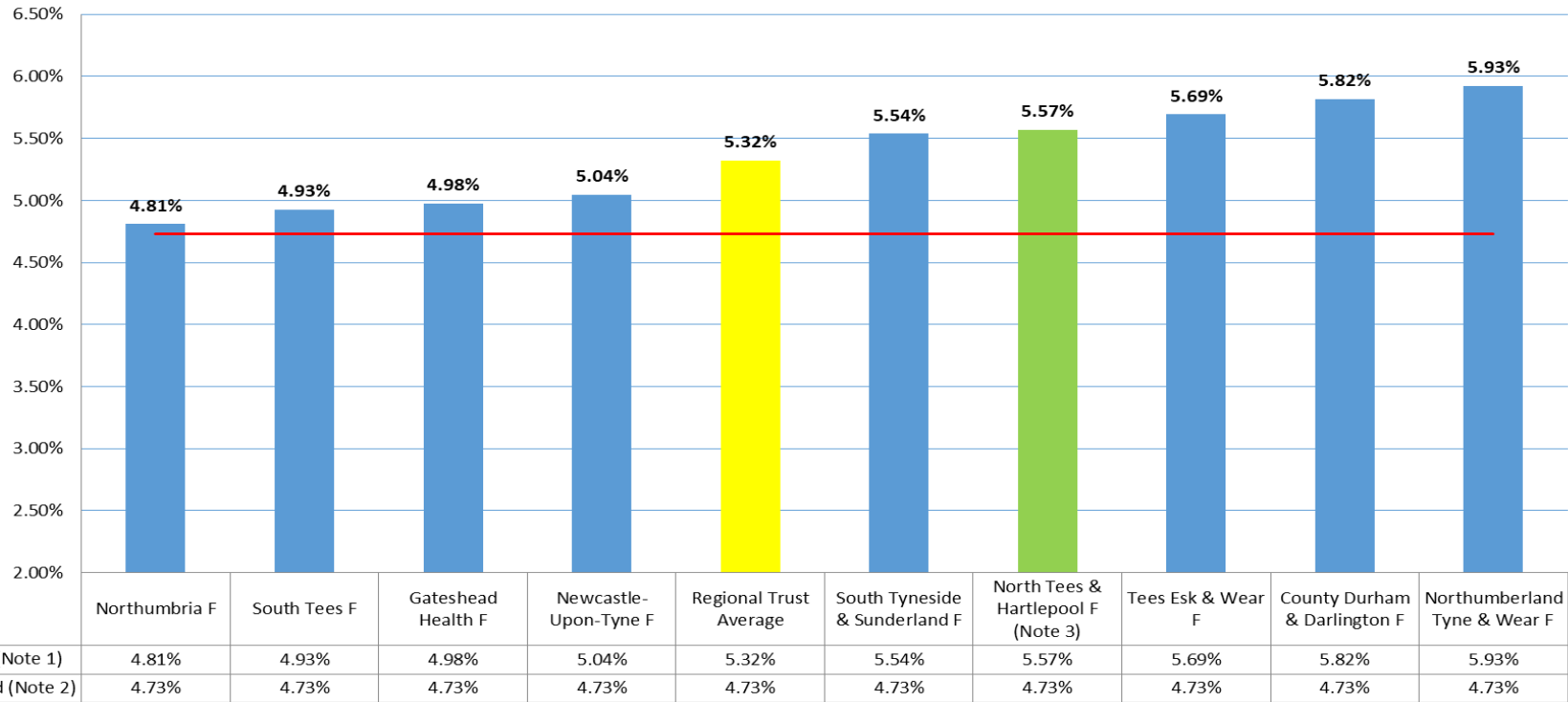


Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT - February 20</b>										
Incomplete Pathways waiting <18 weeks	83.2%		94.2%	91.0%	N/A	90.1%	87.0%	92.6%	80.4%	86.1%
Half of patients wait less than	8		6	5	N/A	7	8	7	9	6
Half of admitted patients wait less than	11		5	13	N/A	12	9	10	8	13
19 out of 20 patients wait less than	40		26	31	N/A	33	36	29	41	38
Half of Non admitted Pathways waited less than	6		2	5	N/A	3	6	6	5	4
19 out of 20 patients wait less than	30		21	19	N/A	23	24	26	24	18

Cancer 62 Day Standard - February 20	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	93.1 (108/116)	96.3 (26/27)	100 (2.5/2.5)	80 (8/10)	94.29 (16.5/17.5)	100 (11/11)	90 (18/20)	92.86 (13/14)	92.86 (13/14)
Lung		62.32 (43/69)	58.33 (7/12)	69.23 (9/13)	33.33 (1.5/4.5)	33.33 (1/3)	66.67 (10/15)	33.33 (1/3)	75 (9/12)	84.62 (4.5/6.5)
Gynae		73.68 (28/38)	100 (1/1)	66.67 (3/4.5)	100 (2/2)	57.14 (4/7)	66.67 (2/3)	100 (6.5/6.5)	64.71 (5.5/8.5)	72.73 (4/5.5)
Upper GI		54.55 (30/55)	100 (3.5/3.5)	60 (3/5)	40 (1/2.5)	100 (2/2)	34.78 (4/11.5)	94.12 (8/8.5)	40 (5/12.5)	57.89 (3.5/9.5)
Lower GI		71.25 (57/80)	66.67 (4/6)	62.96 (8.5/13.5)	71.43 (5/7)	44.44 (2/4.5)	52.17 (6/11.5)	75.86 (11/14.5)	85.71 (12/14)	94.44 (8.5/9)
Uro (incl testes)		67.57 (125/185)	42.86 (4.5/10.5)	63.44 (29.5/46.5)	31.11 (7/22.5)	84.21 (8/9.5)	62.3 (19/30.5)	88.1 (18.5/21)	86.52 (38.5/44.5)	0 (0/0)
Haem (incl AL)		80.65 (25/31)	50 (3/6)	66.67 (2/3)	83.33 (5/6)	100 (1/1)	100 (6/6)	50 (1/2)	100 (4/4)	100 (3/3)
Head & Neck		61.54 (32/52)	50 (1/2)	87.5 (7/8)	71.43 (2.5/3.5)	0 (0/0)	82.05 (16/19.5)	0 (0/0)	22.22 (3/13.5)	45.45 (2.5/5.5)
Skin		96.79 (151/156)	0 (0/0)	100 (6/6)	100 (16/16)	0 (0/0)	94.31 (58/61.5)	100 (6/6)	100 (27/27)	98.73 (38/39.5)
Sarcoma		100 (3/3)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)	100 (1/1)	0 (0/0)	100 (1/1)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		62.5 (5/8)	83.33 (2.5/3)	0 (0/0)	0 (0/0.5)	0 (0/0)	0 (0/1)	80 (2/2.5)	50 (0.5/1)	0 (0/0)
All		76.54 (607/793)	73.94 (52.5/71)	69.12 (70.5/102)	64.43 (48/74.5)	77.53 (34.5/44.5)	77.55 (133/171.5)	85.88 (73/85)	77.81 (117.5/151)	83.42 (78/93.5)



### North East Region Trusts - Sickness Rates November 2019



#### North East Region Trusts - Sickness Rates November 2019 (\*latest available)

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

Northumbria Healthcare NHS Foundation Trust report the lowest sickness absence rate for October 2019 at 4.81%.

The sickness rate for North Tees and Hartlepool is 5.57%, which is 0.25% above the regional average and 0.84% above the NHS average.

Four North East Trust's report a rate lower than the regional average; none report a rate lower than the national average.

The highest sickness absence rate in the North East region for November 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.93%.

# Integrated Performance and Compliance Dashboard - March 2020 Benchmark HED



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking <sup>i</sup>		Position <sup>i</sup>	
Indicator	Current	Previous	Change	Peer	National			
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2020)	9.38% (Dec 2018 - Nov 2019)	9.37% (Nov 2018 - Oct 2019)	0.01 ↑	7.48%	7.58%			
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2020)	2.09% (Dec 2018 - Nov 2019)	2.11% (Nov 2018 - Oct 2019)	-0.02 ↓	2.02%	1.97%			
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2020)	5.11% (Dec 2018 - Nov 2019)	5.15% (Nov 2018 - Oct 2019)	-0.04 ↓	4.56%	4.21%			
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2020)	7.57% (Dec 2018 - Nov 2019)	7.59% (Nov 2018 - Oct 2019)	-0.02 ↓	6.68%	5.99%			
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2020)	10.54% (Dec 2018 - Nov 2019)	10.55% (Nov 2018 - Oct 2019)	-0.01 ↓	9.30%	8.15%			
Outpatient DNA rate (12 mth rolling) HES Outpatients (Feb 2020)	8.52% (Jan 2019 - Dec 2019)	8.48% (Dec 2018 - Nov 2019)	0.04 ↑	7.63%	7.41%			
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Feb 2020)	2.32 (Jan 2019 - Dec 2019)	2.31 (Dec 2018 - Nov 2019)	0.01 ↑	2.38	2.13			
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Feb 2020)	0.00% (Jan 2019 - Dec 2019)	0.00% (Dec 2018 - Nov 2019)	No Change	8.43%	8.22%			
DTOC - Proportion of delayed bed days (12 mth rolling) DToC, HES Inpatients (Jan 2020)	2.02% (Jan 2019 - Dec 2019)	2.11% (Dec 2018 - Nov 2019)	-0.09 ↓	2.44%	4.19%			
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Jan 2020)	88.87% (Jan 2019 - Dec 2019)	88.92% (Dec 2018 - Nov 2019)	-0.05 ↓	75.41%	69.63%			
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Jan 2020)	95.73% (Jan 2019 - Dec 2019)	95.83% (Dec 2018 - Nov 2019)	-0.10 ↓	90.82%	85.95%			
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Jan 2020)	93.51% (Jan 2019 - Dec 2019)	93.59% (Dec 2018 - Nov 2019)	-0.08 ↓	88.76%	82.34%			
Day case realisation rate (12 mth rolling) HES Inpatients (Feb 2020)	97.01% (Jan 2019 - Dec 2019)	97.04% (Dec 2018 - Nov 2019)	-0.03 ↓	95.13%	95.84%			
Day case rate (12 mth rolling) HES Inpatients (Feb 2020)	86.65% (Jan 2019 - Dec 2019)	86.67% (Dec 2018 - Nov 2019)	-0.02 ↓	83.49%	71.43%			

# Integrated Performance and Compliance Dashboard - March 2020 Benchmark HED



Average excess length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.10 (Jan 2019 - Dec 2019)	0.10 (Dec 2018 - Nov 2019)	No Change	0.38	0.47	
Average length of stay (12 mth rolling) HES Inpatients (Feb 2020)	3.32 (Jan 2019 - Dec 2019)	3.30 (Dec 2018 - Nov 2019)	0.02 ↑	4.11	4.49	
Average elective length of stay (12 mth rolling) HES Inpatients (Feb 2020)	2.16 (Jan 2019 - Dec 2019)	2.14 (Dec 2018 - Nov 2019)	0.02 ↑	3.36	4.26	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Feb 2020)	3.43 (Jan 2019 - Dec 2019)	3.41 (Dec 2018 - Nov 2019)	0.02 ↑	4.24	4.52	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.20 (Jan 2019 - Dec 2019)	0.20 (Dec 2018 - Nov 2019)	No Change	0.23	0.23	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.01 (Jan 2019 - Dec 2019)	0.01 (Dec 2018 - Nov 2019)	No Change	0.03	0.04	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.35 (Jan 2019 - Dec 2019)	0.34 (Dec 2018 - Nov 2019)	No Change	0.45	0.46	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.82 (Jan 2019 - Dec 2019)	0.82 (Dec 2018 - Nov 2019)	No Change	0.98	0.89	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	0.22 (Jan 2019 - Dec 2019)	0.21 (Dec 2018 - Nov 2019)	No Change	0.34	0.29	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2020)	1.27 (Jan 2019 - Dec 2019)	1.27 (Dec 2018 - Nov 2019)	No Change	1.69	1.63	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Feb 2020)	35.54% (Jan 2019 - Dec 2019)	35.51% (Dec 2018 - Nov 2019)	0.03 ↑	33.43%	33.72%	
Elective stranded rate (12 mth rolling) HES Inpatients (Feb 2020)	6.05% (Jan 2019 - Dec 2019)	5.96% (Dec 2018 - Nov 2019)	0.09 ↑	11.52%	11.75%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Feb 2020)	16.20% (Jan 2019 - Dec 2019)	16.06% (Dec 2018 - Nov 2019)	0.14 ↑	18.68%	19.51%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Feb 2020)	0.89% (Jan 2019 - Dec 2019)	0.91% (Dec 2018 - Nov 2019)	-0.02 ↓	2.14%	2.96%	
Emergency super-stranded rate (12 mth rolling) HES Inpatients (Feb 2020)	3.43% (Jan 2019 - Dec 2019)	3.39% (Dec 2018 - Nov 2019)	0.04 ↑	4.73%	5.14%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Feb 2020)	91.73% (Jan 2019 - Dec 2019)	91.74% (Dec 2018 - Nov 2019)	-0.01 ↓	78.36%	78.91%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Feb 2020)	0.43% (Jan 2019 - Dec 2019)	0.40% (Dec 2018 - Nov 2019)	0.03 ↑	0.87%	0.86%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Feb 2020)	83.05 (Jan 2019 - Dec 2019)	82.22 (Dec 2018 - Nov 2019)	0.83 ↑	105.31	99.05	Low (>95%)

REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

**Statement of Comprehensive Income (SoCI)**

	Current Month £000's				Year to Date £000's		
	Annual Budget (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)
Income exc. PSF/FRF/MRET and donated asset income	303,475	26,214	35,755	9,541	303,475	314,564	(11,088)
Pay	211,356	17,097	21,809	(4,712)	211,356	217,020	(5,664)
Operating Non Pay	75,972	6,906	13,563	(6,657)	75,972	81,651	(5,679)
Pass through drugs and devices	13,070	957	1,239	(283)	13,070	13,396	(326)
Total Operating Costs	300,398	24,959	36,611	(11,652)	300,398	312,067	(11,668)
EBITDA	3,077	1,255	(856)	(2,111)	3,077	2,497	(580)
Interest, Depreciation and PDC	13,285	1,107	891	217	13,285	12,085	1,200
Surplus/Deficit before PSF	(10,208)	148	(1,746)	(1,894)	(10,208)	(9,588)	620
PSF/FRF/MRET income	10,208	1,135	1,152	17	10,208	10,258	50
Performance against control total	0	1,283	(595)	1,878	0	670	670
Impairments	0	0	17,618	(17,618)	0	17,618	(17,618)
Capital donations / grants I&E impact	0	0	62	62	0	62	62
Surplus/(Deficit) for the year	0	1,283	(18,275)	19,558	0	(17,010)	(17,010)

**Statement of Financial Position**

	Plan (£'000s)	Actual (£'000s)	Commentary
Assets, Non Current	129,618	116,085	The year end position for 2019/20 has resulted in the Trust achieving a surplus against control total of £0.67m. This compares to a planned breakeven position. The Group therefore finished the year £0.67m ahead of plan.
Assets, Current	27,781	39,508	
Total Assets	157,399	155,593	
Liabilities, current	(41,554)	(48,623)	Included in the position is £17.6m relating to impairments, which predominantly relates to the energy centre. This does not impact on control total delivery or the cash position and is an accounting adjustment based on a valuation of the Trust estate by the District Valuer
Net current assets (current assets less current liabilities)	(13,773)	(9,115)	
Liabilities, non current	(24,541)	(25,943)	The Trust met the 2019/20 CIP requirements through a combination of corporate, directorate and non recurrent schemes. The emphasis remains on converting non recurrent schemes into recurrent cost improvement.
Total Assets Employed	91,304	81,026	
Taxpayers Equity	91,304	81,026	Cash levels stand at £16.7m at the end of March. Debtor days have worsened by 7 days in comparison to March 2018/19 and creditor days have improved by 1 day in comparison to March 2018/19 levels.