



Board of Directors Meeting

**Thursday, 30 January 2020
at 1:00 pm**

**Boardroom
University Hospital of North Tees**

PG/SH

23 January 2020

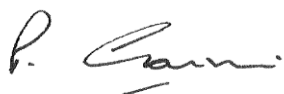
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Dear Colleague

A meeting of the **Board of Directors** will be held on **Thursday, 30 January 2020 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Paul Garvin
Chairman

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Minutes of the meeting held on, 28 November 2019 (enclosed)	Chairman
4.	(1.10pm)	Matters Arising	Chairman

Items for Information

5.	(1.15pm)	Report of the Chairman (enclosed)	Chairman
6.	(1.25pm)	Report of the Chief Executive (enclosed)	J Gillon
7.	(1.35pm)	Retrospective Approval of Documents Executed Under Seal (enclosed)	J Gillon
8.	(1.35pm)	Board of Directors Declaration of Interests and Fit & Proper Persons Declaration (enclosed)	B Bright

Quality

9.	(1.40pm)	Nursing and Midwifery Workforce Update (enclosed)	J Lane
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Strategic Management

10.	(1.50pm)	Capital Programme Performance 2019/20 (enclosed)	N Atkinson
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Paul Garvin
Chairman

Julie Gillon
Chief Executive

Performance Management

11. (2.00pm) Integrated Compliance and Performance Report **(enclosed)** L Taylor, J Lane
A Sheppard & N Atkinson

Governance

12. (2.15pm) Learning from Deaths Report **(enclosed)** D Dwarakanath
13. (2.25pm) Guardian of Safe Working Report **(enclosed)** D Dwarakanath
14. (2.35pm) Any Other Notified Business Chairman
15. Date of Next Meeting
(Thursday, 26 March 2020, Boardroom, University Hospital of North Tees)

Glossary of Terms

Strategic Aims and Objectives

Putting Patients First

- Improve outcomes, achieve performance targets
- Effective planning
- Develop new approaches that support recovery and wellbeing
- Develop new services to meet peoples' needs
- Focus on research to improve services

Valuing Our People

- Promote and 'live' the NHS values within a healthy organisational culture
- Develop, train and retrain our staff
- Ensure a healthy work environment
- Listen to the 'experts'
- Encourage the future leaders

Transforming Our Services

- Deliver cost effective and efficient services, maintaining financial stability
- Make better use of information systems and technology
- Provide services that are fit for purpose and delivered from cost effective buildings
- Ensure future clinical sustainability of services

Health and Wellbeing

- Promote and improve the health of the population
- Promote health services through full range of clinical activity
- Increase health life expectancy in collaboration with partners
- Promote self-care

North Tees and Hartlepool NHS Foundation Trust

Minutes of a meeting of the Board of Directors held on Thursday, 30 January 2019 at 1.00 pm at the University Hospital of North Tees

Present:

Paul Garvin, Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Philip Craig, Non-Executive Director*	PG
Brian Dinsdale, Non-Executive Director	BD
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Rita Taylor, Non-Executive Director*	RT
Ann Baxter, Associate Non-Executive Director	AB
Neil Schneider, Associate Non-Executive Director	NS
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director / Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance*	DoF
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information & Technology Officer	CI&TO
Julie Lane, Chief Nurse / Director of Patient Safety and Quality	CN/DoPS&Q
Alan Sheppard, Chief People Officer	CPO
Lynne Taylor, Director of Performance and Planning	DoP&P

In attendance:

Karen Sheard, Deputy Chief Nurse (Observer)
Louise Johnson, Care Group Manager: Responsive Care (Observer)
Peter Wilkinson, Hospital User Group (HUG) Representative
Tony Horrocks, Lead Governor / Elected Governor, Stockton
John Edwards, Elected Governor, Stockton
Alan Smith, Elected Governor, Hartlepool
Ruth Dalton, Head of Communications and Marketing
Samantha Sharp, Personal Assistant (note taker)

BoD/4169 Apologies for Absence

An apology for absence was received from Barbara Bright, Director of Corporate Affairs and Chief of Staff (DoCA&CoS).

BoD/4170 Declaration of Interests

Declarations of interest were noted from the CI&TO, DoP&P and BD (Non-Executive Director) in respect to their roles with North Tees and Hartlepool Solutions, and SH (Non-Executive Director) and NS (Associate Non-Executive Director) in respect to their roles with Optimus Health Ltd, although there was no conflict against any open agenda items.

BoD/4171 Minutes of the meeting held on, Thursday, 28 November 2019

Resolved: that the minutes of the meeting held on Thursday, 28 November 2019 be confirmed as an accurate record.

BoD/4172 Matters Arising

* voting member

There were no matters arising.

BoD/4173 Report of the Chairman

A summary of the Report of the Chairman included: -

- The Chairman and the CE met with Richard Barker, Regional Director for the North, NHS England and Alan Foster, Executive Lead for the North East and North Cumbria ICS to discuss the future of health services in the Tees Valley. In addition, the Chairman and his counterpart at South Tees, Alan Downey had met with Richard Barker and Richard Douglas, Deputy Chairman of NHS Improvement regarding ICP progress in the Tees Valley. Milestones and gateways were discussed to provide assurance of due diligence and work continued to pursue an appropriate system for the Tees Valley;
- NHS Providers Chairs and Chief Executive Meeting: The main focus of the day was to pursue provider collaboration. No single model for a group structure was recommended and Trusts needed to consider the most appropriate model for their area and the population it served and to deliver a service in the best interest of patients. Julian Hartley, Chair of the West Yorkshire Association of Acute Trusts provided an update on how provider Trusts in West Yorkshire and Harrogate were brought together to deliver services working in partnership with one another. David Dalton, Ex-Chief Executive of Salford Royal NHS Foundation Trust and Pennine Acute Hospitals NHS Trust also spoke around their group structure and how this was achieved. Raj Jain, Chair of the Northern Care Alliance would be visiting the Trust on Friday, 31 January to discuss organisational form;
- NHS England/Improvement Annual Summit: Operating models and post-election pressure was discussed. It was noted that the role of the ICS was to ensure that system transformation took place and to take responsibility for the management of system performance;
- The Trust had hosted visits with Matt Vickers, MP for Stockton South, Alex Cunningham, MP for Stockton North, Mike Hill, MP for Hartlepool and Ben Houchen, Tees Valley Mayor who all supported the proposed direction of travel for the Trust. Meetings with the Sedgefield and Darlington MPs were to be arranged.

RT, Non-Executive Director highlighted the importance of promoting services across the Trust, particularly services in Hartlepool. The CE reminded members that information was published each year in the Annual Report but that it was important that the Trust continued to promote its services to the public through the media and the hosting of key leaders to the site. The CE reported that a list of services in Hartlepool was also scheduled to be presented at the Hartlepool Audit and Governance Committee.

Resolved: that, the verbal report be noted

BoD/4174 Report of the Chief Executive

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

- Three Executive Directors had been chosen to be 'Locality Directors' to focus on delivery of the strategic objectives, partnership opportunities and place based planning. The MD/CE would hold responsibility for Hartlepool, DoCA&CoS would be responsible for Stockton and the COO would manage Easington, Sedgefield and parts of County Durham. It was hoped that this would raise the profile of the Trust for the work it was doing around sustainability of services for the population it served and to

support the prevention of health inequalities.

- The National Leadership Centre was bringing together Senior Leaders to innovate to create a network to drive forward collaboration across the public sector. The CE highlighted this was a fantastic opportunity and that she would be involved in this work;
- Winter Planning: As Chair of the A&E Delivery Board, the CE had the opportunity to share good practice and to collaboratively tackle challenges and operating models;
- Ambulance Delays: Following media coverage of long ambulance delays, the CE highlighted that the Trust was a net receiver of ambulance diverts across the Tees Valley and that it had the lowest number of ambulance handover delays in the region which had been recognised both locally and regionally;
- A further A&E summit was held on 17 January 2020 whereby a number of key challenges and actions were discussed. Focus was on education, patient safety and preparing realistic plans for the forthcoming challenges in 2020/21;
- The Trust continued to 'test' revised emergency care standards;
- Meeting with the newly appointed and existing MPs had commenced to share the vision for the Trust and Tees Valley to ensure ongoing proactive support. Ben Houchen, Tees Valley Mayor visited Hartlepool Hospital on 22 January and a visit to North Tees was being planned. One MP had requested to view a shift in A&E;
- Key VIPs continued to be invited to the Trust to showcase the work within the organisation and across the wider system. Raj Jain, Chair of the Northern Care Alliance would be visiting the Trust on 31 January 2020 and Ruth May, Chief Nursing Officer for England would be visiting the Trust on 30 April 2020 in connection with the year of the Nurse and Midwife;
- The Trust had teamed up with Bede Sixth Form College and Stockton College of further education to help students gain experience working and being trained in the NHS.

JE, Non-Executive Director queried the workload for those directors chosen to be 'locality Directors'. It was highlighted that this would not be hugely onerous and that it would help the Trust to manage relationships and allow Directors to mix with their peers. Some aspects of this role would be delegated to deputies.

Resolved: that, the content of the report and the pursuance of strategic objectives be noted.

BoD/4175 Retrospective Approval of Documents Executed Under Seal

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

Document	Date Signed	By
<p>Guarantee and Indemnity</p> <p>Between:</p> <p>Guarantor:</p> <p>1) North Tees and Hartlepool NHS Foundation Trust</p> <p>And</p> <p>Beneficiaries:</p> <p>2) AAH Pharmaceuticals Limited</p>	January 2020	<p>Neil Atkinson Director of Finance</p> <p>Barbara Bright Director of Corporate Affairs and Chief of Staff</p>

<p>And</p> <p>3) Barclay Pharmaceuticals Limited</p> <p>In respect of services being provided to Optimus Health Limited to increase the credit limit to £180,000.</p>		
<p>Lease Agreement</p> <p>Between</p> <p>North Tees and Hartlepool NHS Foundation Trust</p> <p>And</p> <p>Hartlepool Borough Council</p> <p>A 5 year lease with effect from 1 September 2019 regarding a lease of rooms at the University Hospital of Hartlepool</p>	<p>18 December 2019</p>	<p>Neil Atkinson Director of Finance</p> <p>Deepak Dwarakanath Medical Director / Deputy Chief Executive</p>

Following a query from the Chairman, the DoF clarified the position in respect to an increase in the credit limit with AAH Pharmaceuticals Ltd and Barclay Pharmaceuticals Ltd for Optimus Health Ltd.

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

BoD/4176 Board of Directors Declaration of interests and Fit and Proper Persons Declaration

An updated register of interest was presented, where Board of Directors were required annually to declare any interests that may conflict with their position as a Director, Non-Executive Director or Associate Non-Executive Director of the Trust. The interests were required to be made at an open meeting of the Board and to be recorded in a register, which was referred to in the Trust's Annual Report and should be available for inspection by the public. Following the introduction of the 'fit and proper persons' standard in November 2014, an annual declaration was required for an Executive Director/Non-Executive Director or equivalent, to demonstrate continued fitness to undertake the role and such declarations would be recorded as part of the register.

NS, Associate Non-Executive Director advised that he would be required to declare an interest going forward as Chair of Optimus Board. Any further changes were to be forwarded to the DoCA&CoS.

Resolved:

- (i) that, the content of the updated register be noted; and
- (ii) that, the register would be referred to in the Annual Report 2019/20 and be made available for public inspection; and
- (iii) that, an update to the Declaration of Interest Register be made in respect to NS, Non-Executive Director role as Chair of Optimus Board; and
- (iv) that, any further changes to the Declaration of Interest Register be

forwarded to the DoCA&CoS.

BoD/4177 Nursing and Midwifery Workforce Update

The CN/DoPS&Q presented the Nursing and Midwifery Workforce Report providing an overview of current nursing and midwifery staffing and recruitment activity across the organisation to support safe staffing highlighting that this was an interim report following a change in dates in relation to bi-annual staffing reports to the Board to ensure that the process was in line with the business planning process and to support winter planning.

Registered Nurses, unregistered nurses and midwifery vacancies continued to be addressed on a monthly basis via the established recruitment centres. Approximately 30 WTE registered nurses were planned to take up positions in February and an additional 25 applicants had been invited to attend the recruitment centre at the end of January. Both midwifery and unregistered nurse vacancies were now also managed through the recruitment centre process.

Nurse sickness levels had increased over the winter period and work was underway to ascertain the reason for the rise and to support staff. 10 WTE Nursing Associates had successfully completed a two year pilot foundation degree programme with six being employed in Band 4 Nursing Associate Roles. There were currently 15 Nursing Associate Apprentices in practice with plans for future cohorts, based on workforce plans.

The Trust remained focused and committed to the retention of the current nursing workforce and the CN/DoPS&Q outlined steps being taken to achieve this.

AB, Associate Non-Executive Director sought clarity in respect to self-rostering. The CN/DoPS&Q explained that this worked well and would be rolled out wider over the coming months. Following a query from the Chairman, the CN/DoPS&Q advised that she had seen no evidence of teams losing their identity and provided assurance that the Clinical Matron continued to provide oversight of the rota to ensure the appropriate skill mix to support safe staffing.

RT, Non-Executive Director highlighted that nurse vacancies had slightly increased and the CN/DoPS&Q provided assurance that steps were being taken to fill vacancies. The CN/DoPS&Q highlighted that midwives were currently at full establishment but that a couple of retirements were due shortly and that recruitment would be undertaken through the recruitment centre process.

SH, Non-Executive Director commended the work undertaken to successfully recruit and retain nurses and midwives.

- Resolved:**
- (i) that, the ongoing work in managing the safe and efficient staffing of the nursing and midwifery workforce be noted; and
 - (ii) that, the continuous work with NHSI via the CNO Safe Staffing Faculty in order to support the delivery of safe nursing and midwifery staffing be noted.

BoD/4178 Capital Programme Performance 2019/20

The DoF provided an update in respect of the Capital Programme Performance for Quarter 3 2019/20. The capital programme allocation was agreed at 14.5m.

At the end of quarter 3, the Trust was currently £3m behind on the capital programme but anticipated that it would spend the full capital allocation by the year end. In Quarter 3, the

Trust had successfully secured £552k of external PDC funding to replace the CT scanner on the Hartlepool site. The external funding was required to be spent within the 2019/20 financial year.

To continue to manage down the backlog maintenance, a five-year backlog maintenance plan had been developed to address the high backlog maintenance levels within the Trust Estates. The revised plan was based on a £3.7m annual backlog allocation over five years and a risk based approach was being taken to prioritise the work.

All enabling work had been completed in respect to the pharmacy dispensing robot and concrete repairs to North Wing were now complete. Four new mammography machines had been purchased for breast screening; three to replace aging machines.

Funding of £300,000 for LED lighting had been secured to replace external lighting across the estate. Recurring energy savings of £80k per annum were anticipated to be generated. The fire alarm replacement project continued to progress and the lift improvement project was expected to be delivered for the approved sum of £1.155m. Both were on target for their completion dates.

The CI&TO reported on Information and Technology Services (I&TS) and the digital programme highlighting the replacement of the EPR TrakCare hardware. Wireless capability to support both EPMA and VOCERA continued to be rolled out. To improve resilience, new air conditioning units were required for the main server room at North Tees and work progressed in conjunction with the LLP to size and obtain quotes for the new equipment.

The CI&TO provided an update on the digital strategy highlighting that the Trust had now achieved Health Information and Management Systems Society (HIMSS) level 5 certification and all that was required as a Global Digital Exemplar Fast Follower (CDGFF). The Trust were awaiting formal feedback and results of this external milestone assessment. If this was successful, the Trust would then draw down the last part of the agreed GDEFF funding. Plans were in place to achieve HIMSS level 6 within the next 12 months.

A business case to provide a network PACS solution for the region had been agreed by the Executive Team. The Trust currently hosted the funds and a mechanism to mitigate any financial risk to the Trust was being pursued.

In response to a query raised by AB, Associate Non-Executive Director, the CN/DoPS&Q reported that the decant programme was managed appropriately by the infection control team.

In response to a query raised by RT, Non-Executive Director, the MD/DCE reported that redundant medical equipment from the Trust was transferred to other Trusts or developing countries.

The CI&TO provided assurance in respect to Huawei highlighting that due diligence would be undertaken in respect to any new technological solution to ensure that cyber security was not compromised in any way.

Resolved: that, the position on capital schemes up to 31 December 2019 be noted.

BoD/4179 Integrated Compliance and Performance Report

The DoP&P presented the Integrated Compliance and Performance Report for the month of December 2019 and Quarter 3. Key points were: -

- Single Oversight Framework: Overall the Trust had performed relatively well against

national and local indicators achieving compliance against most key standards, though pressures remained around the 62-day cancer standard and the diagnostic standard. The Trust was one of only three Trusts to achieve the 62-day standard in November. The quarter 4 position currently stood at 77% against a target of 85%. The RTT standard had been achieved in December and Quarter 3. The non-obstetric diagnostic capacity issue continued due to ongoing sickness resulting in a protracted recovery. In addition, Endoscopy were experiencing pressures with capacity with additional lists accommodated where possible. Endoscopy were to commence a 100-day challenge to review booking processes in January. Emergency activity across the organisation had seen an increase of 9.31% compared to the same period the previous year. The Trust had experienced a significant increase in the number of mutual aid requests and the number of diverts and deflections received from neighbouring organisations. The Trust continued to test revised emergency care standards with additional measures being added.

- Operational Efficiency and Productivity Standards: The Trust had performed well against length of stay, delayed transfers of care and super stranded patients standards and an improvement was noted against the Outpatient DNA rate. Readmissions rates remained a key area of focus in 2019/20;
- Quality and Safety: Largely positive performance against a number of key indicators including HSMR/SHMI and Dementia Standards. Three Trust attributed cases of Clostridium Difficile was reported in December, taking the total cases to 46 against a trajectory of 41 by the end of December. The trajectory for the end of 2019/20 stood at 56. An overall reduction in complaints was noted, however stage 1 complaints had increased as expected following Ward Matrons being encouraged to capture and report these concerns and support resolution at ward/department level;
- Workforce: Sickness absence remained the key pressure reporting at 5.42% in November (latest position), showing an increase of 0.12% when compared to the previous month and remained above the revised Trust target of 4%. Long term sickness reported at 3.38%, an increase of 0.34 when compared to the previous month. Short term sickness reported at 2.04%, a reduction of 0.22% when compared to the previous month. 'Anxiety/stress/depression/other psychiatric illnesses' remained the most prevalent reason of absence. There was a continued focus to understand the underlying reasons of absence and proactive means to prevent absence where possible. Turnover and attrition rates remained within expected levels. Mandatory training and appraisal compliance was 87% and 86% respectively, remaining static. The total number of active volunteers with the Trust was 371 contributing c.901 hours per week. Recruitment remained positive and the 'Home but not Alone' pilot had been extended to include Wards 30, 33 and 36. The Trust had been successful in securing funding from NHSE/I to develop the role of the volunteers during periods of severe pressure;
- Financial position: The year to date Group position at Month 9 was a surplus of £2.2m compared to a planned deficit of (£0.8m), therefore the Group was £3m ahead of plan. The Trust was forecasting to deliver its CIP plans for 2019/20. Cash levels stood at £21.4m at the end of December. Creditor metrics had improved in recent months and operational issues had reduced substantially consequently. Similarly, debtor performance had improved.

KR, Chair of the Performance, Planning and Compliance Committee provided assurance that the committee continued to challenge and interrogate performance data to ensure its robustness. KR highlighted that Matt Wynne, Head of Specialist Service presented an update to the committee in respect to wheelchair referrals highlighting that supply issues had been experienced but that this had now been resolved. KR also highlighted that individual members of the Board often visit wards and departments to gain assurance.

It was noted that the Council of Governors would receive an update in respect to sickness absence at their meeting on 7 May. Data would be analysed further to correlate a link between an increase in activity and sickness absence.

In response to a query from RT, Non-Executive Director, the DoP&P highlighted that the North East Ambulance Service had no concerns in respect to the Trust's handovers.

The CN/DoPS&Q provided an update following the outbreak of the Coronavirus in China highlighting that risk assessments had been carried out and an appropriate isolation area identified. All guidance issued by the Department and Health and Public Health England was being followed. It was noted that a significant number of students from China attend the Queens Campus of Durham University based in Stockton and an advisory letter from Public Health England had been sent to all such students. An Incident Control Centre had been opened this week and the Trust was represented on this.

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards December and Quarter 3 be noted; and
 - (ii) that, the on-going financial pressures be recognised, however with a positive month 9 position against plan; and
 - (iii) that, 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 be acknowledged; and
 - (iv) that, the Trusts on-going participation as a pilot site testing the new proposed access standards and continuation of this throughout the winter period be noted; and
 - (v) that, the management of the winter plan to date be noted; and
 - (vi) that, that the Council of Governors receive an update on sickness absence at their meeting on 7 May; and
 - (vii) that, data be analysed further to correlate a link between an increase in activity and sickness absence.

BoD/4180 Learning from Deaths Report

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

- Mortality: The Trust's HSMR value had decreased to 92.90 (September 2018 to August 2019), the SHMI was currently 96.15 (July 2018 to June 2019); both were within the 'as expected' range;
- Compulsory case reviews: 94% of the cases identified in the Trust's policy had been reviewed. During 2019/20, by the end of Quarter 3, 48% of compulsory reviews had been completed;
- During Quarter 3 2019/20, there were five cases reported and investigated as serious incidents, all were identified prior to mortality reviews being completed;
- A business case to support the introduction of the Medical Examiners role had been agreed. A five day service would be introduced from April moving to a 7 day service in the future;
- The recording of co-morbidities over the past seven years to September 2019 had improved significantly with the average number of comorbidities recorded being 7 per a case.

In response to queries, the MD/DCE explained that a team of 2/3 medics would cover the role of Medical Examiner with an infrastructure of support put in place. To provide assurance,

three levels of scrutiny would be established; The Coroner, Regional Medical Director and the MD/DCE of the Trust. In addition, independent audits would also give assurance.

- Resolved:** (i) that, the content of the report be noted and the information provided in relation to the identification of trends to assist learning lessons from the mortality reviews in order to maintain the reduction in the Trust's mortality rates be noted; and
- (ii) that, the on-going work programme to maintain the mortality rates within the expected range for the organisation be noted; and
- (iii) that, the introduction of the Medical Examiner role from April 2020 providing a service over five days be noted.

BoD/4181 Guardian of Safe Working Report

The MD/DCE presented the Guardian of Safe Working Report for the period August to November 2019.

During the period a total of 68 exception reports were submitted by 22 doctors. The most common reason was a variance in working hours with time off in lieu as the main outcome. No fines had been levied by the Guardian.

It was noted that from December 2019 further changes to the junior doctor contract would be introduced in relation to rest after night shifts and maximum weekend working frequencies. A review of rotas was being undertaken.

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

BoD/4182 Any Other Notified Business

a. Healthcare User Group (HUG) Visits

The Healthcare User Group (HUG) representative provided an overview of the visits that had been undertaken by the HUG since the last meeting, which had included Ward 38. The ward was very busy and there was also a day unit and clinics being held on the day visited. The ward was clean and tidy and well organised. Six patients were interviewed with generally positive feedback. One patient raised concern in respect to how he was spoken to in ambulatory care prior to going to the ward. He acknowledged that the area was very busy with a large number of patients waiting to be seen. He did not fault the care he had received. The CE highlighted that patients should always be treated with dignity and respect and the HUG representative advised that the matter had been resolved at a local level.


The HUG representative highlighted that the haematology staff had raised funds for the unit and had suggested that an old conservatory was converted into a waiting area for friends and family and the CN/DoPS&Q agreed to look into this proposal.

- Resolved:** (i) that, the content of the report be noted; and
- (ii) that, the CN/DoPS&Q look into proposals to convert the old conservatory in haematology into a waiting area for friends and family.

BoD/4183 Date and Time of Next Meeting

- Resolved:** that, the next meeting be held on Thursday, 26 March 2020 at 1.00 pm in the Boardroom, University Hospital of North Tees.

The meeting closed at 3 pm.

Signed: 

Date: 26 March 2020

Title of report:	Chairman's Report									
Date:	30 January 2020									
Prepared by:	Paul Garvin, Chairman									
Executive Sponsor:	Paul Garvin, Chairman									
Purpose of the report	This purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

Meetings

I have attended the following meetings and will provide further details at the meeting:-

(i) National meetings regarding Integrated Care Partnership progress

- Richard Barker, Regional Director for the North, NHS England and Alan Foster, Executive Lead for the North East and North Cumbria ICS
- Richard Barker, Regional Director for the North, NHS England, Richard Douglas, Deputy Chairman, NHS Improvement and Alan Downey, Chairman, South Tees Hospitals NHS Foundation Trust regarding ICP progress

(ii) NHS Providers Chairs and Chief Executives Meeting key messages

- Provider collaboration
 - No single model
 - Promote what is important
 - Board remains autonomous
 - No regional or national pressure to follow a particular form
 - Keep focus on patients and good governance
- Julian Hartley, West Yorkshire Association of Acute Trusts
 - £1m into project team
 - Committee in Common
 - Elective surgery collaboration
 - Vascular 3 to 2
 - Lots of financial backing
- Sir David Dalton, Chief Executive, Salford Royal NHS Foundation Trust and Pennine Acute Hospitals NHS Trust – Group Structures
 - What is the problem we are trying to solve?
 - What is the best form to solve it?
 - Mutual accountability

(iii) NHS England/Improvement Summit

- Post-Election pressure
 - “Oven ready schemes
 - Accountability and expectation to deliver for the extra money
 - Pressure to deliver for the new conservative areas

- Operating models
 - System by default but organisations still accountable
 - ICS role – system transformation – management of system performance
 - Range of supporting systems
 - Population health
 - Development/Oversight of place
 - Align and integrate commissioning
 - Good governance

(iv) HFMA Annual Chairs Conference

- Dido Harding, Chair, NHS Improvement repeated the message that Ministers wanted to do things quickly – Air of desperation
- Emphasis on prevention, reducing inequality, improving outcomes, system by default
- Having credible and honest operational system plans
- Some mixed messages

(v) Political Meetings

- Matt Vickers, MP Stockton South
- Ben Hounchen, Tees Valley Mayor

How this report impacts on current risks or highlights new risks:	
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.	
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant Committees
Recommendation	The Board of Directors is asked to receive and note the content of this report

Board of Directors

Title of report:	Report of the Chief Executive									
Date:	30 January 2020									
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere in the agenda.</p> <p>Key issues for information:</p> <ul style="list-style-type: none"> • Integrated Care System/Integrated Care (ICS/ICP) Partnership Update • Delivering our Strategy: Locality Directors • Residential for • National Leadership Centre a new era for public leadership • Winter Planning • International Year of the Nurse and Midwife • New Trust Governors; Induction and welcome to the Council • Sunderland University Students • Driving the Vision Forward – Stakeholder Support NHS Improvement and NHS England • Visit from Health Service Journal Reporter • New Partnership helping inspire the next generation of NHS staff <p>Volunteer funding</p>										
How this report impacts on current risks or highlights new risks:										
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.										
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant Committees within the governance structure to ensure consideration for strategic intent and delivery.									
Recommendation	The Board of Directors is asked to receive and note the content of this report and the pursuance of strategic objectives.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 January 2020

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

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

2.1.1 Locality Directors

The Trust has agreed three executive team members as their chosen 'Locality Directors' to focus on delivering the strategic objectives, partnership opportunities and place based planning. Deepak Dwarakanath, Medical Director and Deputy Chief Executive will hold responsibility for Hartlepool, Barbara Bright, Director of Corporate Affairs and Chief of Staff will be responsible for Stockton and Levi Buckley, Chief Operating Officer will manage Easington, Sedgefield and parts of County Durham.

The responsibility of a Locality Director will be to ensure that productive, mutually beneficial relationships are built, grown and maintained within the respective geographical areas assigned. Building on the current successful system working today, this responsibility will work to promote connected communities across the Trust's geographical coverage.

2.2 The National Leadership Centre: a new era for Public Leadership

The national leadership centre, established in 2019 is the first of its kind bringing together Senior Leaders to innovate across to create a network to drive forward collaboration across the public sector.

Following nomination from NHSI&E to take part in this "first of its kind" movement, a recent number of events has enabled creative thinking in readiness to create change in a complex system. Early work has centred on styles of leadership, adaptive behaviour in innovative and ingenious ways to reach potential, the dark net, artificial intelligence and leadership in a fracturing land and distrustful world.

2.3 Winter Planning

2.3.1 *Flu Vaccination* - we continue to progress with our flu vaccination campaign. This year we have pledged to 'get a jab – give a jab', for every staff member who receives a free flu vaccine the Trust donates a vaccine to UNICEF to protect children around the world. To date we have donated 4087 vaccines (3696 Trust staff and 391 LLP staff).

Our current vaccination rate is over 72% with a major saturation campaign now taking place.

2.3.2 *A&E Summit* - A further A&E Summit was held on the 17 January 2020 whereby a number of key challenges and actions were discussed and whilst self-regulation is regarded as appropriate, this session focused on learning, patient safety priorities and preparing realistic plans for the forthcoming challenges on 2020/21.

A task and finish group was to be established to address the operating model in emergency care with North Tees and Hartlepool being held as an exemplar to ensure consistency and to commence work around bed capacity in each organisation as well as reviewing national expectations for next winter.

2.4 International Year of the Nurse and Midwife

2020 has been designated the 'Year of the Nurse and Midwife' by the World Health Organization in honour of the 200th anniversary of the birth of Florence Nightingale. The Trust has developed a comprehensive schedule of communications and marketing activities that will reflect the ambitions for careers within the sector for our ICS, ICP and from within the Trust.

2.5 New governors

Our Trust welcomed 7 new governors into the organisation on 15 January 2020. The new appointments bring a broad range of experience which will add further depth of knowledge and skill to the important role they play in the strategic direction of the Trust.

2.6 Sunderland University students

Students from Sunderland Medical School will visit University Hospital of North Tees on Wednesday 22 January 2020. This will be the first of their site visits after starting with the new medical school in 2019. It will be almost 600 days exactly until their first placement within organisations across the patch in 2021.

2.7 Visit from Health Service Journal

On Friday 10 January 2020 the Trust hosted a visit by Matt Didscombe, reporter for the Health Services Journal to meet with colleagues to discuss topical issues pertaining to the Long Term Plan. It was a good opportunity to establish a solid working relationship with the publication in order to share news and updates with the wider health care community.

2.8 Driving the Vision Forward

2.8.1 Members of Parliament

Meetings with Newly appointed and existing MPs has commenced to share the vision for the Trust and Tees Valley to ensure ongoing proactive support.

2.8.2 Visit by Ben Houchen, Mayor of Tees Valley

Tees Valley Combined Authority Chair and Mayor – Ben Houchen visited the University Hospital of Hartlepool on 22 January to meet with the Chairman and myself before embarking on a tour of our Integrated Single Point of Access (ISPA) and other services. The Chairman and I took the time to facilitate an informal group discussion with the Mayor to discuss the challenges of our populations and the opportunities for partnership in the future.

2.8.3 Meeting with Richard Barker, Regional Director, NHSE/I

A meeting was held with Richard Barker on 13 December 2019 Regional Director, NHSE/I to discuss work taking place within Tees Valley with specific focus on displaying a firm grip on decision making, leadership and partnership working and securing a robust resource and work programme going forward.

2.8.4 VIP Visits

Throughout the course of 2020 we will continue to invite key VIPs to the Trust to showcase the work within the organisation and across the wider system. These meetings will be used to share our ambitions for the Tees Valley in line with the objectives set out by the Long Term Plan.

On 31 January 2020 we will welcome Mr Raj Jain, Group Chief Executive for the Northern Care Alliance to the Trust. Raj has been in post since April 2019, and we are looking to hearing about his work to date for Salford Royal Foundation Trust and Pennine Acute Hospitals Trust.

2.10 New Partnership Helping Inspire the Next Generation of NHS staff

The Trust is pleased to announce it has teamed up with Bede Sixth Form College in Billingham to help students gain experience working and being trained in the NHS. Over two years, 10 health and social care students will have the opportunity to spend 45 days on work placements in a range of areas. For the first pilot, students will spend 25 days at the Trust and will be placed in specialisms including research, community nursing, elderly care, outpatient care, elective care and urgent care. This is a fantastic opportunity for them to get a real insight into what it's like to work in the NHS and will hopefully mark the start of a long career in the health service.

2.11 Volunteer funding

The Trust has been successful in a bid for £25k from NHSE/I Response Volunteer Programme to help the Trust manage patient flow and expedite early discharges during periods of winter surge via the purchase of vocera handsets and additional wheelchairs.

3. Recommendations

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 January 2020

Report of the Chief Executive

Retrospective Approval of Documents Executed Under Seal

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

Transforming our Services

The following documents were executed under seal and as a deed respectively.

Document	Date Signed	By
<p>Guarantee and Indemnity</p> <p>Between:</p> <p>Guarantor:</p> <ul style="list-style-type: none">1) North Tees and Hartlepool NHS Foundation Trust <p>And</p> <p>Beneficiaries:</p> <ul style="list-style-type: none">2) AAH Pharmaceuticals LimitedAnd3) Barclay Pharmaceuticals Limited <p>In respect of services being provided to Optimus Health Limited to increase the credit limit to £180,000.</p> <hr/>	January 2020	Neil Atkinson Director of Finance Barbara Bright Director of Corporate Affairs and Chief of Staff
<p>Lease Agreement</p> <p>Between</p> <p>North Tees and Hartlepool NHS Foundation Trust</p> <p>And</p> <p>Hartlepool Borough Council</p> <p>A 5 year lease with effect from 1 September 2019 regarding a lease of rooms at the University Hospital of Hartlepool.</p>	18 December 2019	Neil Atkinson Director of Finance Deepak Dwarakanath Medical Director / Deputy Chief Executive

The Board is requested to grant retrospective approval for the signing of this document.

Julie Gillon
Chief Executive

Board of Directors

Title of report:	Declaration of Interests and Fit and Proper Persons Declaration									
Date:	30 January 2020									
Prepared by:	Sarah Hutt									
Executive Sponsor:	Barbara Bright									
Purpose of the report	Presentation of the annual declaration of interests and fit and proper persons declaration for Board Members.									
Action required:	Approve		Assurance		Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe		Caring		Effective	x	Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>In accordance with Annex 7, of the Trust's Constitution, the Board of Directors of NHS Foundation Trusts are required to declare interests that may conflict with their position as a Director or Non-Executive Director of the Trust. Interests are to be declared at an open meeting of the Board, minuted as such, and then recorded in a register which is referred to in the Trust's Annual Report and is available for inspection by the public.</p> <p>The 'fit and proper persons' standard is part of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) which places a duty on NHS Providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent, or a Non-Executive Director under given circumstances. For existing appointments, assessment of continued fitness for the role must be undertaken on an annual basis, this is to be facilitated by completion of a fit and proper person declaration and recorded in a register.</p> <p>A copy of the register is appended to this report for information.</p>										
How this report impacts on current risks or highlights new risks:										
No risks were identified in relation to this report.										
Committees/groups where this item has been discussed	N/A									
Recommendation	To note the contents of the appended updated register; and To note that the register will be referred to in the Annual Report 2019/20 and will be available for public inspection.									

**Declaration of Interest by Chairman, Non-executive and Executive Directors of
North Tees and Hartlepool NHS Foundation Trust**

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
Mr Paul Garvin Chairman	None	None	None	None	Daughter Insolvency Partner at Wardhadaway (Trust's Legal Advisors)	✓
Mr Stephen Hall Vice Chair / Non-Executive Director	Director, Trading Company for North Tees and Hartlepool NHS Foundation Trust	None	Shareholder in Regional Training Partners Limited		None	✓
Mr Brian Dinsdale Non-Executive Director	Chair of NTH Solutions, a Trading Company for North Tees and Hartlepool NHS Foundation Trust	None	None	Treasurer at St Marys Church, Nunthorpe	None	✓
Mr Jonathan Erskine Non-Executive Director	Executive Director of European Health Property Network	None	None	None	Self Employed Research Consultant	✓
Mr Kevin Robinson Non-Executive Director	None	None	None	None	Consultant with Auriola Consulting (Justice Services)	✓
Mrs Rita Taylor Senior Independent Non-Executive Director	None	None	None	None	None	✓
Ann Baxter Associate NED		Ann Baxter Ltd – Independent Consultancy		Independent Chair of Tees Safeguarding Adult Board Independent Scrutiny – Darlington Safeguarding Partnership		✓
Philip Craig Non-Executive Director	None	None	None	None	None	

**Declaration of Interest by Chairman, Non-executive and Executive Directors of
North Tees and Hartlepool NHS Foundation Trust**

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
Neil Schneider Associate NED	Director of The Flying Geese Leadership and Development Company	None	None	None	None	✓
Mrs Julie Gillon Chief Executive	None	None	None	None	None	✓
Dr Deepak Dwarakanath Executive Director / Deputy Chief Executive	None	None	None	None	None	✓
Neil Atkinson Executive Director	None	None	None	Treasurer, Durham Post Graduate Charity at County Durham and Darlington FT	None	✓
Mrs Barbara Bright Executive Director	None	None	None	None	Company Secretary for Optimus Health Ltd (Trading Company of North Tees and Hartlepool NHS FT operating Panacea (Outpatient Pharmacy)	✓
Levi Buckley Executive Director	None	None	None	None	None	✓
Dr Graham Evans Executive Director	Trust Board representative to NTH Solutions, a Trading Company for North Tees and Hartlepool NHS Foundation Trust	None	None	Designated Board member for Health Call Chief Digital Officer for NENC ICS Honorary Professor at Teesside University	Son employed by Trust	✓
Mrs Julie Lane Executive Director	None	None	None	Executive Reviewer for the CQC	Son employed by Trust as a Datix Administrator	✓

**Declaration of Interest by Chairman, Non-executive and Executive Directors of
North Tees and Hartlepool NHS Foundation Trust**

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
Mr Alan Sheppard Executive Director	None	None	None	None	Wife employed by Trust	✓
Mrs Lynne Taylor Interim Executive Director	Director of NTH Solutions, a Trading Company for North Tees and Hartlepool NHS Foundation Trust	None	None	None	None	✓

Board of Directors

Title of report:	Nursing and Midwifery workforce update										
Date:	30 January 2020										
Prepared by:	Emma Roberts, Head of Nursing (Responsive Care Group)										
Executive Sponsor:	Julie Lane, Chief Nurse / Director of Patient Safety and Quality										
Purpose of the report	To provide an update of the nursing and midwifery workforce position since the most recent report to board in November 2019.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services		Health and Wellbeing				
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
To provide an update of the nursing and midwifery workforce position since the most recent report to board in November 2019.											
How this report impacts on current risks or highlights new risks:											
Highlight any areas which may impact on safe staffing.											
Committees/groups where this item has been discussed	N/A										
Recommendation	<p>The Board of Directors are asked to note the on-going work in managing the safe and efficient staffing of the nursing and midwifery workforce; and</p> <p>The Board of Directors are asked to note the continuous work with NHSI via the CNO Safe Staffing Faculty in order to support the delivery of safe nursing and midwifery staffing.</p>										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

Nursing and Midwifery Workforce Update

January 2020

1. Introduction

- 1.1 NHS Improvement (NHSI) will now assess Trusts compliance with the ‘triangulated’ approach to deciding safe staffing requirements set within NQB guidance. Combining evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. Compliance will be assessed using information collected through the single oversight framework (SOF) and the workforce statements within their annual governance statement to ensure that Trust Boards can be assured that workforce decisions are evidenced based and comply fully with Care Quality Commission (CQC) fundamental standards.
- 1.2 This update is provided following recent agreement by the Board of Directors to change the dates in relation to bi-annual staffing reports to the Board to ensure that the process is in line with the business planning process and to support winter planning.

2. Purpose

- 2.1 The purpose of this report is to provide an update of the nursing and midwifery workforce position since the most recent report to Board in November 2019. Following this update the next planned multi-professional establishment review will be presented in July 2020.

3. Nursing and Midwifery staffing

- 3.1 The Trust continues to base staffing establishments on the case mix and acuity of the patients within the wards or departments and utilises the Trust’s preferred nursing and workforce tool, the Safer Nursing Care Tool (SNCT). This tool is overlaid with professional judgement and quality outcome metrics.

4. Overall Current Nursing and Midwifery Workforce Position

- 4.1 **Vacancy level** – The RN vacancy position continues to be addressed on a monthly basis via the established recruitment centres. A new cohort of approx. 30wte registered nurses are planned to take up their positions in February 2020 and an additional 25 applicants have been invited to attend the recruitment centre at the end of January 2020. Both Midwifery and unregistered nurse vacancies are now also being managed through the recruitment centre process.
- 4.2 **Registered and Un-registered nurse sickness level** - nurse sickness levels have seen an increase over the winter period. Work is being undertaken to ascertain reasons for the rise in sickness absence and with a focus on supporting staff and the formation of clear plans for escalation and management for individual staff members.

5. Nurse and Midwifery Recruitment

- 5.1 10wte Trainee Nursing Associates have successfully completed a two-year pilot Foundation Degree programme with Health Education England (HEE) and Teesside University with 100% retention of the first cohort. The Nursing Associates are regulated by the Nursing and Midwifery Council (NMC) and six have been employed in Band 4 Nursing Associate roles.
- 5.2 There are currently 15 Nursing Associate Apprentices in practice with plans for future cohorts, based on workforce plans. These posts will enhance and support the care provided by Registered Nurses.
- 5.3 There are currently 18 student Advanced Clinical Practitioners studying the MSc in Advanced Practice. The Advanced Clinical Practitioner Co-ordinator has been in post since November 2019 and is working across all care groups to provide structured support to the workforce.

6. Retention

- 6.1 The Trust remains focused and committed to the retention of the current nursing workforce and aims to encourage and support staff to access and complete the required academia to support their career development.
- 6.2 Substantive nursing staff are supported to move across specialities within and across the Care Groups. In February 2020 there are plans to streamline this process by introducing a 'transfer window' process where by all staff will be given a number of opportunities across the year to apply for an internal transfer. The transfer windows will support offering fair and equitable opportunities for staff and will provide a more organised and structured process for the Care Groups to manage this process.
- 6.3 Self rostering has now been rolled out into the Emergency Assessment Unit with positive feedback and is planned to be rolled out to other in patient areas within the Care Groups.
- 6.4 Developmental pathways are being drafted within Responsive Care (Care Group 2); they will provide a structured and consistent pathway for nurses moving through bands 2-4, 4-5, 5-6, 6-7 and 8a+. The band 5-6 is the first pathways to be developed and early discussions have taken place with TEWV which will support collaborative working in some areas.
- 6.5 Following significant work with Ward Matrons and deputy Ward Matrons the first draft of this pathway is now complete and following approval from the Chief Nurse an official internal and external launch of this work is planned for February 2020. This date will be in line with the new cohort of registered nurses taking up their posts. The communication strategy will be supported with the strapline 'pathways to success' and #pathwaystosuccessNTH.
- 6.6 Developing our current and future leaders is a key priority of the Trust. In October 2018 NHSI published a 'Ward Leader's handbook' which is a guide for those who aspire to be a ward leader, those already in post and for Trusts that want to support and develop this important role. Developing leaders and managers within the Care Groups is essential in ensuring a stable workforce for the future. Career pathways are currently being drafted and one of these pathways will support Registered Nurses moving into Matron and Deputy Matron Posts.

7. Workforce Analysis

- 7.1 Effective workforce planning is vital to ensure appropriate levels and skills of staff are available to deliver safe, high quality care to patients and service users. Individual patient acuity levels are recorded in all inpatient areas (excluding maternity) three times per day using Safe Care Live to ensure safe and efficient redeployment of staff.
- 7.2 NHSI recommendations set out in 'developing workforce safeguards' (October 2018) state that Trusts annual planning must support effective workforce planning and this includes monthly returns to identify the Trusts progress and inform the wider strategic workforce plans. The workforce planning process took place in November 2019 within each Care Group and was structured in conjunction with Care Group Directors and Managers, Heads of Nursing, Service Leads, Senior Clinical Professionals, Workforce Business Partners and Finance Business Partners.
- 7.3 NHSI attended the Trust on the 10 January 2020 to deliver training relating to the use of the Safer Nursing Care Tool (SNCT) with 8 Senior Nurses undertaking the training. Following this training a roll out plan is being developed to ensure the training is cascaded to those that require it at ward and department level.
- 7.4 Once the required level of staff have been trained there will be an inter-rater reliability process established to ensure that all data, for the purpose of establishment planning is validated. The validated data will then be used when undertaking the annual nursing and midwifery establishment reviews. The next formal establishment review will take place in July 2020 and will utilise acuity data, patient outcomes and professional judgement.

8. Next steps

- To continue holding unregistered nurse recruitment centres regularly in 2020.
- To continue to work with NHSI via the CNO Safe Staffing Faculty Programme to further support the local and national development of workforce tools. An opportunity has arisen for a further one year study to take place which will encompass strategic workforce and the development and implementation of new acuity and dependency tools within the Trust.
- To continue to support a continuous and consistent approach to maintaining and developing agreed workforce business planning and winter planning throughout 2019/20 and beyond.
- For all Care Groups to lead on local initiatives to promote Registered Nurse and Midwifery recruitment and retention.

9. Recommendations

- 9.1 The Board of Directors are asked to note the on-going work in managing the safe and efficient staffing of the nursing and midwifery workforce.
- 9.2 The Board of Directors are asked to note the continuous work with NHSI via the CNO Safe Staffing Faculty in order to support the delivery of safe nursing and midwifery staffing.

Julie Lane
Chief Nurse/Director of Patient Safety and Quality

Board of Directors

Title of report:	Capital Programme Performance Q3 – 2019/20										
Date:	30 January 2020										
Prepared by:	Steven Taylor, Assistant Director of Estates and Capital NT&HS LLP										
Executive Sponsor:	Neil Atkinson, Director of Finance										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on the performance of the capital programme for Q3 of 2019/20.										
Action required:	Approve		Assurance	x	Discuss		Information				
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services	x	Health and Wellbeing				
Which CQC Standards apply to this report	Safe	x	Caring		Effective	x	Responsive	x	Well Led	x	
Executive Summary and the key issues for consideration/ decision:											
<p>From a national perspective, the NHS is forecasting to deliver its cumulative capital programme despite delays in the agreement of the Capital Resource Limit earlier this year. As a result, NHSE/I have been unable to allocate any additional capital funding for red-risk back-log schemes (despite a recent bid for circa £4m). It should however, be noted that in the last two financial years only 71% and 85% of available capital has been spent. Trusts are being encouraged to review their capital forecasts so that the funding is not lost by the NHS.</p> <p>The 2019/20 capital programme allocation was agreed at £14.5m comprising a net £8.0m internally generated depreciation, £4.2m external funding carried forward from 2018/19, with a further £1.75m expected in 2019/20 and £0.204m donated funds.</p> <p>The NHS Improvement Compliance Framework requires that a minimum of 85% and a maximum of 115% of the original capital allocation should be spent on a monthly basis. Only goods and services that have been received or invoiced may be counted as expenditure.</p> <p>At the end of Q3 the Trust is currently £3m behind on the capital programme but anticipates that it will spend the full capital allocation by the year end. In Q3 the Trust has successfully secured £552K of external PDC funding to replace the CT scanner on the UHH site. The external funding is required to be spent within the 2019/20 financial year.</p>											
How this report impacts on current risks or highlights new risks:											
There is a national over commitment on capital of £2.5 billion. The issue is being managed at an ICP/ICS level and the potential impact on the Trust's capital projects is being carefully monitored.											
Committees/groups where this item has been discussed	Capital Management Group										
Recommendation	The Board is requested to receive this report and note the position on capital schemes up to 31 st December 2019.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 January 2020

Capital Programme Performance 2019/20

Report of the Director of Finance

Strategic Aim

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

Transforming our Services

1. Introduction/Background

- 1.1 From a national perspective, the NHS is forecasting to deliver its cumulative capital programme despite delays in the agreement of the Capital Resource Limit earlier this year. As a result, NHSE/I have been unable to allocate any additional capital funding for red-risk back-log schemes (despite a recent bid for circa £4m). It should however, be noted that in the last two financial years only 71% and 85% of available capital has been spent. Trusts are being encouraged to review their capital forecasts so that the funding is not lost by the NHS.
- 1.2 The 2019/20 capital programme allocation was agreed at £14.5m comprising a net £8.0m internally generated depreciation, £4.2m external funding carried forward from 2018/19, with a further £1.75m expected in 2019/20 and £0.204m donated funds.
- 1.3 The NHS Improvement Compliance Framework requires that a minimum of 85% and a maximum of 115% of the original capital allocation should be spent on a monthly basis. Only goods and services that have been received or invoiced may be counted as expenditure.
- 1.4 At the end of Q3, expenditure (invoices and accruals) was £7.79m which is 72% of the Trust's planned year to date spend. The Trust anticipates that it will spend the full capital allocation by the year end.

2. Main content of report

- 2.1 To continue to manage down the backlog maintenance a detailed 5 year backlog maintenance plan has been developed to address the high backlog maintenance levels within the Trust Estates. The revised plan is based on a £3.7m annual backlog allocation over 5 years and a risk based approach is being taken to priorities the work.
- 2.2 The Medical Equipment replacement allocation in the 2019-20 financial year is £2.49m (despite an original requirement of circa £4m). The programme was prioritised by the Care Groups and significant work has been undertaken to commit orders in light of the delays in the agreement if the national Capital Resource Limit.
- 2.3 An additional £510K of internal funding was allocated to urgent medical equipment replacement in Q3 and is required to be spent within the 2019/20 financial year.
- 2.4 In Q3 the Trust has successfully secured £552K of external PDC funding to replace the CT scanner on the UHH site. The external funding is required to be spent within the 2019/20 financial year.
- 2.5 In Q2 the LLP has successfully secured £300,000 of external funding to replace existing lighting across the Trust estate. The external funding is required to be spent within the 2019/20

financial year generating a recurring energy saving of £80,000 p.a. for the Trust. By the end of Q3 £200K of this allocation has been committed.

- 2.6 Work continues to progress on programme to replace the fire alarm system on the UHNT site. This project is anticipated to be completed by Q2 of 2020/21 and is expected to be delivered for the approved sum of £1.68m. The work continues to be planned carefully with Infection Control and clinical departments. Good progress has been made in Q3 whilst access has been available via the ward decant programme.
- 2.7 The replacement and refurbishment of lifts on the UHNT site is anticipated to be delivered for the approved sum of £1.155m and is phased over the 2018/19 and 2019/20 and into Q1 of the 2020/21 financial year to minimise disruption to clinical services and due to the long lead time associated with lifts. Q3 marks a key milestone with both new bed evacuation lifts within the Tower block becoming operational.
- 2.8 The significant elements of the programme to comment upon are:
- The internal capital planned spend has increased rapidly but is still slightly behind plan at the end of Q3. Significant spend is expected to continue during Q4 to achieve the 2019/20 overall plan.
 - Completed schemes have been achieved within the overall planned programme timescales and budget allocations, with good outcomes and positive feedback.
 - The overall detailed work-stream reports for Q3 are presented in **Appendix 1**.
 - The overall financial summary for the period to 31 December 2019 is presented at Appendix 2.

3. Recommendation

- 3.1 The Board is requested to receive this report and note the position on capital schemes up to 31 December 2019.

Presented by

Neil Atkinson
Director of Finance

Graham Evans
Chief Information and Technology Officer/SIRO

Appendix 1 - Work Stream Reports

1. Medical Equipment

- 1.1 A 100 Watt LASER has been purchased as a replacement for the current 50W within operating theatre No. 2 on the UHNT site, enabling its use for a greater number of conditions.
- 1.2 7 new Laparoscopic video stacks with associated scopes has been bought to replace stacks that are end of life and no longer supported for maintenance by the manufacturer.
- 1.3 A new Glidescope has been purchased to assist in the intubation of difficult patients and 4 Optiflow devices have been purchased to assist patients breathing within the operating theatres on the UNHT site.
- 1.4 A Cebatome cement removal system has been purchased to compliment the current OSCAR devices.
- 1.5 4 new ventilators have been purchased for Critical Care to replace 4 of the existing machines and bringing the total number of new machines to 8, leaving 8 others for replacement as part of the 5 year medical equipment replacement programme.
- 1.6 3 new Mammography machines have been purchased for breast screening to replace the machines in room1 UHH, room 1 UHNT and 1 trailer unit. As part of the additional £510K of internal funding approved during Q3, a further mammography machine was purchased for room 2 at North Tees.
- 1.7 A replacement portable ventilator has been purchased for Accident and Emergency.
- 1.8 2 Endoscopes were purchased for Endoscopy along with 5 Acute patient monitors for Endoscopy at Hartlepool.
- 1.9 The acute cardiac and stroke unit central monitoring station has been ordered along with the replacement of the infrastructure. Installation is planned to take place during Q4.
- 1.10 The new PACS system and a replacement ultrasound machine has been purchased for the radiology department on the UHNT site.
- 1.11 £459,230 of external funding has been secured to order a replacement the aging CT scanner on the UHH site.
- 1.12 Replacement Vital signs monitors have been ordered for Maternity together with 2 replacement incubators for Special care baby unit (SCBU).
- 1.13 A examination room within Women's OPD on the UHH site has been equipped with a colposcope, diathermy and couch to increase capacity for cancer referrals.

The sum of these orders amount to £2,316,916.84 or 72% of the Medical Equipment Capital allocation.

2. Information and Technology Services (I&TS)

The current I&TS capital plan incorporates elements of the Trusts Information and Communications Technology (ICT) and broader Digital Programmes capital projects. Within the latter, the plan includes capital expenditure to refresh hardware in addition to renewal of software components including; the Quick Address Book (QAS) and First Data Bank (FDB)

Formulary database for use in TrakCare and the additional remaining milestone payments for ICS in the delivery of additional Modules;

2.1 **Quick Address Book**

The QAS order has been raised awaiting delivery of license.

2.2 **FDB Formulary**

Order placed awaiting delivery of the new license.

2.3 **TrakCare Hardware refresh**

Hardware installed and system migration took place on the morning of 14 January.

2.4 **Wireless expansion**

We continue to expand the wireless provision to support both EPMA and VOCERA projects. Additional points and management licenses have been procured.

2.5 **UPS Replacement**

The UPS power system is being replaced in the main computer room at the University Hospital of Hartlepool. The current system is end of life and not strong enough to support the servers / system in there at any capacity. An order has been raised awaiting delivery, expected completion in Q4.

2.6 **Air Conditioning**

New Air conditioning units are required for the main server room at North Tees, work progressing in conjunction with the LLP to size and obtain quotes for the new equipment to improve resilience. Completion anticipated in Q4.

3 **Digital Strategy – Electronic Patient Record**

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

The GDEFF programme enabled NTHFT the potential of receiving up to £5m Public dividend Capital on a matched fund basis over a three-year programme, this payment is split into multiple milestones that only become payable on delivery of a specific set of outputs and outcomes.

The expected 19/20 spend from (GDEFF) has reduced to £1.5m from the originally agreed £1.9m, with 400k carried forward. Orders raised to date £1.4m, receipted £888k, with a forecasted spend of £100k.

GDE Milestone 5 took place in December 2019, the key deliverable, being the attainment of a high level of digital maturity as defined by the Healthcare Information and Management Systems Society (HIMSS) model. The trust has now achieved HIMSS Level 5 all that is required as a GDEFF. We are now awaiting the formal feedback and results of the external milestone assessment.

As part of the funding agreement signed by NHS England and the Trust, a number of schemes have been identified to make up The 'Digital Hospital of Things' programme, a brief overview and update on schemes is detailed below with the full expenditure in appendix A: -

- **EDM2** - Business Case outstanding. The BC is still undergoing financial review.

Hospedia - Pricing model proposed unaffordable and no further progress made with current supplier. We are now progressing different options via alternative supplier to replace Hospedia. Two preliminary product demonstrations have taken place, awaiting costs/proposals to be submitted.

HealthShare – now referred to as GNCR HIE - Project Board established (managed and hosted by NuTH). Project has commenced with the first wave of Trusts expecting to share data by December 19. All Trust's will be expected to replace current MIG links with HIE ahead of the contract expiry date (March 2020). An independent governance review has been commissioned for HIE and PEP, the report will be shared at the December Programme board.

GNCR PEP - Regional work is being undertaken around a patient engagement platform (PEP). Contracts are being finalised with the supplier. Depending on timescales an Interim solution via HealthCall may be explored.

Closed Loop prescribing and Administration - A trial is currently being agreed with the supplier, if successful a business case will be developed for approval by the Care Group Directors meeting.

Vocera Phase 2 - The business cases is being developed in order to extend wider across the organisation – an update has been provided to the Care Group Directors meeting who are supportive of using Vocera across the Trust in order to replace bleeps.

HealthCall - A number of pathways have been identified and are progressing well with the first pathway (Friends and Family) now live (Jan 20). Too early to evaluate impact but a further update will follow next month.

Integrated Observation machines - E-observations (including NEWS2) taken on new mobile obs machines automatically populate the information into TrakCare. Roll out commenced 19th November in all Paediatrics areas and now live across 5 adult wards. Feedback continues to be positive. A conscious decision made in December to slow down the roll out in order to accommodate any wards who may require additional support, estimated for completion across inpatient areas Q4 19/20.

Pharmacy Dispensing Robot - All orders had to be re-raised on Cardea following the re-ratification at the Oct Capital Management meeting. Contracts now signed and design plans underway. Estimated completion Q1 2020.

ITU TrakCare Functionality / Hardware - A Business case will be required to support the case for change for ITU module of TrakCare together with the necessary hardware. This is likely to be split into two separate business cases, as the system functionality will only be available in the next version of TrakCare (2019) however hardware enabling the service to work more digitally is more pressing.

Imprivata phase 2 - Costs have been provided for wider use of Imprivata across the Trust, a business case is currently being developed for approval.

IMO – Coding integration - The Trusts supplier (Intersystem) are partnering with the above company to provide SnoMed coding from within TrakCare. The Trust will pilot some of the ECDS codes already used with our clinicians to see if this simplifies the transition to coding using SnoMed. This will be available as part of T2019, estimated for delivery Q3 20/21.

- **Theatre Hardware** – A business case has been drafted in readiness for approval at Care Group Directors meeting end of January to provide the necessary hardware that will support the department with the transition of working digitally at the point of care. This will enable clinical staff to support the complete EPMA journey as well as viewing and recording information electronically.

Active Clinical Notes (ACN) – the active clinical notes functionality within TrakCare provides the ability for clinical noting following specific workflows. A&E were the first service to adopt ACN which has enabled the department to become 80% paper free working, this transition went extremely smooth. The next priority was to review the Admission Documentation which has two elements, that of the clinician and the other which is completed by our nursing staff. The development around the build in collaboration with a number of clinicians is now 95% complete, it did highlight the need for additional hardware that would be required across ward areas to allow for doctors to record the information as part of the huddle process, an assessment has been undertaken and a business case drafted for consideration at Care Group Directors meeting in Q3 19/20.

The admission document for **Paediatrics** (a combined document for both clinician and nursing staff) was developed using ACN functionality. This went live in all paediatric areas in December 19 with four additional devices loaned to the department to trial, this information will help inform the business case for wider hardware requirements. All staff are now trained on the new process and with initial some support being made available from the digital team are now all fully up and running with all new patients information recorded electronically, due to the ease of transition the DP support has now been withdrawn from the department. In addition to the GDE FF monies, the Trust were successfully awarded funds in respect of the Health Service Led Investment (HSLI) in Provider Digitisation Programme as well as the Cancer Network Partnership for regional developments, as follows:

PACs workflow & reporting - This project aims to deliver a two phased solution to the workforce challenges in radiology services both in cancer services and in broader acute sector work streams. As most Acute trusts are moving (or have moved) to CareStream PACS system, which already has the functionality to allow for the sharing of images between PACS systems. There is however a need to address additional hardware/infrastructure to support new ways of working across the region which is currently being assessed, the first draft is expected imminently.

CareScan+ Scanning is taking place within ACU, CDU and Theatre UHH. Within ACU & CDU its capturing Patient, nursing staff and consumable products, within Theatres its capturing Patients, ALL staff, ALL products, including, Class III implants, consumables, procedure trays and medical devices/equipment. Feedback from those staff involved has been really encouraging. Roll out across Theatre UHH will continue during Jan and Feb 2020 so that scanning in all 6 Theatre suites covering all Orthopaedics (upper as well as lower limb), Breast Surgery, Gynaecology and General surgery. Preparations will then start to look at Theatre UHNT, the preparation step is estimated to take 4-6 weeks based on current numbers of resources.

Digital Pathology Imaging System - During the week commencing 21st October a significant development took place in North Tees and Hartlepool NHS Foundation Trust pathology services, with the internal 'go-live' of the new region-wide Digital Imaging for Pathology (aka PACS for Pathologists) platform. This is an early step where the new system has been switched on to enable consultants to undertake critical validation checks relating to the new digital tools and processes. Once validation has taken place further inter-organisational roll-out will continue.

4. Service Developments

- 4.1 **Pharmacy Robot building enabling works:** The design and procurement phase for the building enabling works are now complete and on programme. The contract has been awarded with work starting on the 6th January.
- 4.2 **Community Services Estate Review:** The Trust currently provides Community Services from 53 external premises and is currently working in collaboration with Hartlepool and Stockton CCG, NHS Property Services and other landlords to explore the potential to rationalize the use of external premises to achieve cost savings for the health economy. A wider review of external

premises continues to develop in co-ordination with the Integrated Care Partnership (ICP). NT&HS LLP continues to support the Trust to carry out this review.

- 4.3 **Peterlee Community Hospital:** NT&HS LLP continues to support the Trust to provide options to explore the future use and ownership of the Peterlee Community hospital building.
- 4.4 **3rd CT scanner planning / Breast screening expansion:** The LLP continues to support the radiology team to develop the plans to install a 3rd CT scanner within the former Wheelchair services department and the expansion of Breast services on the UHNT site.
- 4.5 **Clinical Coding move:** As part of the overall space utilization plan for the UHNT site, it has long been planned that clinical coding should move from the residency blocks to be directly adjacent to the main medical records department. Now that the Portering / Helpdesk service has moved to the ground floor, space has become available adjacent to the Medical records department to allow this move to take place. This will minimize the current requirement for patient records to be transported outside and improve the efficiency of the service. The move is currently being planned with the Medical Records / Coding team and the relocation will take place early Q4.

5. Estates Backlog Maintenance Programme

- 5.1 The 2019/20 Capital backlog maintenance allocation has now been broken down into categories and specific projects to target the high risk backlog issues. An overall programme covering all backlog projects has been developed and project managers have now been assigned for each project. A detailed spend profile project by project has now been developed. This will allow monthly reporting against time and cost for the overall programme (as required by NHSI). The spend profile has accelerated during Q3 and will continue during Q4.
- 5.2 **Concrete repairs to North Wing:** The work is now complete. Roofing repairs now underway and due for completion in January.
- 5.3 **Fire alarms:** The works are now 70% complete and the project continues slightly ahead of programme. All 30 fire panels have now been installed across the site, with installation works now complete within main ward block stairwells. Now that the ward decant has concluding, the work continues in live operational areas following procedures and timings agreed with clinical teams / infection control. To date all areas are fully wired with and no wireless devices required yet. It is anticipated that progress will slow in clinical areas and works will progress in plantroom areas to minimize disruption during the busy winter period.
- 5.4 **Lifts:** The lift refurbishment project is currently on programme. The progress by lift is detailed below:-
- The new West wing lift has been completed and is now fully operational.
 - Tower block lift No. 1 (bed evacuation lift) is now fully operational.
 - Tower block Lift No. 2, (second bed evacuation lift) is now fully operational.
 - South Wing lift installation is complete and is now fully operational.

After a spate of vandalism and damage, cameras will now be added to all lifts as part of the refurbishment project. Camera installation has begun on North Wing lifts with completion to all lifts in early Q4. Priority patient transfer override swipe card readers will also be fitted to lifts No. 1 and 2 during January. These readers will improve the speed of bed transfer patient flow within Tower block.

- 5.5 **LED lighting replacement:** The Trust's own £50K funding has now been expended. The remaining £300K funding approved by NHSI has now been approved to proceed, after notification from NHSI in September. The external funding (which has been delayed by 6

months) comes with the requirement to complete the works and spend the allocation with the 2019/20 financial year. This will be a challenge to deliver as we move into winter and access is needed to clinical areas. Orders have been raised for several packages of work (including ward 3 & 4 on the UHH site, pathology UHNT and South Wing corridor areas) to the value of circa £200K to date and further procurement exercises are underway to deliver the project.

- 5.6 **Roofing repairs:** The procurement process is now complete. Roofing repairs for the laundry area housing medical records on the UHNT site is now complete and works to OPD on the UHH site has commenced. Clinical areas have been prioritised and this item will remain a feature of the backlog programme throughout the 5 year plan as there is still circa £2m of roofing repairs required across the Trust estate.
- 5.7 **Automated Endoscopy Reprocessing Units (AER):** The replacement of the old AERs with new has now entered stage two, there has been to date no negative impact on service delivery with several commendations made to the staff managing to deliver a highly skilled service within challenging but safe parameters. The stage two process is currently ahead of schedule and based on current trajectory is expected to complete by the end of January 2020.
- 5.8 **Ward decant programme:** Plans are beginning to be developed for a high level 5 year ward decant plan. This will provide more certainty going forward. It is hoped that the ward decant programme can then start a sound after the Easter bank holiday as bed pressures allow to maximise the effect of the programme.
- 5.9 **Building management system replacement (BMS):** The order has now been raised to replace the obsolete BMS system on the UHH site. The system design has been completed with the system components now on site. The work to establish the appropriate data installation has begun. The LLP is working closely with the Trust ICT team to phase out old legacy PC's that run the BMS on the UHH site.
- 5.10 **3 Mammography machine installations:** The enabling works have been planned for the 3 agreed mammography machine replacements. Room 1 UHH works are now complete with RPA testing planned for the 13th January. Room 2 UHNT works is due to immediately follow on.
- 5.11 **Ward 32/33 security system:** The police have been involved with a risk to the health and safety of the staff and other patients on ward 32/33 due to drug users and dealers accessing ward 32/33.
After risk assessment the need was identified to install security doors and CCTV to ward 32/33 to control access to the ward. The LLP responded to this urgent health and safety issue. The immediate issue has been resolved on floor 7 but, the potential risk remains for another 6 wards that do not have security doors at the ward entrances.
Approval has now been received from the Trust to install the recommended security doors on all remaining wards that currently do not have them. This work is anticipated to be completed in early Q4. This initiative will improve the safety of staff on all ward areas.
- 5.12 **Refurbishment of the Doctors Mess:** A refurbishment of the Doctors mess has been completed during Q3. The scope of work included new flooring, decoration, new ceiling tiles, LED ceiling lights and dimmable wall lights, new TV and associated electrics, replacement of existing kitchen with new extended version. The works were completed in December.

Appendix 2
North Tees and Hartlepool NHS Foundation Trust
Capital Programme 2019/2020 - as at 31 December 2019

Capital Plan, Actual and Commitments

Reporting period: 1st April 2019 to 31st December 2019

	Original Annual Internal Plan £'000's	Reduce 19/20 Capital Plan re ICS/NHSI - spend deferred to 20/21 and also increase donated plan for NHSE c/fwd and estates external plan for LED lighting. Increase capital plan for CT Scanner funding	Amended Internal Plan £'000's	YTD Internal Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Commitments 2019/20 £'000
INTERNALLY FUNDED SCHEMES							
Estates Backlog							
Compliance (including fire alarms and lift refurbishment)	2,222	(287)	1,935	1,452	1,277	(175)	818
Patient Environment	534	225	759	570	659	89	62
Building Sub Structure	283	70	353	265	226	(39)	105
Energy Conservation	281	(25)	256	192	64	(128)	166
Estates Backlog Total	3,320	(16)	3,304	2,478	2,225	(253)	1,151
IT							
ICT	2,171	(300)	1,871	1,403	1,033	(370)	480
Digital Programmes	0	0	0	0	0	0	0
IT Total	2,171	(300)	1,871	1,403	1,033	(370)	480
Medical Equipment							
Medical Equipment	2,499	0	2,499	1,874	442	(1,432)	1,332
Medical Equipment Total	2,499	0	2,499	1,874	442	(1,432)	1,332
Service Developments							
Contingency	0	0	0	0	(54)	(54)	0
Service Developments Total	0	0	0	0	(54)	(54)	0
Donated							
	204	376	580	435	29	(406)	0
INTERNALLY FUNDED SCHEMES TOTAL	8,194	60	8,254	6,191	3,676	(2,514)	2,962
EXTERNALLY FUNDED SCHEMES							
Estates Backlog							
LED lighting	0	300	300	225	158	(67)	69
	0	300	300	225	158	(67)	69
Energy Centre / Infrastructure							
Infrastructure	0	0	0	0	(1)	(1)	0
Energy Centre	1,280	(250)	1,030	773	987	215	88
Infrastructure staffing	0	16	16	12	(2)	(14)	0
Energy Centre / Infrastructure Total	1,280	(234)	1,046	785	984	200	88
IT							
Digital Pathology	2,035	0	2,035	1,526	2,010	484	0
Care Scan	518	0	518	388	238	(151)	43
Digital Radiology	50	0	50	37	0	(37)	0
Cancer Transformation	550	0	550	412	0	(412)	0
IT Total	3,153	0	3,153	2,365	2,248	(117)	43
GDEFF							
GDEFF	1,900	(400)	1,500	1,125	713	(412)	898
GDEFF Total	1,900	(400)	1,500	1,125	713	(412)	898
Medical Equipment							
CT Scanner	0	459	459	0	0	0	459
Medical Equipment Total	0	459	459	0	0	0	459
EXTERNALLY FUNDED SCHEMES TOTAL	6,333	125	6,458	4,499	4,103	(396)	1,558
GRAND TOTAL	14,527	185	14,712	10,690	7,779	(2,911)	4,520

Capital funding will be reduced by the following for 19/20 re NHS I request - funding to be carried forward into 2020/21

Internal funding

Estates Backlog - Compliance - removal of chimney	£250k
IT - defer milestone payments for Order Comm (TracCare)	£300k

External funding

GDEFF	£400k
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<u>Total deferred</u>	£950k
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The Trust has also secured additional external funds of £300k for LED lighting, meaning that the overall reduction in the 2019/20 plan is £650k.

Board of Directors

Title of report:	Integrated Compliance and Performance Report									
Date:	30 January 2020									
Prepared by:	Lindsey Wallace									
Executive Sponsor:	Lynne Taylor									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce for December and Q3 2020.									
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"> The report outlines the Trust's compliance against key access standards in December and Q3, including quality, workforce and finance in accordance with the SOF. The Trust has experienced significant pressures across many standards this quarter however has performed relatively well in comparison to national and local outcomes. Pressures remain within Cancer 62 days and Diagnostics. Field Testing continues into the Emergency Care Standards with the revised pilot standards currently being monitored in place of the 4-hour standard. These are not reportable during the testing stage. Operational efficiency standards indicate improvement, however with further work required across readmission rates, DNA rates and theatre utilisation. Quality standards indicate positive performance against a number of key indicators, including HSMR/SHMI, C-difficile, Dementia standards and level 1 and 2 pressure ulcers. Sickness absence remains the key pressure within the Workforce standards, however with multiple actions implemented to understand the underlying reasons. The year to date position is a surplus (£2.2m). This compares to a planned deficit of (£0.8m). The Trust is therefore £3m ahead of plan at this point in the year. 										
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 system pressures and financial constraints.</p> <p>Financial recovery continues to be the Trust's key challenge.</p> <p>Compliance for sickness absence continues to be a key pressure.</p> <p>Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting Audit and Finance Committee Planning, Performance and Compliance Committee									
Recommendation	Board are asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 January 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Director of Nursing, Patient Safety and Quality, Director of Workforce and Director of Finance

Strategic Aim and Strategic Objective: Putting Patients First

1. Introduction/Purpose

- 1.1 The integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of December and Q3 2019. Due consideration has been given to both positive and negative variances and progress against monthly, annual and in year improvement targets.
- 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.

2. Performance Overview

- 2.1 The Trust has experienced significant pressures across many standards during December and Q3 period however has performed relatively well in comparison to national and local outcomes.
- 2.2 Pressures remain in Q3 across a number of the cancer pathways, which continues to impact upon the delivery of the 62-day standard, despite recovering the November position, reporting at 85.5% (51.5/60), (latest validated position). Sustainment of this has proved difficult in December which is reporting a provisional position of 69% (44.5/64.5) subsequently impacting on the overall quarter position (77.9%). The Trust remains above national (77.4%) and local (80.6%) benchmarking in November, with only 3 Trusts regionally achieving the 62 standard. Most tumour groups struggled to achieve, other than breast and skin.
- 2.3 The Trust continues to address issues within the weekly cancer PTL meeting to escalate any delays immediately and is working in collaboration with the Cancer Alliance and CCG colleagues to understand the system wide pressures. Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures; therefore, collaborative working is on-going, linked into the ICP work. In general, the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.
- 2.4 The Trust reported compliance against the RTT standard in both December and Q3; Care Groups have been asked to review their waiting lists to enable a deep dive into

key issues and reasons for delays with clock stops. An action plan has been developed to help drive lessons learnt, improve position against the RTT standard, reduce the overall size of the waiting list and improve patient experience.

- 2.5 Non obstetric ultrasound continues to experience pressures as a result of unexpected staffing issues, which has resulted in non-compliance against the 6-week Diagnostic standard in December and Q3, extending the expected recovery period. An action plan has been submitted which includes converting all general sessions to MSK sonography where possible, consultant vetting of requests to reduce demand, and additional evening and weekend sessions. An additional Sonographer commenced in November with a Physiotherapist re-training in MSK sonography to provide resilience at periods of high demand.
- 2.6 The Trust continues to work with NHS England in 'testing' the revised emergency care standards therefore no A&E 4-hour performance data is reported within Integrated Performance report. Data collection will continue over the winter period.
- 2.7 Emergency activity across the organisation has seen a marginal increase of 3.01% (n=117) in December and a 5.19% (n=607) increase in Q3 compared to the same period last year, with emergency activity including 3120 who were treated via Ambulatory Care, equating to 25.35% of total emergency admissions in Q3 (compared to Q3 last year which saw 2579 patients).
- 2.8 The report indicates the Trust has performed above or within expected for the majority of efficiency and productivity indicators, demonstrating performance above the national average, as outlined within the main report. A positive position remains evident against Delayed Transfers of Care (DToC) and super stranded patients, which is on trajectory for achieving the year end position of 64. Readmissions remain a key area of focus in 2019/20, supported by robust project management and mitigating action plans.
- 2.9 The Trust continues to remain within the expected range for both HSMR and SHMI values. The latest data for HSMR is 92.90 (September 2018 to August 2019) increasing from 92.00 (August 2018 to July 2019). The latest SHMI position sees a decrease to 96.15 (July 2018 to June 2019) from the previous reported period value of 96.88 (June 2018 to May 2019).
- 2.10 For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare). For quarter 3, the Trust reported 14 Trust attributed cases of Clostridium difficile infection, against trajectory of 13. The Trust total for the financial year stands at 46, against a trajectory of 41 by the end of December 2019.
- 2.11 The Trust is reporting 9 stage 3 complaints for December 2019. This has decreased from the 16 stage 3 complaints in November 2019. For quarter 3, the Trust reported 40 stage 3 complaints, against a 2018/19 quarter 3 total of 60.
- 2.12 The Trust is reporting zero falls resulting in a fracture for December 2019. This has remained the same from the previous reporting period. The Trust reported zero falls resulting in a fracture, against a 2018/19 quarter 3 total of 8.
- 2.13 The Trust continues with its excellent performance in relation to dementia standards maintaining 100% compliance.

- 2.14 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. An evaluation of the current enhanced care provision is complete and will be presented to Executive team for consideration.
- 2.15 Overall quality of care for the patients cared for by the Trust remains high with some challenges particularly within pressure ulcer care which is being taken forward through the tissue viability working group with representation from all clinical directorates.
- 2.17 The sickness absence rate for November 2019 (latest available data) is reported at 5.42%, which is 1.42% above the revised target of 4% in comparison to the previous months' sickness absence rate of 5.3% there has been a marginal increase in the Trust's sickness absence rate of 0.12%.
- 2.18 The long term sickness absence rate for November 2019 is reported at 3.38% an increase of 0.34% when compared to the previous month (3.04%). The short-term sickness absence rate is reported at 2.04%, a reduction of 0.22% when compared to the previous month (2.26%).
- 2.20 The cost of sickness absence is reported as £218,949 for the month of November 2019 which has increased by £25,481 compared to October (£193,468).
- 2.21 'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 34% for November, which is an increase of 1.21% compared to October 2019 (32.8%).
- 2.22 Departments with a higher than expected absence rate will attend and present at Workforce Committee in order to provide assurance that actions are in place locally and absence is being managed. The next Workforce Committee is due to take place on 13 February 2020.
- 2.23 Support continues to be provided to the management of short term, intermittent absences which can cause inconsistency in service and is largely difficult to cover.
- 2.24 Initiatives are being developed to provide targeted support for the management of anxiety/stress/depression/other psychiatric illnesses and other musculoskeletal absences. These continue to be the top two reasons for absence, however, the percentage attributed to this is at its highest for several years.
- 2.23 The turnover rate for December 2019 is reported at 9.73% which has remained constant compared to the previous group. The attrition figure for December 2019 is reported at 1.37%, an increase of 0.03% when compared to the previous month (1.34%).
- 2.25 The overall compliance for mandatory training for December 2019 is 88%, which has increased by 1% from 87% in the previous month.
- 2.26 Appraisal compliance is reported at 86% for December 2019, which has remained the same compared to the previous month.
- 2.27 As at 31 December 2019 the Trust has 206 internal volunteers and 165 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). Numbers have continued to increase during December, which is positive as the Trust moves towards a time of winter pressures. The time on average that

internal volunteers contribute per week equates to 901 hours, taking into account any notified absences, which is the equivalent to 24 WTE. The Trust reached a milestone in December when it welcomed its 200th internal volunteer. A former staff member and governor will be supporting the Home 'but not Alone' Programme as it develops across the Trust.

- 1.16 The number of applicants for volunteer posts continues at a steady pace. An assessment centre was not held during December, however, a small number of volunteers were interviewed who are looking to be involved with the soon to be relaunched Breast Feeding Support Group. Assessment centres will recommence in January with plans to hold at least one per month.
- 1.17 Work continues with the 'Home but not Alone' programme, a nationally funded project, where the pilot areas have been extended to include Wards 30,33 and 36. Following review and evaluation roll out of this initiative across the Trust will be considered on a phased basis during 2020/21 and will include exploring options to develop within A&E and Urgent Care. Targeted recruitment continues for these areas to maximise the effect of the programme. As part of the funding agreement, discussions have taken place with Helpforce in terms of sharing the learning from the pilot stage with other trusts across the country, with a number already expressing an interest, especially in volunteer drivers.
- 1.18 The Trust has been successful in securing funding from NHS England and NHS Improvement to develop the role of volunteers during periods of severe pressure. During January an action plan will be developed with key stakeholders to deliver an effective and responsive volunteer resource. The existing cohort of volunteers will be approached to get involved in the first instance leading to a quick launch of this development.
- 1.19 A new role profile has been agreed to develop a pilot to support patients undergoing cancer treatment, which will commence at the Hartlepool site. Following evaluation, this service will be developed and rollout out further in 2020.

3. Finance Overview

- 3.1 The Group Month 9 (December) year to date position is a surplus of (£2.2m). This compares to a planned deficit of (£0.8m). The Group is therefore £3m ahead of plan at this point in the year.
- 3.2 The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.
- 3.3 Cash levels stand at £21.4m at the end of December. Creditor metrics have improved in recent months and operational issues have reduced substantially consequently. Similarly, debtor performance has improved.

4. Key Challenges

- 4.1 Continuous and sustainable achievement of key access standards across elective, emergency, cancer and diagnostic pathways, alongside managing the winter pressures.

- 4.2 Delivery against the Lord Carter operational efficiency recommendations and associated cash releasing savings.
- 4.3 Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections which is reflected within the Board Assurance Framework.
- 4.4 Compliance for appraisal and sickness absence continues to be significantly adrift from the target position. Plans are in place to monitor and improve percentage compliance.
- 4.5 Financial recovery continues to be the Trust's key challenge, however is on track to deliver in 2019/20.

5. Conclusion/Summary

- 5.1 The Trust has performed relatively well against the majority of key operational national and local standards within December and Q3, notwithstanding the on-going capacity pressures, compounded by the seasonal increases in activity. The Trust continues to develop the performance reporting framework to ensure it meets the needs of both corporate and directorate level delivery, reflecting the multiple internal and external performance requirements.
- 5.2 The Trust continues to work closely with NHSI colleagues to deliver robust financial recovery plans.

6. Recommendations

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards during December and Q3.
- Recognise the on-going financial pressures, however with a positive month 9 position against plan.
- Acknowledge the on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.
- Note the Trusts participation to be a pilot site testing the new proposed access standards and continuation of this throughout the winter period.
- Note the management of the Winter Plan to date.

Lynne Taylor, Director of Planning and Performance
Julie Lane, Director of Nursing, Patient Safety and Quality
Alan Sheppard, Director of Workforce
Neil Atkinson, Director of Finance



Integrated Performance and Compliance Report

December 2019



Integrated Performance & Compliance



<p>Emergency Care Activity</p> <p>Dec-19</p>	<p>Not applicable during Emergency Care Standards testing period</p>	<p>On aggregate, activity saw an increase compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net increase of 9.31% (n=1382) in the month of December and 6.37% (n=2779) for Q3 in comparison to the same period last year, with admissions seeing a slight decrease of 1.61% (n=37) in December however a 2.28% increase (n=152) in the quarter.</p> <p>Field testing of the new Emergency Care standards continues. Data will remain non disclosable including the four hour target.</p> <p>The Trust has experienced a significant increase in the number of mutual aid requests and the number of diverts and deflections received from neighbouring organisations (84 received in Q3 compared to 17 in Q3 2018/19). That said 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 >30 and >60 mins). The maximum delay was 1 hour 54 minutes within the organisation compared to over 5 hours at a neighbouring Trust. Trolley waits were also kept to a minimum and one of the lowest in the region.</p>		
<p>New Cancer 31 days subsequent Treatment (Drug Therapy)</p> <p>Nov-19</p>	<p>98.0%</p>	<p>100.0%</p>	<p>99.1%</p>	
<p>New Cancer 31 days subsequent Treatment (Surgery)</p> <p>Nov-19</p>	<p>94.0%</p>	<p>100.0%</p>	<p>97.7%</p>	
<p>New Cancer 62 days (consultant upgrade)</p> <p>Nov-19</p>	<p>85.0%</p>	<p>95.7%</p>	<p>88.0%</p>	
<p>New Cancer 62 days (screening)</p> <p>Nov-19</p>	<p>90.0%</p>	<p>92.5%</p>	<p>90.5%</p>	
<p>New Cancer GP 62 Day (New Rules)</p> <p>Nov-19</p>	<p>85.0%</p>	<p>85.8%</p>	<p>77.9%</p>	<p>Pressures have continued in Q3 across most of the pathways which has unfortunately impacted upon the 62-day standard, despite recovering in November reporting at 85.8% (latest validated position). Sustainment of this has proved difficult in December which is reporting a provisional position of 69%, subsequently impacting on the overall quarter position (77.9%). The Trust remains above national and local (80.5%) benchmarking for the month of November, with only 3 Trusts regionally achieving the 62 standard. Most tumour groups struggled to achieve.</p> <p>Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures, therefore collaborative working is under review, linked to the ICP work. In general the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.</p> <p>The Trust continues to address issues within the weekly and monthly cancer PTL meeting to escalate issues immediately and continues to work in collaboration with Tertiary colleagues, the cancer alliance and CCG to review pathways.</p> <p>The Trust continues to support successful implementation of the optimal pathways, supports delivery of the 28 day faster diagnosis standard and managing patient choice where possible.</p> <p>A review of all pathways takes place on a monthly basis.</p>

Integrated Performance and Compliance Dashboard - December 2019

SINGLE OVERSIGHT FRAMEWORK



Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
New Cancer Current 31 Day (New Rules)	Nov-19	96.0%	100.0%	99.5%		
New Cancer Two week Rule (New Rules)	Nov-19	93.0%	93.3%	93.1%		<p>The Trust continues to address issues within the weekly Cancer PTL meeting to escalate any delays immediately and continues to work in collaboration with Tertiary colleagues, the cancer alliance and CCG to review pathways. Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures, therefore collaborative working is under review, linked to the ICP work. In general the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.</p>
Breast Symptomatic Two week Rule (New Rules)	Nov-19	93.0%	95.9%	94.5%		

Integrated Performance and Compliance Dashboard - December 2019

SINGLE OVERSIGHT FRAMEWORK



RTT incomplete pathways wait (92%)	Dec-19	92.00%	92.62%	92.71%		The Trust reported compliance against the incomplete RTT standard. That said the waiting list has seen a 3.02% (n=332) increase in December compared to March 2019 though has reduced by 414 (3.52%) compared to the previous month (November). Care Groups continue to review long waits in an attempt to reduce the overall waiting list size, understand the reasons for any long waits, adhere to the waiting list policy in managing clinic cancellations and patient choice and implement actions to recover the wait within Radiology reporting for non urgent diagnostics.
RTT incomplete pathways wait (92nd percentile)	Dec-19	28.00				The average incomplete waiting time is 8 weeks demonstrating the majority of patients have a relatively short waiting time ranking in the upper quartile nationally. The Trust remains above national and local position. To add context to long waits, the Trust reported 216 patients waiting over 26 weeks in December compared to 219 in November (284 in October) which equates to 2.7% of the overall RTT waiting list (excluding MSK and Dental).
RTT incomplete pathways wait (Median)	Dec-19	7.20	6.10	5.60		From 1st April 2020 NHS England propose that all providers offer patients an alternative choice if they are unable to treat them within 26 weeks however details of this policy have not yet been released. Trusts have been asked to work together and with their local Clinical Commissioning Groups to outline their proposals for implementation and will be a key focus for the organisation going forward.
RTT incomplete pathways >52 week wait	Dec-19	0				No patient has waited more than 52 weeks for treatment.
Number of patients waiting less than 6 weeks for diagnostic procedures	Dec-19	99.00%	87.50%	91.70%		Pressures have continued throughout December and Q3 within non obstetric ultrasound in the main. Recovery was initially planned for this quarter however on-going sickness has continued, resulting in a protracted recovery. In addition to this, Endoscopy are experiencing pressures with capacity, with additional lists accommodated were possible. The risk in relation to this standard will remain open until full assurance is given in terms of recovery as both departments continues to review processes, capacity and demand and escalation process to ensure effective management. Endoscopy to commence a 100 day challenge to review booking processes in January 2020.
CIDs -Referral information	Nov-19	50.00%	95.84%	96.07%		The Trust continues to perform well against the Community Information Datasets, with all standards reporting above the 50% targets.
CIDs- Referral to Treatment information	Nov-19	50.00%	97.17%	95.64%		
CIDs- Treatment Activity Information	Nov-19	50.00%	96.10%	95.28%		

SINGLE OVERSIGHT FRAMEWORK



Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights	<p>The Trust has experienced significant pressures particularly around the cancer standards and non obstetric ultrasound diagnostic tests in December and Q3, however has performed relatively well against a number of other standards. The Trust is also managing emergency care pathways well under winter pressures.</p>					
Conclusion and recommendation	<p>Whilst the Trust has robust governance processes in place for the monitoring and management of all performance standards there is recognition that current pressures across the whole health economy may ultimately impact on consistent delivery, therefore presents an on-going risk. 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"> • Performance against the key operational, quality and workforce standards. • Recognise the on-going financial and operational pressures. • The detailed review of performance against the Single Oversight Framework and NHS Long Term Plans requirements and the key national indicators including compliance, workforce, quality and finance. • 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. <p>The effective management to date of winter pressures.</p>					

***Q3 Cancer is a provisional position**

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
New to Review ratio (cons led)	Nov-19	1.45	1.37	1.28		
Outpatient DNA (new)	Dec-19	7.20%	8.11%	7.74%		<p>DNA rates have shown a downward trend over the year however have seen a slight increase in December which is typical of the festive period. Work continues via the project group to review the terms and conditions of the reminder service to ensure maximum utilisation and functionality. Latest HED data suggests the Trust is moving in the right direction with a further reduction noted.</p> <p>Actions include; From mid October the Trust embarked on trialling different times of the day to 'remind' patients of their appointment which appears to have had a positive impact. A communication drive will take place to ensure mobile telephone numbers are up to date within the PAS systems to ensure text messaging can be maximised. 2 way text messaging is under consideration with a business case proposed if this is thought to prove beneficial. A patient survey is underway with the Pulmonary Function clinic as a trial to glean an understanding from a patients perspective. Reducing avoidable face to face DNAs is likely to impact on the number of DNAs for this cohort of patients</p>
Outpatient DNA (review)	Dec-19	9.00%	10.54%	9.86%		
Length of Stay Elective	Aug-19	3.15	2.03	-		
Length of Stay Emergency	Aug-19	4.08	3.40	-		The Trust is reporting within target and significantly below the peer target (HED latest data)
Day case Rate	Aug-19	76.65%	77.14%	-		No exceptions to report. The Trust works well to ensure appropriate procedures are undertaken as a day case where clinically appropriate to do so. Work will take place to review conversion rates.
Pre - Op Stays	Dec-19	4.50%	1.75%	1.66%		The internal pre-op stay data indicates the Trust is reporting in a very positive position keeping pre op stays to a minimum.

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Revised Occupancy Trust	Dec-19	85.00%	90.07%	91.65%		Bed pressures continue to be felt across the organisation during times of surge with resilience beds opened in accordance with the winter plan and as staffing resource allows. 344 resilience beds were open over the month of December (range 0-35). The resilience ward was open for 3 days to a maximum of 5 beds.
Readmission rate 30 days (Elective admission)	Oct-19	0.00%	4.25%			
Readmission rate 30 days (Emergency admission)*	Oct-19	9.73%	14.64%			The Trust recognises further work is required to reduce potential avoidable readmissions. Care Groups review readmissions and present findings, and lessons learnt, to the 'Excellence as our standard' group. Results are monitored on a quarterly basis via the Planning, Performance and Compliance Committee. Care Groups have submitted action plans to demonstrate learning following audits.
Readmission rate 30 days (Total)	Oct-19	7.70%	10.09%			
ASI's - (No SLOT analysis)	Nov-19	4.00%	6.10%			The Trust has experienced pressures with capacity in December resulting in an increase in slot issues however remain the lowest in region (23% with a range of 6.1% to 34.8%) and nationally (23.6%).
Cancelled procedures (Non medical)	Dec-19	0.80%	0.67%	0.47%		The Trust had 20 procedures cancelled on the day for non clinical reasons which is within tolerance with 'out of time' being the main reason.
Readmission within 28 days of non medical cancelled operation	Dec-19	0	0	1		No patient waited more than 28 days.

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Dec-19	0	38	66		In December the Trust reported 38 ambulance handovers greater than 30 minutes and 7 greater than 60 minutes. In comparison, the North East average handovers greater than 30 minutes reported at 236 (range 99-723), with the average over 60 minutes reporting at 57 (range 0 – 240).
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Dec-19	0	7	15		
TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Dec-19	17.00%	14.93%	14.08%		TCS 19 is used to monitor the progress being made in reducing avoidable emergency admissions for patients on a community case load, covering a defined set of conditions : Diabetes complications, Nutritional deficiencies, Iron deficiency anaemia, Hypertension, Congestive heart failure, Angina, Chronic obstructive pulmonary disease and Asthma. No exceptions to report.
TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Dec-19	93.50%	94.40%	98.25%		TCS 24 - The percentage of patients on a community caseload achieving improvement, as measured using a validated assessment tool appropriate to the scope of the practice, is used by the Community Integrated Assessment Team (CIAT) to monitor progress during/post treatment. No exceptions to report.
TCS 35 - % of standard wheelchair referrals completed within five days	Nov-19	90.00%	71.35%	-		The service has experienced supply issues however these have now been resolved with a new supplier sought for future reference. The wheelchair service migrated to electronic records onto SystmOne at the start of November with some short term loss of capacity during this transition together with some technical issues in relation to data collection and validation. Work continues to resolve these issues. The new system is now deployed and the service has recruited a new member of staff which should result in an improved position over the coming months. The service continues to benchmark well nationally against the 18 week access standards.
Delayed Transfers of Care	Dec-19	3.50%	1.56%	1.67%		The Trust continues to submit a 'Discharge Patient Tracking List (PTL)' as part of the national pilot. The Trust is already working hard as part of an Integrated Discharge Team which is led by a senior member of the team who has devolved responsibility to escalate actions required to progress individual discharges more promptly.
Super Stranded Reduction (per day average)	Dec-19	66	62	62		DTOC is reporting a downward trend and is reporting the lowest this year at 1.56%. The Trust continues to see an improved position with reduced number of stranded patients and is ahead of trajectory to reduce to an average of 64 by the end of March 2020.



EFFICIENCY AND PRODUCTIVITY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights						<p>The Hospital Evaluation Data (HED) within the main report provides a summary of the Trusts benchmark position against a number of performance indicators covering clinical quality, operational efficiency, patient safety and finance. Success against the reduction in super stranded patients. The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) benchmarking data available in the main menu. The report indicates the Trust is performing above or within expected for the majority of indicators and also demonstrates improvement in indicators where performance has previously been below the national average.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Aug-19	108.00	92.90		The latest HSMR value is now 92.90 (September 2018 to August 2019), this has increased from the previously reported 92.00 (August 2018 to July 2019). The value of 92.90 continues to remain inside the 'as expected' range; the national mean is 100. When benchmarked against the same period last year (September 2017 to August 2018) this has decreased from 102.20 to 92.90.
HSMR Crude mortality Rate (Rolling 12 month value)	Aug-19	3.60%	3.39%		The Trust crude mortality rate for HSMR has increased slightly to 3.39% (September 2018 to August 2019) from 3.31% (August 2018 to July 2019). When benchmarked against the same period last year (September 2018 to August 2019) this has decreased from 3.60% to 3.39%.
SHMI Mortality rate (Rolling 12 month value)	Jul-19	109.00	96.19		The latest SHMI value is now 96.19 (August 2018 to July 2019), this has increased slightly from the previously reported 96.15 (July 2018 to June 2019) value.
SHMI Crude mortality Rate (Rolling 12 month value)	Jul-19	3.60%	3.34%		The Trust crude mortality rate for SHMI is now 3.34% (August 2018 to July 2019), this has increased slightly from the previously reported 3.32% (July 2018 to June 2019) value. When benchmarked against the same period last year (August 2017 to July 2018) this has decreased from 3.60% to 3.34%.
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Dec-19	90.00%	100.00%		The Trust is reporting that 100% of patients aged 75 and over, who were admitted as emergencies, stayed more than 72 hours were asked the dementia case finding question.
Dementia - % of patients undergone a diagnostic assessment	Dec-19	90.00%	100.00%		The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Dec-19	90.00%	100.00%		The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.

Integrated Performance and Compliance Dashboard - December 2019





QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Complaint Stage 1 - Informal	Dec-19	50	66		<p>The Trust is reporting 66 stage 1 complaints for December 2019. This has decreased from the 75 stage 1 complaints in November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has increased from 50 to 66.</p> <p>For quarter 3, the Trust reported 238 stage 1 complaints, against a 2018/19 quarter 3 total of 163.</p>
Complaint Stage 2 - Formal Meeting	Dec-19	6	7		<p>The Trust is reporting 7 stage 2 complaints for December 2019. This has remained the same from the previous reporting period of November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has increased from 6 to 7.</p> <p>For quarter 3, the Trust reported 22 stage 2 complaints, against a 2018/19 quarter 3 total of 21.</p>
Complaint Stage 3 - Formal Chief Executive Letter	Dec-19	12	9		<p>The Trust is reporting 9 stage 3 complaints for December 2019. This has decreased from the 16 stage 3 complaints in November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has decreased from 12 to 9.</p> <p>For quarter 3, the Trust reported 40 stage 3 complaints, against a 2018/19 quarter 3 total of 60.</p>
Never Events	Dec-19	0	0		<p>There has been no Never Events reported in this period.</p>
Category 2 Pressure Ulcers (In-Hospital)	Nov-19	19	19		<p>The Trust is reporting 19 category 2 pressure ulcers for November 2019. This has decreased from 20 category 2 ulcers reported for October 2019.</p> <p>When benchmarked against the same period last year (November 18) this has remained the same at 19 cases.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Category 3 Pressure Ulcers (In-Hospital)	Nov-19	2	1		<p>The Trust is reporting 1 category 3 pressure ulcers for November 2019. This has decreased from the 3 category 3 ulcers reported for October 2019.</p> <p>When benchmarked against the same period last year (November 18) this has decreased from 2 to 1.</p>
Category 4 Pressure Ulcers (In-Hospital)	Nov-19	0	0		<p>The Trust is reporting zero category 4 pressure ulcer for November 2019. This has remained the same from October 2019 when zero case was reported.</p> <p>When benchmarked against the same period last year (November 18) this has remained at zero.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Fall - No Injury (In-Hospital)	Dec-19	79	69		<p>The Trust is reporting 69 falls resulting in no injury for December 2019. This has increased from the 67 falls reported for November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 79 to 69.</p> <p>For quarter 3, the Trust reported 218 falls resulting in no injury, against a 2018/19 quarter 3 total of 239.</p>
Fall - Injury, No Fracture (In-Hospital)	Dec-19	23	21		<p>The Trust is reporting 21 falls resulting in an injury, but no fracture for December 2019. This has decreased from the 22 falls resulting in an injury reported for November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 23 to 21.</p> <p>For quarter 3, the Trust reported 55 falls resulting in an injury, but no fracture, against a 2018/19 quarter 3 total of 62.</p>
Fall - With Fracture (In-Hospital)	Dec-19	4	0		<p>The Trust is reporting zero falls resulting in a fracture for December 2019. This has remained the same from the previous reporting period.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 4 to zero.</p> <p>For quarter 3, the Trust reported zero falls resulting in a fracture, against a 2018/19 quarter 3 total of 8.</p>
VTE Risk Assessment	Dec-19	95.00%	97.08%		<p>The Trust is reporting that 97.08% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during December 2019. This has decreased from 97.39% reported in November 2019.</p> <p>For quarter 3, the Trust reported 97.33% VTE Risk Assessment, against a 2018/19 quarter 3 total of 97.75%.</p>
Hand Hygiene Compliance	Dec-19	95.00%	99.00%		<p>The overall Trust compliance score for hand hygiene is 99% for December 2019; this has increased from 98% in November 2019.</p> <p>For quarter 3, the Trust reported 98% hand hygiene compliance, against a 2018/19 quarter 3 average of 98%.</p>

Integrated Performance and Compliance Dashboard - December 2019





QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Clostridium difficile (C.diff)	Dec-19	4	3		<p>For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare Acquired, this has decreased from the previous reporting period when 6 cases of Clostridium difficile infection (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired) was reported.</p> <p>The Trust total stands at 46, against a trajectory of 41 by the end of December 2019.</p> <p>For quarter 3, the Trust reported 14 Trust attributed cases of Clostridium difficile, against a trajectory of 13.</p>
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Dec-19	0	0		<p>The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in December 2019. This remains the same from previous reporting period and the target of zero cases.</p> <p>For quarter 3, the Trust reported Zero Trust attributed cases of MRSA, against a trajectory of Zero.</p>
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Dec-19	4	2		<p>The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for December 2019. This remains the same from previous reporting period</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 4 to 2.</p> <p>For quarter 3, the Trust reported 6 Trust attributed cases of MSSA, against a 2018/19 quarter 3 total of 8 cases.</p>
Escherichia coli (E.coli)	Dec-19	2	2		<p>The Trust is reporting 2 Trust attributed cases of E coli bacteraemia in December 2019. This has decreased from the 6 reported case in November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has remained the same at 2 cases.</p> <p>For quarter 3, the Trust reported 13 Trust attributed cases of Ecoli, against a 2018/19 quarter 3 total of 10 cases.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Klebsiella species bacteraemia (Kleb sp)	Dec-19	1	0		<p>The Trust has reported zero Trust attributed case of Klebsiella species bacteraemia in December 2019. This has decreased from 1 in the previous reporting period of November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 1 to zero.</p> <p>For quarter 3, the Trust reported 2 Trust attributed cases of Klebsiella species, against a 2018/19 quarter 3 total of 4 cases.</p>
Pseudomonas aeruginosa bacteraemia (Ps a)	Dec-19	2	0		<p>The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in December 2019. This has decreased from 1 case in November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 2 to zero.</p> <p>For quarter 3, the Trust reported 3 Trust attributed cases of Pseudomonas aeruginosa, against a 2018/19 quarter 3 total of 4 cases.</p>

Integrated Performance and Compliance Dashboard - December 2019



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]	Dec-19	70.00%	98%		The in-patient position for Friends and Family for 'Would Recommend' was 98% for December 2019; this increased from the previously reported 96% in November 2019.
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	70.00%	100%		The A&E position for Friends and Family for 'Would Recommend' was 100% for December 2019; this has increased from the reported 82% in November 2019.
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	70.00%	100%		For maternity – (Question 2 – birth) the Friends and Family 'Would Recommend' is 100% for December 2019; this has increased from the previously reported 94% for November 2019.
Registered Nurse/Midwife day shift fill rates	Dec-19	>=80% and <=109.99%	86.17%		Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of December 2019 is 86.17%, up from 86.08% in November 2019.
Registered Nurse/Midwife Night shift fill rates	Dec-19	>=80% and <=109.99%	91.53%		Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of December 2019 is 91.53%, up from 91.44% in November 2019.

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Care Staff day shift fill rates	Dec-19	>=80% and <=109.99%	99.05%		Care Staff day shift fill rates across inpatient areas for the month of December 2019 is 99.05% up from 98.97% in November 2019.
Care Staff Night shift fill rates	Dec-19	>=110% and <=125.99%	138.69%		Care Staff night shift fill rates across inpatient areas for the month of December 2019 is 138.69%, up from 138.41% in November 2019.
Trust - Harm Free Care %	Nov-19	97.50%	98.23%		The Trusts overall Harm Free care in November 2019 was 98.23% this has increased from 98.16% in October 2019.

Performance Overview / Key Highlights	<p>The latest data for the Trusts HSMR is 92.90; this has increased slightly from the previously reported 92.00, with the Trusts latest SHMI at 96.15 decreased from the previously reported position of 96.88</p> <p>For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare Acquired), this has decreased from 6 cases in the previous reporting period. The Trust total stands at 46 cases of Clostridium difficile infection (31 HOHA - Hospital Onset Healthcare Acquired and 15 COHA - Community Onset Healthcare Acquired), against a trajectory of 41 by the end of December 2019.</p>
Conclusion and recommendation	<p>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.</p>

Integrated Performance and Compliance Dashboard - December 2019



WORKFORCE

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Sickness	Nov-19	4.00%	5.42%			<p>The sickness absence rate for November 2019 (latest available data) is reported at 5.42%, 1.42% above the revised Trust target of 4.0%.</p> <p>When comparing November 2019 to the previous months' sickness absence rate there has been an increase of 0.12%.</p> <p>The long term sickness absence rate for November 2019 is reported at 3.38% an increase of 0.34% compared to the previous month (3.04%).</p> <p>The short-term sickness absence rate for November 2019 is reported at 2.04%, a reduction of 0.22 % when compared to the previous month (2.26%).</p> <p>The cost of sickness absence is reported as £218,949. This has increased by £25,481 compared to October 2019 (£193,468).</p> <p>Benchmarking</p> <p>The latest national sickness absence data available is for the month of August 2019 and supplied by NHS Digital.</p> <p>NHS Digital Sickness absence data may vary from internal reported figures due to the variance in methodology and time of data collection.</p> <p>North Tees and Hartlepool NHS Foundation Trust ranks 5th out of the 9 North East NHS Trusts reported on, in terms of sickness absence rate (lowest to highest) for August 2019, with a reported sickness absence rate of 4.56%.</p>
Turnover (12 months rolling data)	Dec-19	10.00%	9.73%	9.65%		<p>The turnover rate for December 2019 is reported at 9.73% which has remained constant when compared to the previous month.</p> <p>The attrition figure for December 2019 is reported at 1.37%, an increase of 0.03% when compared to the previous month (1.34%).</p>
Mandatory Training	Dec-19	80%	88%	87%		<p>The overall compliance for mandatory training for December 2019 is 88%, which has increased by 1% from 87% in the previous month.</p>
Appraisals	Dec-19	95%	86%	86%		<p>Appraisal compliance is reported at 86% for December 2019, which has remained the same compared to the previous month.</p>



WORKFORCE

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights						<p>North Tees & Hartlepool NHS Foundation Trust</p> <p>When comparing November 2019 to the previous months' sickness absence rate of 5.3%, there has been an increase in the Trust's sickness absence rate of 0.12%.</p> <p>Over the period from January 2015 - November 2019 the Trust has not achieved a sickness absence rate at or below the 4% target (*was 3.5% until August 2019). The lowest sickness absence rate occurred in June 2015 at 4.01 %, which was 0.51% above the Trust target.</p> <p>'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 34% for November, which is an increase of 1.2% compared to October 2019 (32.8%).</p> <p>Departments with a higher than expected absence rate will attend and present at Workforce Committee in order to provide assurance that actions are in place locally and absence is being managed. The next Workforce Committee is due to take place on 13 February 2020.</p> <p>As at 31 December 2019 the Trust has 206 internal volunteers and 165 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). Numbers have continued to increase during December, which is positive as the Trust moves towards a time of winter pressures. The time on average that internal volunteers contribute per week equates to 901 hours, taking into account any notified absences, which is the equivalent to 24 WTE. The Trust reached a milestone in December when it welcomed its 200th internal volunteer. Pat Ferguson, a former staff member and governor, will be supporting the Home 'but not Alone' Programme as it develops across the Trust.</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 - December 2019



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
	<i>Target</i>		98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		98.0%				
Cancer	New Cancer 31 days subsequent Treatment (Drug Therapy)	Nov-19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.1%				
	<i>Target</i>		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)	Nov-19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	97.7%	100.0%	100.0%		97.7%				
	<i>Target</i>		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)	Nov-19	80.0%	75.0%	88.9%	80.0%	95.5%	88.9%	85.7%	90.4%	77.8%	95.7%		88.0%				
	<i>Target</i>		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)	Nov-19	97.2%	97.4%	100.0%	98.2%	96.2%	92.3%	96.8%	95.3%	90.3%	92.5%		90.5%				
	<i>Target</i>		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)	Nov-19	80.1%	80.2%	90.3%	83.3%	78.1%	82.4%	80.7%	80.1%	79.2%	85.8%		77.9%				
	<i>Target</i>		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)	Nov-19	97.9%	96.5%	98.4%	97.6%	99.4%	99.1%	98.6%	99.0%	100.0%	100.0%		99.5%					
<i>Target</i>		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)	Nov-19	90.6%	91.8%	91.1%	91.1%	93.3%	93.2%	93.0%	93.2%	93.6%	93.3%		93.1%					
<i>Target</i>		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)	Nov-19	88.8%	92.6%	94.7%	91.7%	95.5%	97.7%	98.0%	96.9%	94.4%	95.9%		94.5%					

Integrated Performance and Compliance Dashboard - December 2019



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
RTT	Target		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%				
	RTT incomplete pathways wait (92%)	Dec-19	94.00%	94.24%	94.06%	94.10%	93.85%	92.82%	92.37%	93.02%	92.53%	92.98%	92.62%	92.71%				
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00				
	RTT incomplete pathways wait (92nd percentile)	Dec-19	15.70	16.30	16.40	16.10	16.40	17.40	17.70	17.30	17.60	16.70	17.70	17.30				
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20				
RTT incomplete pathways wait (Median)	Dec-19	5.40	5.30	5.40	5.40	5.40	5.70	5.70	5.70	5.70	5.40	5.40	6.10	5.60				
Target		0	0	0	0	0	0	0	0	0	0	0	0					
RTT incomplete pathways >52 week wait	Dec-19	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%				
	Number of patients waiting less than 6 weeks for diagnostic procedures	Dec-19	98.11%	99.19%	99.69%	99.01%	99.02%	90.66%	89.29%	93.09%	94.44%	93.24%	87.50%	91.70%				
CIDS	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%						
	CIDs -Referral information	Nov-19	96.23%	95.98%	96.37%	96.16%	95.82%	96.15%	96.25%	96.07%	96.35%	95.84%						
	Target		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	Nov-19	95.82%	95.44%	95.72%	95.65%	95.61%	94.52%	96.59%	95.64%	96.62%	97.17%						
Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%							
CIDs- Treatment Activity Information	Nov-19	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%							

*Q3 Cancer is a provisional position

Integrated Performance and Compliance Dashboard - December 2019 (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
New to review	<i>Target</i>		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)	Nov-19	1.20	1.34	1.31	1.26	1.32	1.26	1.27	1.28	1.35	1.37						
DNA	<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%				
	Outpatient DNA (new)	Dec-19	8.84%	8.65%	8.26%	8.50%	7.68%	7.83%	7.25%	7.52%	7.89%	7.26%	8.11%	7.74%				
	<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%				
	Outpatient DNA (review)	Dec-19	11.26%	11.56%	9.78%	10.85%	10.10%	9.97%	10.50%	10.13%	9.88%	9.25%	10.54%	9.86%				
Coding	<i>Target</i>		3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01						
	Average depth of coding	Nov-19	7.03	7.00	6.92	6.92	6.92	6.94	6.92	6.92	6.92	6.92						
LOS	<i>Target</i>		3.20	3.20	3.18	3.19	3.34	3.15										
	Length of Stay Elective	Aug-19	1.75	1.81	1.85	1.85	1.89	2.03										
	<i>Target</i>		4.08	4.09	4.08	4.08	4.20	4.08										
	<i>Target</i>		3.42	3.43	3.40	3.40	3.41	3.40										
	Length of Stay Emergency	Aug-19	3.42	3.43	3.40	3.40	3.41	3.40										
Day case	<i>Target</i>		76.59%	76.54%	76.66%	76.60%	76.66%	76.65%										
	Day case Rate	Aug-19	77.17%	76.64%	77.16%	77.16%	76.95%	77.14%										
	<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%				
	<i>Target</i>		2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%				
	Pre - Op Stays	Dec-19	2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%				
Occupancy	<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%				
	Revised Occupancy North Tees	Dec-19	89.94%	91.11%	92.08%	91.04%	92.24%	91.06%	92.53%	91.94%	92.52%	95.27%	90.47%	92.73%				
	<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%				
	Revised Occupancy Hartlepool	Dec-19	72.72%	75.91%	77.99%	75.54%	67.11%	64.87%	66.45%	66.83%	67.30%	78.12%	83.05%	75.71%				
	<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%				
	Revised Occupancy Trust	Dec-19	88.80%	90.09%	91.14%	90.01%	90.59%	89.35%	90.81%	90.28%	90.83%	94.06%	90.07%	91.65%				

Integrated Performance and Compliance Dashboard - December 2019 (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
Bed days	Target		998	998	998	2994	998	998	998	2994	998	998						
	Excess bed days	Nov-19	485	339	403	1227	684	509	889	2082	384	337						
	Target		535	535	535	1605	535	535	535	1605	535	535	535	1605				
Bed days	Delayed bed days	Dec-19	371	324	365	955	469	376	348	1193	277	270	244	791				
	Target		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							
Readmissions *	Readmission rate 30 days (Elective admission)	Oct-19	3.97%	3.89%	4.55%	4.09%	3.89%	4.66%	4.79%	4.60%	4.25%							
	Target		9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%							
	Readmission rate 30 days (Emergency admission)*	Oct-19	14.77%	14.87%	15.06%	15.06%	12.40%	14.36%	14.73%	14.70%	14.64%							
	Target		7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%							
Readmissions *	Readmission rate 30 days (Total)	Oct-19	10.37%	9.91%	10.43%	10.31%	8.71%	10.24%	10.38%	10.32%	10.09%							
	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				
EDS	Electronic Discharge Summaries within 24 hours (incl. A&E)	Dec-19	89.59%	91.86%	93.15%	91.55%	91.56%	90.71%	89.84%	90.72%	91.48%	92.28%	90.94%	91.58%				
	Target		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%				
C-sections	Emergency c-section rates	Dec-19	15.12%	11.76%	19.91%	15.54%	12.98%	12.28%	14.51%	13.20%	10.95%	16.75%	14.29%	14.00%				
	Target		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%						
ASI's	ASI's - (No SLOT analysis)	Nov-19	5.40%	3.80%	3.10%	4.10%	3.20%	3.40%	4.10%	3.57%	4.00%	6.10%						
	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%				
Theatres	Operation Time Utilisation	Dec-19	75.70%	71.80%	75.06%	74.10%	75.25%	72.83%	77.48%	75.40%	74.55%	76.17%	69.41%	73.63%				
	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%				
	Run Time Utilisation	Dec-19	88.61%	88.01%	89.05%	89.19%	90.92%	87.41%	94.05%	91.25%	89.39%	88.40%	84.01%	87.53%				
	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%				
Theatres	Planned Session Utilisation *	Dec-19	95.16%	94.95%	93.09%	92.64%	75.11%	90.98%	91.22%	91.17%	92.43%	91.82%	91.29%	91.18%				
	Target																	

Integrated Performance and Compliance Dashboard - December 2019 (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%				
	Cancelled procedures (Non medical)	Dec-19	0.42%	0.46%	0.33%	0.40%	0.46%	0.71%	0.83%	0.66%	0.14%	0.67%	0.67%	0.47%				
	Target		0	0	0	0	0	0	0	0	0	0	0	0				
	Readmission within 28 days of non medical cancelled operation	Dec-19	0	0	0	0	1	1	1	3	0	1	0	1				
	Target		0	0	0	0	0	0	0	0	0	0	0	0				
	Cancelled Urgent Operations for second time	Dec-19	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%				
	Cancelled on day of operation	Dec-19	8.01%	7.80%	7.28%	7.69%	8.27%	9.21%	7.21%	8.27%	9.23%	6.35%	7.64%	7.86%				
	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%				
	Late Start %	Dec-19	32.44%	41.08%	34.63%	36.10%	35.50%	38.81%	40.37%	37.96%	39.93%	45.00%	42.74%	42.27%				
	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%				
	Early Finishes %	Dec-19	44.27%	43.77%	43.11%	43.71%	46.95%	46.12%	36.30%	42.93%	44.37%	36.00%	47.72%	42.27%				
	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%				
	Session overruns (>30 minutes)	Dec-19	14.50%	13.80%	14.13%	14.13%	16.03%	14.16%	15.19%	15.50%	12.97%	19.67%	12.03%	14.98%				
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				
	A&E Time to Initial Assessment -Ambulance arrivals (95th percentile) - Type 1	Dec-19	00:44	00:41	00:46	00:44	00:52	00:46	00:49	00:49	00:46	00:56	01:01	00:53				
	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				
	A&E Time to Initial Treatment (Median) - Type 1	Dec-19	01:03	01:00	01:03	01:02	01:14	01:07	01:08	01:09	01:03	01:30	01:23	01:18				
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%				
A&E unplanned returns within 7 days - Type 1	Dec-19	1.67%	1.60%	1.36%	1.54%	1.46%	1.49%	1.37%	1.44%	1.06%	1.60%	1.53%	1.40%					
Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%					
A&E left without being seen - Type 1	Dec-19	3.45%	3.22%	3.43%	3.43%	3.92%	3.93%	3.73%	3.86%	3.23%	4.33%	3.86%	3.81%					

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 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	Dec-19	05:51	05:47	06:19	06:02	06:31	06:25	06:43	06:34	06:26	07:33	07:29	07:15			
	<i>Target</i>		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	Dec-19	10	9	12	31	10	17	8	35	5	23	38	66			
	<i>Target</i>		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	Dec-19	0	0	0	0	0	0	0	0	1	7	7	15			
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0				
	A&E 12 Hour Trolley waits - Type 1	Dec-19	0	0	0	0	0	0	0	0	0	0	0				
	<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%				
Screening	Diabetic Retinopathy Screening	Dec-19	98.52%	98.54%	98.47%	98.51%	98.60%	98.24%	98.28%	98.37%	98.40%	98.11%	98.33%	98.28%			
	<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%				
TCS	TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Dec-19	13.33%	9.52%	11.92%	11.39%	11.43%	9.13%	8.86%	9.60%	13.13%	14.37%	14.93%	14.08%			
	<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%				
	TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Dec-19	100.00%	100.00%	98.70%	99.58%	98.02%	99.00%	97.50%	98.35%	98.11%	98.39%	94.40%	98.25%			
	<i>Target</i>		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	Nov-19	94.16%	91.26%	95.54%	93.42%	76.24%	70.89%	61.01%	69.03%	61.46%	71.35%					
	<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%				
Audiology	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Dec-19	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				
	Audiology non admitted wait (92nd percentile)	Dec-19	6.00	4.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00	5.00	5.00	5.00			
	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%					
Patient identifier	Patient Identifier Indicator	Nov-19	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%					

Integrated Performance and Compliance Dashboard - December 2019 (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
EOL	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%						
	End of Life measure	Nov-19	83.08%	84.95%	82.20%	83.64%	80.81%	87.65%	82.89%	83.81%	79.45%	81.88%						
DTOC	<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%				
	Delayed Transfers of Care	Dec-19	2.52%	2.08%	2.43%	2.34%	3.02%	2.43%	2.31%	2.59%	1.77%	1.67%	1.56%	1.67%				
Super Stranded	<i>Target</i>		68	68	68	68	67	67	67	67	66	66	66	66	65	65	64	
	Super Stranded Reduction (per day average)	Dec-19	61	66	65	64	62	72	76	70	63	62	62	62				

* Validated Position - August 19

Integrated Performance and Compliance Dashboard - December 2019 (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						
	Emergency admissions for acute conditions that should not usually require hospital admission	Nov-19	151.2	163.8	159.7	160.6	171.2	161.1	150.7	164.7	123.8	175.0						
	Target		20.02	20.02	20.02	20.02	23.0	22.99	22.99	22.99	23.36	23.36						
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Nov-19	13.35	16.69	21.13	17.1	22.3	10.01	26.70	19.65	15.57	23.36						
	Target		56.8	56.8	56.8	56.8	60.5	60.5	60.5	60.5	67.4	67.4						
Stroke	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Nov-19	85.3	67.0	55.5	70.7	53.0	55.8	60.3	58.0	82.1	74.0						
	Target		23.36	23.36	23.36	23.36	14.46	14.46	14.46	14.46	105.67	105.67						
	Unplanned hospitalisation for respiratory tract infections in under 19s	Nov-19	28.92	21.13	16.69	22.3	8.90	5.56	16.69	10.38	34.48	81.20						
Stroke	Target		80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%						
	Stroke admissions 90% of time spent on dedicated Stroke unit	Nov-19	82.61%	92.86%	96.30%	89.70%	97.67%	92.59%	96.00%	95.24%	96.72%	96.55%						
	Target		75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%						
Stroke	High risk TIAs assessed and treated within 24 hours	Nov-19	77.78%	100.00%	66.67%	80.00%	100.00%	83.33%	100.00%	92.86%	100.00%	100.00%						

Integrated Performance and Compliance Dashboard - December 2019 (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%						
	Sickness	Nov-19	4.55%	4.94%	4.91%	4.77%	4.64%	4.62%	4.15%	4.39%	5.30%	5.42%						
	Target		10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%				
	Turnover (12 months rolling data) - revised methodology from Nov-18 *	Dec-19	8.59%	8.92%	8.97%	8.97%	9.39%	9.54%	9.65%	9.65%	9.86%	9.73%	9.73%					
	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%				
Mandatory Training	Dec-19	86.0%	87.0%	87.0%	87.0%	88.00%	87.00%	87.00%	87.00%	87.00%	87.00%	88.00%	88.00%					
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%					
Appraisals	Dec-19	84.0%	83.0%	83.0%	83.0%	84.00%	85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%					

Integrated Performance and Compliance Dashboard - December 2019 (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 HSMR Mortality Rates (Rolling 12 month value)	Aug-19	109.00	109.00	109.00		108.00	108.00	108.00		108.00	108.00											
			96.17	95.80	93.66		91.07	92.20	91.40		92.00	92.90											
HMSR	Target HSMR Crude mortality Rate (Rolling 12 month value)	Aug-19	3.46%	3.49%	3.54%		3.72%	3.66%	3.68%		3.63%	3.60%											
			3.45%	3.41%	3.29%		3.26%	3.30%	3.27%		3.31%	3.39%											
SHMI	Target SHMI Mortality rate (Rolling 12 month value)	Jul-19	110.00	110.00	110.00		109.00	109.00	109.00		109.00												
			98.71	98.01	97.11		96.20	96.88	96.15		96.19												
SHMI	Target SHMI Crude mortality Rate (Rolling 12 month value)	Jul-19	3.64%	3.64%	3.66%		3.67%	3.59%	3.58%		3.60%												
			3.40%	3.38%	3.37%		3.35%	3.37%	3.32%		3.34%												
Dementia	Target Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Dec-19	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%	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%
			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	Target Dementia - % of patients undergone a diagnostic assessment	Dec-19	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%	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%
Dementia	Target Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Dec-19	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%	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					
	Complaint Stage 1 - Informal	Dec-19	73	64	60	197	61	79	87	227	83	85	99	267	97	75	66	238					
			10	10	8	28	7	9	6	22	14	8	8	30	7	9	6	22					
	Complaint Stage 2 - Formal Meeting	Dec-19	5	13	8	26	7	5	6	18	13	4	9	26	7	7	7	21					
		18	19	7	44	18	6	10	34	16	16	12	44	28	20	12	60						
Complaint Stage 3 - Formal Chief Executive Letter	Dec-19	14	30	10	54	13	12	13	38	9	15	14	38	15	16	9	40						

Integrated Performance and Compliance Dashboard - December 2019 (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)	Dec-19	5	4	4	13	3	3	3	9	6	9	8	23	8	10	8	26					
			9	7	7	23	6	6	7	19	7	7	7	21	7	7	6	20					
Never Events	Never Events	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
			0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0				
Pressure Ulcers	Target		0	3	3	6	0	2	2	4	3	4	3	10	4	6							
	Category 1 Pressure Ulcers (In-Hospital)	Nov-19	8	6	8	22	7	11	7	25	19	7	3	29	9	3							
	Target		13	19	16	48	13	26	13	52	14	17	14	45	9	19							
	Category 2 Pressure Ulcers (In-Hospital)	Nov-19	15	28	15	58	23	26	27	76	24	24	28	76	20	19							
	Target		1	2	0	3	5	5	1	11	0	2	4	6	3	2							
Falls	Fall - No Injury (In-Hospital)	Dec-19	90	106	105	301	119	98	79	296	82	82	87	251	81	79	79	239					
			84	72	80	236	74	90	76	240	67	87	77	231	82	67	69	218					
Falls	Fall - Injury, No Fracture (In-Hospital)	Dec-19	32	27	25	84	13	11	8	32	15	10	9	34	18	21	23	62					
			28	20	16	64	19	22	21	62	21	20	17	58	12	22	21	55					
Falls	Fall - With Fracture (In-Hospital)	Dec-19	2	1	2	5	1	1	1	3	1	1	1	3	1	3	4	8					
			2	3	4	9	1	3	0	4	2	1	2	5	0	0	0	0					
VTE	VTE Risk Assessment	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%					
		Dec-19	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%					

Integrated Performance and Compliance Dashboard - December 2019 (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%					
	Hand Hygiene Compliance	Dec-19	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%					
Infections	Target		1	1	1	3	5	5	5	15	4	5	4	13	4	5	4	13					
	Clostridium difficile (C.diff)	Dec-19	5	5	2	12	4	7	3	14	2	6	10	18	5	6	3	14					
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Dec-19	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					
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Dec-19	1	3	1	5	0	7	1	8	4	2	2	8	2	2	2	6					
	Target		5	1	1	7	4	3	3	10	8	2	3	13	5	3	2	10					
Escherichia coli (E.coli)	Dec-19	2	1	3	6	3	6	4	13	4	7	4	15	5	6	2	13						
Target		6	1	2	9	1	2	3	6	2	2	2	6	0	3	1	4						
Klebsiella species bacteraemia (Kleb sp)	Dec-19	1	2	1	4	2	0	0	2	1	0	1	2	1	1	0	2						
Target		1	0	0	1	0	1	2	3	0	0	1	1	1	1	2	4						
Pseudomonas aeruginosa bacteraemia (Ps a)	Dec-19	1	0	0	1	0	0	0	0	0	0	0	0	2	1	0	3						
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%					
	Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	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%					
	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%					
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	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%						
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%					
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	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%						

Integrated Performance and Compliance Dashboard - December 2019 (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%					
	Registered Nurse/Midwife day shift fill rates	Dec-19	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%					
	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%				
	Registered Nurse/Midwife Night shift fill rates	Dec-19	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%					
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%					
	Care Staff day shift fill rates	Dec-19	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%					
Workforce	Target		>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=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	Dec-19	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%					
Safety Thermometer	Target		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%							
	Trust - Harm Free Care %	Nov-19	97.86%	98.75%		98.37%	98.57%	98.53%	97.25%	98.12%	98.75%	99.30%	97.80%	98.62%	98.16%	98.23%							
	Target		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%							
	Trust - New Harm %	Nov-19	2.14%	1.25%		1.63%	1.43%	1.47%	2.75%	1.88%	1.25%	0.70%	2.20%	1.38%	1.84%	1.77%							

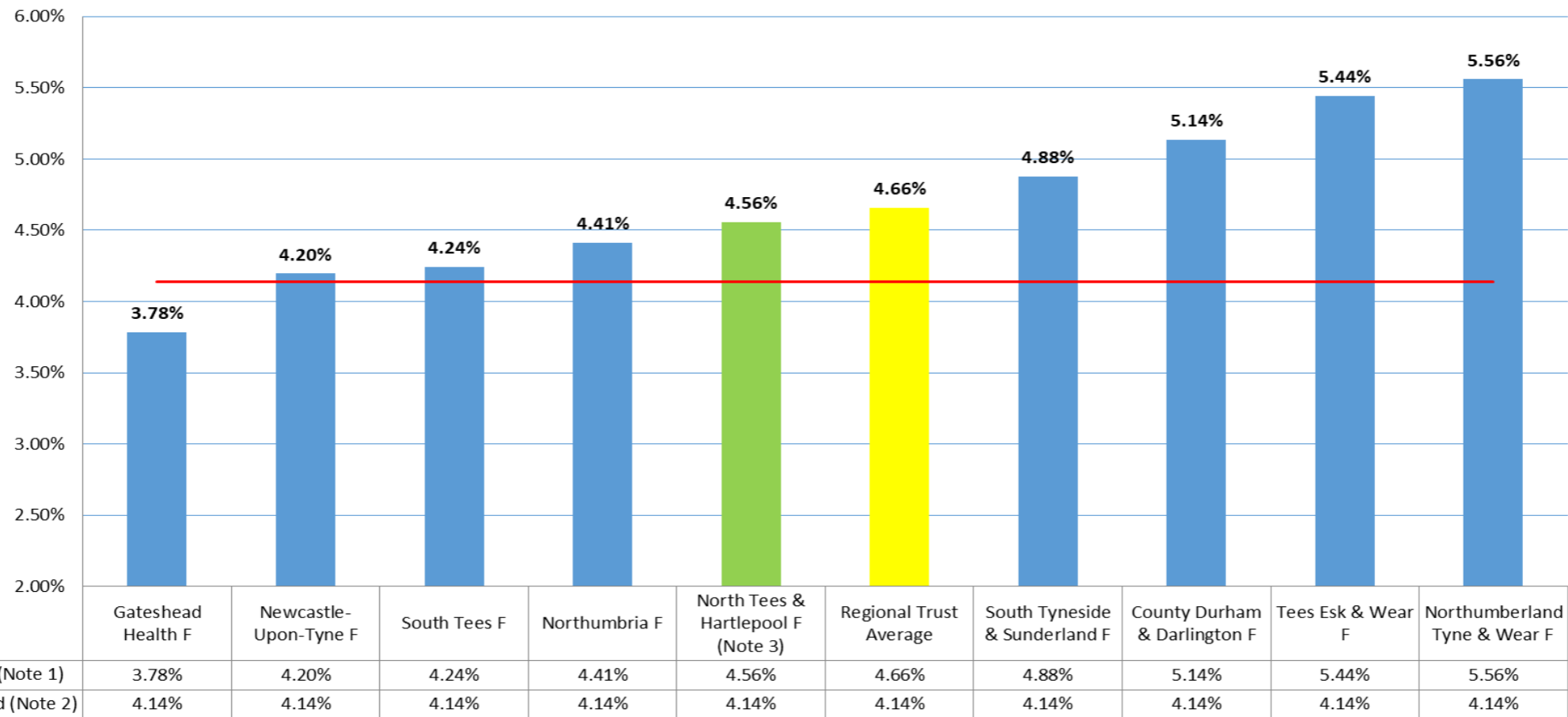


Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - November 19										
Incomplete Pathways waiting <18 weeks	84.4%		93.0%	92.5%	N/A	92.0%	89.5%	92.1%	82.2%	88.9%
Half of patients wait less than	8		5	6	N/A	7	8	7	8	6
Half of admitted patients wait less than	10		6	12	N/A	10	10	9	6	12
19 out of 20 patients wait less than	38		24	29	N/A	31	35	28	37	35
Half of Non admitted Pathways waited less than	6		3	6	N/A	4	7	6	5	5
19 out of 20 patients wait less than	28		21	20	N/A	21	23	25	24	18

Cancer 62 Day Standard - November 19	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		94.87 (111/117)	100 (18.5/18.5)	75 (1.5/2)	100 (6/6)	89.58 (21.5/24)	82.76 (12/14.5)	100 (25/25)	100 (9.5/9.5)	97.14 (17/17.5)
Lung		60.87 (42/69)	60 (1.5/2.5)	29.41 (2.5/8.5)	80 (2/2.5)	64.29 (4.5/7)	51.85 (7/13.5)	100 (5/5)	73.68 (14/19)	59.09 (5.5/11)
Gynae		57.5 (23/40)	80 (4/5)	75 (1.5/2)	60 (1.5/2.5)	35.29 (3/8.5)	54.55 (3/5.5)	100 (3/3)	50 (5/10)	57.14 (2/3.5)
Upper GI		64.44 (29/45)	87.5 (3.5/4)	50 (1.5/3)	0 (0/0)	71.43 (2.5/3.5)	61.29 (9.5/15.5)	75 (3/4)	52.94 (4.5/8.5)	69.23 (4.5/6.5)
Lower GI		76.47 (65/85)	63.16 (6/9.5)	100 (8/8)	50 (2/4)	66.67 (4/6)	43.48 (5/11.5)	87.5 (14/16)	96.88 (15.5/16)	82.14 (10.5/14)
Uro (incl testes)		78.66 (129/164)	91.67 (11/12)	75.64 (29.5/39)	80.95 (8.5/10.5)	75 (6/8)	68 (17/25)	75.47 (20/26.5)	86.05 (37/43)	0 (0/0)
Haem (incl AL)	Data not available	83.72 (36/43)	80 (6/7.5)	100 (8/8)	100 (2/2)	100 (0.5/0.5)	90.48 (9.5/10.5)	100 (2.5/2.5)	42.86 (3/7)	90 (4.5/5)
Head & Neck		75 (30/40)	0 (0/0)	94.44 (8.5/9)	0 (0/0)	0 (0/0)	93.75 (15/16)	0 (0/0)	46.15 (6/13)	50 (0.5/2)
Skin		96.64 (144/149)	0 (0/0)	100 (10/10)	100 (19/19)	0 (0/0)	97.52 (59/60.5)	86.96 (10/11.5)	96.88 (31/32)	93.75 (15/16)
Sarcoma		33.33 (1/3)	0 (0/0)	0 (0/0)	100 (0.5/0.5)	0 (0/1)	33.33 (0.5/1.5)	0 (0/0)	0 (0/0)	0 (0/0)
Brain/CNS		100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)	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		50 (3/6)	100 (1/1)	50 (1/2)	0 (0/0.5)	66.67 (1/1.5)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)
All		80.58 (614/762)	85.83 (51.5/60)	78.69 (72/91.5)	87.37 (41.5/47.5)	71.67 (43/60)	78.69 (138.5/176)	88.24 (82.5/93.5)	79.43 (125.5/158)	78.81 (59.5/75.5)



North East Region Trusts - Sickness Rates August 2019



North East Region Trusts - Sickness Rates August 2019 (*latest available)

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

Gateshead report the lowest sickness absence rate for August 2019 at 3.78%. Gateshead are also the only North East Trust with a rate lower than the national NHS average.

The highest sickness absence rate in the North East region for August 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.56%.

North Tees and Hartlepool NHS Foundation Trust ranks 5th out of the 9 North East NHS Trusts reported on, in terms of sickness absence rate (lowest to highest) for August 2019, with a reported sickness absence rate of 4.56%.

The sickness rate for North Tees this month is lower than the regional average of 4.66%.

Integrated Performance and Compliance Dashboard - December 2019 Benchmark HED



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		Position ⓘ	Module Link
Indicator	Current	Previous	Change	Peer	National			
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	9.21% (Aug 2018 - Jul 2019)	9.21% (Jul 2018 - Jun 2019)	No Change	7.47%	7.48%			
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	2.02% (Aug 2018 - Jul 2019)	2.03% (Jul 2018 - Jun 2019)	-0.01 ↓	1.93%	1.94%			
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	5.03% (Aug 2018 - Jul 2019)	4.99% (Jul 2018 - Jun 2019)	0.04 ↑	4.42%	4.15%			
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	7.47% (Aug 2018 - Jul 2019)	7.46% (Jul 2018 - Jun 2019)	0.01 ↑	6.51%	5.93%			
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	10.47% (Aug 2018 - Jul 2019)	10.48% (Jul 2018 - Jun 2019)	-0.01 ↓	9.09%	8.08%			
Outpatient DNA rate (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	8.44% (Sep 2018 - Aug 2019)	8.48% (Aug 2018 - Jul 2019)	-0.04 ↓	7.81%	7.47%			
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	2.33 (Sep 2018 - Aug 2019)	2.33 (Aug 2018 - Jul 2019)	0.01 ↑	2.33	2.15			
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	0.00% (Sep 2018 - Aug 2019)	0.00% (Aug 2018 - Jul 2019)	No Change	8.43%	8.04%			
DTOC - Proportion of delayed bed days (12 mth rolling) DTCO (Nov 2019) ⓘ	2.24% (Oct 2018 - Sep 2019)	2.22% (Sep 2018 - Aug 2019)	0.02 ↑	2.33%	4.08%			
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	89.05% (Oct 2018 - Sep 2019)	89.36% (Sep 2018 - Aug 2019)	-0.31 ↓	76.80%	70.25%			
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	96.44% (Oct 2018 - Sep 2019)	96.54% (Sep 2018 - Aug 2019)	-0.10 ↓	91.40%	86.65%			
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	93.88% (Oct 2018 - Sep 2019)	94.00% (Sep 2018 - Aug 2019)	-0.12 ↓	89.47%	84.73%			
Day case realisation rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	97.05% (Sep 2018 - Aug 2019)	97.04% (Aug 2018 - Jul 2019)	0.01 ↑	95.16%	95.80%			
Day case rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	86.02% (Sep 2018 - Aug 2019)	85.23% (Aug 2018 - Jul 2019)	0.79 ↑	83.28%	71.20%			

Integrated Performance and Compliance Dashboard - December 2019 Benchmark HED



Average excess length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.09 (Sep 2018 - Aug 2019)	0.10 (Aug 2018 - Jul 2019)	No Change	0.36	0.47		
Average length of stay (12 mth rolling) HES Inpatients (Nov 2019)	3.27 (Sep 2018 - Aug 2019)	3.26 (Aug 2018 - Jul 2019)	0.01 ↑	4.16	4.53		
Average elective length of stay (12 mth rolling) HES Inpatients (Nov 2019)	2.03 (Sep 2018 - Aug 2019)	1.89 (Aug 2018 - Jul 2019)	0.14 ↑	3.32	4.46		
Average non-elective length of stay (12 mth rolling) HES Inpatients (Nov 2019)	3.40 (Sep 2018 - Aug 2019)	3.41 (Aug 2018 - Jul 2019)	-0.01 ↓	4.30	4.53		
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.20 (Sep 2018 - Aug 2019)	0.20 (Aug 2018 - Jul 2019)	No Change	0.24	0.23		
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.01 (Sep 2018 - Aug 2019)	0.01 (Aug 2018 - Jul 2019)	No Change	0.03	0.03		
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.34 (Sep 2018 - Aug 2019)	0.34 (Aug 2018 - Jul 2019)	No Change	0.47	0.46		
Average post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.82 (Sep 2018 - Aug 2019)	0.82 (Aug 2018 - Jul 2019)	No Change	0.99	0.89		
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.22 (Sep 2018 - Aug 2019)	0.22 (Aug 2018 - Jul 2019)	No Change	0.35	0.29		
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	1.27 (Sep 2018 - Aug 2019)	1.27 (Aug 2018 - Jul 2019)	No Change	1.72	1.63		
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Nov 2019)	34.96% (Sep 2018 - Aug 2019)	34.96% (Aug 2018 - Jul 2019)	No Change	31.83%	33.33%		
Elective stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	5.82% (Sep 2018 - Aug 2019)	5.35% (Aug 2018 - Jul 2019)	0.47 ↑	11.07%	12.05%		
Emergency stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	15.98% (Sep 2018 - Aug 2019)	15.96% (Aug 2018 - Jul 2019)	0.02 ↑	19.02%	19.43%		
Elective super-stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	0.86% (Sep 2018 - Aug 2019)	0.73% (Aug 2018 - Jul 2019)	0.13 ↑	2.13%	3.09%		
Emergency super-stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	3.38% (Sep 2018 - Aug 2019)	3.37% (Aug 2018 - Jul 2019)	0.01 ↑	4.78%	5.15%		
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Nov 2019)	92.08% (Sep 2018 - Aug 2019)	92.22% (Aug 2018 - Jul 2019)	-0.14 ↓	78.80%	78.33%		
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Nov 2019)	0.41% (Sep 2018 - Aug 2019)	0.34% (Aug 2018 - Jul 2019)	0.07 ↑	0.88%	0.82%		
Relative risk length of stay (12 mth rolling) HES Inpatients (Nov 2019)	82.51 (Sep 2018 - Aug 2019)	82.31 (Aug 2018 - Jul 2019)	0.20 ↑	104.81	99.08	Low (>95%)	



REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	Annual Budget (£'000s)	Current Month £000's			Year to Date £000's		
		Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)
Income	303,505	24,664	25,886	1,222	228,006	229,744	1,738
Pay	211,338	17,613	18,114	(501)	153,114	153,848	(734)
Operating Non Pay	76,020	6,346	7,076	(730)	56,561	55,578	983
Pass through drugs and device	13,070	1,078	1,158	(79)	9,957	9,798	159
Total Operating Costs	300,428	25,037	26,347	(1,310)	225,632	225,225	407
EBITDA	3,077	(373)	(461)	(88)	2,375	4,520	2,145
Interest, Depreciation and PDC	13,285	1,107	1,189	(82)	9,964	9,150	814
Surplus/Deficit before PSF	(10,208)	(1,480)	(1,649)	(169)	(7,589)	(4,630)	2,959
Impairment			0	0		0	0
PSF	10,208	990	988	(2)	6,807	6,807	0
Surplus/Deficit after PSF	0	(490)	(661)	(171)	(782)	2,177	2,959

Statement of Financial Position

	Plan (£'000s)	Actual
Assets, Non Current	127,144	126,162
Assets, Current	32,006	40,347
Total Assets	159,150	166,509
Liabilities, current	(46,157)	(48,491)
Net current assets (current assets less current liabilities)	(14,151)	(8,143)
Liabilities, non current	(25,086)	(25,223)
Total Assets Employed	87,908	92,795
Taxpayers Equity	87,908	92,795

Commentary

The Group Month 9 (December) year to date position is a surplus of £2.2m. This compares to a planned deficit of (£0.8m). The Group is therefore £3m ahead of plan at this point in the year.

The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.

Cash levels stand at £21.4m at the end of December. Creditor metrics have improved in recent months and operational issues have reduced substantially consequently. Similarly, debtor performance has improved.

Board of Directors

Title of report:	Learning from Deaths Report, Quarter 3, 2019-20									
Date:	30 January 2020									
Prepared by:	Prof Jane Metcalf and Janet Alderton									
Executive Sponsor:	Medical Director									
Purpose of the report	To provide an overview of the learning obtained through the review of deaths that occur within the organisation. Also, to provide details from the clinical teams around actions that have been implemented as a result of the overall learning and, where available, to provide an evaluation of the impact of these.									
Action required:	Approve	X	Assurance	X	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing			X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<ol style="list-style-type: none"> The Trusts HSMR value in the latest period has decreased to 92.90 (September 2018 - August 2019), the SHMI is currently 96.15 (July 2018 to June 2019). There has been a sustained improvement in the level of care being documented which has helped sustain the current reported national mortality statistics. For 2018-19, 94% of the compulsory mortality reviews identified using the Trust Learning from Deaths policy have been reviewed. During 2019-20, by the end of quarter 3, 48% of compulsory reviews have been completed. There are a number of workstreams in place, to support ongoing clinical and service improvements. There is an updated information within this report from three areas of work. 										
How this report impacts on current risks or highlights new risks:										
<ul style="list-style-type: none"> Any new risks identified through mortality review processes are assessed and added to the risk register as needed. 										
Committees/groups been discussed	<ul style="list-style-type: none"> Trust Outcome Performance, Delivery and Operational Group Patient Safety & Quality Standard Committee 									
Recommendation	<ol style="list-style-type: none"> The Board of Directors is asked to note the content of this report and to derive assurance that there is continued focus to ensure in depth multidisciplinary learning being is obtained from mortality review processes. The Board is asked to recognise the continued sustained improvement in the national mortality statistics. 									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 January 2020

Learning from Deaths Report

Report of the Medical Director

1. Introduction/Background

- 1.1 In March 2017, the National Quality Board (NQB) published national guidance “Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care”. The guidance provides requirements for Trust to implement as a minimum in order ensure there is a focused approach towards responding to and learning from deaths of patients in our care.
- 1.2 The Trust strives to improve the care provided to all of our patients; the overall aim is to identify, understand and implement improvements where any issues are related to the provision of safe and effective quality care. It is considered that if such safety and quality improvements are initiated effectively and embedded, then the mortality statistics will naturally show improvement.
- 1.3 The information presented in this report provides an overview of learning from deaths that has been obtained from mortality reviews undertaken by the Trust. The Trust policy identifies some key areas where all deaths will be reviewed and also identifies additional randomly selected cases will also be included in the review process. Some compulsory review areas have small numbers; therefore, learning is presented as a summation of all reviews to reduce the risk of identifying cases directly.

2. Mortality Data

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

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

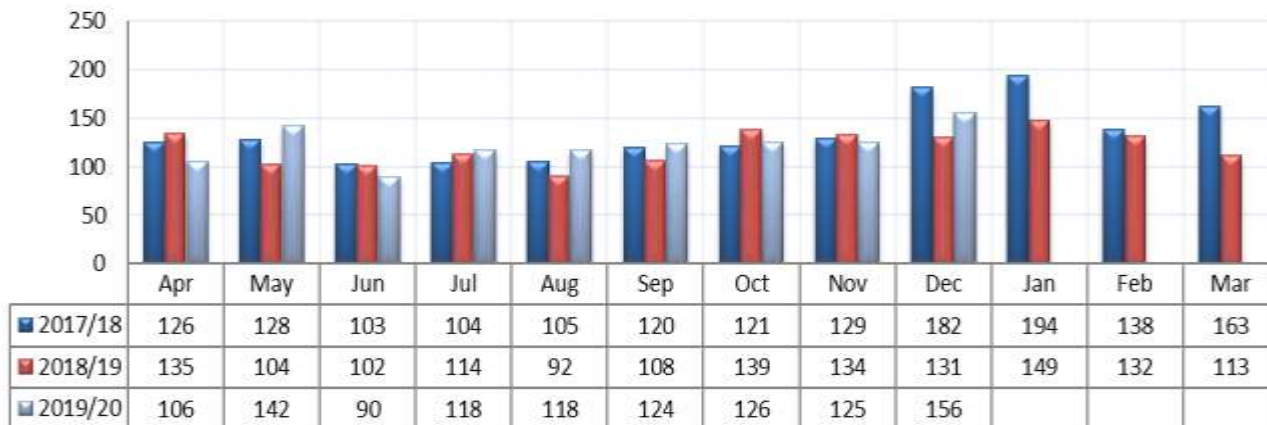
- 2.2 This calculation is undertaken nationally and provides the Trusts overall HSMR. The latest HSMR value is **92.90** (September 2018 to August 2019) which represents a slight increase. This new value continues to ensure the Trust remains in the ‘as expected’ range.
- 2.3 The Trust currently has the 31st lowest HSMR value from the 137 Trusts nationally, and the lowest value out of the 8 North East Trusts.
- 2.4 The Summary Hospital-level Mortality Indicator (SHMI) is a ratio between the number of actual (observed) deaths to the “expected” number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.
- 2.5 The ratio is calculated nationally and provides the trusts overall SHMI. The latest SHMI value is **96.15** (July 2018 to June 2019); this also represents a continued decrease. The value continues to ensure the Trust remains in the ‘as expected’ range.

- 2.6 The Trust currently has the 47th lowest SHMI value from the 137 Trusts nationally, and 2nd lowest value out of the 8 North East Trusts.
- 2.7 There continues to be an ongoing focus on ensuring there is accurate documentation of the diagnosis and co-morbidities; this information is required to ensure there is clear clinical communication between healthcare professionals who are caring for the patients.
- 2.8 The increased focus on this should allow the Trust to maintain clearer clinical records but also maintain the current statistical mortality rates over the winter period when there are nationally more deaths occurring.

3. Mortality reviews

- 3.1 The Trust uses an electronic system to record mortality case reviews that are undertaken; this system is also used by other trusts in the region and is based on the “PRISM” methodology, one of the review tools recommended in the national guidance. This is a structured review of a case record, carried out by clinicians not involved in the patient’s care, to determine whether there were any problems in care. Case record review is undertaken routinely to learn and improve in the absence of any concerns, with all directorates undertaking their own specialty based mortality and morbidity meetings. This is because it can help identify issues where there are no initial concerns. It is also used where concerns exist, such as when bereaved families or members of staff raise issues about care.
- 3.2 The Trust policy identifies that all in-patient deaths and those in the Accident and Emergency department are included in the scope of the mortality reviews. Since April 2017 the Trust has reported the following deaths:

In-Patient and A&E Deaths



- 3.3 The Trust policy identifies specific cases where a compulsory review is required; these include:
 - Where requests are made by families to undertake a case review.
 - Where staff request a case review.
 - All deaths in the Intensive Care Unit (ICU).
 - All deaths linked to complaints about significant concerns in relation to clinical care.
 - All deaths linked to Serious Incident investigations.
 - All deaths where the patient was admitted for elective treatment.

Compulsory case reviews are also undertaken for the following cases, which are linked to specific national review processes, some of these reviews are not yet recorded in the Trust mortality system and this is an area of ongoing development:

- All deaths where a patient has a registered Learning Disability (LD) – in conjunction with the Learning Disability Mortality Review Programme (LeDER).
- All maternal deaths – in conjunction with M-BRRACE-UK.
- All deaths where the patient has a severe mental illness – in conjunction with local Mental Health Trusts as required.
- All child deaths (up to 18th birthday) – in conjunction with the Child Death Overview Panel (CDOP) process.
- All stillbirths – in conjunction with nationally agreed Perinatal Mortality Review tool.

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

- 3.4 Where a patient's death immediately raises concern, this should be reported and escalated through the Trusts incident reporting process, implementing Duty of Candour procedures as required. This includes informing senior staff of the case and the identified concerns; the details of the case will then be considered in line with the national Serious Incident framework and reported to the Trusts commissioners. A case record review is completed as part of the investigation process. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

During quarter 1, 2019-20, there were 8 cases identified to be investigated as serious incidents, all of these were prior to mortality reviews being completed. Five of these remain under review, requiring information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

During quarter 2, there have been 2 cases reported and investigated as serious incidents, both were identified prior to mortality reviews being completed and remain under review requiring information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

During quarter 3, there have been 5 cases reported and investigated as serious incidents, all were identified prior to mortality reviews being completed. All remain under review and require information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

- 3.5 The data presented in the appendix provides detail of all case reviews undertaken since April 2018. There are cases that may not have been identified immediately but have come to light as a result of the receipt of complaints and family requests through the Trust Bereavement survey; as a result, there are some reviews pending completion and details may change slightly for each report.

- 3.6 The following table provides a summary of the data by financial quarters, to date, for 2018-19; a more detailed monthly breakdown is included in appendix 1.

2018-19	Q1	Q2	Q3	Q4	Total
Total deaths in scope	342	317	406	397	1462
Deaths in compulsory criteria	46	44	41	43	174
Compulsory case reviews completed (no.)	45	43	38	38	164
Compulsory case reviews completed (%)	98%	98%	93%	88%	94%
Compulsory reviews pending	1	1	3	5	10
Additional reviews completed	51	51	37	41	180
Total of reviews completed (no.)	96	94	75	79	344
Total of reviews completed (%)	28%	30%	18%	20%	24%
Reviewed Deaths considered avoidable (no.)	0	0	0	0	0
Reviewed Deaths considered avoidable (%)	0%	0%	0%	0%	0%
Reviewed Deaths considered not preventable (no.)	96	94	75	79	344
Reviewed Deaths considered not preventable (%)	100%	100%	100%	100%	100%

The following table provides a summary of the data by financial quarters, to date, for 2019-20; a more detailed monthly breakdown is included in appendix 2.

2019-20	Q1	Q2	Q3	Q4	Total
Total deaths in scope	338	360	407		1105
Deaths in compulsory criteria	40	36	42		118
Compulsory case reviews completed (no.)	25	25	7		57
Compulsory case reviews completed (%)	63%	69%	17%		48%
Compulsory reviews pending	15	11	35		61
Additional reviews completed	1	3	0		4
Total of reviews completed (no.)	26	28	7		61
Total of reviews completed (%)	8%	8%	2%		6%
Reviewed Deaths considered avoidable (no.)	0	0	0		0
Reviewed Deaths considered avoidable (%)	0%	0%	0%		0%
Reviewed Deaths considered not preventable (no.)	26	28	7		61
Reviewed Deaths considered not preventable (%)	100%	100%	100%		100%

3.7 Medical Examiners

Over recent years a national Coronial review has been completed; this review identified a variety of recommendations one of which relates to the introduction of a “Medical Examiners” (ME) role that is responsible for reviewing deaths and speaking with families in relation to any concerns they may have.

A business case to support implementation of this role is currently being considered through the normal Trust procedures, but currently there is a significant shortfall in funding even implementing a 5-day service and the discussions around how this shortfall could be mitigated are still being explored. It is expected that there may be some national funding made available and the team are seeking clarification around this. It is envisaged that as this role is implemented, there will be changes to the mortality review processes already in place; however, it is considered that this will only improve the overall analysis of mortalities.

4. Learning and actions from reviews

4.1 Bereavement surveys

The Trust has had a bereavement survey in place for several years; this survey is provided as a part of a pack of information given to families when they meet with the Trust bereavement team. The survey is providing with a self-addressed envelope and invites families to provide feedback on the care of their relative leading up to and also following their death; this also includes how the family were treated during this time and also offers them an opportunity to request a review the care and management provided. A number of families have taken up this offer, around 27%; and in several cases the families have been very complimentary about care despite their request. None of the reviews completed to date have been identified as avoidable deaths.

In order to get the maximum benefit from returned surveys are reviewed, the overall information, positive and negative, is collated; and then shared with various committees and groups in the Trust to ensure learning is identified and actions implemented as needed. Where concerns are raised about the care of a patient these are linked to the relevant team of staff involved and the Patient Experience Team so that direct action can be taken and where necessary families contacted to respond to their concerns or questions.

4.2 Learning Disabilities Mortality Reviews (LeDeR)

The Trust has continued to undertake LeDeR reviews alongside the internal mortality review process. The LeDeR reviews are undertaken for all deaths of patients who have diagnosed learning disability from the age of 4; the reviews are not only undertaken by the trust but by all services who have been involved in the patients care during their lifetime. Information is then shared with this multiprofessional group to obtain an overall picture of the patient and their care; this allows all the opportunity to recognise if any different care or management may have

delayed the patient's death. The overarching reviews are led by the Trusts commissioners with learning and actions taken being linked into the national LeDeR process.

The Trust has, from these reviews, identified areas for improvement within the organisation. One of these relates to the use of the hospital "passport"; this document is developed, by any care provider, with families and carers in order to provide clear information about the patient and what their specific needs are when in hospital. There was one review where we identified that the passport was not available in the hospital records; however, having one available for all other cases was felt to be positive. The Trust has this year introduced learning disability training for all staff; as part of this training the importance of using the passport is a key area of focus.

Another opportunity for families and carers, of patients with learning disabilities (LD), to be involved in the care of the patients whilst they are in hospital is by the use of "Johns Campaign". This is a national campaign highlighting the role of informal carers in contributing to the provision of safe and responsive care to their relatives and friends. The Trusts has this year introduced its own local guidance for staff; by implementing the principles of John's Campaign it is anticipated that vulnerable patients will suffer the least disruption to aspects of their everyday life during their stay in hospital. Further, this group of patients will have their experience enhanced through greater involvement of their informal carers. The campaign itself is also covered in the mandatory training mentioned earlier, and the overall impact of implementation will be monitored through family feedback surveys. As result are received then any relevant actions will be initiated; the improvements identified will be shared in future reports.

In order to ensure staff, providing care for any patients with LD, have direct access for advice from the Trusts LD Specialist Nurse; the trust is developing a procedure identifying how to make a referral to this service and when this may be required. This will alert the LD Specialist nurse and allow for early contacts to be made to support planning for the care and management of a patient; and also to support in the provision of any reasonable adjustments that need to be made.

The following are a few good practice points noted from the reviews:

- Reasonable adjustments made to enable a patient to become engaged with and attend cancer screening services.
- Good communication with other services to support personalised end of life care.
- Clear multidisciplinary communication and working across organisations.
- Detailed plans for transition from children to adult services.

In order to widely share learning from the reviews across the organisation; summaries of all are to be presented at the Trusts Vulnerability Committee.

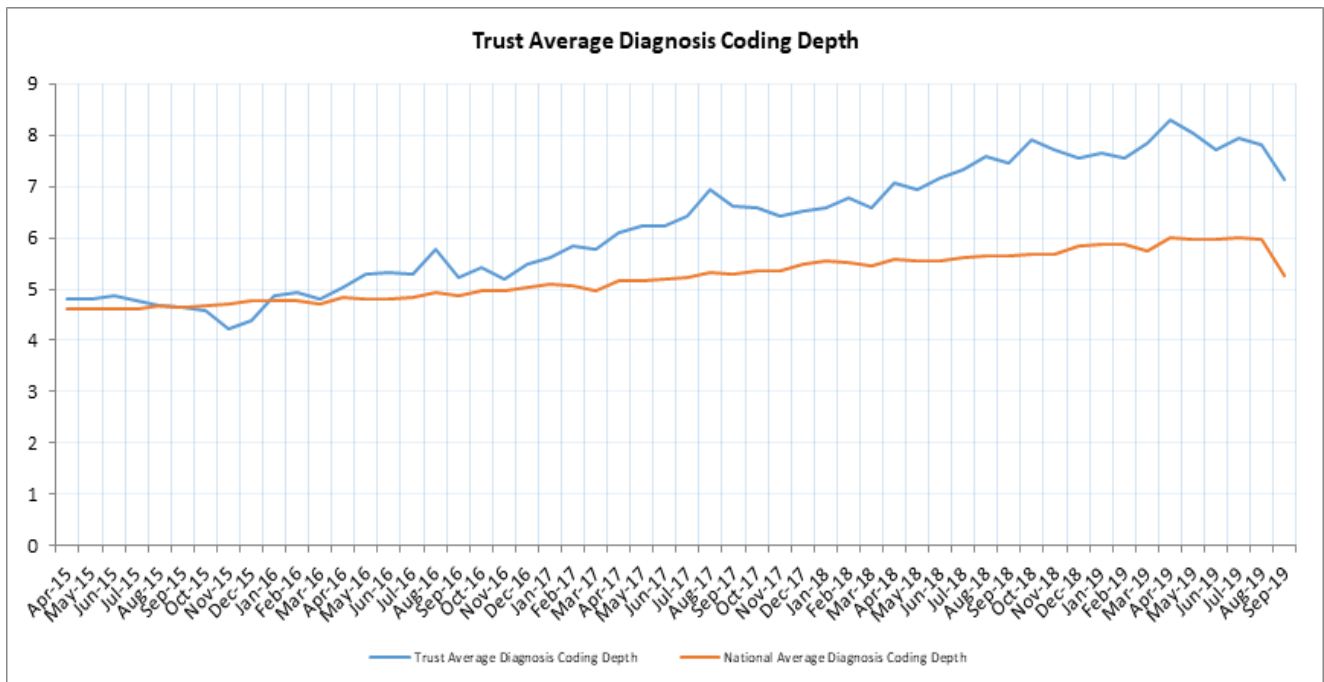
4.3 Clinical documentation and coding

The Trust continues to focus on learning from mortality reviews in order to support identifying areas where clinical practice or services can be changed to enhance the overall quality and safety of the care given to patients anywhere in the Trust and to also support patients, carers and staff when managing care when the overall outcome of their illness may be uncertain.

The Trust has in the past been reported as having increased Hospital Standardised Mortality Rates (HSMR) and Standardised Hospital Mortality Indices (SHMI). These are both nationally agreed figures that use some areas of healthcare data (Charlson co-morbidities) to assist in benchmarking Trusts nationally. As a result of the mortality reviews it was recognised that records may not fully reflect all a patient's individual health problems (co-morbidities) or that the records may not clearly identify the diagnosis of the problems being treated. Making improvements in overall record keeping impacts on inter-professional communication of management plans, assisting in providing seamless care across primary and secondary areas, but can also impact on the healthcare data collected for national statistical analysis.

The Trust is continuing, during training and update multi-disciplinary sessions to raise awareness around the importance of accurately and comprehensively recording co-morbidities. The information covers the background to the mortality indicators and demonstrates the positive impact good documentation and record keeping can have on the Trusts HSMR and SHMI rates when the resultant coding can provide an accurate clinical picture of the patients who are treated in hospital.

The following chart shows the improvement in the Trusts recording of co-morbidities over the last 7 years to September 2019, the data shows the average number of comorbidities recorded for each of our patients, the last month is at this time only partially completed and will be finalised when future uploads are received:



As a result of the ongoing work examining areas where quality and safety of care can be enhanced; and also because of the improvements in clinical documentation and consequently the clinical coding; the Trusts HSMR and SHMI rates have been within the national “as expected” range for the last 15 consecutive quarters.

5. Conclusion/Summary

- 5.1 The Trusts HSMR value in the latest period has increased slightly to **92.90** (September 2018 - August 2019), the SHMI is currently **96.15** (July 2018 to June 2019).
- 5.2 There has been a sustained improvement in clinical documentation to support multidisciplinary working but also to support the increased data the Trust are able code and subsequently provide for the national mortality statistics.
- 5.3 Of the compulsory case reviews identified in the Trusts policy 94% have been reviewed during 2018-19, an overall 24% of all deaths. During 2019-20 to date 48% of compulsory reviews have been completed to date, an overall 6% of all deaths.
- 5.4 During quarter 1, 2019-20, there were 8 cases identified to be investigated as serious incidents, all of these were prior to mortality reviews being completed. Five of these remain under review, requiring information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

During quarter 2, there have been 2 cases reported and investigated as serious incidents, both were identified prior to mortality reviews being completed and remain under review requiring information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

During quarter 3, there have been 5 cases reported and investigated as serious incidents, all were identified prior to mortality reviews being completed. All remain under review and require information from the Coroner to complete the investigations, the overall outcome will be reported in future reports.

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


- 5.5 Learning from the Trust Learning Disabilities mortality reviews is being shared regionally as part of an overall collaborative approach. The multidisciplinary review enables shared learning across all care sectors involved in a patients' care. There are some excellent examples of good quality supportive care being provided.
- 5.6 The Trust is developing a business case to support the introduction of the Medical Examiners role; this role is recommended from a recent national Coronial review.
- 5.7 There are areas where continued improvements are needed; these have been identified and each has ongoing monitoring in place. The Trust Outcome, Performance, Delivery Operational Group and the Patient Safety and Quality Standards Committee seek further assurance in relation to these areas in line with their terms of reference. The group also proactively seeks to identify other areas in care and service provision where improvements may be required.

6. Recommendations


- 6.1 The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates.
- 6.2 The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation.

Dr D Dwarakanath
Medical Director

Appendix 1

 North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2018-19												
Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% likelihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 18	135	13	13	100%	0	13	26	19%	0	0%	26	100%
May-18	105	18	18	100%	0	8	26	25%	0	0%	26	100%
Jun-18	102	15	14	93%	1	30	43	42%	0	0%	43	100%
Quarter 1	342	46	45	98%	1	51	95	28%	0	0%	95	100%
Jul-18	114	16	15	94%	1	7	22	19%	0	0%	22	100%
Aug-18	94	12	12	100%	0	10	22	23%	0	0%	22	100%
Sep-18	109	16	16	100%	0	34	50	46%	0	0%	50	100%
Quarter 2	317	44	43	98%	1	51	94	30%	0	0%	94	100%
Oct-18	139	19	18	95%	1	1	19	14%	0	0%	19	100%
Nov-18	135	13	13	100%	0	29	42	31%	0	0%	42	100%
Dec-18	132	9	7	78%	2	7	14	11%	0	0%	14	100%
Quarter 3	406	41	38	93%	3	37	75	18%	0	0%	75	100%
Jan-19	149	12	11	92%	1	8	19	13%	0	0%	19	100%
Feb-19	134	19	16	84%	3	26	42	31%	0	0%	42	100%
Mar-19	114	12	11	92%	1	7	18	16%	0	0%	14	100%
Quarter 4	397	43	38	88%	5	41	79	20%	0	0%	75	100%
Totals	1462	174	164	94%	10	180	344	24%	0	0%	344	100%

Appendix 2

 North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2019-20												
Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% likelihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 19	106	16	10	63%	6	0	10	9%	0	0%	10	100%
May-19	142	12	7	58%	5	1	8	6%	0	0%	8	100%
Jun-19	90	12	8	67%	4	0	8	9%	0	0%	8	100%
Quarter 1	338	40	25	63%	15	1	26	8%	0	0%	26	100%
Jul-19	118	11	7	64%	4	0	7	6%	0	0%	7	100%
Aug-19	118	18	12	67%	6	3	15	13%	0	0%	15	100%
Sep-19	124	7	6	86%	1	0	6	5%	0	0%	6	100%
Quarter 2	360	36	25	69%	11	3	28	8%	0	0%	28	100%
Oct-19	126	14	7	50%	7	0	7	6%	0	0%	7	100%
Nov-19	125	17	0	0%	17	0	0	0%	0	NA	0	NA
Dec-19	156	11	0	0%	11	0	0	0%	0	NA	0	NA
Quarter 3	407	42	7	17%	15	0	7	2%	0	0%	7	100%
Jan-20												
Feb-20												
Mar-20												
Quarter 4												
Totals	1105	118	57	48%	61	4	61	6%	0	0%	61	100%

Board of Directors

Title of report:	Guardian of Safe Working Hours Report									
Date:	January 2020									
Prepared by:	Mr Pud Bhaskar, Guardian of Safe Working hours									
Executive Sponsor:	Deepak Dwarakanath, Medical Director and Deputy Chief Executive Officer									
Purpose of the report	The New Junior Doctor Contract (2016) requests that the Guardian of Safe Working Hours (GOSW) prepares a quarterly report to the Board of Directors, together with an aggregated annual report. These reports contain information relating to the safe working of doctors within the Trust. This report covers the beginning of August to the end of November 2019.									
Action required:	Approve		Assurance	✓	Discuss	✓	Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓		
Which CQC Standards apply to this report	Safe	✓	Caring	✓	Effective	✓	Responsive	✓	Well Led	✓
Executive Summary and the key issues for consideration/ decision:										
<p>Amendments to the 2016 terms and conditions of service were introduced in August 2019 with a staggered implementation; the final deadline for change is August 2020. Most rotas are impacted and are currently being re-designed in order to meet the new restrictions on working hours and rest. The Guardian continues to champion safe working practices and is currently working with leads to ensure compliance is maintained.</p> <p>No fines have been levied by the Guardian; however, revisions to breaches attracting a financial penalty from December 2019 have increased the likelihood of fines being levied in the future.</p> <p>Supervisors are not reviewing exception reports in a timely manner, under the revisions of the contract and in order for employers to comply with this condition; the Guardian now has the authority to action the unaddressed report at seven days.</p> <p>There is on-going work to improve the working environment for doctors in training and trust equivalents. This is in line with guidance released by NHS Improvement, the British Medical Association, and Health Education England.</p>										
How this report impacts on current risks or highlights new risks:										
Risks have been identified around training, working practices and finances as a result of the national changes, therefore, the contract will be added to the risk register for monitoring purposes.										
Committees/groups where this item has been discussed	Patient Safety and Quality Standards Committee									
Recommendation	The Board of Directors are asked to note the content of and accept this report.									

Guardian of Safe Working Report

August to November 2019

Executive Summary

This report focuses on Doctors in Training and forms part of the reporting requirements of the 2016 contract for doctors and dentists in training. It aims to provide the Board of Directors with a summary on the working hours and practices during the period of August 2019 to November 2019, providing assurances on safe working and highlighting areas of concern.

It concludes that the organisation continues to meet the demands of the contract and that there is no evidence to suggest current working practices amongst trainees at the Trust are unsafe. Amendments to the contract were agreed nationally in June 2019, appendix one highlights the key changes to working hours, rest requirements and the implementation timelines required by organisations to ensure compliance.

Emergency medicine and surgical rotas currently have frequency greater than one weekend in three. This has been agreed in line with the provisions set out in the contract; it has been identified as necessary by the relevant Clinical Directors and agreed by the Guardian of Safe Working, Junior Doctor Forum, and Local Negotiation Committee.

Specialties are currently reviewing rotas to allow for prospective cover and to provide adequate rest after consecutive shifts. Concerns have been raised around the potential operational impact if the hours lost are not replaced by additional doctors or other healthcare professionals; including difficulties in releasing doctors for mandatory teaching, loss of educational opportunities, loss of rota flexibility resulting in difficulties in swapping shifts, picking up locum shifts, and booking annual leave or study leave.

Exception reports continue to be the mechanism used to highlight non-compliance with safe working hours, lack of support, and missed educational opportunities. During this reporting period a total of 68 exception reports were submitted by 22 doctors, working additional non-contracted hours continues to be the main reason for submission, with time in lieu given in response. Appendix two provides an exception report overview.

A few foundation doctors are currently being trained to become exception reporting champions, with the aim of providing on the ground support and peer validation to really challenge myths surrounding the process. Whilst there is an increase in engagement from trainees, there are a number of exception reports which have not been reviewed by supervisors in a timely manner. Revisions to the national contract recognise this challenge; as such Guardians now have the authority to independently action any reports which have not been addressed.

No fines have been levied as there have been no breaches in the safety limits. From December 2019, the rate of the fine increases and the breaches which attract a financial penalty are extended, increasing the likelihood of a fine being incurred.

The Director of Medical Education is currently working with the estates department to upgrade the doctors' mess, and create additional rest facilities where doctors' can sleep following nights, long shifts, or late shifts, without charge.

Due to concerns raised around training, working practices and finances as a result of the national changes, it is recommended that the contract is added to the corporate risk register for monitoring purposes.

Overall there have been no significant exceptions resulting in any fines and there are no major concerns relating to safe working hours at present. Where concerns have been highlighted, leads have provided assurance that they are being addressed and there is on-going work to ease pressures. Working patterns are currently being reviewed and re-designed where necessary in response to the contract revisions.

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

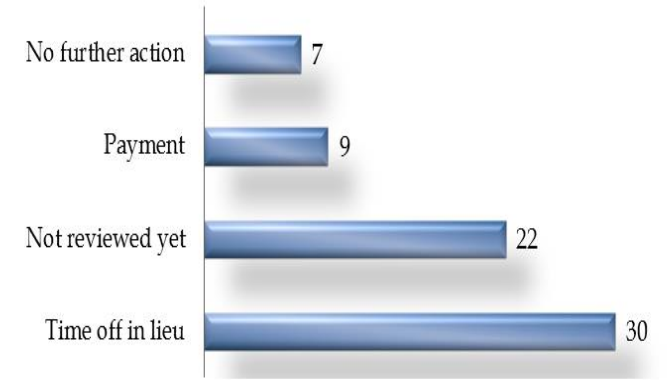
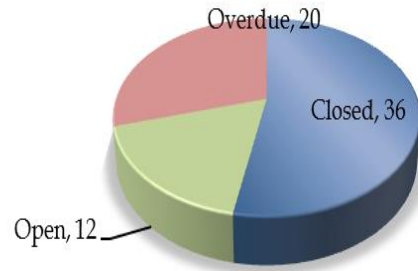
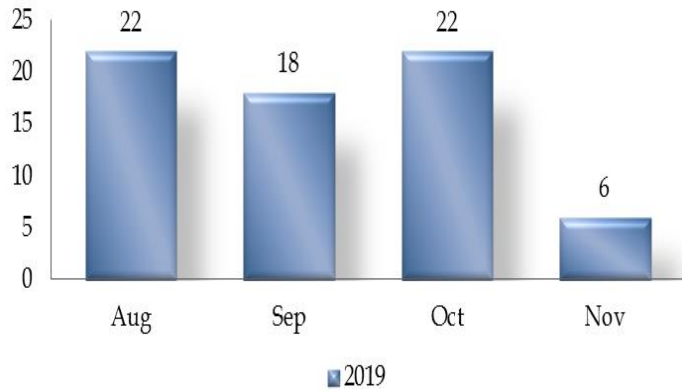
Mr Pud Bhaskar, Guardian of Safe Working Hours

January 2020

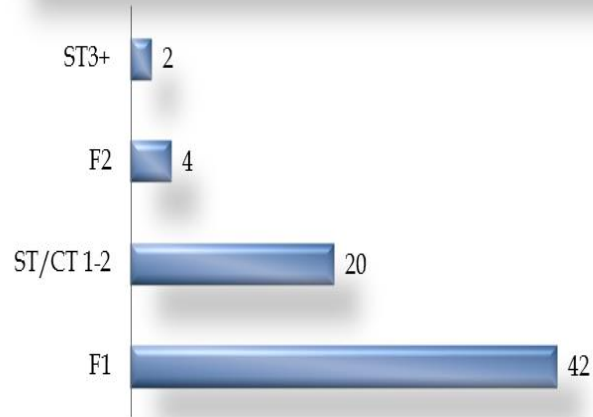
Appendix one: Key changes to safe working hour's limits and rest requirements, and timelines for implementation.

Implementation timeline	Element	2016 Contract	2018 Contract refresh
August 2019	Maximum of 72-hours work	Assessed over 7 consecutive days	Assessed over any 168-hour consecutive period.
	Natural breaks	1 x 30 minute break for a shift rostered to last more than 5-hours 2 x 30 minute break for a shift rostered to last more than 9-hours	Additional 30 minute break when working night shifts which are 12-hours or more in duration.
December 2019	Rest after night shifts	46-hours rest after 3 or 4 consecutive nights (maximum of 4 consecutive night shifts)	46-hours rest after any number of rostered nights. (maximum of 4 consecutive night shifts remains the same)
	Weekend frequency	Maximum of 1 in 2	Maximum of 1 in 3 Reasonable steps should be taken to avoid a greater frequency of 1 in 3. However a rota with a greater frequency can be retained if a clearly identified clinical reason is identified by the clinical director and deemed appropriate by the Guardian, and agreed with doctors working the rota (must be reviewed at least annually).
February 2020	Study Leave and prospective cover	Locally determined how cover for study leave is managed. (The Trust currently expects doctors to provide internal cover if approved)	If doctors are expected to provide internal cover for study leave a prospective cover calculation needs to be applied to their hours, this will result in an increase in overall hours.
August 2020	Maximum consecutive days	Maximum of 8 consecutive days followed by 48-hours rest	Maximum of 7 consecutive days followed by 48-hours rest
	Long days (10-hours or more)	Maximum of 5 consecutive long day shifts followed by 48-hours rest.	Maximum of 4 consecutive long day shifts followed by 48-hours rest.

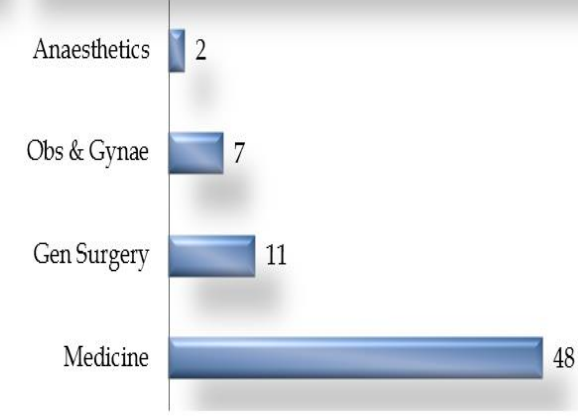
Appendix Two: Exception Reporting Dashboard Screenshot – August to November 2019



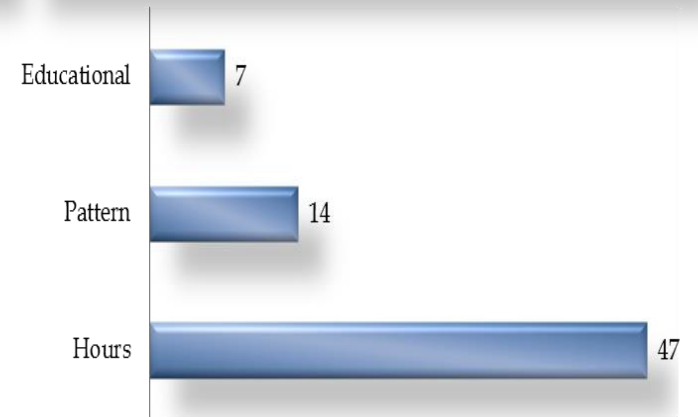
Submitted



Status



Outcome



Grade

Specialty

Type

68 Exception reports submitted by 22 doctors