North Tees and Hartlepool NHS
NHS Foundation Trust

Virtual Board of Directors Meeting

Thursday, 30 July 2020
at 1.00pm

a Front sheet

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c Glossary of Terms - Strategic Aims 2020

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Item 4 BoD ACTION LOG

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item 6 - Professional Workforce review front sheet for Board of Directors July 2020

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item 19 - R&D Exec Summary

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item 20 - Health and Safety Exec Summary

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North Tees and Hartlepool
NHS Foundation Trust

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PG/SH

23 July 2020

Dear Colleague

A **meeting** of the **Board of Directors** will be held on **Thursday, 30 July 2020 at 1:00 pm in the Boardroom, University Hospital of North Tees.** Dial in details for those joining virtually will be issued separately.

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 May 2020 **(enclosed)**	Chairman
4.	(1.05pm)	Matters Arising / Action Log **(enclosed)**	Chairman
Items for Information			
5.	(1.10pm)	Chief Executive's Report **(enclosed)**	J Gillon
6.	(1.25pm)	Professional Workforce Report **(enclosed)**	J Lane
Strategic Management			
7.	(1.35pm)	Capital Programme Performance Q1- 2020-21 **(enclosed)**	N Atkinson
Performance Management			
8.	(1.45pm)	Integrated Compliance and Performance Report **(enclosed)**	L Taylor, J Lane, A Sheppard & N Atkinson

Governance

9.	(2.00pm)	Learning from Deaths Report **(enclosed)**	D Dwarakanath

Operational

10.	(2.10pm)	Responsible Officer's Medical Appraisal and Revalidation Report **(enclosed)**	D Dwarakanath
11.	(2.20pm)	Nursing and Midwifery Revalidation **(enclosed)**	J Lane
12.	(2.30pm)	Infection Prevention & Control Board Assurance Framework **(enclosed)**	J Lane
13.	(2.40pm)	NHS Workforce Race Equality Standard 2020 **(enclosed)**	A Sheppard
14.	(2.50pm)	NHS Workforce Disability Equality Standard 2020 **(enclosed)**	A Sheppard

Items to Receive

15.	(3.00pm)	Freedom to Speak Up Guardian Annual Report 2019-20 **(enclosed)**	J Lane
16.	(3.00pm)	Equality, Diversity & Inclusion Annual Report 2019-20 **(enclosed)**	A Sheppard
17.	(3.00pm)	Carbon Reduction Programme Performance Targets **(enclosed)**	L Taylor
18.	(3.00pm)	Estates and Facilities Annual Report 2019-20 **(enclosed)**	L Taylor
19.	(3.00pm)	Research and Development Annual Report 2019-20 **(enclosed)**	D Dwarakanath
20.	(3.00pm)	Health, Safety and Security Annual Report 2019-20 **(enclosed)**	L Taylor
21.	(3.05pm)	Any Other Notified Business	Chairman

22. Date of Next Meeting
(**Thursday, 29 October 2020, Boardroom, University Hospital of Hartlepool**)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing People

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

Transforming Our Services

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

Health and Wellbeing

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

North Tees and Hartlepool NHS Foundation Trust

Video-conference meeting of the Board of Directors

Thursday, 30 July 2020 at 1 pm

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

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

The electronic pack of papers was circulated to the full Board

Attendance in the Boardroom: -

Paul Garvin, Chairman*	Chairman
Philip Craig, Non-Executive Director*	PC
Neil Schneider, Associate Non-Executive Director	NS
Julie Gillon, Chief Executive*	CE
Neil Atkinson, Director of Finance*	DoF
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Julie Lane, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Lynne Taylor, Director of Performance and Planning	DoP&P

Attendance via video conferencing: -

Steve Hall, Vice-Chair/Non-Executive Director*	SH
Kevin Robinson, Non-Executive Director*	KR
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Levi Buckley, Chief Operating Officer*	COO
Graham Evans, Chief Information and Technology Officer	CITO
Alan Sheppard, Chief People Officer	CPO

In attendance: -

Samantha Sharp, Personal Assistant (note taker)

In attendance via audio calling: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton
John Edwards, Elected Governor for Stockton
Andy Simpson, Elected Staff Governor

BoD/4290 Apologies for Absence

Apologies for absence received from Jonathan Erskine, Rita Taylor and Ann Baxter, Non-Executive Directors.

BoD/4291 Declaration of Interests

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

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

BoD/4292 Minutes of the meeting held on, Thursday, 28 May 2020

* voting member

Resolved: that, the minutes of the meeting held on Thursday, 28 May 2020 be confirmed as an accurate record.

BoD/4293 Matters Arising / Action Log

There were no matters arising.

BoD/4294 Chief Executive's Report

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

- The Trust continued to respond to the COVID-19 pandemic and the focus remained on protecting patients, staff and visitors in addition to balancing preparedness for any spike in the infection rate and the requirement for continued recovery to all points of delivery. The Trust currently had five confirmed inpatient cases of which one was in critical care. There had been no new COVID-19 admissions to ITU in July and no deaths. The Trust remained in Phase 2 of restoration and recovery which ran until 31 July. Guidance on Phase 3 was awaited but would focus on recovery and maximising capacity. The Trust had recorded the third lowest number of in hospital deaths from COVID-19 in the region. Mortality reviews were being undertaken for all deaths in the Trust attributable to COVID-19.
- Julie Lane would be retiring as CN/DoPS&Q at the end of October and following a rigorous recruitment process Lindsey Robertson had been appointed to the post with effect from September 2020. The CE placed her thanks on record for the support and diligence shown by Julie during her tenure as CN/DoPS&Q;
- Work had commenced on refocusing and reframing key workstreams to support the strategic intent of the ICS and ICP and to re-envision a new Clinical Services Strategy for the region. A positive Tees Valley re-envisioning event took place on 2 July 2020 and a draft programme of design principles and expectations for the future were developed and would be progressed by the key workgroups;
- An inaugural meeting of the Tees Valley Acute Hospitals Group was held on 27 May 2020 involving the Chairs and Chief Executives from the three organisations. Further consideration needed to be given to the longer term strategic intent of all three organisations;
- The research team at the Trust had been a leading performer in the COVID-19 RECOVERY trial and was consistently being placed in the top five recruiting hospital sites across the country by percentage of available patients who had taken part. Ben Prudon, Consultant Respiratory Physician was individually awarded a Clinical Research Network NENC Outstanding Research Contribution Award;
- 44 physiotherapists from the Trust took part in the Physio World Virtual Run race finishing at the top of the league table which had given them the opportunity to become part of a pilot, Moving Hospitals, to encourage increased activity for both staff and patients;
- The Trust had received a capital allocation in respect to A&E and critical infrastructure with £2.5m and £1.2m being allocated respectively.

It was noted that Hartlepool had the second highest rate of COVID-19 infections in the region and following a query from SH, the CE outlined steps being taken to ensure recovery was not disadvantaged highlighting that the Trust were following all infection prevention and control measures, ensuring patients, visitors and staff were safe and was working in partnership with the local authority to address areas of concern.

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

amongst the COVID-19 pandemic crisis be noted.

BoD/4295 Professional Workforce Report

The Professional Workforce Report was presented which combined the nursing and midwifery, allied health professionals, medical and dental workforce bi-annual review for 2019/20.

The CN/DoPS&Q provided an overview of the current professional workforce position and ways the Trust were recruiting and retaining staff and reducing the reliance on temporary bank and agency staff. In addition, the CN/DoPS&Q provided an update of service changes in response to COVID-19 that had impacted the professional workforce.

A review of current nursing and midwifery staffing had been undertaken within all wards and departments and demonstrated that all areas had the required nurse and midwifery staffing levels to provide safe patient care.

The CN/DoPS&Q reported that in June there were 79 WTE (5.8%) RN vacancies, 2.0 WTE (1.5%) RM vacancies and 33 WTE (5.2%) unregistered nursing and midwifery vacancies. This was expected to reduce further with a high number of applicants for nursing roles in July. Sickness absence averaged 4.9% across the year with a further increase throughout the COVID-19 pandemic. Responsive Care currently had the highest number of vacancies with minimal vacancies in Healthy Lives and Collaborative Care.

During COVID-19, there was a national decision to put student nurses into clinical practice on temporary contracts to support Trusts prior to registration and to ensure their education was not interrupted with positive feedback from both students and Trust staff.

Recruitment Centres had taken place virtually during the current pandemic and had proven not as successful as face to face meetings which had recommenced in July 2020 following current Government restrictions around social distancing.

In response to the need to remain flexible in the way nursing and midwifery staffing was planned, the Trust continues to utilised the Safe Care Live module (SCL) on a daily basis to safely and efficiently assess accurate staffing levels and redeploy nursing staff throughout the organisation as necessary.

A review of the Allied Health Professional workforce had been undertaken and vacancies were being actively managed. Physiotherapy currently had the highest number of vacancies at 14.02 WTE (17.5%).

The MD/DCE reported that a review of the Medical and Dental workforce had been undertaken and it was highlighted that there was a shortfall of 29.69 WTE between the budgeted and contracted medical and dental workforce, however this did not necessarily reflect the actual number of vacancies and rota gaps which may differ due to changes in services, temporary rota redesign, skill mix or working restrictions. The average sickness absence rate between April 2019 and March 2020 was 1.69%, lower than the Trust target of 3.5%. There was a spike in absence rates in March 2020 due to COVID-19. The average turnover rate for medical and dental staff between April 2019 and March 2020 was 10.43%.

A total of £759k was spent on agency locums during 2019/20. The largest proportion of spend was due to longstanding consultant and SAS grade vacancies in anaesthetics, urology and general surgery. Emergency medicine had also relied on agency due to training post vacancies. The MD/DCE highlighted the impact of COVID-19 on the reduction of trainees due to international travel restrictions.

The CN/DoPS&Q reported that during the height of the pandemic, a number of wards and departments were converted to COVID-19 positive (red) and non-COVID-19 (green) areas. Despite a high patient acuity, occupancy remained low across in-patient areas which supported safe staffing levels. Specialist nurse and AHP provision included 7 day working to support patient discharge and admission avoidance and support was provided into care homes from community matrons and the Infection Prevention and Control team.

NS raised concerns around critical care, theatres and anaesthetics and the CN/DoPS&Q highlighted that these areas benefit from specific targeted recruitment campaigns. To ensure resilience the Head of Nursing ensured a flexible workforce to redeploy staff as appropriate and necessary. The skill set required of critical care and theatre staff was significant and the Care Group were currently exploring options to introduce a clinical educator role within the establishment. Both areas currently had improved staffing and in particular critical care, however medical staffing was an area which was difficult to recruit to.

The MD added that there was currently pressure with medical staffing in anaesthetics and that Trust Associates had recently been reintroduced to the speciality. The Chairman asked that the MD/DCE provide a plan for the next meeting highlighting the strategy going forward and the model of delivery.

Resolved: (i) that, the work undertaken to date in relation to nursing, midwifery, allied health professionals and medical staffing be noted; and
(ii) that, the focus on valuing staffing through recruitment and retention processes be noted and that ongoing development of the workforce be supported; and
(iii) that, the work undertaken during and post COVID-19 pandemic and the impact this had on the workforce be noted; and
(iv) that, the MD/DCE report to the next meeting a plan highlighting the strategy and model of delivery going forward in respect to anaesthetics medical staff.

BoD/4296 Capital Programme Performance Quarter 1 2020/21

The DoF provided an update in respect of the Capital Programme Performance for Quarter 1 2020/21 and reported on recent changes that had been announced nationally and regionally in respect to the capital programme.

The North East and Cumbria was to receive a capital allocation of £22m. Each of the 11 A&E sites across the ICS were to receive a minimum of £1m with the remaining £11m balance targeted at the sites in the greatest need in terms of physical constraints, estate condition and underlying poor performance, with the Trust allocated £2.5m. The Government had also announced an additional £600m capital to address high and significant risk critical infrastructure backlogs and this had been allocated at an ICS level. The allocation to the North East and North Cumbria ICS was circa £19m which reduced to circa £16m when offset against the ICS envelope shortfall of £2.5m. Use of the funding should demonstrate a pound for pound reduction in high and significant critical backlog maintenance. The Trust has been allocated £1.2m. There was no revenue to support either of these allocations with the Trust funding PDC and depreciation.

At the end of Month 3, the Trust was £1.9m behind plan on the capital programme incurring capital spend of £0.6m (including COVID-19) against a year to date plan of £2.5m. Progress against the capital plan had been impacted by COVID-19 and suppliers/contractors putting their staff into furlough. It was anticipated that the backlog would be recovered and Trust staff were working closely with capital managers.

The DoF provided an update on the workstreams including medical equipment replacement programme, estates backlog maintenance programme and other capital developments.

The CI&TO reported on Information and Technology Services (I&TS) and the digital programme highlighting investments made in technological infrastructure. This included newly installed air conditioning units in the main server rooms, updated firewalls, planning for TrakCare upgrade, the Clinicians Admission Document going live in EAU and SDU with initial feedback being positive, the approval of the Electronic Document Management business case by the Executive team, the completion of the migration to NHS.net and the replacement of the PACS system which now supported the sharing of image reports and workflow.

In response to a query from NS, the DoF advised that it was important for the Trust to spend its allocated capital monies in year. It was anticipated that a review of capital across the ICS was likely later in the year where capital underspends would be reallocated across the region.

Resolved: that, the position on capital schemes up to 30 June 2020 be noted.

BoD/4297 Integrated Compliance and Performance Summary

The DoP&P provided an overview highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of June 2020 and Quarter 1 in respect of performance, efficiency and productivity, quality and safety, workforce and finance. The Trust had experienced unprecedented pressures as a result of the COVID-19 pandemic which had ultimately impacted upon a number of indicators. The Trust had now moved into recovery mode to ensure capacity could return to 'normal' levels as soon as possible. It was noted that the Trust were reporting positively above the national average in diagnostic waits, RTT and the cancer 62-day standard. Key points were: -

- Single Oversight Framework: The Trust remained one of the top reporting organisations in the region, with 16 patients waiting more than 52 weeks at this stage. The Trust under achieved against all but three of the cancer standards for the month of May (latest validated position) and two for Quarter 1 (un-validated). Despite routine diagnostic procedures being minimised during April, May and most of June, patients waiting longer than 6 weeks had reduced in June. Emergency care activity had decreased by 26.39% in June and 37.67% in Quarter 1 compared to the same period the previous year;
- Operational Efficiency and Productivity Standards: Overall bed occupancy was reporting relatively low, although some ward areas were reporting above 90%. The Trust had maintained a positive position in relation to DTOCs and super-stranded patients, reflective of positive integrated care management;
- Quality and safety: The Trust remained within the expected range for both HSMR and SHMI values. The Trust had reported three Trust attributable cases of Clostridium Difficile in June, an increase from the two cases reported in May. During March, April, May and June there had been no falls resulting in fracture. 100% compliance against dementia standards had been maintained;
- Workforce: Sickness absence continued to be the key pressure within workforce and reported at 6.5% for May with 2.15% being attributable to COVID-19 related sickness. 'chest and respiratory problems' accounted for the highest proportion of all sickness absence at 35% and it was noted that sickness related to COVID-19 was currently being recorded under this code. The Workforce Directorate continued to support the COVID-19 response providing psychological support to staff together with implementing a number of health and wellbeing initiatives. Overall compliance for

mandatory training for June was 86% which was consistent with the previous month. Similarly, appraisal compliance was 86%. Turnover remained consistent with previous months reporting at 8.83% in June. A volunteer recovery plan had been developed with all volunteers being contacted to gauge their interest in returning whilst taking the opportunity to explain measures in place to manage changes as a result of COVID-19.

- Finance: At the end of Month 3 2020/21, the Trust had delivered a break even position. Income for Month 3 was £29,975k which included £25,489k block contract, £2,450k related to COVID-19 top-up and £638k business as usual (BAU) income top-up. The year to date contributions from Optimus and the LLP were £113k and £353k respectively. It was noted that the LLP position had improved. Debtor days had increased by 1 day and creditor days by 20 days in comparison to 2019/20. The Group cash balance was £52.9m which was £37m favourable to the NHSI plan, driven by cash received in advance from the Centre for July 2020 block payment and delays to the capital programme.

Resolved: (i) that, the performance against the key operational, quality, finance and workforce standards during June and Quarter 1 in light of the impact of the COVID-19 pandemic be noted; and
(ii) that, the on-going financial pressures be recognised; and
(iii) that, the on-going operational monitoring and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged.

BoD/4298 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 increased slightly to 92.24 (March 2019 to February 2020), the SHMI had decreased slightly to 98.11 (February 2019 to January 2020); both were within the 'as expected' range. The Trust was the 33rd lowest nationally and lowest in the region in respect to HSMR and 51st nationally and second regionally in respect to SHMI. It was noted that deaths from COVID-19 were not included in the SHMI data;
- The Trust had undertaken a review of all deaths where the patient was recorded as being positive for COVID-19. It was noted that the Trust's data was comparable to that regionally and nationally.
- A team of Medical Examiners had now been appointed led by Jean MacLeod, Consultant Physician and plans were in place to appoint Medical Examiner Officers to support the service;

Resolved: (i) that, the content of the report be noted and assurance derived that there was continued focus to ensure in depth multidisciplinary learning was obtained from mortality review processes; and
(ii) that, the continued sustained improvement in the national mortality statistics be recognised.

BoD/4299 Responsible Officer's Medical Appraisal and Revalidation Report

The MD/DCE reported on the Trust's position in respect of Medical Appraisals and Revalidation during 2019/20. There were 66 revalidation recommendations made to the GMC by the Trust with one doctor being deferred. The GMC had suspended all revalidations in February 2020 due to COVID-19, writing to all doctors due to revalidate informing them that

their submission date had been postponed by one year.

As at 31 March 2020, 255 doctors had received an appraisal out of 266. It was noted that on 19 March 2020 all appraisals, revalidations, CPD and the Annual Organisation Audit were put on hold due to COVID-19 which could impact on medical appraisals for 2020/21. The Trust had recently recommenced the appraisal process for doctors.

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

BoD/4300 Nursing and Midwifery Revalidation

The CN/DoPS&Q provided an update in respect to the revalidation process for nurses and midwives. The process builds upon existing renewal requirements to demonstrate that the registrant had the continued ability to practice safely and effectively. Registrants were required to revalidate every three years, and demonstrate they had achieved 450 practice hours, evidence 35 hours Continuous Professional Development (CPD), complete five pieces of written reflective accounts, and five records of feedback.

The CN/DoPS&Q advised there was no option for nurses to defer revalidation but that a three-month extension could be applied if needed in response to COVID-19. Revalidation was the responsibility of the registrant with the Trust monitoring compliance and providing support as required. It was noted that the process for revalidation was well-embedded across the organisation with newly qualified registrants introduced to the process in the preceptorship programme. No specific issues had been identified over the past year.

PC asked if there was any scope to issue 'merit' points to nurses on their records. The CN/DoPS&Q explained that there was nothing nationally to recognise nurses but that the Trust could implement initiatives locally through reward and recognition schemes.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the Trust's robust support processes for Nursing and Midwifery Revalidation be noted.

BoD/4301 Infection Prevention and Control Board Assurance Framework

The CN/DoPS&Q presented the Infection Prevention and Control Board Assurance Framework highlighting that a COVID-19 Board Assurance document had been sent to all Trusts by NHSI/E as part of the framework for Trusts to be assured that they were meeting the requirements of the COVID-19 infection prevention and control guidance. The CN/DoPS&Q explained that this was a voluntary self-assessment to provide Trust's with internal assurances.

The framework had been reviewed and a bank of evidence to support the Trust's position was available. This had not all been included within the papers due to the size of the documents though were available on request. Where full assurance was not available, remedial measures had been put in place and testing of the assurance was being introduced via audit and spot visits to wards and departments.

Further iterations of the document would be provided by NHSI/E as the guidance and national position changes, however the Trust would repeat the assessment prior to winter as part of its preparation for a potential second wave or local outbreaks. The document had become part of the Care Quality Commission (CQC) support framework and additional information had been requested and provided to the CQC prior to discussion on 31 July 2020.

Resolved: (i) that, the contents of the assessment be noted; and

(ii) that, the Board supports the actions that were required to increase assurance and accept the recommendation that the assessment was repeated by November 2020.

BoD/4302 NHS Workforce Race Equality Standard 2020

The CPO provided a summary of the results of the Trust's Workforce Race Equality (WRES) Standards for 2019/20 and explained that this was introduced as part of the NHS standard contract in 2015 to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds had equal opportunities and received fair treatment in the workplace. Key points included: -

- Overall percentage of BAME Staff in the workforce reported at 11% remaining consistent with the previous year and highlighting that the Trust was fairly well represented in comparison to the Government's Office for National Statistics, which report a 5% BAME population in the North East;
- Analysis of the Trust's data had shown that there was a higher likelihood of BAME staff being appointed from shortlisting;
- Data suggested that BAME staff were less likely than white staff to enter formal disciplinary processes;
- BAME staff were more likely to access non-mandatory training and CPD opportunities;
- The percentage of BAME Board representation had decreased when compared to 2018;
- Areas identified as requiring action were: -
    - Percentage of BAME Staff experiencing harassment, bullying or abuse from patients, relatives or the public (42.3% as compared to 28% of white staff). There had been a general increase, although the increase was larger in the BAME community;
    - Percentage of BAME Staff experiencing harassment, bullying or abuse from staff (33.8% as compared to 18.4% of white staff). There had been a general increase, although the increase was larger in the BAME community;
    - Percentage of BAME staff believing that the Trust provided equal opportunities for career progression or promotion (77.4% as compared to 90.2% of white staff); There had been a general decrease, although the decrease was larger in the BAME community;
    - Percentage of BME staff who had personally experienced discrimination at work from manager/team leader/colleague (11.7% as compared to 4.2%). Whilst this had slightly decreased for white staff, it has increased by 3.2% for BAME staff.

The CPO outlined steps being taken to address concerns highlighting initiatives being developed to gain views from the BAME community and training for managers to identify potential unconscious bias. In addition, there were numerous support systems within the Trust aimed at supporting all staff that may be experiencing bullying or harassment.

The CPO reported that following emerging evidence regarding the disproportionate effect that COVID-19 had on individuals from a BAME background, a risk assessment tool had been developed with line managers being encouraged to meet with their BAME employees on a 1:1 basis to discuss any concerns they had and complete a questionnaire which would identify the need for a BAME risk assessment. Currently 76% of questionnaires had been returned with work ongoing to pursue outstanding returns.

Key areas of concern would be monitored through the Culture Group and Neil Schneider had been chosen to be the Non-Executive BAME link.

The Chairman raised concerns highlighting that from the report presented, it appeared that experiences for BAME colleagues had deteriorated and asked that the Board were kept up to date on latest developments and initiatives put in place to address concerns. The MD/DCE highlighted the general deterioration in behaviour of patients and visitors towards staff in the past 10-15 years and the CE reported that the Head of Communications and Marketing was periodically sending messages to the media to highlight that bullying and harassment of staff was unacceptable. It was agreed that the CPO would provide an update back to this meeting in October.

Resolved: (i) that, the results of the Workforce Race Equality Standard be acknowledged; and
(ii) that, approval be given for the results to be submitted to NHS England via the NHS Digital Strategic Data Collection Service by the deadline of 31 August 2020; and
(iii) that, the results be published on the Trust's internet site by Friday, 28 September 2020; and
(iv) that, the CPO provide an update back to the Board of Directors on 29 October 2020 in respect to actions taken in response to the WRES.

BoD/4303 NHS Workforce Disability Equality Standard 2020

The CPO provided a summary of the results of the Trust's Workforce Disability Equality (WDES) Standards for 2019/20 and explained that this was introduced as part of the NHS standard contract on 1 April 2019 to compare the experiences of disabled and non-disabled staff to ensure that employees with disabilities had equal access to career opportunities and receive fair treatment in the workplace. A disparity was noted against the number of staff who identified as having a disability on ESR (2%) and the staff survey (10%). Key points included:-

- No disabled employees had entered into a formal capability process;
- The numbers of staff who had an undisclosed disability status had reduced;
- A higher percentage of disabled staff said that their employer had made adequate reasonable adjustments;
- A lesser percentage of disabled staff felt pressure from their manager to come to work despite not feeling well enough to perform their duties;
- A higher percentage of disabled staff said they felt satisfied with the extent to which their organisation valued their work;
- Areas identified as requiring action were: -
    - Disabled applicants appear to be less likely to be appointed from shortlisting;
    - A higher percentage of staff with disabilities had reported experiencing bullying, harassment and abuse;
    - A lack of representation of disabled members on the Trust Board.

The CPO outlined steps being taken to address areas of concern highlighting that outcomes would be monitored through the Culture Group.

Resolved: (i) that, the results of the Workforce Disability Equality Standards be acknowledged; and
(ii) that, approval be given for the results to be submitted to NHS England via the NHS Digital Strategic Data Collection Service by the deadline of 31 August 2020; and
(iii) that, the results be published on the Trust's internet site by 31 October 2020.

BoD/4304 Freedom to Speak Up Guardian Annual Report 2019/20

The CN/DoPS&Q reported that the Freedom to Speak Up Guardian (FTSUG) had continued to evolve during 2019/20 and had become embedded within the organisation.

Working with NHS England, the National Guardian's Office had brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions related to whether staff felt knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident. The 2020 Freedom to Speak Up Index for the Trust was 81.1% which had increased by 0.1% from 2019. The highest nationally was 86.6% and the lowest 68.5%. The CN/DoPS&Q highlighted that this was a positive position with the Trust ranking 3rd regionally.

Resolved: (i) that, the content of the report be noted; and
(ii) that, that the progress to date in embedding and developing the FTSUG role be noted.

BoD/4305 Equality, Diversity and Inclusion Annual Report 2019/20

The CPO presented the 2019/20 Equality, Diversity and Inclusion Annual Report highlighting the positive staff and volunteer stories in the document.

Resolved: that, the 2019/20 Equality, Diversity and Inclusion Annual Report be accepted for publication.

BoD/4306 Carbon Reduction Programme Performance Targets

The DoP&P presented the Carbon Reduction Programme Performance Targets and drew members' attention to the key points highlighting the continued success and progress in achieving the targets of the Carbon Management Plan.

Resolved: (i) that, the report be received; and
(ii) that, the Carbon Management Programme and the work of the new Sustainable Development Steering Group be supported.

BoD/4307 Estates and Facilities Annual Report 2019/20

The DoP&P presented the Estates and Facilities 2019/20 Annual Report and drew members' attention to the key points.

Resolved: that, the Estates and Facilities 2019/20 Annual Report be received.

BoD/4308 Research and Development Annual Report 2019/20

The MD/DCE presented the 2019/20 Research and Development Annual Report highlighting that the Durham Tees Valley Research Alliance (DTVRA) was the key vehicle to deliver on the Trust's strategic aims, ensuring stability of workforce and growth in research activity and income.

The Trust had been a national exemplar in recruiting to COVID-19 research trials. Lower recruitment into trials during 2019/20 mirrors the regional and national picture and was not specific to the Trust.

Resolved: (i) that, the 2019/20 Research and Development Annual Report be received; and

(ii) that, the DTVRA continued to be supported; and
(iii) that, all Care Groups were mandated to promote research, monitor progress and embed within all areas; and
(iv) that, the Trust considers investment in dedicated PA support for clinicians to assist with recruitment, retention and embedding of research in job plans. .

BoD/4309 Health, Safety and Security Annual Report 2019/20

The DoP&P presented the Health, Safety and Security 2019/20 Annual Report highlighting performance against key performance indicators, key issues, future activity, key objectives and a proposed action plan for 2020/21.

Resolved: that, the Health, Safety and Security 2019/20 Annual Report be received

BoD/4310 Any Other Notified Business

a. Governor Representation

The Chairman asked Governors Tony Horrocks, Lead Governor/Elected Governor for Stockton and John Edwards, Elected Governor for Stockton whether they would like to comment.

John Edwards provided feedback from members of the public who he had been speaking with in respect to delayed appointments. The Chairman reiterated that it was safe for patients to come to hospital for routine appointments and highlighted that a number of appointment slots were remaining empty due to patient concerns around the current pandemic.

Resolved: that, the verbal update be noted.

BoD/4311 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 29 October 2020.

The meeting closed at 2:45 pm

Signed:  Date: 29 October 2020

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Chief Executive Report										
Date:	30 July 2020										
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

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

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

- Coronavirus (COVID-19) update
- Community Payback
- Executive Director retirements/appointments
- Integrated Care System/Integrated Care Partnership (ICS/ICP) Update
- Tees Valley Acute Hospitals Group
- Amanda Pritchard Webinar
- Teesside research team at the forefront of search for COVID-19
- Physio World Virtual Run

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 are 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 July 2020

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 Coronavirus (COVID-19) Current Position

The Trust continues to respond to the COVID-19 pandemic under the Civil Contingencies Act and the focus remains on protecting patients, staff and visitors in addition to balancing preparedness for any spike in the infection rate and the requirement for continued recovery to all points of delivery. My continued thanks therefore goes to everyone in the Trust who are committed to playing their part in limiting the opportunities for the spread of infection both on duty and at home.

The Executive Team is providing strong and unequivocal decision-making during this protracted and unprecedented period, ensuring a tight strategic view of the risks, challenges and opportunities facing the organisation, including the systems and processes put in place over and above the national guidance during this period. This bodes well in planning for the future, during and beyond the pandemic but also demonstrates commitment as an equal partner in the integration of care in the region. Governance remains strong, robust and proactive to the needs of the organisation and the potential for external influences and impact requiring incident command and control infrastructure, and the Trust continues to mobilise all efforts towards a cohesive clinical, operational and strategic approach.

Trust Context

Within the Trust, COVID activity peaked during mid-April with 74 cases in the Trust. Critical care demand also peaked during Mid-April with 22 confirmed cases and 6 patients on Non-Invasive ventilation on respiratory wards. This peak for critical care reflects the longer length of stay for these patients but also demonstrates a pattern in preparing for future spikes. As at 21 July 2020, the Trust had 3 confirmed inpatient cases of COVID-19, of which 1 was in critical care. During July the daily number of beds occupied by COVID patients has averaged at 4, ranging between 3 and 15, with the daily number of admissions ranging between 0 and 2. There have been no new COVID admissions to ITU during July.

The profile surrounding the Trust's COVID-19 experience is reflected in the table below:

Total Covid Admissions	**504**
Total Admissions Base Wards	462
Total Admissions ITU	42
Number of Discharges	365
% Discharged	***72.42%***
Number of Deaths Positive Covid	133
% Deceased	***28.79%***
% still in Hospital	***1.19%***

National Context

The COVID-19 pandemic was declared as a 'level 4 incident' nationally in March 2020 and a system of more directive command and control structures introduced. The local response to COVID-19 has seen a huge effort across all parts of the health and care system with Trust staff continuing to provide high quality support to patients and quickly adopting new ways of working which supported the delivery of essential services.

The Trust's focus has shifted from this initial response phase to a focus on the restoration of key services and recovery and transformation. In terms of restoration and recovery, all of the Trust's essential services were re-established in advance of a national directive to restore essential services before 15 June 2020.

Planning for the next phase of COVID and Non-COVID response

The Trust has put in place a robust recovery plan to meet the health care needs of communities and has commenced the process of reinstating services across care pathways whilst acknowledging the risks that remain within the health economy surrounding a potential surge in key clinical areas.

The Trust remains in Phase 2 of Restoration and Recovery which runs to 31 July 2020. At the time of writing, NHS England has not yet published the planning guidance for the period termed 'Phase 3' of the Covid Response which covers the period August 2020 – March 2021. It is expected that the guidance will be issued prior to the end of July. The recovery work is primarily focussed on maximising capacity across the Trust's services. Key outputs include:

- A revised bed model and bed configuration including a revised surge plan to respond to further peaks in COVID-19infections.
- Capacity and activity plans within points of care delivery including daily and weekly reviews of actions that could incrementally increase capacity.
- Continued development of Community Services including integration with Stockton and Hartlepool Borough Councils through the Integrated Single Point of Access (iSPA).
- A revised staff deployment plan including the maintenance of skills developed during the pandemic response.
- An expanded clinical prioritisation process to review outpatient, diagnostic and elective referrals and ensure patients are prioritised based on clinical need.
- Positive engagement with ICS and ICP partners to coordinate recovery across primary and secondary care pathways.
- A focus on maintaining Hartlepool Hospital as a 'green' site and increasing the range of elective and outpatient services provided
- Ensuring Winter Plans are aligned with reconfigured services and support maintaining flow within the hospital.

The restoration and recovery of services following the first peak of the pandemic was an unparalleled challenge for the Trust and the wider health and care system. However, the delivery of rapid innovation and transformation during Phase 1 presents the Trust with a unique opportunity to embed sustainable change and continue to develop the strategic aims of the organisation, including the continued development of community provision and population health approaches. The Trust is using this opportunity to establish a new operating model which reflects the changes introduced during the COVID-19 pandemic.

2.1.2 National Leadership Centre Debrief Sessions – COVID-19

A debrief session was held with public leaders across the Country on 16 July 2020. Insightful key note speakers Sir Patrick Vallance and Professor Jonathan Van-Tam spoke candidly about the complexities of processes, how being a leader can be lonely and the importance of being true to oneself. The session also provided an opportunity to connect with other public leaders to reflect on the leadership experiences through this crisis and to learn from each other on the role that leaders play in resilience, response and staff wellbeing.

2.1.3 Community Payback

Staff at the Trust have pledged to give back to the people of Teesside for the incredible generosity they have shown during the COVID-19 pandemic. As part of a more comprehensive pay back package staff have committed to giving generously to local foodbanks in Stockton and Hartlepool. Supplies will be left at several collection points across the organisation and then taken by the Trust's volunteer drivers to local foodbanks.

2.2 Strategic Objective: Valuing our People

2.2.1 Executive Director retirement/appointments

The Trust's Chief Nurse/Director of Patient Safety and Quality, Julie Lane, has taken the decision to retire from her post after 11 years with the Trust and 38 years in the NHS overall. Julie will leave her post at the end of October 2020 and on behalf of the Executive team and Board members I would like to thank Julie for her service and emphatic support over the years. A more formal celebration of Julie's service to the Trust and the NHS will take place later in the year.

A rigorous recruitment process for the Chief Nurse replacement took place at the beginning of this month and I am delighted to report that Care Group Director: Responsive Care, Lindsey Robertson, has been appointed to the post with effect from September. Lindsey has a wealth of experience within the organisation and previously held the post of Deputy Director of Nursing, Patient Safety and Quality. On behalf of colleagues I would like to welcome Lindsey to the Board of Directors.

2.3 Strategic Objective: Transforming our Services

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

Whilst there has been limited opportunity to progress key aspects of the ICS and ICP development due to the intensity of COVID activity in the region, work has commenced on refocusing and reframing key work streams to support the strategic intent of the ICS and ICP and to re-envision a new clinical services strategy for the region.

A Tees Valley re-envisioning event took place on 2 July at the new Nightingale hospital in Washington led by myself in conjunction with partner Chief Executive Officers and facilitated by Cap Gemini bringing together clinical staff from all three Trusts, senior management and the broader ICP leadership. The aim was to build a common understanding of existing work and the needs in the region in order to drive the further development of the strategy by taking what has been learnt from the COVID-19 experience so far, in addition to the learning from previously held workshops using choice and refinement to align decision-making in certain areas.

The event attended by over 50 delegates provided the opportunity for broad-based discussion and debate and resulted in a draft programme of design principles and expectations for the future to be progressed by key work groups. The underlying message from the day is that pace of change and delivery of outcomes should be both rapid and reasonable. A detailed programme management infrastructure is currently being developed to support options and evidence based decisions.

2.3.2 Tees Valley Acute Hospitals Group

An inaugural meeting was held on 27 May 2020 involving the Chairs and Chief Executives from the three organisations where discussions focussed on comprehensive and coherent support papers on partnership working; strategic rationale and intent; work programme; governance; and stakeholder engagement. An interim independent Chair/Facilitator was appointed to support and enable development of a Group approach, working closely with myself as Executive Lead for the evolving group and leaders within all three Trusts. Following a series of Provider Board

meetings, it is evident that further consideration needs to be given to the longer term strategic intent of all three organisations.

The move toward an accountable care system, which takes control of transformation, improvement and financial success, is essential and will require the right leadership and an overt governance infrastructure. The process and governance discipline will add to the requirement of shared accountability and to the success of services and quality outcomes for patients and the population. A further update will be provided for Board members following discussions with NHSE/I.

2.3.3 Amanda Pritchard Webinar – 14 July 2020

Amanda Pritchard, the Chief Operating Officer for NHS England/Improvement visited the region for a second time, albeit virtually, on Tuesday, 14 July 2020 to participate in a number of presentations from NHS Leaders across the North East and North Cumbria (NENC). Discussion centred on the prioritisation of elective care services during the COVID recovery phase and beyond; population health approach to manage both the direct and indirect impact of COVID and medical and social vulnerability; digital transformation for the NENC; and progress toward the concept of a lighthouse laboratory for the ICS region based upon focused leadership and the concept of a single managed service and the benefits of collaboration.

2.3.4 Teesside Research Team at the forefront of search for COVID-19

The Research team at the Trust has been taking part in a national clinical trial to identify treatments beneficial for people hospitalised with suspected or confirmed COVID-19. It has been a leading performer in the RECOVERY trial – consistently being placed in the top five recruiting hospital sites across the country by percentage of available patients who have taken part. The study has also recently had significant news with the finding that the steroid treatment, dexamethasone, has helped reduced the risk of death by a third for patients on ventilators.

The team are also working with the NHS Blood and Transplant service who are making appointments for people to donate COVID-19 convalescent plasma, including for NHS staff

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Leading by example - most active physio team in the world.

Forty-four physiotherapists from the Trust took part in the Physio World Virtual Run race against other physiotherapists from the UK and abroad. Physio World Run was set up by the Trust to promote the importance of physical activity and for the department to set a positive example for their patients and others within the Trust. Each team member committed to regular running, cycling, walking or swimming recording their logged miles on the Strava App. The team competed against local organisations and teams as far away as New Zealand. The team finished firmly at the top of the table, leading the way in encouraging and inspiring the local population to focus on more aspirant goals for their own health.

3. Recommendations

The Board of Directors are asked to note the content of this report and the pursuance of strategic objectives amongst the COVID-19 Pandemic crisis.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Professional Workforce Report
Date:	30 July 2020
Prepared by:	Karen Sheard, Deputy Chief Nurse Jill Foreman, Head of Specialist Services Caroline Metcalf, Senior Rota Lead
Executive Sponsor:	Julie Lane, Chief Nurse/Director of Patient Safety & Quality Deepak Dwarakanath, Medical Director
Purpose of the report	This report combines the Nursing and Midwifery, Allied Health Professionals, Medical and Dental Workforce annual review for 2019/20. This report adheres to the recommendations set out by the National Quality Board (NQB 2016) and the Developing Workforce Safeguards guidance (2018) ensuring the right people, with the right skills are in the right place at the right time. The purpose of this report is to inform the Board of Directors in relation to the following: • Methodology of the review to provide an overview of the current professional workforce position across the organisation • Provides an update of current workforce by Care Group; identify areas where staffing establishment may require further review in line with the business planning process taking place throughout 2020/21 • Sickness absence • Vacancy and turnover data • Care Hours Per Patient day (CHPPD) figures • Occupancy • Progress on recruitment and retention strategies • Monthly planned and actual staffing fill rates • Progress to date to reduce the use of temporary bank and agency staff • Health rostering • Enhanced Care • Provide an update of service changes in response to Covid-19 pandemic that impact the professional workforce • Provide assurance that workforce decisions are evidenced based and comply fully with Care Quality Commission (CQC) fundamental standards

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		Health and Wellbeing	

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:
A review of current nursing and midwifery staffing has been undertaken within all wards and departments and demonstrates that all areas have the required nurse and midwifery staffing levels to provide safe patient care. There are a number of initiatives being taken to address issues, ensure continuity, and deliver safe patient services. Alternative staffing models are being explored, registered nurse, midwifery and un-registered nurse recruitment centres will continue to assist in reducing vacancy rates throughout the year. A review of the Allied Health Professional workforce has been undertaken and vacancies are being actively managed. A review of the Medical and Dental workforce has been undertaken. The revised terms and conditions of service for doctors in training and changes to training programmes poses both a financial risk and workforce risk to the Trust. The Trust faces a number of professional workforce challenges and is monitoring the situation closely. Retention Strategies for all staff groups are being planned and by introducing new roles, improving working conditions, and supporting flexibility the Trust hopes to attract, retain, and develop the workforce. Technology is being utilised and implemented to support workforce planning and ensure the workforce is being deployed effectively. It is also a key enabler in ensuring compliance with working hour's limits and rest requirements. The Covid-19 pandemic has impacted on the professional workforce throughout pre-surge, surge and recovery phases. All of the efforts being undertaken contribute to ensuring there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time. Whilst being financially sustainable.
How this report impacts on current risks or highlights new risks:
This report provides assurances that the Nursing, Midwifery, Allied Health Professionals, Medical and Dental workforce in place enables the delivery of safe, high quality care to patients with continued monitoring. Highlights areas of risk in terms of workforce challenges in some speciality areas.

Committees/groups where this item has been discussed	N/A
Recommendation	The Board of Directors are requested to note the work undertaken to date in relation to the professional workforce. The Board of Directors is asked to note the continued focus on: Valuing staffing through recruitment and retention processes and in supporting ongoing development of the workforce. The Board of Directors are requested to note the impact Covid-19 pandemic has had on service changes and the professional workforce.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 July 2020

Professional Workforce Report

Report of the Chief Nurse/Director of Patient Safety and Quality and the Medical Director

1. Introduction

1.1 This report provides the Board of Directors with an overview of the professional workforce which includes Nursing, Midwifery, Allied Health Professionals, Medical and Dental. The National Quality Board (2016) articulates the requirement to undertake workforce reviews annually with an update on actions highlighted to the Board on a six monthly basis. This report provides the annual review 2019/20 including updates from the last six monthly review produced November 2019.

1.2 In October 2018 NHS Improvement (NHSI) published Developing Workforce Safeguards which supports providers to deliver high quality care through safe and effective staffing. The key principles of safe staffing 'triangulated approach' as identified by NHSI can be seen in figure 1 below.

Figure 1.

1.3 NHSI recognise the need for a more consistent approach to safe staffing levels across all clinical workforce groups, a clear focus on developing evidence based tools for assessing the impact of variation in patient acuity and dependency. Guidance from NHSI (Developing Workforce Safeguards, 2018) urges senior leaders to consider Trust Wide culture in leadership.

2. Purpose

2.1 The purpose of this report is to:

- Provide an overview of the current professional workforce position across the organisation
- Inform the Board of Directors of progress to date relating to the recruitment and retention of the professional workforce
- Inform the Board of Directors of the work and progress to date to reduce the use of temporary bank and agency staff
- Provide an update of current workforce by Care Group; identify areas where staffing establishment may require further review in line with the business planning process taking place throughout 2020/21
- Provide an update of service changes in response to Covid-19 pandemic that impact the professional workforce

- Provide assurance that workforce decisions are evidenced based and comply fully with Care Quality Commission (CQC) fundamental standards

3. National and Local Position

3.1 Nationally workforce supply remains high on the agenda, the 2018/19 workforce statistics confirm that nursing remains the key area of shortage and pressure across the NHS. The nursing vacancies nationally increased to almost 44,000 in the first quarter of 2019/20, which is equivalent to 12% of the nursing workforce. (Health Foundation, 2019). To prevent nursing shortages growing further, urgent action is needed to increase the numbers of nurses in training, reduce attrition and improve retention.

3.2 Changes in skill mix can reflect a range of factors; changing patient needs, technological developments and legislative changes to allow some staff groups to expand the scope of their practice. It is important, however, that quality and safety are at the forefront of any skill mix change, changes will not be introduced in an unplanned way in response to cost pressures or recruitment difficulties.

3.3 NHSI has established a national Safe Staffing Faculty programme, directly supported by the Chief Nursing Officer for England. The aim of the programme is to strengthen Nursing and Midwifery scrutiny and oversight of staffing nationally and use the faculty to inform and support local and national work in relation to safer staffing. This national programme commenced with 10 candidates and Emma Roberts, Head of Nursing Responsive Care, was selected to be part of this programme.

3.4 The workforce review focuses on the clinical, quality, safety and financial importance of developing a workforce fit for purpose. It is vital to understand the nature of workforce pressures and what can be done to address them both in the long and short term. Within this review the recent impact of Covid-19 has been considered when planning the workforce models.

4. Nursing and Midwifery Workforce

Nursing and Midwifery workforce accounts for 27% of the total workforce in the Trust.

4.1 Methodology

4.1.1 A comprehensive and thorough review of Nurse and Midwifery staffing was undertaken in June 2020. A template was devised (see Appendix 1) and shared with each Head of Nursing/Midwifery and Senior Clinical Matron three months prior to the scheduled review. This template was devised as a visual tool to ensure relevant data was collected in advance of the review including to budgeted establishment and skill mix, vacancies and sickness/absence in addition to:

- Recruitment plans
- Care Hours Per Patient Day(CHPPD)/RN to patient ratios
- Ward occupancy/department activity
- Mandatory training and appraisal compliance
- Incidents/patient harms linked to staffing levels
- Patient experience
- Staff satisfaction and morale

- RN skill mix (those within <12-month registration v numbers likely to retire in next five years)
- Succession planning and talent spotting
- E-rostering compliance against KPIs/Safecare live compliance
- Use of temporary staffing, overtime and agency
- Environment/layout of ward/unit that impact on staffing levels
- Changes to patient case mix/acuity
- Changes since Covid-19 that impact staffing

4.1.2 Face to face meetings were carried out with each team (ward/department matron, senior clinical matron, Head of Nursing/Midwifery, Finance and workforce business partners) to discuss workforce for the annual review which included the pre-populated template of hard data and the soft intelligence through discussions regarding challenges, concerns and successes.

4.1.3 The intention of these face to face meetings with ward/department matrons was to move towards a more 'bottom up' approach to annual workforce reviews.

4.1.4 For areas where significant changes are taking place either in patient mix, acuity, or environment since Covid-19 are invited for a second review meeting in six months' time (14 out of the 45 teams reviewed will receive a six-month review)

4.1.5 Specialist Nurse teams have not been included for this report but plans in place to undertake a review using similar methodology within the next six months

4.2 Healthy Lives Care Group

4.2.1 The Holdforth Unit

The Holdforth Unit is 16 bedded unit incorporating a community hub and was the only in-patient facility within this Care Group. As identified within the six monthly review (November 2019); there were plans to incorporate new roles into the existing workforce model to promote the new community hub. This move from in-patient ward to community hub took place at the start of Covid-19 escalation to enable a more flexible workforce across hospital sites. The future service provision is being explored within the Care Group and therefore the workforce will be reviewed again in six months' time.

4.2.2 Out of Hospital Care

The **District Nursing** teams deliver care to individuals in their own homes or residential care homes providing complex care for patients including wound care management, continence care and palliative care and provide support to families and carers. The district nursing service has an effective workforce model that meets the demands of the service. RN vacancy currently 0.96wte.

Rapid Response/Single Point of Access is a crisis intervention team to prevent hospital admission or facilitate early discharge providing health and social care including administration of intravenous antibiotics and utilisation of specific pathways. This service currently has no RN vacancies.

Specialist Palliative Care Team (SPCT) delivers specialist palliative care advice and support to patients and professionals in their own homes and hospital settings.

There was a positive move to 7-day working within the team as an early response to Covid-19 escalation which has proven to be an effective and welcome extension to the service providing support for patients and relatives. The Team are currently exploring the use of volunteers within the service and rotational opportunities to support staff development. This service currently has no RN vacancies.

Following the nursing workforce review that took place within **Outpatients Departments** in January 2019; an effective workforce model met the demands of the service and an implementation manager was recruited to drive forward the initiatives associated with the productivity plan which includes the nursing workforce. Whilst there has been a number of service improvements and changes to service delivery for patients in response to Covid-19 pandemic; there is a need to develop the service or 're-brand' to attract the right nursing workforce to be employed there. The service is currently running with 74% of the nursing workforce approaching the end of their career. Consideration is currently being given into the recruitment strategy to provide longer term resilience.

4.2.3 Women and Children's Services

Women and Children's Services consists of Maternity, Obstetrics, Gynaecology Outpatient, Paediatrics and Special Care Baby Unit. Currently there are 1.4wte paediatric registered nurse vacancies and 3.0wte registered midwife vacancies based on current budgeted establishment.

Maternity utilise Birth-rate plus (BR+) which is a nationally recognised tool for maternity services based on the number of deliveries and ante-natal and post-natal care requirements. Birth-rate plus analysis was last undertaken in 2019 with the recommendation to increase the midwifery establishment, with the opportunity to skill mix within the postnatal ward area. This skill mix included the introduction of 2.0wte RN and 6.65wte Band 3 maternity assistants, these posts are currently advertised to recruit into and will provide capacity to support breastfeeding, post-partum post-surgery care to mother and transitional care within the postnatal ward for mother and baby. During Covid-19 escalation there has been a positive move to supporting new mothers via virtual technology which the service which to maintain as an alternative option for women and families.

The **Paediatric** Day Unit at the University Hospital of Hartlepool continues to provide pre and post-operative services for children undergoing elective surgery. Staff are rotated across the department creating flexibility in the staffing across Inpatient, Assessment Unit and Out Patient services. The trust provides a **Special Care Baby Unit** level 1 service. Staffing continues to be based on the British Association of Perinatal Standards (BAPM) at an 80% occupancy level which is one nurse to four babies within the unit. At the current time there is no supernumerary team lead incorporated into the current establishment. The introduction of this role was incorporated into the Care Group business plan and whilst the daily mitigation includes an Advanced Neonatal Nurse Practitioner (ANNP) being on the unit 24hrs per day, this continues to be a role that needs to be factored into the current establishment to maintain consistent cover in line with BAPM standards.

Within the **Paediatric ward** the role of the hospital play specialist (HPS) is well established within the Trust and continues to evolve. The number of qualified play specialists available regionally is limited so the service is exploring this role as succession planning for the current HCAs with the appropriate training, development and support.

The **Paediatric community** nursing service is currently looking to skill mix the current RN vacancy to a Band 7 community services lead.

4.3 Responsive Care Group

Responsive Care has approximately 50 wte Registered Nurse vacancies in July 2020. This position continues to be addressed on a monthly basis and a new cohort of newly registered nurses are planned to take up their positions in September 2020 following an intense few months of working in their preferred area of clinical choice throughout the Covid-19 pandemic. A recruitment centre was held on the 14 July to formally interview all applicants and to align them into vacant posts.

4.3.1 Emergency Care

Emergency Care comprises of the Emergency Department (ED), Integrated Urgent Care Services (IUCS) on both the North Tees and Hartlepool sites and the Emergency Assessment Unit (EAU), which includes Ambulatory Care and the Initial Assessment Unit.

ED has minimal RN vacancies with clear plans in place to recruit. ED has a nursing workforce model which ensures an appropriate skill mix is in place to deliver a sustainable service which is fit for purpose. There are no further proposed changes to this model as it currently meets the demand of the service. The Trust continues to await the appropriate national SNCT tool specifically for an ED to accurately record the acuity and dependency levels of patients coming through the department, this will support future workforce planning.

The workforce model within the **Integrated Urgent Care Service** (IUCS) at North Tees and Hartlepool continues to meet the demands of the service. The IUCS manage recruitment separately to the other areas within the Care Group due to the requirement of an advanced skills set and the established collaborative working with the North East Ambulance Service (NEAS) as part of the alliance.

Emergency Assessment Unit (EAU) is ordinarily a 42 bedded level 1 admitting area with an additional 10 ambulatory care beds, an EAU waiting area, Initial Assessment and a Discharge Lounge. Patient case mix includes those from paramedic, GP and ED acute medical admissions. EAU and the ambulatory care unit have seen significant changes throughout the Covid-19 pandemic. Currently the main ward (42 beds) is a green EAU and the ambulatory care plus the ACU area are functioning as a 17-29 bedded red EAU (this flexible bed base allows for the safe cohorting of Covid positive patients). Considering these recent changes, the Care Group are proposing within the current overall establishment to:

- Uplift the registered nurse establishment to provide an additional nurse per shift to support the increase in bed base within the red area
- Uplift the registered nurse establishment to provide 1 nurse per night shift (7 days) to consistently staff the waiting area which can remain open till the early hours of the morning to safely assess, transfer or discharge patients. Currently the workforce model does not allow this support thus there is a consistent spend on bank or agency registered nurses to support this shift.
- Undertake a skill mix review to support the introduction of AHP respiratory role in red EAU throughout covid-19/winter which is currently being scoping with Healthy Lives Care Group.

4.3.2 In-Patient Wards/Departments

Respiratory wards 24 and ward 25 have seen changes in service provision over the last 12 months with an increasing demand for level 1 patients who have required non-invasive ventilation (NIV), tracheostomy care, chest drain insertion and management, high flow oxygen and more recently patients requiring continuous positive airway pressure (CPAP). The care group have identified that the workforce model needs to reflect a bed base to support Acute Respiratory Care if they continue to care for the current proportion of level 1 patients with the additional challenge of needing to manage both green and red respiratory wards throughout winter. The proposal is to uplift both the registered and unregistered nursing workforce and to change the overall skill mix which will ensure that the area is compliant with the national anaesthetic guidance for level 1 care which states that level 1 patients should be nurses with a ratio of 1:4 (registered nurse to patient). This is within the current financial envelope.

The true impact of Covid-19 and the upcoming winter remains unknown however, lessons learnt from the current demand indicate that this uplift will reflect the safe management of both Covid positive and Covid negative acute respiratory patients as we move through 2020/21.

Gastroenterology- Ward 26 changed function and speciality during Covid-19 pandemic to support the increasing demand for acute respiratory care. There are no current proposals to change the workforce model associated with ward 26.

Ward 27 specialises in gastroenterology including liver disorders, alcohol dependency and eating disorders. At present the ward does not have a nursing workforce model that meets the demand of the service due to the complexity of nursing a specific patient group (patients with eating disorders). The care group are therefore proposing an uplift in the unregistered nurse workforce to provide additional 24/7 cover to support the specialist 1:1 care that is consistently required for these patients. There is an average of one patient requiring this care at any given time on the ward and the current establishment does not allow this without additional shifts being filled by NHSP. There is already a service level agreement in place for an adult Nurse Practitioner to be based on Birch Unit (West Park Hospital – TEWV) to provide registered nursing care, the Nurse Practitioner facilitates the safe transfer of care for patients between the mental health and the acute inpatient settings. Plans are in place to rotate North Tees and TEWV unregistered nurses across ward 27 and Birch Unit to further develop skills and experience.

Acute General medicine- Ward 36 specialises in acute medicine and has recently adopted some diabetes and cardiology provision. There are no current proposals to change the workforce model associated with these wards. Ward 38 specialises in haematology, oncology and acute general medicine. The management of the Medical Day Unit (MDU) also falls under the same workforce model and is open from 9-5, Monday to Friday. Due to success of the MDU, the overall demand has increased with more patients being required to attend for support with a wide range of procedures including venepuncture and cannulation, administration of various IV infusions, Hickman and other line flushes and ascitic drainage etc. The care group are therefore proposing to add a second registered nurse into the MDU work alongside the current registered nurse. This will provide a highly skilled and resilient workforce within this department to meet the demand of the service. There are also plans to rotate the nurse practitioner into the unit to provide further resilience for some specialist nurse services but this plan is very much in its infancy and is not for consideration in this workforce review.

Elderly Medicine - Ward 40 provides all essential nursing care to the high number of frail and elderly patients which includes the delivery of fluid and nutrition, safe mobility, pressure care assessment, prescribed care and enhanced care to those requiring 1:1 supervision. It has been agreed that a shift in the current 60/40 skill mix (registered nurse to unregistered nurse) to 40/60 is more appropriate to support this patient mix. A skill mix shift would allow more unregistered nurses in the overall workforce model to support safe and efficient care to meet the needs of the patients. Enhanced care requirements are significant on ward 40 due to the patient type, this creates an increase in unregistered temporary staff usage.

An alternative workforce model has been in place on ward 42 since 2018. The model created a 40/60 registered/unregistered nurse skill mix. This provides a safe and efficient workforce model that meets the needs of the service. The care group are proposing to increase the night shift provision to 3 x RNs, this will support a more suitable registered nurse to patient ratio. Enhanced care requirements are also significant on ward 42 due to the dependencies of the patients, this creates an increase in unregistered temporary staff usage.

Acute Stroke Unit is a 26 bedded admitting acute stroke unit The unit incorporates the thrombolysis service and TIA assessment and supports the safe and efficient transfer of patients for thrombectomy service to the Royal Victoria Infirmary, Newcastle. The vision is that the unit has a workforce model that reflects a hyper acute unit. Whilst the unit was established as a level 0 unit, the patient acuity generally meets level 1 therefore the care group are proposing to uplift the registered nurse workforce within the current financial envelope to reflect an acute level 1 admitting area which will provide a safe and efficient workforce model to meet the demands of the service. There is a stroke coordinator available 24/7 in addition to the ward-based workforce model which is in line with national guidance.

Acute Cardiology Unit (ACU) is a 19 bedded unit that specialises in acute level 1 cardiology that requires a telemetry trained nurse each shift to manage the needs of the service and of the safe transfer of patient to James Cook University Hospital. The unit has been temporarily transferred to ward 37 as a 10 bedded unit in response to the Covid-19 pandemic. The nursing resource has been deployed into other areas to support safe staffing (vacancy and sickness) with the understanding that this resource will be pulled back into ACU/ward 37 to safely staff any required winter resilience beds. There are no current proposals to change the workforce model associated with ACU.

4.4 Collaborative Care Group

4.4.1 Elective Care services includes surgery and orthopaedic both acute and elective services, surgical decisions unit (SDU); there are 6.2wte current RN vacancies across these areas.

Ward 32 specialises in patients with fragility fractures and emergency trauma with a recent increase in activity. Due to the patient mix there is a continuing reliance on enhanced care support resulting in an increase in unregistered temporary staff usage. The care group are proposing an increase in unregistered nurse provision to support enhanced care and the potential expansion in day rehabilitation. There is a plan to carry out a ‘perfect week’ project to further review capacity and demand within the ward.

Ward 33 has been designated to support trauma and Covid positive patients and options are being explored regarding any changes to be made to the ward estate to support non-Covid patients for future demand.

Ward 30 has been separated from SDU as a response to covid-19 pandemic, 7-day ward provision (currently funded for 5-day provision) and supporting patient pathway with regard to swabbing prior to admission. Due to these changes this ward will be reviewed in six months' time with regard to nursing workforce.

Ward 31 was funded as 15 x level 1 beds and 5 x level 0 beds. The care group are proposing a change to the level 1 provision by increasing to 20 x level 1 beds to support a step-up and step-down model for critical care. This change in service provision would support Covid and winter/surge planning however will result in the need for increased RN establishment to support one RN to four patients which is currently being explored.

Ward 28/SDU has been supporting all elective and non-elective admissions and the changes in patient pathways during Covid-19.

Ward 4 at Hartlepool has been relocated to Ward 9 at Hartlepool from July 2020 as this was not in place at the time of this review it will be formally reviews in 6 months.

4.4.2 Anaesthetics and Theatres

The anaesthetic and theatre services provide pre and post-operative services. The services require a specialised, flexible, and highly skilled nursing workforce. Complex planning and continual monitoring of skills against lists and procedures is required within the care group and to ensure the workforce model meets the demands of the service. There are currently 3.0wte RN vacancies within these areas.

Theatres staffing workforce is complex and there is no nationally agreed workforce tool to determine how theatres should be staffed. Despite the differences between the sub-speciality provision across 52 weeks and the challenges this can pose to staff rostering, there is a plan to progress to health roster in the coming months which will support the visibility and monitoring of staffing capacity.

The skill set required of theatre staff is significant due to the increasingly changing sub specialisation. The level of complexity within some specialities requires training over a period of 18+ months. Band 6 staff currently carry out theatre education and training for theatre staff but this is becoming more challenging and the need for a designated educator in this area is now recognised. The care group are exploring options to introduce this role within the establishment.

4.4.3 Critical Care and Outreach

Critical Care had a high number of RN vacancies earlier in the year and whilst they currently only have 2.0wte registered nurse vacancies, it is recognised the high level of training and support required to all the new nurses on the unit is a challenge. A seasonal demand template was implemented within Critical Care in order to manage staffing levels across the year. Enabling an increase in the nursing workforce when faced with the increase in patient activity and acuity in the winter period. The seasonal template is now being reviewed due to the unprecedented pressures over the last six months. Due to the dynamic nature of this speciality, the nursing establishment accommodates changes in the level of patient care and flexes the nurse to patient ratio in accordance with national standards. The establishment in Critical Care is based on 100% occupancy of the unit. The Critical Care unit has an effective workforce model

that meets the demands of the service and continued to do so during Covid-19 pandemic with the redeployment of staff and investment in additional training for those staff new to the critical care environment. Critical care ensures senior cover is provided by staff members that possess the appropriate level of knowledge and skills to co-ordinate the department.

As with theatres, the skill set required of critical care staff is significant. Band 6 staff currently carry out education and training for critical care staff but this is a continuing challenge due to capacity and the need to work clinically on the unit themselves. National standards (GPICS) recommend that for every unit with 75 or more staff members should have a designated clinical educator. The current number of nursing staff members is above 90 (84.77wte). The care group are exploring options to introduce this role within the establishment.

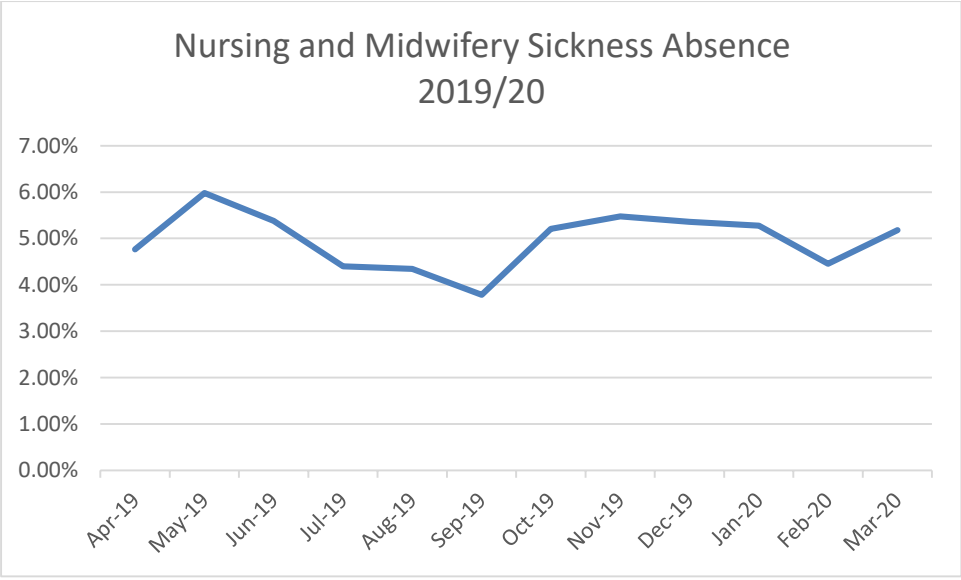
The Critical Care Unit is embracing the introduction of new roles into their current workforce models including the Advanced Critical Care Practitioner (ACCP) however this is outside the nursing workforce establishment.

4.5 Workforce Metrics

4.5.1 Nurse and Midwifery Sickness

Chart 1 below shows the overall nurse and midwifery sickness absence 2019/20. The average across the year was 4.9% which remains a challenge. Sickness has since increased further throughout the Covid-19 pandemic. Reasons for sickness absence are collated to ensure that the right level of support is provided to staff to enable them to return to work as soon as safely possible.

Chart 1. Sickness



4.5.2 Vacancies and Turnover

Nurse and Midwifery vacancies during 2019/20 identify a high monthly average of RN vacancy at 97wte (7%), the registered midwife vacancies are lower with an average of 5.8wte (4.6%) and the unregistered nurse and midwife vacancies averaged at 34wte (5.3%).

The vacancies for June 2020 show an improving picture as seen below in Table 1. With further registered and unregistered recruitment planned for July 2020; and a high number of applicants; it is expected this will reduce further.

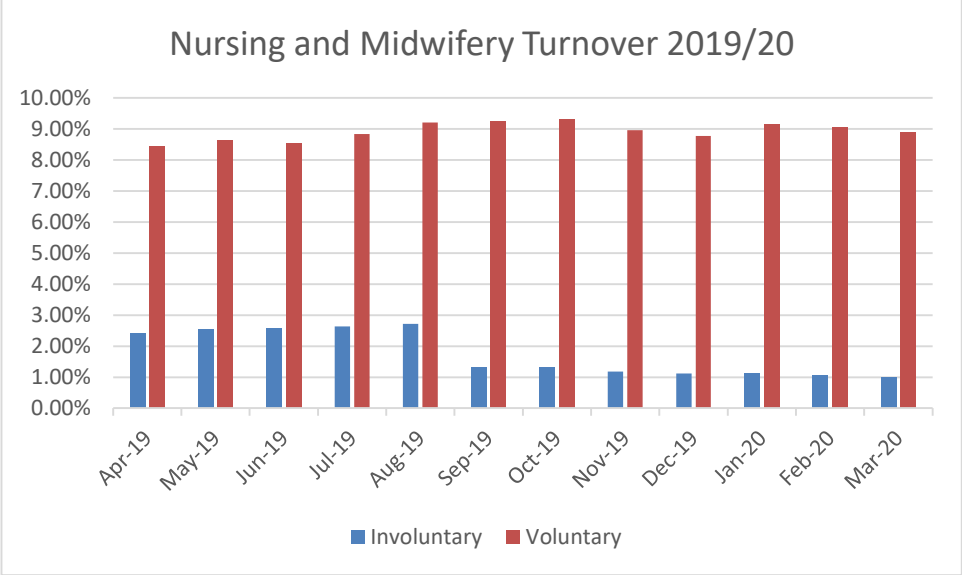
Table 1. Vacancies June 2020

Registered Nurse	Registered Midwife	Unregistered N&M
79wte (5.8%)	2.0wte (1.5%)	33wte (5.2%)

The nursing and midwifery turnover; as seen below in chart 3; shows that the voluntary turnover has remained fairly consistent across each month with the annual average of 9%.

The involuntary turnover averages at 1.7% but it can be seen that this has reduced by 50% since August 2019.

Chart 3 Turnover



4.5.3 Planned and Actual Staffing

In line with the National Quality Board (NQB) publication; Nursing, Midwifery and Care Staffing Capacity and Capability; the Trust continues to report the planned and actual staffing data on a monthly basis to NHSI.

Safe Care Live (SCL) allows the Trust to generate both a required and an actual CHPPD for all inpatient areas twice per day. This gives a more accurate reflection of staff allocation and staff to patient ratios across a 24-hour period.

The Trust bases staffing establishments on the case mix and acuity of the patients within the wards or departments and utilises the nationally approved nursing workforce tool, the Safer Nursing Care Tool (SNCT). This tool is overlaid with professional judgement and quality outcome metrics. The Trust's nursing workforce tool focuses on patient safety, quality, cost effectiveness and effectively managing staffing resources and is based on a Care Hours per Patient Day CHPPD which reflects patient needs.

In response to the need to remain flexible in the way nursing and midwifery staffing is planned the Trust also utilise the Safe Care Live module (SCL) on a day to day basis

to safely and efficiently assess accurate staffing levels and to redeploy nursing staff throughout the organisation.

SCL provides information on a shift by shift basis for each unit (ward/department) which includes whether there is an under or over utilisation of staff, the overall percentage of temporary staff working that shift, the detail of any unfilled shifts, the calculated nurse to patient ratio, CHPPD and skill mix. The data within Safe Care Live currently has a high compliance of completion at >80%, validated of the data is taking place by the Senior Clinical Matrons on a quarterly basis.

A small number of areas within the Trust utilise bespoke nationally recognised tools combined with overarching professional judgement to identify their staffing needs including Birth Rate Plus (BR+) in maternity and the British Association of Perinatal Medicine (BAPM) Standards in the Special Care Baby Unit (SCBU).

4.5.4 Care Hours per Patient Day (CHPPD)

CHPPD reported both in Safecare Live module and the Unify data to NHSI. Data submission was paused nationally during Covid-19 surge March – June 2020. The overall average CHPPD figures are identified below in table 3 and it can be seen that the required and actual was same overall for those months however the breakdown shows the variance between areas. The average fill rates; as seen below in table 4; show a reduction in RN during the day and a high rate of Health Care Assistants on nightshift, this often reflects RN gaps and the increased provision needed for enhanced care.

Table 3. Average CHPPD November 2019- February 2020

Required CHPPD	Actual CHPPD	Variance
31.85	**31.85**	**0.01**

Table 4. Trust Average Fill Rates November 2019- February 2020

RN Day	HCA day	RN Nights	HCA Nights
84.6%	98.2%	94.7%	147.5%

4.5.6 Occupancy level

In addition to patient acuity, the occupancy rates within hospital are also important to monitor when reviewing staffing establishments. The occupancy from October 2019 to March 2020 (inclusive of surge beds) can be seen in chart 4.

Chart 4 . Occupancy

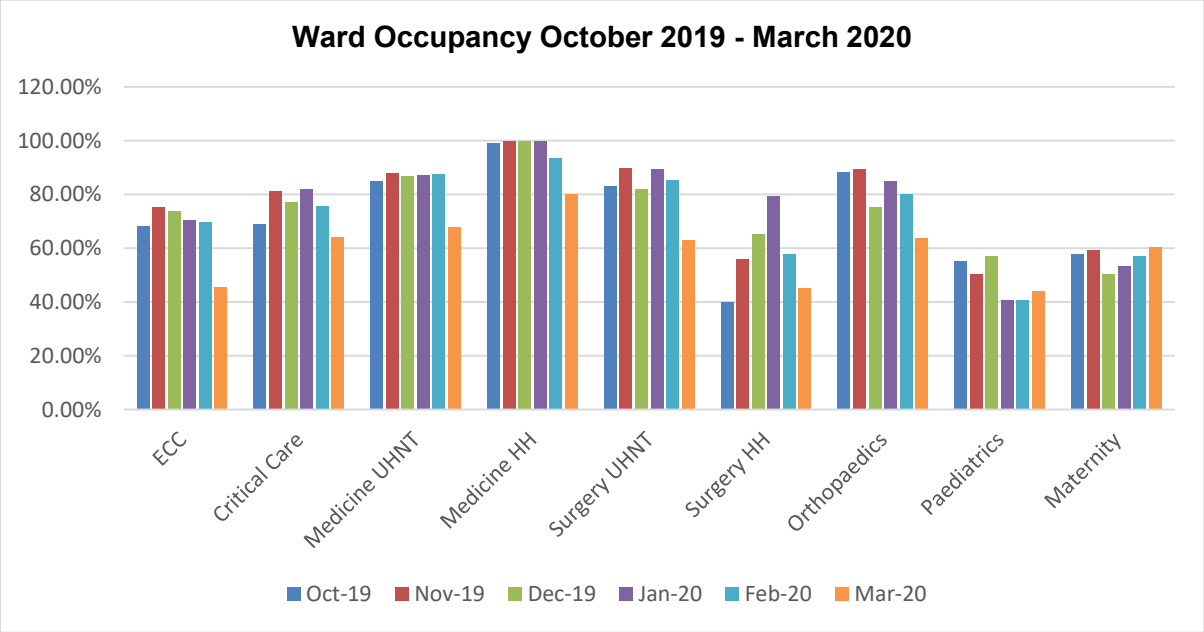


Table 7 below shows the overall monthly average % occupancy across all In-patient areas.

Table 7. Average Occupancy

April 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20
71.6	71.1	73.9	72.4	71.7	72.7	71.8	76.6	74.2	76.4	72.0	59.4

4.5.7 Nurse and Midwifery Recruitment

The Trust continues to undertake a number of recruitment initiatives with the aim to see a further increase in both the registered and unregistered nurse establishment across the organisation.

Frequent use of social media platforms provides information to the public around vacancies and opportunities within the Trust with a particular focus on promoting the Trust as the employer of choice.

All band 5 Registered Nurse recruitment continues to be carried out via value based monthly recruitment centres and this method has proven to be a positive way of attracting pre-registered and registered nurses to the Trust.

A successful candidate reserve provides a pool of staff awaiting posts in specific areas/specialities. This has proved successful as many have taken up interim posts in other wards/departments until their preferred area of work declares a vacancy. They are then supported to transfer into that vacancy.

The Trust is also using the value based recruitment centre process for the recruitment of unregistered nursing staff and registered midwifery staff.

Bespoke recruitment has been successful in some specialist areas where recruitment had to be targeted to attract the right workforce with the right skills and experience (e.g. Critical care, theatres).

The modern apprentice (MA) programme remains within the organisation as part of the Trusts strategy to employ future unregistered nurses who have a clear career pathway to access Pre Registration Nursing.

There is also a significant number of unregistered nursing staff completing the Foundation Degree for Assistant Practitioners (APs) using the Apprenticeship Levy.

Trainee Nursing Associates have successfully completed a two-year pilot Foundation Degree programme with Health Education England (HEE) and Teesside University. The Nursing Associates are regulated by the Nursing and Midwifery Council (NMC).

Nursing Associate Apprentices are in practice in some areas with plans for future cohorts, based on workforce plans. These posts; where appropriate; enhance and support the care provided by Registered Nurses.

The Trusts vision is to build the nursing workforce of the future and as such has continuous links with local schools, colleges and Higher Educational Institutes to raise the profile of nursing.

During Covid-19 pandemic, there was a national decision to put student nurses into clinical practice on temporary contracts to support trusts prior to registration which proved to be invaluable. Positive feedback from students and trust staff regarding this experience and the development gained will support the transition from student to RN/M. Feedback will be provided to the universities to factor in when reviewing future training programmes and placements.

4.5.8 Nurse Retention

Making the NHS the best place to work is a key commitment in both the Long Term Plan and the NHS People Plan. Recently NHS England and NHS Improvement published ‘Retaining our People’ retention programme (October 2019) which aims to empower our leaders to provide greater development, flexibility and support options for staff which will all contribute to a more supportive working environment and will lead to a greater retention of staff.

The revised Faculty for Inter-Professional Education and Staff Training (FINEST) commenced in 2017; The FINEST programme continues to offer six month posts for the duration of the nurses first year of employment within the Trust.

Monthly registered nurse development days are being revised by the Heads of Nursing and are planned to continue throughout 2020. There will be a continued focus on personal and professional development and the health and wellbeing of staff.

Clinical skills days for the registered nursing workforce promote continuous learning and the consolidation of essential core clinical skills. Core skills development days are held monthly with band 5 registered nurses across all Care Groups attending the sessions that are planned and delivered by the Education Department.

In 2018/19 The Emergency Care directorate successfully piloted an alternative approach to the delivery of mandatory training to all staff new into post by developing a condensed training programme delivered in conjunction with preceptorship and local trust induction. Following this successful initiative, the Trust now provides new staff with a block week of mandatory training immediately following the block week of preceptorship training. This ensures that all staff new to the Trust are fully compliant with their mandatory training prior to commencing work in clinical practice.

Substantive nursing staff are supported to move across specialities within the Care Groups and are also given the opportunity to discuss the options of more flexible contracts and rotational posts which aim to support staff in maintaining their work life balance and achieving their preferred skill sets.

In 2020 there are plans to streamline this by introducing a 'transfer window' process whereby 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.

Self-rostering has been explored to support staff retention via the electronic rostering process. A pilot in the Urgent Care Centre has now been completed and evaluated well. Self- rostering has been rolled out into the Emergency Assessment Unit with positive feedback and further roll out is planned,

Developing our current and future leaders is a key priority of the Trust. In October 2018 NHSI published a 'Ward leaders' 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.

There is a significant focus on the personal and professional development of staff. During 2020, registered nurses will be offered individualised skills passport relating to the area they work. In addition, all new nurses taking up post will be placed onto a developmental pathway which will consist of a three-year programme to support their learning needs.

Within the workforce reviews, attention was given for teams to have awareness of the potential retirement plans for nurses who are aged 55yrs+ to ensure that succession planning is in place as many of these nurses have advanced skill sets with many years of experience that is not easy to replace.

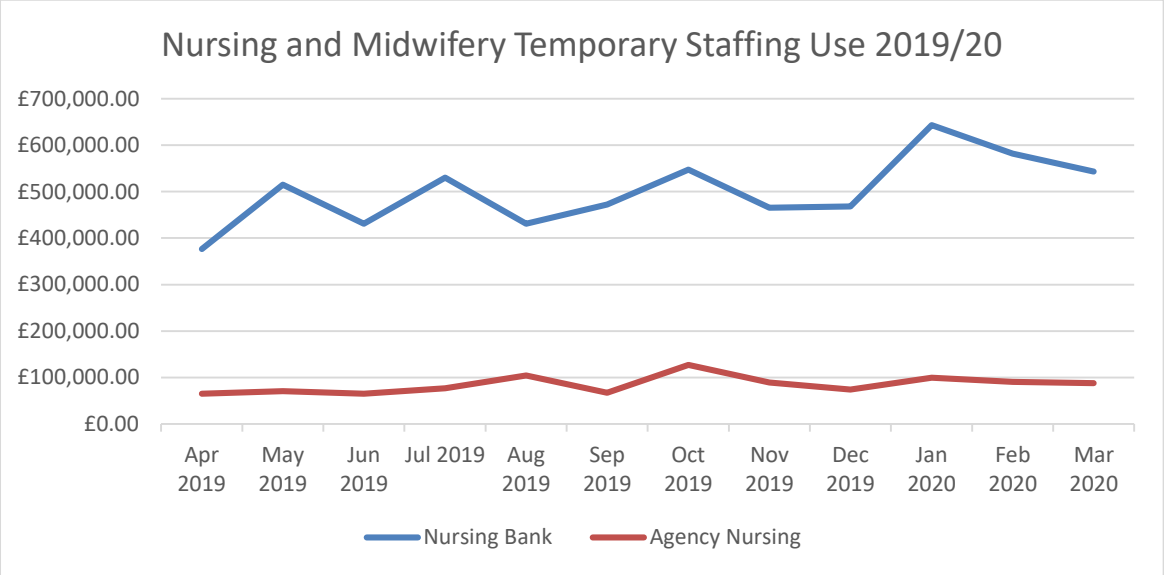
Work streams are in place to focus more consistently on RN recruitment and retention strategies throughout 2020 which include the following;

- Rotation through different areas and specialities
- Clinical training days/Simulation training
- Aspiring Ward Matron meetings
- Continuation of Education panels
- Quality Improvement projects
- Quarterly Care Group band 6 and 7 development sessions.
- Quarterly Care Group Specialist Nurse/Practitioner development sessions

4.5.9 Temporary Staffing Usage

The Trust continues to closely monitor expenditure trends associated with temporary staffing with the overall spend 2019/20 being £6,005,904.50 for Bank and £1,015,913.57 for agency. Chart 5 below shows the trends across the month.

Chart 5. Temporary Staffing Use



Whilst the nurse agency usage and spend remains relatively stable and low compared to bank usage, reductions in agency usage continues to be a priority. This is not only due to the expenditure but due to the skill mix of these temporary staff as many are unfamiliar with the Trust and at times not skilled in the relevant specialist areas.

Better use of resources and agency to bank migration has resulted in a month on month increase in bank costs whilst nursing agency costs have remained low.

4.5.10 Electronic Health Rostering

As part of the Lord Carter E-Rostering recommendations nursing rotas are now scheduled to be completed eight weeks in advance of the start date in line with the policy guidance of six to eight weeks. Some areas exceed this target lead time with the average is around six weeks lead time for ward-based nurses.

A significant roll out plan has ensured that all clinical areas / teams will be on Health Roster in 2020; this work is being coordinated by the E-rostering Manager.

Flexible rostering is in use across Urgent Care Services and Emergency Assessment Unit with significant time-saving implications for managers. Staff in these areas can now request 100% off-duty in line with agreed rules and restrictions for that area or team. Further roll out is being scoped on other clinical areas and was discussed as part of the face to face meetings for the annual workforce review.

Regular budget and demand template reviews with Ward Matrons, Senior Clinical Professionals (SCPs) and Finance Business Partners (FBPs) are undertaken to ensure available shifts in the system do not exceed planned budgeted establishment and that the available budget is used efficiently and effectively in areas where the template cannot be simply aligned to the budget.

In June 2020, a nursing, midwifery and AHP workforce assurance group has been developed to meet monthly to oversee the compliance against the E-roster key performance indicators alongside other workforce metrics.

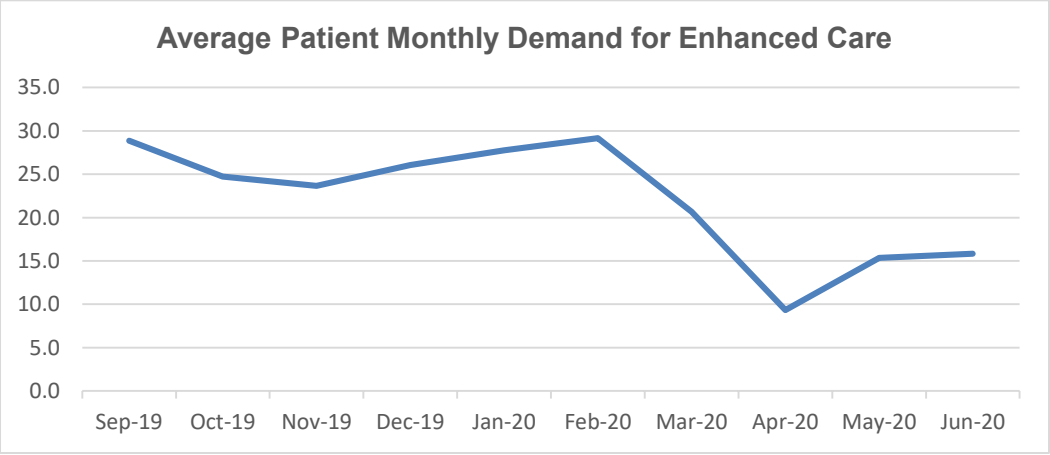
4.5.11 Enhanced Care

All patients admitted to the Trust require a defined level of observation to maximise their safety. On some occasions patients require an increased level of observation in order to prevent harm to themselves or others. These patients are assessed against a defined criteria and where identified as at high risk they are highlighted as requiring red enhanced (1:1) care. The service aims to promote positive and proactive approaches to the early identification and management of risk related to patient safety whilst considering cost effectiveness and efficiency.

Enhanced Care is an integral part of a therapeutic care plan, to ensure the close monitoring of patient's behaviour and psychological state and to identify factors that may exacerbate or inhibit challenging behaviours whilst fostering a positive therapeutic relationship, and maintaining patient and staff safety. Enhanced Care should never interfere or compromise any planned treatment or therapy for a patient.

The demand for enhanced care has grown over the last 12 months with a median demand of 24 patients per day. As seen below in chart 6 there was a significant drop in demand during March and April which aligns to the reduced occupancy and general length of stay within the hospital. There have been various changes implemented that positively impact on the enhanced care provision over the last 6 months. Despite this closer monitoring of continuing demand, it was recognised that further work is to be undertaken to support the future service provision as the demand continues to exceed capacity resulting in a high reliance on temporary staff to provide a safe level of care.

Chart 6 Enhanced Care demand



NHSI have confirmed that the new Safer Nursing Care Tool (SNCT) tool will include the additional scoring categories to capture enhanced care needs. This is however still in the data analysis stage with no confirmation of expected timescales for implementation.

5. Allied Healthcare Professionals (AHPs)

Allied Health Professionals account for 8% of the total workforce within the trust.

5.1 The 14 Allied Health Professions form the third largest clinical workforce in health and care. Healthy Lives Care Group employs Occupational Therapists, Physiotherapists,

Podiatrists, Dietitians and Speech and Language Therapists. Each profession works with children and adults. There is also contracted work with a private orthotic Service. The breadth of AHPs' skills and their reach across people's lives and organisations makes them ideally placed to support change and improvement.

5.2 'AHPs into Action' was produced in 2017 by NHS England. The framework represented the start of a journey to highlight the transformative potential of AHPs within the health, social and wider care system. Three years on, local examples can be provided as identified in figure 2 below.

Figure 2

5.3 AHPs are key to implementing the vision of the NHS Long term plan. All AHPs across Healthy Lives are aligned to Senior Clinical Professionals and they report directly to the Head of Specialist Services, integration and Partnerships. Progress has been made implementing key Lord Carter principles and work is ongoing with regards to job planning and clinical supervision. E-rostering is in place for the majority of AHP groups and a plan is in place to roll out further. Flexible working hours is supported to meet clinical and service demand. A key focus of recent work has been on the standardisation of practice inclusive of length of appointments/sessions and numbers of patients seen in those sessions.

5.5 Education and career pathways are offered for all AHPs from apprenticeship through to registered practitioner and onwards. Working with Higher Education Institutions (HEI) to deliver a sustainable placement programme ensures an appropriate supply of graduates entering NHS Service over the next three years and on-going continuing professional development supporting the increased use of Advanced Practice roles. Locally Physiotherapy (PT) and Occupational Therapy (OT) institutions are currently working through the PT and OT apprenticeship programme.

5.6 Measures are in place to embed succession planning systematically across AHPs to ensure a sustainable workforce and to consider the impact of both an ageing population and an ageing workforce.

5.7 There are new and emerging roles including AHP Consultant and Advanced Practice

and Extended Scope Practitioner roles that can and will address medical recruitment gaps, providing senior clinical leadership and decision making. Advanced practice opportunities feature across all local AHP groups. Locally there is a Physiotherapist who is currently working with the Intermediate Care Service and being supported by the Emergency Department to become an advanced practitioner Physiotherapist. This role has the potential to feature across patient groups within the different Care Groups.

5.8 AHPs will continue to work with partners to further develop the role of the non-medical prescriber in order to afford patients a greater opportunity of quickly accessing the right medications. This will better utilise workforce across the health system with financial savings. Areas for development include MSK, Respiratory Physiotherapy, Podiatry and Nutrition and Dietetics.

5.10 In partnership with our nursing colleagues, AHPs are working in collaboration with primary care networks across Hartlepool and Stockton. The integrated single point of access and new integrated roles across professions provide a platform to develop relationships with partners in primary care as well as delivering more support to our care homes utilizing the *Enhanced Health in Care Homes* framework.

5.12 Locally the Physiotherapy and Occupational therapy teams are part of an integrated intermediate care service, delivering reablement and rehabilitation to our local population. Integration across acute and community teams has become custom and practice for local therapy teams, demonstrating true 'better together' and performance improvements in reducing delayed discharges and the number of stranded patients in Hospitals. The acute Physiotherapy and Occupational therapy teams work with ward based teams and experienced nursing staff to facilitate discharge planning and promote independence and recovery for patients who find themselves in an acute hospital bed. The integrated discharge team (IDT) is led by therapists and social workers (along with voluntary sector workforce) and they form part of the wider team facilitating patient flow on a daily basis. AHP Leaders are actively involved in a regional network looking at the development of evidence based safe staffing models within acute areas. Learning from nursing colleagues to implement a model that works best for our patients and our staff will be acknowledged.

5.13 The AHP workforce is ideally placed to explore further opportunities with regards to alternative workforce models. Examples include system leadership posts and Ward Manager positions traditionally associated with Nursing Professions. This role would be particularly relevant to ward areas that care for our older patients who benefit from a multi-disciplinary approach.

5.14 Recent changes to the Operating model and the introduction of Care Groups provides opportunity to review workforce requirements across pathways. AHPs play a vital role in many patient pathways including stroke, respiratory, frailty and diabetes. Within each pathway there are opportunities to review how we can deliver the best care in the right place at the right time. AHPs are key to this conversation and are often best placed to innovate and facilitate change. This approach to transformation could support the growth of AHP roles whilst developing services in line with the strategic aims of the Organisation.

5.15 The AHP workforce has taken a lead on multiple strands of digital work, showing innovation and collaboration to achieve real success. The Trust has an AHP digital lead who supports this work and is linked with national programmes.

There is an understanding that the move towards a more digitally enabled workforce and population could potentially widen the inequality gap. Work is being progressed

by the AHP team to ensure a system approach to mitigate this impact to ensure integration with the population, recognising that patient choice will still be important.

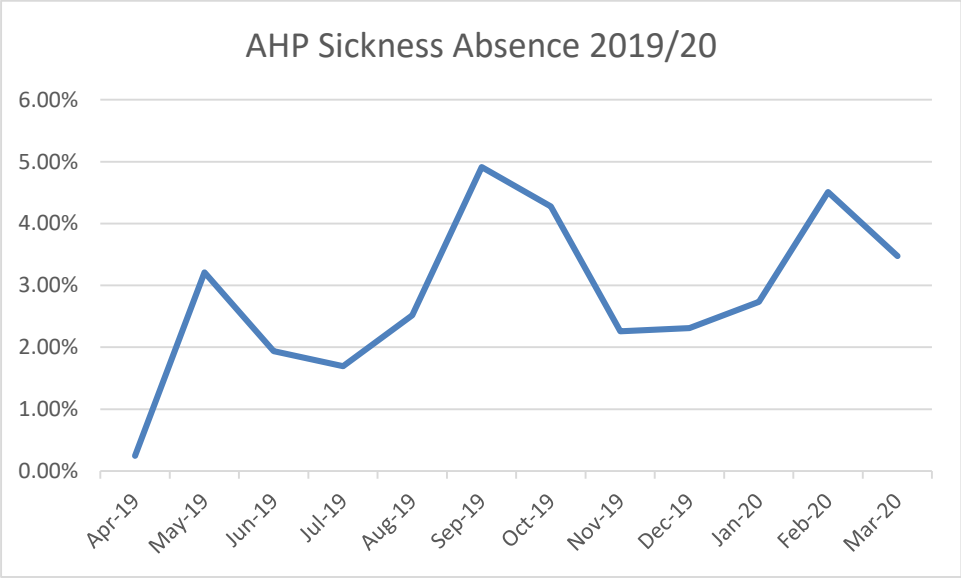
5.16 Workforce Data

Table 9 below shows the current vacancy factor across AHP Services (within Healthy Lives)

Profession	Current WTE	Vacancy	%
Occupational Therapy	41.79	1.4	3.4%
Physiotherapy	80.15	14.02	17.5%
Nutrition & Dietetics	25.67	1.6	6.2%
SALT (Adults)	8.2	0	0%
SALT (Children)	71.95	2.9	4%
Podiatry	22.60	1.43	6.3%

Sickness absence for AHPs across 2019/20 can be seen below in chart 7. Sickness absence rates have remained low in most months with a noticeable peak during September/October then in February 2020.

Chart 7 Sickness absence



Temporary staffing continues to be used to backfill gaps within the AHP workforce.

5.17 Nutrition and Dietetics

- Looking to extend the role of the dietician to further enhance MDT working, transformation of the coeliac service, requesting blood tests and DEXA's.
- As part of the service review, to consider ways to extend the role of the dietician in other areas of practice e.g. pancreatic insufficiency where the department is monitoring increase in referrals for this area and exploring skill mix to meet demand opportunity to expand service in future.

- Aim to improve patient flow and experience with joint clinic approach in MDTs. This may lead to additional training for dietetic staff and review of job roles.
- Aim to reduce prescribed treatments for Type 2 Diabetes in-patients referred to the Diabetes secondary care team. There is potential to expand current service and; if successful after exploration with CCG; could be open to GP referrals in the future. Pilot continuing with the Type 2 Diabetes 'very low calorie diet' clinic.
- Potential to explore dietetics role within Tissue Viability. Patients are currently picked up as part of a block contract in general clinics/ wards, team are looking at long term patient outcomes and costs in other Trusts.
- Potential development of dietetic prescribing roles (supplementary prescribing) to support extended roles in Pancreatic, Diabetes and Critical Care. Pathways must be clearly defined and supported by a medical prescriber with the use clinical management plans.
- Work will be undertaken to explore how enhanced advice and guidance for nutrition and hydration is provided in the acute hospital setting and community.
- Regularly reviewing skill mix to meet service needs. Recent skill mix of B6 and B3 hours to support a B4 education role in the team.

5.18 Podiatry

- Despite recruitment challenges nationally for podiatrists, locally recruitment and retention of staff is positive.
- The high risk podiatry service has held flagship status locally for the work conducted in partnership with the endocrinology Consultants and the specialist nursing team
- One Podiatric Surgeon is currently involved in the national effort to work towards a separate annotation on the HCPC Register for Consultant Podiatric Surgeons

5.19 Physiotherapy

- Physiotherapy demand is growing and with the development of FCP roles, supply will be a challenge
- Supporting the first round of apprenticeship PT students
- Providing a high quality rotational experience for new graduates with opportunities that span Care Groups and pathways
- Plan to offer leadership / coaching opportunities and build on recent work
- Maintaining and where appropriate developing the private arms of services. Increasing the opportunity for staff to work within private practice and elite sport increases retention rate and is a draw for new graduates
- Continue to invest in development of clinical skills i.e. MSK u/s, NMP, injection therapy, etc.

5.20 Occupational Therapy

- Providing a high quality rotational experience for new graduates with opportunities that span Care Groups and pathways
- Supporting the first round of apprenticeship OT students
- Plan to further develop the local OT Forum, a platform for sharing good practice, staff development and to maintain professional contacts across areas
- Leading the way on developing the local spasticity management service across adults and paediatrics. Two local OTs are qualified to inject and treat spasticity, the team will continue to drive this forward as appropriate with the support from Clinicians

- Explore further investment in Specialist Posts to increase the number of staff and build on the work currently carried out by OTs in the Frailty Team, Hand therapy and Dementia
- Plan to formalise an OT rotational opportunity between health and social care, to support staff to work on the frontline of integrated services, share skills and influence generic development
- Leading the cross care group transformational project associated with *Discharge to assess* working across boundaries to support the transition of rehabilitation from the hospital and into the community

5.21 Speech and Language Therapy (SLT)

- In addition to core staffing, the Childrens SLT service deliver a high number of external service level agreements within different settings (largely schools). Funding typically supports recruitment of 13- 14 staff. However, this significantly increases the demand for generalist therapists within the service and this is a continual pressure as staff within these posts are typically new graduates. Work is ongoing in all four localities in relation to joint commissioning which is likely to impact on the continuation of SLAs in the future.
- Ongoing challenges around resilience in dysphagia. Increasing capacity in the team of dysphagia trained therapists to support resilience in the longer term.
- Ongoing challenges to recruit to a specialist post in voice disorders. Despite caseload numbers being very small, resilience needs to be built into this service
- Exploring options for a mixed adult / children's post to provide a varied post that is different to those generally advertised regionally which may support recruitment / retention.

5.22 Radiology

- Radiology AHPs are integral to the delivery of a safe and effective diagnostic service across both the acute and community sites. The teams are led by a well-developed Advanced Practitioner structure which also supports patient flow and the timely reporting of diagnostics.
- There is a well-developed skill mix with progression to Advanced Practice and the Ultrasound service is primarily AHP led.
- Innovative roles, such as leading and reporting cardiac CT, continue to support the wider service and reduce reliance on the medical workforce
- Radiology continue to face a high level of Radiographer vacancies despite an increase in student numbers. Recruitment is targeted annually in advance of qualification.
- Recruitment of skilled specialist Radiographers continues to be a pressure and therefore training is undertaken within current Radiographer workforce which results in a pressure at Band 5 level.
- No availability of Bank/NHSP Radiographers and therefore shortfalls in workforce are supported with overtime from existing workforce.
- Involvement in workforce discussions at a regional level has highlighted the need for a means of progression from Band 4 Assistant Practitioner to Radiographer in order to support and manage the shortfall. This has been escalated via HENE

6. Medical and Dental Workforce

Medical and Dental account for almost 10% of the total workforce within the Trust.

The Trust currently employs 366 doctors/dentists and is currently hosting an additional 131 doctors in training (DiT's) who are provided by the Lead Employer Trust (LET). An additional 84 doctors are employed on a zero hours contract to help cover workforce

shortages. A breakdown of the medical workforce, excluding zero hour workers, is shown in figure three.

Figure 3: Medical and Dental Headcount March 2020

Grade	Headcount
Consultant	201
Specialty Doctors & Associate Specialists (SAS)	36
Trust Doctors	35
Doctors in Training (DiTs)	218
Dental	6
Clinical Assistant	1
Total	**497**

6.1 The budgeted establishment for the medical workforce is 533.43 whole time equivalents (wte), according to the finance general ledger there are 503.74wte in post. Creating a shortfall of 29.69wte between budgeted and contracted.

6.2 However, this does not necessarily reflect the actual number of vacancies and rota gaps which may differ due to changes in services, temporary rota re-design, skill mix, or working restrictions. Therefore, actual vacancy data has been collected from the workforce team and directorates themselves as detailed in section 6.5.1.

6.3 The average turnover rate for medical staff between April 2019 and March 2020 is 10.43%. This is calculated as the number of leavers as a percentage of the average headcount of medical staff over the 12 month rolling period. If we were to include the attrition rate for non-voluntary leavers the rate would increase to 14.39% as shown below. Figures exclude zero hour workers, flexi-retirees, and trainees who rotate between specialties or Trusts every four to six months.

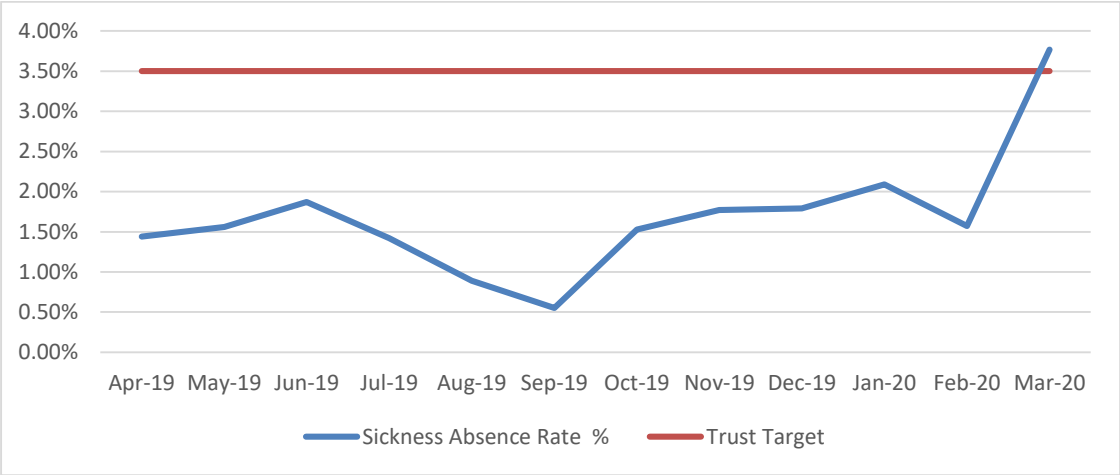
Figure 4: Starters, Leavers and Turnover

Directorate	Starters	Leavers	Voluntary	Involuntary	Combined
345 Accident and Emergency Directorate	2	4	22.22%	0.00%	22.22%
345 Anaesthetics Directorate	5	11	20.69%	2.30%	22.99%
345 EAU/Ambulatory Directorate	1	7	21.43%	28.57%	50.00%
345 Endoscopy Directorate	1		0.00%	0.00%	0.00%
345 In-Hospital Care (Healthy Lives) Directorate			0.00%	0.00%	0.00%
345 In-Hospital Care (Responsive Care) Directorate	4		0.00%	0.00%	0.00%
345 Medical Director Directorate			0.00%	0.00%	0.00%
345 Obstetrics and Gynaecology Directorate			0.00%	0.00%	0.00%
345 Orthopaedics Directorate	8	6	9.38%	6.25%	15.63%
345 Out of Hospital Care Directorate		2	16.67%	0.00%	16.67%
345 Paediatrics Directorate	3		0.00%	0.00%	0.00%
345 Pathology Directorate		1	9.52%	0.00%	9.52%
345 Radiology (Collaborative Care) Directorate			0.00%	0.00%	0.00%
345 Radiology (Responsive Care) Directorate	1		0.00%	0.00%	0.00%
345 Research and Development Directorate			0.00%	0.00%	0.00%
345 Surgery and Urology Directorate	9	10	19.35%	9.68%	29.03%
345 Workforce Directorate	1	2	18.18%	18.18%	36.36%
Grand Total	**35**	**43**	**10.43%**	**3.96%**	**14.39%**

6.4 The average sickness absence rate for Medical and Dental staff between April 2019 and March 2020 is 1.69%, lower than the Trust target of 3.5%. There was a spike in the absence rate in March 2020 due to the coronavirus pandemic. These figures, as

seen in chart 9, do not include reported sickness for trainees employed by the LET as the Trust does not hold this information centrally.

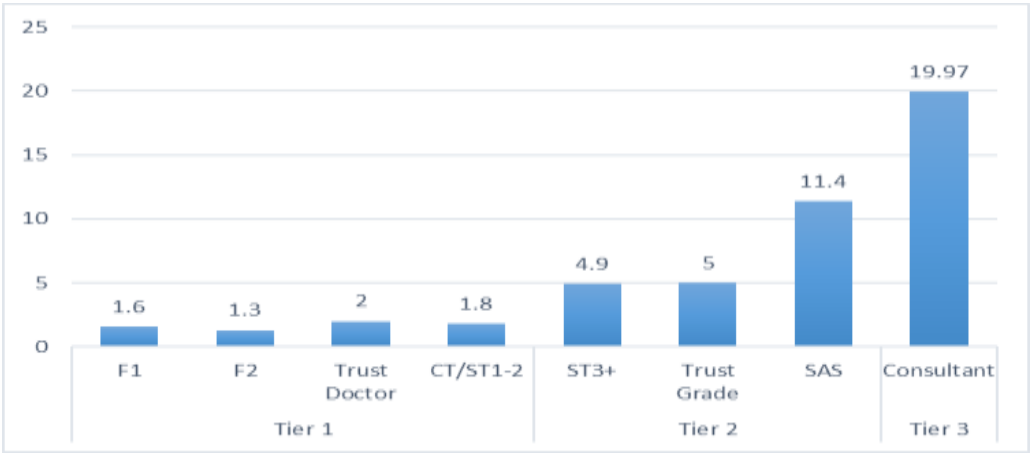
Figure 9: Medical and Dental Sickness Absence Rate



6.5 Vacancies and Recruitment

6.5.1 According to data collected from directorates, there are 47.97wte vacancies across the Trust, 19.97wte relate to consultant posts and 11.4wte to SAS grade posts. The graph in chart 10 shows the vacancy breakdown for all grades including locally employed doctors (LEDs) and doctors in training (DiT's). Training post vacancies have been excluded where trust doctors are back-filling posts.

Chart 10: Medical and Dental Vacancies (wte) – March 2020



6.5.2 The Trust continues to undertake a number of recruitment initiatives to address medical workforce shortages across all specialties. These include international recruitment schemes to attract workers from overseas, such as the Medical Training Initiative (MTI) scheme and international medical training fellowships.

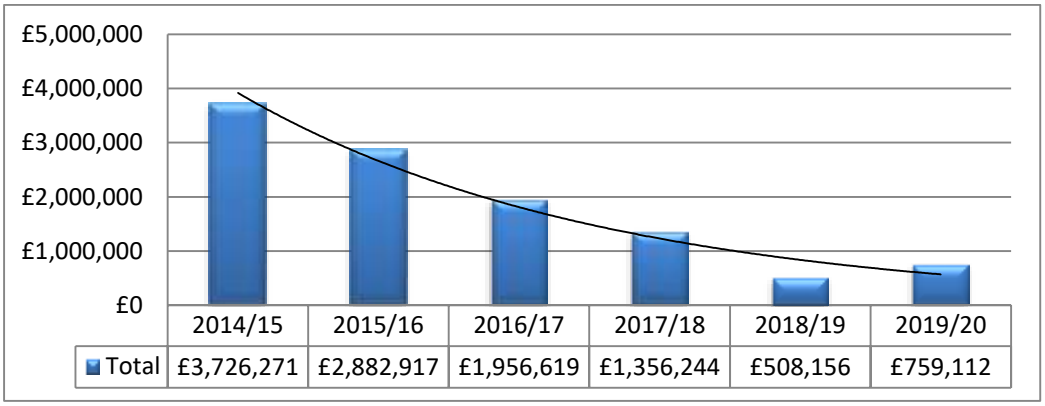
6.5.3 In order to fill consultant vacancies, a number of areas are targeting trainees approaching completion of their specialist training and about to achieve their 'certification of completion of specialist' training (CCST).

6.5.4 Other initiatives include development of medical associate roles (MAPs) to support the medical workforce; such as advanced critical care practitioners, surgical care practitioners, physician's associates, and physician's assistants. These healthcare professionals work alongside doctors and can help ease workload pressures by assisting with certain duties. They can also provide some cover and stabilisation during trainee rotational periods and support trainee doctors in attending training, clinics, and theatres. The General Medical Council (GMC) will be taking on the regulation of Physician Associates and Anaesthesia Associates.

6.6 Temporary Staffing – Medical Locums

6.6.1 A total of 759k was spent on agency locums during 2019/2020, an increase of £251k when compared to 2018/2019. Whilst this figure shows a rise in costs, it does remain significantly lower to previous financial years as shown in chart 11.

Chart 11: Medical and Dental agency spend



6.6.2 The largest proportion of spend (£646k) is due to long-standing consultant and SAS grade vacancies in Anaesthetics, Urology, and General Surgery. Emergency Medicine has also relied on agency due to training post vacancies.

6.6.3 Agency medical locums can command very high premium rates, to keep costs to a minimum the organisation has clear governance processes in place which ensures all other options are fully explored before proceeding to agency

6.6.4 The LET collaborative bank went live in December 2017 and provides cover for training grades and trust equivalent grades. A total of 932 shifts were released to the bank during 2019/2020, 357 of these shifts were filled whilst 575 remained unfilled. Providing a Trust fill rate of 38%. There have been fluctuations in fill rates which are linked to hourly pay rates, as such the Trust has aligned rates with neighbouring Trusts in some specialties. Regional rates have been proposed and are currently awaiting agreement.

6.6.5 The total 2019/2020 annual budget for medical and dental staff was £49.6m, the actual spend was £49.9m, showing an overspend of £300k. Agency spend accounts for approximately 1.5% of actual spend. To help maintain service delivery and patient safety, substantive staff and those on zero hour contracts work additional hours. Internal consultants have delivered a number of additional activities outside their agreed job plan.

6.7 Workforce Planning and Deployment

6.7.1 In response to the coronavirus pandemic, working patterns and duties have been amended at short notice to reflect any temporary service changes and ensure back-up cover for any related absences. The medical workforce has worked flexibly over the last couple of months to support the Trust in this unprecedented time. This has resulted in the current job planning annual round being temporarily paused and a new target date of October 2020 for full sign-off.

6.7.2 Electronic rostering is continuing to be rolled out to all doctors in training, providing visibility of the workforce and supporting effective deployment. Medicine, Emergency Medicine, Orthopaedics, Surgery, and Anaesthetics are all using electronic rostering which provides mobile access to rosters and the ability to electronically request annual leave. These systems are also being used to roster on-call and record unavailability for consultants.

6.7.3 Paediatrics and Obstetrics and Gynaecology are using the electronic system and user accounts are due to be released to individual doctors in the next few weeks once working patterns start to return to normal.

6.7.4 All rota templates have been amended to ensure compliance with the changes to working hours limits and rest requirements outlined in the revised 2016 doctors in training contract. There are three rotas in Emergency Medicine which do not meet the maximum of one weekend in three rule. In line with the provisions in the contract, they have sought formal agreement to continue with a weekend frequency of one weekend in 2.67. In order to reduce the weekend frequency, they will need to increase the number of doctors who contribute to the out of hours' work.

6.8 Safe Working Hours

6.8.1 Our doctors and dentists have worked flexibly over the last few months to support the Trust in its response to the coronavirus pandemic. The Guardian continues to champion safe working practices and is currently working with leads to ensure compliance with working rules is maintained.

6.8.2 Exception reporting continues to be the mechanism used to highlight additional hours worked, non-compliance with safe working hours, lack of support, and missed educational opportunities. A total of 142 exceptions were submitted between April 2019 and March 2020, mainly by foundation year one trainees in medicine specialties for additional hours worked. Appendix two provides an exception report overview. No fines have been levied as there have been no reported breaches in the safety limits.

6.8.3 NHS Employers and the British Medical Association (BMA) have issued a joint statement on the application of the 2016 contract limits for the duration of the pandemic emergency. This statement provides guidance on where working hours limits and rest requirements outlined in the terms and conditions of service (TCS) can be flexible. As the contract provisions are in place to ensure the health and safety of trainees, this should be as limited as possible and for as short a time as necessary. If required, it should be done in discussion with trainees and the Guardian of safe Working Hours.

6.9 Care Group Update: Healthy Lives

6.9.1 Obstetrics and Gynaecology has two consultant vacancies. The first post has been shortlisted and at interview stage. The other post is funded for 12 months to support

succession planning and their recovery plan. The successful candidate is due to start in July 2020.

6.9.2 Paediatrics has a gap on the consultant on-call rota due to working restrictions, the shortfall is being covered by the substantive workforce and ad-hoc agency cover. Rota templates have been amended to cover any training post vacancies.

6.9.3 Palliative Medicine have just recruited into their 0.7wte consultant vacancy, however they have an additional 0.7wte vacancy due to maternity leave. A lot of work has been done on how best to deploy the team which included plan-do-study-act cycles around increasing the profile of the in-hospital team.

6.10 Care Group Update: Responsive Care

6.10.1 Emergency Medicine has had difficulty in recruiting into their 4.47wte consultant vacancies which have been advertised on numerous occasions with limited success. In the last round of recruitment, a 12-month locum consultant was appointed and commenced employment in June 2019. To address the issue, the department will be re-advertising posts with the aim of attracting qualifying trainees.

6.10.2 In addition to consultant vacancies the department have 2.4wte SAS grade vacancies and 2wte ST3 training post vacancies. Gaps are currently being covered by the substantive workforce, the regional bank, and limited agency usage.

6.10.3 Trainee rotas in emergency medicine do not meet the maximum of one weekend in three rule. In line with provisions set out in the contract, they have sought formal agreement to continue with a weekend frequency of one weekend in 2.67. In order to reduce the weekend frequency, they will need to increase the number of doctors who contribute to the out of hours' work. However, they currently struggle to recruit into posts and to secure agency locums. The department has recently introduced new roles such as the Advanced Nurse Practitioner and Physicians Associates to support their medical workforce.

6.10.4 Medicine has 3wte consultant vacancies, two (respiratory and gastroenterology) have been appointed to and the third post (stroke) is currently being advertised. In addition to these vacancies a cardiology consultant post has been established.

6.10.5 There are an additional 3.4wte training post vacancies across medicine specialties being back filled by Trust doctors in addition to the 3.7wte shown in appendix one. Rota gaps are being covered through internal locums, the regional bank, and limited agency usage. All rotas have been amended to meet the new requirements of the 2016 contract and will be implemented in August 2020. The department have backfilled any lost day time hours through the appointment of five additional physician's associates and advanced nurse practitioners.

6.10.6 Pathology have explored opportunities with recruitment agencies to help fill 3.8wte consultant vacancies, as continuous rolling adverts have failed to yield any suitable candidates via NHS jobs**.** Additional locum cover has been sought from agencies but has been extremely difficult to secure due to escalating rates and national workforce shortages. Substantive consultants are undertaking additional workload and activities to absorb some of the demand with some routine work outsourced to an external company to avoid delayed turnaround times. This additional workload presents a risk to the wellbeing of the existing consultant workforce and is being closely monitored.

6.10.7 Radiology recently appointed a qualifying radiology registrar into a vacant consultant post, the successful candidate commenced in post on 9th March 2020. As a shortage specialty there are very few radiologists around to appoint. The service estimates an additional shortfall of four to six consultant radiologists on top of this vacancy to meet demands. However, due to recruitment challenges this is covered through internal locums and outsourcing. All consultants have home working stations to allow for reporting at home, increasing productivity.

Care Group Update: Collaborative Care

6.10.8 Anaesthetics has 4wte consultant vacancies and 8wte SAS grade vacancies. Recruitment has been a challenge and additional rota gaps due to flexi-retirements or working restrictions have exacerbated this issue. Despite these challenges the department have kept agency spend to a minimum due to internal locums cover, zero-hour (bank) workers, and rota re-design.

6.10.9 The department has utilised recruitment agencies to assist in substantive recruitment which has led to the appointment of three specialty doctors. In addition to this, two doctors have been appointed through Trust recruitment processes. Pre-employment checks are currently underway for successful candidates and start dates are still to be confirmed but are likely to be delayed due to COVID-19. A workforce review is underway to establish longer term plans for addressing workforce shortfalls.

6.10.10 Urology currently has 1wte Consultant vacancy and 1wte SAS grade vacancy. The service has relied on an agency locum consultant for over a year due to both local and national recruitment challenges. The post has been filled and the successful candidate was expected to start in July 2020 but unfortunately the start date is now likely to be delayed until September 2020. The agency worker covering the vacancy left at the end of April 2020. A consultant urologist was appointed by South Tees into a shared post with our Trust which will cover some of the shortfall.

6.10.11 General surgery currently has 1wte consultant vacancy which has been appointed to and the successful candidate has now commenced in post. In addition to this the department has 5wte Trust doctor vacancies and 1wte training post vacancy. Agency workers were supporting the department but have since left the Trust and have not been replaced due to rota adjustments for COVID-19.

6.10.12 Trauma and Orthopaedics currently have 2wte trust doctor vacancies and have covered the shortfall with internal locums and the regional bank.

6.11 Workforce Challenges and Risks

6.11.1 The impact of COVID-19 poses a number of challenges for the workforce; staff shortages due to sickness, imposed isolation and caring responsibilities, disruption or cancellation of elective activities and training activities. This could have an impact on anticipated learning and trainee progression if they fail to meet some of their curriculum requirements.

6.11.2 Doctors in training have raised some concerns around the availability of scrubs and personal protective equipment (PPE), such as the size and type of face masks. These concerns have been referred to the relevant leads for review and any necessary action. Trainees also felt that there had been conflicting communication around appropriate PPE equipment and usage.

6.11.3 As a result of the coronavirus pandemic the April 2020 rotation for trainees was postponed by Health Education England. Rotas were also amended at short notice to reflect any temporary service changes and provide back-up cover for COVID-19 related absences. Trainees were involved in rota discussions and have worked flexibly to support the Trust. No exception reports were submitted in April which suggests that safe working hours were maintained.

6.11.4 Health Education England (HEE) has recently announced that rotations for doctors in training will restart in August 2020. Some specialties will rotate later than August and HEE will be providing notice of placements when available. Adjustment to the Trust induction will be required to ensure social distancing is maintained. Plans will also need to be put into place to ensure availability and fit testing of personal protective equipment.

6.11.5 Overseas trainees due to start in August may be delayed as a result of the pandemic, resulting in vacancies and rota gaps. There are 37 overseas new starters across the region and the LET will keep Trusts updated on any potential risks to start dates.

6.11.6 Meeting the new requirements of the 2016 doctors in training contract has been difficult and resulted in the majority of rotas being re-designed. A number of training programmes have also made adjustments which impact on rotas and teaching. Where possible, specialties have utilised physicians' associates and advanced nurse practitioners to compliment the medical rotas and minimise any potential risk. Now that the rotas have been re-designed the previous financial analysis will be reviewed.

6.12 Workforce Initiatives and Next Steps

6.12.1 The Director of Medical Education worked with directorates to produce a phased escalation plan for the re-deployment of doctors in training to ensure that it was centrally managed and in line with national guidelines.

6.12.2 There have been a number of changes made to ways of working across departments. This has included changes in rota patterns; staff working from home; flexing working hours over varying times of the day to ensure adherence to social distancing rules; and trainees being placed on standby duties to provide cover for last minute absences. Some areas have also introduced remote teaching sessions.

6.12.3 On the 16 April the Trust welcomed a cohort of 18 newly qualified doctors from Newcastle Medical School as part of a special national drive to help the NHS respond to the coronavirus pandemic. These doctors have been deployed to medical wards under supervision. Where possible, the Medical Education Team also brought foundation trainees back into the Trust who were on placement in a non-hospital setting to support areas with staffing.

6.12.4 To ensure that doctors felt supported during this unprecedented time and able to feedback concerns, the scheduled junior doctors' forum in May 2020 went ahead using Microsoft Teams. The meeting was very well attended and positive feedback was received on the management and adjustments of rotas.

6.12.5 Other support offered to staff during the pandemic include but not limited to free car parking, free refreshments and lunches, break out areas away from work areas,

support and wellbeing hotline, listening in action app, and vans for bands (sleeper bus) offering respite for clinicians.

6.12.6 The Trust continues to implement the recommendations from the fatigue and facilities charter. The doctors lounge is now fully refurbished and is well utilised, the additional rest room is now available but still requires some work. The Trust is also working towards implementation of recommendations outlined in the rostering best practice guidance, and the SAS charter. This will help improve the working environment, support training, support professional development, improve work life balance, and retain loyal trust doctors.

6.12.7 Further engagement with senior trainees to fill potential consultant vacancies, including consideration of generic engagement half-days. As well as international recruitment, including the MTI scheme, and international medical training fellowships to address trust doctor and SAS grade gaps.

6.12.8 Local Clinical Excellence awards (LCEA) have been halted as a result of the coronavirus pandemic in line with national guidance. This will enable clinicians and managers to focus on immediate priorities. Employers have been advised that the funding for this awards round should be redistributed equally among eligible consultants as a one-off, non-consolidated payment. This includes any money rolled over from the last two years.

6.12.9 The Annual Review of Competence Progression (ARCP) assessments for doctors in training normally takes place between May and July each year. In light of the pandemic, the Statutory Education Bodies considered the adjustments required to ensure the ARCP process could proceed this year. This included a reduction in portfolio requirements for trainees, temporary suspension of penultimate year assessments (PYAs), and changes to the format of the panel. Any adjustments were in line with the governing rules outlined in The Reference Guide for Postgraduate Foundation and Specialty Training in the UK

7. Covid-19 Pandemic

Although this report is designed to provide an update of 2019/20, the extraordinary events and response to Covid-19 pandemic have been included for information and assurance. The pandemic has had a significant impact on the nursing, midwifery, allied health professionals and medical workforce with rapid redeployment and training of staff was necessary to meet expected demand. Outlined below is some workforce context from pre-surge, surge and recovery phases.

7.1 Pre-surge

- The sudden reduction in the elective activity created additional bed capacity and released staff to be redeployed across the Trust
- Additional staff were required to expand the front of house model and prepare for the extension of critical care to meet expected surge.
- Staff moves were led by Heads of Nursing and overseen by the Deputy Chief Nurse to ensure patient and staff safety
- Existing staff attended clinical refresher and respiratory training as required in preparation for redeployment with good uptake and commitment from staff
- Second and third year Nursing and Midwifery students were employed on fixed term temporary contracts to support wards and departments whilst continuing with their studies

- Changes in specialist nurse provision to include 7 day working, front of house support, palliative care support and maintaining closer links with community services and Local Authority to support patient discharge and admission avoidance

7.2 Surge

- Critical care surge was led and managed by the MDT with close partnership working between the senior medical, nursing and AHP leaders.
- A resilient workforce was provided to critical care, respiratory and ED following the additional training that was delivered and the overwhelming commitment from staff
- A number of wards and departments were converted to Covid-19 positive (red) and non-Covid (green) areas, despite a high patient acuity the occupancy maintained low across in-patient areas which supported safe staffing levels
- A high level of support was provided into care homes from community matrons and IPC team
- Additional staffing levels were required to support the PPE requirements and support for appropriate breaks to mitigate the risk of further sickness
- Virtual visiting was implemented to maintain contact between patients and relatives
- Virtual clinics were implemented with good response from patients
- Change in culture was acknowledged with regards to resilience, flexibility, responsiveness and full team approach to the changing demand
- The extent of changes across the trust during this surge cannot be underestimated and it is recognised that the leadership across the trust ensured staff were prepared, trained and deployed safely.

7.3 Recovery

- The care groups are mapping out short to long term ward provision and configuration and understand the workforce implications with this
- Staff are deployed back to their substantive areas where possible to restart activity which will need to be carefully monitored to continue to deliver safe staffing levels
- Exploration into long term rotation to further support resilience in preparation for the next surge/winter
- Aim to maintain 7 day services where possible and safe to do so
- Aim to continue offering training and development opportunities for staff to support clinical competencies to be able to support the critical areas as required
- There is a recognition that psychological support will need to continue for both patients and staff post Covid-19
- Any ward or department with a change to their primary function will be reviewed within 6 months to ensure the workforce model is agreed and is deemed safe based on professional judgement
- The governance and oversight of any new processes will continue however it is likely that this continued response to Covid-19 will impact on the ability to undertake safe staffing reviews in line with national guidance and this will be reflected in future reports.

8. Conclusion

The purpose of this annual report is to provide the Board of Directors an overview of the professional workforce capacity and advise upon compliance with national guidance. The 2019/20 annual review has been thoroughly undertaken with ongoing work and actions identified within this report. The Board of Directors will be provided with an update of recommendations in the six monthly review January 2021.

The Trust faces a number of workforce challenges and is monitoring the situation closely. There are a number of initiatives being taken to address issues, ensure continuity, and deliver safe patient services. Alternative staffing models are being explored, registered nurse, midwifery and un-registered nurse recruitment centres will continue to assist in reducing vacancy rates throughout the year.

The Trust continues to plan and take forward retention strategies for all staff groups.

Technology is being utilised and implemented to support workforce planning and ensure the workforce is being deployed effectively. It is also a key enabler in ensuring compliance with working hour's limits and rest requirements.

By introducing new roles, improving working conditions, and supporting flexibility the Trust hopes to attract, retain, and develop the workforce.

The revised terms and conditions of service for doctors in training and changes to training programmes poses both a financial risk and workforce risk to the Trust.

All of the efforts being undertaken contribute to ensuring there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time whilst being financially sustainable.

9. Recommendations

The Board of Directors are requested to note the work undertaken to date in relation to nursing, midwifery, AHP and medical staffing.

The Board of Directors are requested to note the focus on valuing staffing through recruitment and retention processes and in supporting ongoing development of the workforce.

The Board of Directors are requested to note the work undertaken during and post covid-19 pandemic and the impact this had on the workforce

Julie Lane, Chief Nurse, Director of Patient Safety and Quality

Dr Deepak Dwarakanath, Medical Director

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Capital Programme Performance Q1 – 2020/21										
Date:	30th July 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 this report is to provide the Board of Directors with an update as of 30 June 2020 (Quarter 1) on the progress of delivering the 2020/21 capital programme and recent changes that have been announced nationally and regionally.										
Action required:	Approve		Assurance	X	Discuss		Information				
Strategic Objectives supported by this paper:	Putting Patients 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:

National Capital Developments

The North East & North Cumbria ICS is to receive a capital allocation of £22m. Each of the 11 A&E sites across the ICS will receive a minimum of £1m with the remaining £11m balance targeted at the sites in the greatest need in terms of physical constraints, estate condition and underlying poor performance. The Trust submitted for capital funding allocation of £2.530m.

The Government has also announced an additional £600m capital to address high and significant risk critical infrastructure backlogs. This has been allocated on an ICS level. The funding is to improve estate resilience and is expected to deliver maximum reduction in Critical Infrastructure. The allocation to NENC ICS is circa £19m. This reduces to circa £16m when offset against the ICDS envelope shortfall of £2.5m. The use of the funding should demonstrate a £ for £ reduction in high and significant critical backlog maintenance. The Trust has been allocated £1.2m.

Capital Programme Delivery

At the end of month 3, the Trust incurred capital spend of £0.6m (including CoVID) against a year to date plan of £2.5m, which is £1.9m behind plan. Progress against the capital plan has been impacted by COVID-19 and suppliers/contractors putting their staff into furlough.

It is anticipated that the backlog will be recovered and Trust staff are working closely with capital managers. It is important we spend our capital allocation that we worked hard to secure as any underspend could have been utilised by other NHS organisations across the ICS.

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

This report doesn't highlight any new risks.

Committees/groups where this item has been discussed	MSA Steering Group.
Recommendation	The Board is requested to receive this report and note the position on capital schemes up to 30 June 2020.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 July 2020

Capital Programme Performance Q1 2020/21

Report of the Director of Finance

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

Transforming our Services

1. Introduction / Background

1.1 The purpose of this paper is to provide an update as of 30 June 2020 (Quarter 1) on the progress of delivering the 2020/21 capital programme and also provide an update on the recent changes that have been announced nationally and regionally that will impact on the Trust's programme.

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

2. Main content of report

2.1 In the last week there has been significant developments from a capital perspective both nationally and regionally and guidance has been issued requiring the Trust to respond quickly to access available funding.

A&E

2.2 The North East & North Cumbria ICS is to receive a capital allocation of £22m. Each of the 11 A&E sites across the ICS will receive a minimum of £1m with the remaining £11m balance targeted at the sites in the greatest need in terms of physical constraints, estate condition and underlying poor performance. As a Trust, we were required to make a submission to confirm how resources will be utilised which is supported by the completion of a short investment template. The Trust submitted its return in accordance with the national timescale which was mid-day on Wednesday 22nd July 2020 and is consistent with the capital funding allocation to the Trust of £2.530m.

2.3 The confirmed distribution of the £22m is set out in the table overleaf:

Foundation Trust	A&E Site	Capital Funding Allocation
NCIC	CIC	£2.250m
	WC	£1.750m
Northumbria	NESCH	£1.000m
Newcastle	RVI	£1.000m
QE	QE	£1.435m
CDDFT	UHND	£2.525m
	Darlington	£1.435m
STS	South Tyneside	£1.435m
	Sunderland	£2.310m
North Tees and Hartlepool	North Tees	£2.530m
South Tees	JCUH	£3.180m
NEAS	111 and TBYW	£1.150m
	Total	**£22.00m**

Critical Infrastructure Recovery (CIR)

2.4 The Government has also announced an additional £600m capital to address high and significant risk critical infrastructure backlogs. This has been allocated on an ICS level and each ICS is required to agree the use of this funding. The aim of the funding is to improve estate resilience and is expected to deliver maximum reduction in Critical Infrastructure.

2.5 The allocation to NENC ICS is circa £19m. This reduces to circa £16m when offset against the ICDS envelope shortfall of £2.5m. It is the expectation that the use of this funding will demonstrate a £ for £ reduction in high and significant critical backlog maintenance.

2.6 Funds have been allocated as follows with the Trust receiving £1.2m.

Provider	£m
Newcastle FT	3.654
Northumbria FT	2.118
South Tyne & Sunderland FT	1.796
North Cumbria FT	1.499
CNTW FT	1.352
South Tees FT	1.180
North Tees FT	1.159
TEWV FT	1.000
County Durham FT	1.000
Gateshead FT	1,000
NEAS FT	0.660
Total	**16,418**

Capital Programme 2020/21 – Delivery Progress Update

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

2.8 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 estate. The revised plan is based on a £3.7m annual backlog allocation over 5 years and a risk based approach is being taken to prioritise the work.

2.9 The Medical Equipment Replacement allocation in the 2020/21 financial year is £2.5m. The programme has been prioritised by the Care Groups in Q1.

2.10 The overall detailed work-stream reports for Q1 are presented in **Appendix 1**.

2.11 At the end of month 3, the Trust incurred capital spend of £0.6m (including CoVID) against a year to date plan of £2.5m, which is £1.9m behind plan. Progress against the capital plan has been impacted by COVID-19 and suppliers/contractors putting their staff into furlough.

2.12 It is anticipated that the backlog will be recovered and Trust staff are working closely with capital managers. It is important we spend our capital allocation that we worked hard to secure as any underspend could have been utilised by other NHS organisations across the ICS.

2.13 The overall financial summary for the period to 30 June 2020 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 30th June 2020.

Presented by

Neil Atkinson
Director of Finance

Prof. Graham Evans
Chief Information and Technology Officer/SIRO

Appendix 1 - Work Stream Reports

1. Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme has been prioritised against the allocation of £2.5m and agreed with the Care Groups. The following elements have been progressed in Q1.

Cardio-tocograph machines: 7 new Cardio-tocograph (CTG) machines have been ordered for Women's health/Ward 18 to monitor both mother and baby. These are to replace 7 of the existing machines that are becoming costly to repair.

Ultrasound machine for Respiratory Services: A new Ultrasound machine has been purchased for Lung health/ Ward 24/25 to replace the failing machine. The chest consultants are very pleased with the image quality and functionality that the new machine provides.

CT scanner contract injector: A new CT contrast injector and monitoring equipment has been purchased to supplement the recently installed CT machine at UHH.

Replacement VIS monitors for theatres: 10 replacement VIS monitors have been bought for use in theatres. This equipment enables the anesthetists to precisely control the amount of analgesia by monitoring the patient's depth of sedation and directly links to the existing patient monitors.

Replacement x-ray specimen cabinet: A new x-ray specimen cabinet has been purchased for Breast Screening to replace the one that failed last year. This equipment provides the user with an x-ray image of biopsies placed within the cabinet.

Replacement haemofiltration machines: 4 new haemofiltration machines have been obtained for use in CCU to replace the current machines that are coming out of manufactures support.

Central monitoring infrastructure extended: The central station infrastructure has been modified to enable Acute Cardiac Unit (ACU) patients to be monitored from ACU, Ward 36 ward 37 or Ward 27 this gives clinical staff flexibility to monitor Covid positive patients remotely without having to enter a Covid positive ward. Whilst this work was carried out we took the opportunity to install the upgrade of the system and extend telemetry coverage to ward 28. The upgrade was bought last year but postponed due to Covid-19.

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.

Wireless expansion: Work continues to expand the wireless provision to support both EPMA, Vocera and other digitally enabled projects. Additional access points and management licenses have been procured.

Air conditioning: New Air conditioning units have been installed and made live in the main server rooms at the University Hospital of North Tees (UHNT) and University Hospital of Hartlepool (UHH).

Additional COVID hardware and digital solutions: Additional 250 laptops and Virtual Private Network (VPN) tokens to support remote and home working during the pandemic. In addition, digital systems including desktop computers and monitors were provided to support the Welch Allyn clinical surveillance/patient monitoring system for COVID-19 wards.

Cyber Security: 24 network firewalls have been upgraded within the community which replaces end of life equipment and adds additional security blades.

Telephone System Call Logger: Migrate from end of life (EoL) Proteus to new more advanced system Tiger Prism.

DECT upgrade: Upgrade of legacy platform (4K & DAKS/OSCAR from v7 to v10), given the need to move some clinical services to external locations the ICT team are working with Care Group colleagues to identify options for remote access and connectivity back to Trust systems from both independent sector locations.

3. Digital Strategy – Electronic Patient Record

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

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

The Trust successfully completed the fifth and final milestone within the Global Digital Exemplar (GDE) programme in Q4 2019/20, with the final PDC milestone payment being drawn down in the latter part of the last financial year.

In delivering our planned digital ambitions outlined in our "Digital Hospital of Things" programme, the Trust also achieved level 5 maturity status within the; Healthcare Information and Management System Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM). It is our intention to move quickly toward an independently accredited HIMSS level 6 status.

2020/21 allocation is £2.04m of which £254k has been receipted and a further £268k still to receipt.

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

Maintenance Upgrade – the next major upgrade of TrakCare will be T2020 and the I&TS teams are in planning discussions to understand the resource/effort required for such a large upgrade. It is anticipated that the upgrade will take place Q3/Q4.

Withdrawal and Assessment has been tested in the 'Scratch environment' with a presentation provided to the discharge liaison team, feedback received has been positive. A meeting has been arranged with the local authority (LA) to gain clarification on the future process i.e. to determine if the LA receive direct from TrakCare or the notifications go to discharge team mailbox.

Dispensing Robot – An order raised for a second picking head to provide addition resilience for the robot. A meeting has been agreed with pharmacy to start to review the benefits.

ICE Integration – the outpatient issue of not automatically selecting the location is still unresolved. An option paper is being developed for discussion at the Clinical Informatics Group in July.

EMIS (Ascribe) Interface – technical issues occurring with the Internet Explorer used by both Ascribe and TrakCare as the requirement for each application differs on how to handle cache, resulting in the two applications not being able to co-locate on the same device. A risk assessment has been drafted and will be discussed at the Digital Programme Steering group 26 July.

Clinicians Admission Document (CAD) – A go-live agreed for w/c 29 June with EAU and SDU as initial pilot areas. Super Users have been nominated together with support from our Clinical Educators to help support staff on the wards. Training videos have been developed and shared with staff together with virtual training provided as part of the F1 training programme. Communication has been shared and support will be provided by the Digital programme team. Orthopaedics will go live at the end of July.

Paediatric Admission Document – The Short Stay 'proforma' has now been signed off and being built into live, this will be available once admission documentation is live.

NEAS to TrakCare – Further messages received, additional testing to take place.
Great North Care Record (GNCR) – The next steps are to gain approval for the Health Information Exchange (HIE) sharing information from SystmOne Units, this is in the hands of the legal teams to agree the joint processing controller agreement on behalf of all organisation with Cerner. The project team are also preparing a list of possible data streams to share Acute data with HIE. Newcastle Hospitals has already started to publish secondary care data and the Trust should be in a position to share during Q3 20/21.

GNCR – PEP The first project group has taken place, and nominees to represent the Trust for specific project roles have been provided. The team are expecting to have data flowing from all Trusts which will include appointments and letters in place by Q3 20/21.

Electronic Prescribing Medicines Administration (EPMA) Theatres – Current processes are being explored in order to ensure all activities can be carried out once Theatres move onto EPMA. The process is being conducted in regards to anaesthetic machines and forms used, following which future state process will be mapped. Hardware from Imprivata has been received and are in stock within ICT. The remaining hardware is expected end of July. Initial Go Live planning session has been arranged to take place w/c 29 June.

HealthCall – Maternity Hypertension pathway is ready to be moved into live. All staff trained. Next areas to progress is Gestational Diabetes, Dietetics Weight Management, PROMS and Frailty pathway.

PharmOutcomes (TCAM) Scoping work complete, options appraisal still with pharmacy to review.

Vocera to TrakCare – The business case is currently on hold pending a detailed review of programme and funding prioritisation of remaining schemes has been agreed.

NHS.Net – ICT and the Digital Projects team are working together to ensure all users have @nhs.net accounts available to them by the end of June. Although all accounts will be created in this time, the migration of users from @nth accounts may take a little longer although progress is promising. Users within community will have had their @nth email accounts removed during w/c 29 June. The Communications Team are supporting with regular notices in the weekly briefings.

EDM2 – The business case was presented at the Executive Team meeting of 7 July and duly approved.

PACS Replacement – The go-live from the legacy Agfa PACS system to the new Philipps Carestream PACS took place on 15 July, at the point or this report being drafted this looks to have been a successful activity and places the Trust in a strong position regionally in order to share Radiology images, reports and workload.

CareScan+ (CS+) - The Business case was presented to the Trust's Executive Team on 2 June and was subsequently approved. A revised project plan has now been developed in-line with the recently approved Business Case and the agreed 18 month, 3 phase approach. Options are being explored to identify existing resources within the ICT Directorate to support the CS+ project. Delivery progress will be dependent upon suitably experienced resources being available.

4. Estates Backlog Maintenance Programme

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).

Oxygen Ring Main Re-inforcement (UHNT): Work commenced in April to convert the existing oxygen radial pipeworks system to a ring main improving the capacity and resilience of the oxygen pipework system. The pipework installation is now complete. BOC (working under prioritised control of NHSI) are now booked to carryout enhancements to the vacuum insulated evaporators (VIE) on the 28th July, this will increase the oxygen flow rate capacity for the UNHT site from 1800l/m to 3500l/m. Once BOC have enhanced the UHNT VIE's they will then relocate the VIE back to UHH. This is anticipated to be completed by 3rd August.

Roofing Repairs: The scope of works has been developed for the FY2020/21 roofing repairs programme. A procurement process is well advanced with tenders now returned and evaluation underway. The tender scope consists of 4 high risk roofs at North Tees and 4 at Hartlepool which will equate to an estimated £1.4m. The tender scope is a multiyear arrangement to deliver best value for money to the Trust, with orders raised to meet yearly allocations.

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

Concrete Repair Works Tower Block 2020/2021: The scope of works will repair the damaged concrete and apply a coloured protective surface coating, similar to that which has been applied to the North Wing roof plant-rooms. The works will span over a two-year period, with commencement planned for August 2020.

Window Replacement: There are a number of areas around the UHNT and UHH site that require urgent replacement of windows. Quotes have been obtained and work is due to commence in August/September 2020.

Roads and Car Park Repairs: A car park tender has been prepared to improve the car park of the North Wing and the main car park, UHNT. The works will be performed over a three-year period, with a budget allocation per year. The tender has been created in such a way to allow for additional emergency repairs that present over the duration of the contract. A procurement process has been completed and contractor appointed, with work anticipated to take place during August / September 2020. The tender scope is a multiyear arrangement to deliver best value for money to the Trust, with orders raised to meet yearly allocations.

Fire Alarm Replacement (UHNT): The works are now 80% complete. The work was paused during late March 2020 due to COVID 19. The overall completion date is now anticipated to be delayed beyond the previous October 2020 completion date. Completion is now anticipated at the end of Q3. There is no anticipated effect on cost. Works re-commenced in June 2020 in low risk areas. Testing has also begun in completed areas of South Wing.

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

Fire Alarm Replacement UHH Business Case: The business case for the replacement of the aging fire alarm system on the UHH site has been completed. The overall cost is anticipated to be £525K with £50K of spend in FY 2020/21 and the remaining spend in FY 2021/22. Funding has already been

identified within the 5-year capital backlog maintenance plan and the scheme is proposed to be brought forward to commence in Q4 of 2020/21. The business case was approved in May.

Lift Refurbishment (UHNT): The work was paused due to Covid during late March. The overall completion date is now anticipated to be delayed beyond the previous October 2020 completion date. Completion is now anticipated in February 2021. Work Re-commencement in May on Lift No. 3. Car fit out and guide rails have now been installed and the lift has been commissioned and brought into service. Lift 1,2 & 3 on Tower block have now been synchronized to improve the efficiency of response to landing calls. Works to refurbish lift No. 4 has now begun.

Overall 5 lifts have now been replaced as part of this programme of works with 3 more still to be completed.

Theatre Refurbishment: Proposals are beginning to be developed with the Elective Care Group to forward plan the refurbishment of the theatres on the UHNT site. Due to the set back from Covid, it is proposed that theatre 7 UHNT is refurbished and the remainder of the capital allocation is spent to enable theatres 5 and 6 to operate as 'green' theatres and an additional recovery room is constructed to support these theatres.

Building Management System Replacement (BMS): The BMS system that controls the hot / cold water legionella monitoring and heating systems across the Trust estate continues to be upgraded and modernised with end of life components being replaced. The overall project is now 85% complete and will continue into the 2020/21 financial year.

Mammography Machine Replacement Room 2 (UHNT): Pre-commencement plans have been completed. The room refurbishment and machine replacement is planned to commence in late July. The machine delivery is planned for 10th August with commissioning and medical physics checks allowing the room to be brought into operational use by the end of August.

CT Scanner Installation (UHH): The building enabling works to replace the CT scanner on the UHH site commenced on 24th April and was completed and brought into operational use in June. The CT scanner itself was externally funded by NHSI in FY2019/20.

Mobile CT Scanner (UHNT): A mobile CT scanner has been loaned to the Trust from NHSI as part of the Covid response measures to increase the scanning capability of the Trust. The CT scanner container unit was delivered to site on Saturday 30th May. The unit has now been commissioned and was brought into operational use in June.

Accessibility / Equality Act: The existing accessibility audit is now several years old and requires updating. Quotes are being obtained to perform a full accessibility audit across the three freehold sites. It is anticipated the audit will be performed in Q4 and will influence future alterations required in order to comply with the Equality Act 2010.

5. Other Capital Developments

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

ICP Pathology Collaboration Business Case Support: The LLP has supported the Trust to development options for the ICP pathology collaboration, with high level space planning and costings to expand cellular pathology into space vacated by microbiology. The building enabling costs are currently estimated at £1.5m. The project has paused during Covid.

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

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

Waste Sterilisation Solution: Works to strip out the old boiler house commenced on site in March 2020 and works are anticipated to complete at the end of July, having experienced a short delay due to Covid-19. Negotiations are on-going with the sterilwave treatment provider to establish a plant facility on site.

Appendix 2

North Tees and Hartlepool NHS Foundation Trust
Capital Programme 2020/2021 – as at 30 June 2020

Capital Plan, Actual and Commitments

	Internal Plan £'000's	YTD Internal Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Commitments 2020/21 £'000
INTERNALLY FUNDED CAPITAL SCHEMES AGREED BY ICS					
Estates Backlog					
Compliance (including fire alarms and lift refurbishment)	2,268	139	53	85	568
Patient Environment	893	55	11	43	52
Building Sub Structure	740	45	3	42	226
Climate Charge	84	5	8	(3)	18
Estates Backlog Total	**3,985**	**244**	**76**	**168**	**863**
IT					
ICT	1,988	497	140	357	1,257
IT Total	**1,988**	**497**	**140**	**357**	**1,257**
Medical Equipment					
Medical Equipment	2,851	379	(18)	397	311
Medical Equipment Total	**2,851**	**379**	**(18)**	**397**	**311**
Medical Equipment					
UHH CT Scanner	116	116	4	112	94
Medical Equipment Total	**116**	**116**	**4**	**112**	**94**
Energy Centre / Infrastructure					
Energy Centre	854	420	10	410	871
Energy Centre / Infrastructure Total	**854**	**420**	**10**	**410**	**871**
Externally Funded ICT Schemes					
GDEFF	2,046	512	(29)	541	258
Carescan	250	63	0	62	19
Cancer Transformation	550				4
Digital Radiology HSLI Total	54				
Cyber	100	25			
Externally Funded Schemes Total	**3,000**	**599**	**(29)**	**603**	**281**
ICS AGREED CONTROL TOTAL (£12.794m)	**12,794**	**2,254**	**183**	**2,046**	**3,677**
SCHEMES OUTWITH ICS AGREED CONTROL TOTAL					
IT					
Care Scan	250	63		62	
Regional Digital Radiology	451	0	0	0	
Pathology	255	0	0	0	0
IT Total	**956**	**63**	**0**	**62**	**0**
Donated	**724**	**181**	**42**	**139**	**20**
COVID-19	**0**	**0**	**339**	**(339)**	**71**
A&E National Allocation (via ICS)	**2,530**	**0**			
Critical Infrastucture (via ICS)	**1,159**	**0**			
EXTERNALLY FUNDED SCHEMES TOTAL	**5,369**	**244**	**381**	**(138)**	**90**
GRAND TOTAL	**18,163**	**2,498**	**564**	**1,909**	**3,767**

NHS
North Tees and Hartlepool
NHS Foundation Trust

North Tees and Hartlepool NHS Foundation Trust
Board of Directors

Title of report:	Integrated Compliance and Performance Report										
Date:	30 July 2020										
Prepared by:	Lindsey Wallace										
Executive Sponsor:	Lynne Taylor										
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.										
Action required:	Approve		Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

- The report outlines the Trust's compliance against key access standards in June and Q1 including quality, workforce and finance in accordance with the SOF.
- The Trust has experienced significant pressures across many standards this month including the impact of COVID-19 with most key indicators impacted upon.
- 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. This is compounded by the additional Covid self-isolation pressures

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

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

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

July 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Chief Nurse/ Director of 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 June and Q1 2020.

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

1.3 The Trust continues to experience significant pressures across the delivery of a number of the performance standards as a result of the on-going COVID-19 pressures.

1.4 NHSE/I have set out the Phase 2 recovery requirements, with an expectation that NHS services will start to a normal level of activity, however recognising the on-going risk of Covid infections and the associated mitigation plans will continue to influence the pace of recovery.

1.5 Patient pathways have remained open in relation to RTT, Cancer and Diagnostics, however with patients being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates', with some patient's conditions allowing a 12 week 'pause' alongside regular clinical review. This is now under review to include those patients that have been waiting the longest in alignment with clinical priority.

1.6 The Trust has now moved into recovery mode to ensure capacity can return to 'normal' levels as soon as possible. The impact of PPE and social distancing have been built into the Care Group plans, taking into account increased turnaround times etc. across outpatients, diagnostic and treatments.

1.7 Close collaboration across the regional network in relation to cancer management continues, with cancer 'cells' agreed to manage those most at risk through the available capacity across all provider organisations, including the independent sector.

1.8 Alternative ways of working continue in relation to patient care, not only across emergency pathways and dealing with COVID patients but also across elective pathways. Initiatives have included the implementation of a Referral Assessment Service within outpatient booking management, which allows advice and guidance and

triage into face to face or virtual appointments. This has reduced the hospital footfall significantly with a positive reduction in DNAs and New to Review ratios already noted.

2. Performance Overview

2.1 Compliance

2.1.1 As outlined above, the Covid-19 pandemic has impacted on most key standards as a result of adhering to national guidance around the management of elective pathways including RTT, cancer and diagnostics. That said, the overall position compared to national and regional positions remains positive, with signs of recovery evident, however recognising that full recovery to the new 'normal' service levels still need to be defined.

2.1.2 The Trust remains one of the top reporting organisations in the region against the Referral to Treatment standards, however with a relatively small number of patients now reporting in the over 52 weeks' bracket (n=16). Recovery plans are underway to ensure any delayed pathways are kept to an absolute minimum as the Covid situation allows and in line with national guidance. Patient non-adherence to pre-operative social isolation requirements, and also choice to delay treatment, has impacted on the long waiter position.

2.1.3 The Trust under achieved against all but three of the cancer standards for the month of May (latest validated position) and two for Q1 (un-validated). Delays to pathways were unavoidable as the Trust, and patients, adhered to national guidance with many patients 'Shielding' and some treatments delayed as a result of clinical categorisation and prioritisation. The 62-day referral to treatment standard performed relatively well considering the variables affecting it, reporting at 80% compliance (30/37.5 patients treated within standard), with the Q1 provisional position reporting at 81.4%. Only 1 Trust in the region achieved the 62-day standard with performance across the region in the month of May ranging from 39.7% to 87.2%, an average of 70% compliance.

2.1.4 National guidance in relation to the pandemic led to significant pressures within the diagnostic pathway, delaying all routine diagnostics, with only cancer and urgent patients carried out in April and May and most of June. The same trend can be seen nationally. Improvement is noted in June with a 45% (n=1254) reduction in the number of patients who have waited over 6 weeks. The longest waits are within Radiology for CT and non-obstetric ultrasound scans.

2.1.5 All referrals are now being clinically categorised based on priority and longest wait with recovery plans in place.

2.1.6 The Trust has continued to work with NHS England in the 'testing' of the revised emergency care standards, with the final evaluation currently on-going.

2.1.7 Emergency activity across the organisation has seen a decrease of 26.39% (n=996) in June and 37.67% (n=4369) in Q1 compared to the same period last year. Emergency activity included 223 who were treated via Ambulatory Care, equating to 8% of total emergency admissions which is a significant decrease to normal activity in June and 13.8% (n=999) in Q1.

2.1.8 Revised capacity management is in place to manage Covid (Red) and Non Covid (Green) areas, which has significantly impacted on the associated staffing resources. Although aggregate Bed Occupancy levels are reporting relatively low, the carve out of capacity has seen some ward areas reporting above 90%.

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

2.1.10 Given the impact of Covid on both elective and emergency care pathways, a number of the operational efficiency measures are currently under review, including theatre metrics, to ensure the revised KPIs reflect the new ways of working. These will be incorporated into the Q2 performance dashboard.

2.2 **Quality**

2.2.1 The latest HSMR value is now 91.01 (April 2019 to March 2020), this has decreased from the previously reported 92.24 (March 2019 to February 2020). The latest SHMI value is now 98.26 (March 2019 to February 2020), this has increased slightly from the previously reported value of 98.11 (February 2019 to January 2020).

2.2.2 For June 2020 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 2 cases were reported. For quarter 1, the Trust reported 10 Trust attributed cases of Clostridium difficile, against the 14 cases reported in the same period last year.

2.2.3 For June 2020 the Trust is reporting 19 Trust attributed cases of Catheter-associated Urinary Tract Infections (CAUTI), this has increased from the 12 in May 2020. For quarter 1, the Trust reported 46 Trust attributed cases of CAUTI, a reduction against the 84 cases reported in Q1 2019/20.

2.2.4 The Trust is reporting 8 stage 3 (Formal Letter) complaints for June 2020. This has increased from the 5 stage 3 complaints in May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 13 to 8. For quarter 1, the Trust reported 15 stage 3 complaints, against a 2019/20 quarter 1 total of 38.

2.2.5 The Trust is reporting zero falls resulting in a fracture for June 2020. This has remained the same from the previous period.

2.2.6 Thematic analysis of previous falls has highlighted hypotension, de-prescribing prior to admission and consistency of documentation as areas for further work.

2.2.7 The Trust continues with its excellent performance in relation to dementia standards maintaining 100% compliance.

2.2.8 Due to Covid 19 the nursing and midwifery fill rates were suspended nationally for the months of March to May 2020. Data collection recommenced in June. Fill rates across this period have been impacted due to double running for a number of clinical areas, reduced beds and to enable green and red pathways, therefore are not an accurate reflection of safe staffing. Staffing is reviewed on a daily basis and staff are used flexibly across the organisation.

2.2.9 All areas have been maintained at a safe staffing level throughout this period reflecting the changing requirements of patient need, environmental change and requirement to support red and green pathways to reduce risk of cross infection.

2.3 **Workforce**

2.3.1 The sickness absence rate for May 2020 is reported at 6.50%, which is 2.50% above the revised Trust target of 4.0%. The sickness rate breaks down into 2.15% attributable to COVID-19-related sickness and 4.35% attributable to other sickness.

2.3.2 When comparing May to the previous months' sickness absence rate of 6.93%, there has been a 0.43% decrease.

2.3.3 The cost of sickness absence is reported as £406,669. This has decreased by £63,979 compared to April 2020 (£470,648).

2.3.4 The 'Chest & respiratory problems' accounted for 35% of sickness days lost due to COVID-19-related sickness being recorded under this code. 'Anxiety/stress/depression/other psychiatric illness' accounted for 31% of days lost.

2.3.5 There were 129 cases of COVID-19 related staff absences in June compared to 396 in May, broken down into 92 Staff members who were absent for 7 days, 35 who self-isolated for 14 days and 2 shielding for 12 weeks.

2.3.6 Other indicators in June have remained fairly consistent with previous months: Turnover is reported at 8.83% (from 9.17%); Mandatory Training is 86% (from 86%) and Appraisal is 86% (from 85%).

2.3.7 Anti-body testing was introduced on 29 May 2020 and was coordinated by the Workforce Team. Tests have been arranged for every staff member that requested one.

2.3.8 Risk assessments for staff members who identify themselves as being part of the Black, Asian and Minority Ethnic (BAME) communities are being undertaken by line managers supported by Workforce.

2.3.9 Dedicated support is being provided to staff currently absent due to Covid-19 related anxiety stress and depression to understand the context of the absence and provide advice to support a return to work.

2.3.10 Dedicated support is also being provided to staff currently shielding at home. Discussions are taking place to support individuals back into the workplace when shielding arrangements cease 31 July 2020, which includes virtual coffee mornings for managers and staff members taking place week commencing 20 July 2020.

2.3.11 Work is on-going to provide a wellbeing room within the Trust that will provide staff with a relaxing space, staffs views have been sought to understand the needs and also to ask them to share their views on love your landscape and how we can make all of the hospital sites a greener space.

2.3.12 The Health & Wellbeing and Psychology departments continue to prove support for staff throughout COVID through a number of combined initiatives ensuring that all staff have access to someone to speak to if they experience any problems.

2.3.13 We continue to utilise 'Listening In Action' to provide staff with an opportunity to share feedback, the submissions range from ideas to anxieties and continue to be shared.

2.3.14 Work has continued to ensure the needs of patients, staff and the organisation is supported, where possible, by the volunteer service. The Trust has 79 active volunteers as at 30 June 2020, an increase of 14 since May with recruitment ongoing in order to ensure expansion of numbers. External partners continue to suspend their activities, however, plans are in place for a phased return of activity with services starting to commence from mid-July.

2.3.15 As the Trust moves into recovery and 'business as usual', to support this work, a volunteer recovery plan has been developed. Initially the plan is to contact all volunteers to gauge their interest in returning, whilst taking the opportunity to explain measures in place to manage changes as a result of COVID-19. Contact has been maintained with all volunteers during these unprecedented times and support will be provided to assist transition back into the organisation.

3. Finance Overview

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

3.2 As a Trust, we are applying the same internal arrangements to match the national arrangements which aim to fund providers for cost based run rates and this is underpinned by an Interim Financial Management Framework which has been agreed at the Executive and Care Group Director meetings.

3.3 At the end of M3 the Group is showing a break-even position. The year to date contributions from Optimus and the LLP are £113k and £353k respectively. It is essential that we continue to operate within run rates for the remainder of the 4-month period to 31st July 2020 to deliver a break-even position.

3.4 The Group cash balance is £52.9m which is £37.0m favourable to the NHSI plan, driven to cash received in advance from the Centre for July activity and delays in the capital programme.

3.5 Debtors days have decreased by 1 day in comparison to June 2019/20 and creditor days have increased by 20 days in comparison to 2019/20 – due to washable gowns business case purchases and a general delay in timeliness of invoices sent to the Trust due to Covid-19.

4. Key Challenges

4.1 The management of the Covid pressures alongside the delivery of ‘business as usual’ service provision in the longer term. This will include new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point.

4.2 Situation reporting has significantly increased adding to the Trusts pressures, resulting in the requirement to deliver 7-day corporate support within the staffing resource available.

4.3 Financial impact of COVID-19 on the in-year recovery.

5. Conclusion/Summary

5.1 The Trust has experienced significant pressures as a result of the COVID-19 pandemic, inevitably impacting on the delivery of access standards however recovery plans have now been implemented.

5.2 Robust governance and monitoring of patients’ pathways has been adapted to align with national and local guidance. In addition to this, the Trust has continued with

'business as usual' daily sitrep reports, including field testing of the emergency care standards, alongside multiple additional Covid Sitrep reports.

5.3 The impact of Covid 'self- isolation' for staff has contributed to the overall resource pressures.

6. Recommendations

The Board of Directors is asked to note:

- The performance against the key operational, quality and workforce standards during June and Q1 in light of the impact of the COVID-19 pandemic.
- Recognise the on-going financial pressures.
- Acknowledge the on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

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

North Tees and Hartlepool NHS
NHS Foundation Trust

Integrated Performance and Compliance Report

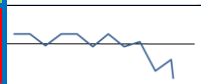
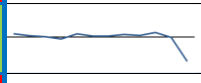
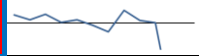
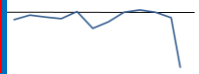
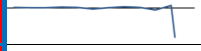
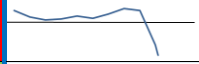
June 2020

Integrated Performance & Compliance

Developed by: Performance Team
Development lead: Lindsey Wallace

Integrated Performance and Compliance Dashboard - June 2020

SINGLE OVERSIGHT FRAMEWORK

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q1	Trend	Details
Emergency Care Activity	Jun-20					Post the pilot of the revised A&E indicators the final evaluation of the data is taking place. This will feed into the final proposal for A&E standards going forward. Once the national standards are agreed the dashboard will be updated to reflect accordingly. On aggregate, activity saw a decrease in June and Q1 compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net decrease of 29.8% (n=4194) in the month of June and 42.7% (n=18410) in Q1, with admissions also seeing a decrease of 34.2% (n=757) in June and 44.8% (n=3041) in Q1.
New Cancer 31 days subsequent Treatment (Drug Therapy)	May-20	98.0%	**100.0%**	**99.0%**		The Trust achieved against this standard (May's validated position and provisionally for Q1). The regional average position is reporting at 99.14% for May
New Cancer 31 days subsequent Treatment (Surgery)	May-20	94.0%	**84.6%**	**89.5%**		The Trust under achieved against this standard in the month of May (latest validated position) and a provisional Q1 position. Delays were unavoidable as many patients were asked to Shield and some treatments delayed as a result of clinical categorisation and prioritisation (11 out of 13 patients treated within standard during May) The regional average position is reporting at 87.69% for May
New Cancer 62 days (consultant upgrade)	May-20	85.0%	**83.3%**	**90.3%**		The Trust under achieved against this standard for the month of May (latest validated position) however a provisional position suggests it was achieved against the quarter. Delays were unavoidable as many patients were asked to Shield and some treatments delayed as a result of clinical categorisation and prioritisation (2.5 out of 3 patients treated within standard during May) The regional average position is reporting at 63.4% for May
New Cancer 62 days (screening)	May-20	90.0%	**27.0%**	**59.6%**		The Trust under achieved against this standard for the month of May (latest validated position) and provisionally against the quarter (13.5 out of 18.5 patients treated within standard during May). The Screening programmes were put on hold during Covid. The regional average position is reporting at 28.57% for May
New Cancer GP 62 Day (New Rules)	May-20	85.0%	**80.0%**	**81.4%**		The Trust under achieved against this standard for the month of May (latest validated position) and Q1 (unvalidated). Delays to pathways were unavoidable as many patients were asked to Shield and some treatments delayed as a result of clinical categorisation and prioritisation (30 out of 37.5 patients treated within standard). Only 1 Trust in the region achieved the standard with performance across the region in the month of May ranging from 39.7% to 87.2%. North East position for May is reporting at 70%.
New Cancer Current 31 Day (New Rules)	May-20	96.0%	**93.3%**	**94.1%**		The Trust under achieved against this standard for the month of May (latest validated position) for the same reasons described above (70 out of 75 patients treated within standard), and a provisional position for Q1. The regional average position is reporting at 94.9% for May
New Cancer Two week Rule (New Rules)	May-20	93.0%	**94.6%**	**91.0%**		Despite the pandemic pressures, the Trust achieved this standard for the month however under achieved the quarter position. The Trust saw a reduction in referrals which would have lowered the denominator however patients chose not to attend hospital as a result of Covid and referrals were clinically triaged based on urgency. The regional average position is reporting at 91.84% for May
Breast Symptomatic Two week Rule (New Rules)	May-20	93.0%	**93.8%**	**73.0%**		The Trust achieved this standard for the month of May (latest validated position) however Covid-19 pressures resulted in under achieving the Q1 position (provisional 111 out of 152 patients treated within time). The regional average position is reporting at 72.49% for May
RTT incomplete pathways wait (92%)	Jun-20	92.00%	**69.66%**	**79.73%**		The disruption to services as a result of the COVID-19 pandemic, has inevitably impacted upon performance however the Trust remains one of the highest performers across the region (2nd top in May 2020). A regional position reporting an average of 64.12%, with a range of 0-339 patients waiting over 52 weeks.
RTT incomplete pathways wait (92nd percentile)	Jun-20	28.00	**28.90**	**23.30**		A decrease in the overall waiting list size is noted however with increased waiting times across incomplete, median and 92nd percentile all of which have been unavoidable. To add context to this in May (latest available position) the Cumbria and North East region has seen a reduction of circa 38,000 when compared to May 2019, with performance ranging from 51.8% to 80% (Trust's position). Clinicians have been reviewing patients and providing advice and guidance back to the care of the GP where appropriate, based on clinical need and priority. This, together with a reduction in routine referrals, has seen a reduced waiting list size.
RTT incomplete pathways wait (Median)	Jun-20	7.20	**14.10**	**10.80**		
RTT incomplete pathways >52 week wait	Jun-20	0	**16**	**19**		However the Trust anticipates some delays in keeping within national guidance, which stipulates that pathways remain open, acknowledging that Trusts will not be penalised as a result of RTT breaches as a result of COVID-19. Recovery plans are currently being developed. The Trust currently has 16 patients waiting over 52 weeks.

Integrated Performance and Compliance Dashboard - June 2020

SINGLE OVERSIGHT FRAMEWORK

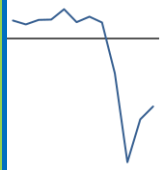
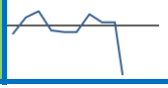
Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q1	Trend	Details
Number of patients waiting less than 6 weeks for diagnostic procedures	Jun-20	99.00%	**64.59%**	**48.60%**		Under achievement against this standard has been unavoidable as a result of the pandemic and national guidance that stipulated to minimise all routine diagnostics, with only cancer and urgent patients carried out in April and May and most of June. The same trend can be seen nationally. Improvement is noted this month with a 45% (n=1254) reduction in the number of patients who have waited over 6 weeks. The longest waits are within Radiology for CT and non obstetric ultrasound scans.
CIDs -Referral information	May-20	50.00%	**100.00%**	-		The Trust has continued to perform well against the Community Information Datasets, with all standards reporting above the 50% targets.
CIDs- Referral to Treatment information	May-20	50.00%	**98.21%**	-		
CIDs- Treatment Activity Information	May-20	50.00%	**100.00%**	-		

*** Cancer Q1 is a provisional Position**

Performance Overview / Key Highlights	The Trust has experienced significant pressures as a result of the COVID-19 pandemic generally with all access standards affected and recovery will take time. Robust governance and monitoring of patients pathways has been adapted to fit in alignment with national and local guidance with recovery plans in place.

Integrated Performance and Compliance Dashboard - June 2020

EFFICIENCY AND PRODUCTIVITY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q1	Trend	Details
New to Review ratio (cons led)	May-20	1.37				A reduction in the new to review ratio is noted in 2020/21 recording one of the lowest to date.
Outpatient DNA (new)	Jun-20	7.20%				The introduction of non face to face appointments appear to have had a positive impact on DNA rates with one of the lowest rates noted.
Outpatient DNA (review)	Jun-20	9.00%	**5.76%**	**6.18%**		The Trust has maintained outpatient activity however delivered successfully via telephone and video links, all of which are being captured within the recovery plans .
Revised Occupancy Trust	Jun-20	95.00%	**73.92%**	**65.11%**		The Trust has now re-instated Critical Care bed capacity to the original levels, however with resilience plans in place to extend into theatres if necessary. Low occupancy reflects the accommodation of red (Ambulatory) and green areas to support the Covid pressures. Plans are underway to reinstate elective beds at Hartlepool with activity reinstated at the end of June'
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Jun-20	0	**12**	**20**		The North East (NEAS) average handovers greater than 30 minutes reported an unvalidated position of 61 (range 1-125), with the average over 60 minutes reporting at 2 (range 0 – 26). Internal validated reports indicate the Trust had 12 >30 minutes and 0>60 minutes.
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Jun-20	0				
Delayed Transfers of Care	Jun-20	3.50%				The Trust has maintained a positive position in relation to DTOCs and super stranded in Q1, reflective of the enhanced pathway management put in place by the Community Teams to manage patients during the Covid-19 Pandemic pressures.
Super Stranded Reduction (per day average)	Jun-20	64	**27**	**20**		

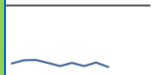
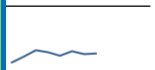
Integrated Performance and Compliance Dashboard - June 2020

EFFICIENCY AND PRODUCTIVITY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Q1	Trend	Details
Performance Overview / Key Highlights						The Hospital Evaluation Data (HED) within the main report provides a summary of the Trusts benchmark position against a number of performance indicators covering clinical quality, operational efficiency, patient safety and finance. The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) benchmarking data available in the main menu.

Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Mar-20	108.00			The latest HSMR value is now 91.01 (April 2019 to March 2020), this has decreased from the previously reported 92.24 (March 2019 to February 2020). The value of 91.01 continues to remain inside the 'as expected' range; the national mean is 100. When benchmarked against the same period last year (April 2018 to March 2019) this has decreased from 93.66 to 91.01.
SHMI Mortality rate (Rolling 12 month value)	Feb-20	109.00	**98.26**		The latest SHMI value is now 98.26 (March 2019 to February 2020), this has increased slightly from the previously reported value of 98.11 (February 2019 to January 2020). When benchmarked against the same period last year (March 2018 to February 2019) this has increased slightly from 98.01 to 98.26.
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Jun-20	90.00%			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	Jun-20	90.00%	**100.00%**		The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Jun-20	90.00%	**100.00%**		The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.
Complaint Stage 1 - Informal	Jun-20	87			The Trust is reporting 60 stage 1 complaints for June 2020. This has increased from the 49 stage 1 complaints in May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 87 to 60. For quarter 1, the Trust reported 153 stage 1 complaints, against a 2019/20 quarter 1 total of 227.
Complaint Stage 2 - Formal Meeting	Jun-20	6			The Trust is reporting zero stage 2 complaint for June 2020. This has remained the same from the previous reported month. When benchmarked against the same period last year (June 2019) this has decreased from 6 to zero. For quarter 1, the Trust reported 3 stage 2 complaints, against a 2019/20 quarter 1 total of 18.
Complaint Stage 3 - Formal Chief Executive Letter	Jun-20	13	**8**		The Trust is reporting 8 stage 3 complaints for June 2020. This has increased from the 5 stage 3 complaints in May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 13 to 8. For quarter 1, the Trust reported 15 stage 3 complaints, against a 2019/20 quarter 1 total of 38.

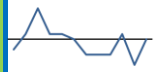
Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Never Events	Jun-20	1	**0**		There has been no Never Events reported in this period.
Category 2 Pressure Ulcers (In-Hospital)	May-20	26	**24**		The Trust is reporting 24 category 2 pressure ulcers for May 2020. This has decreased from 28 category 2 ulcers reported for April 2020. When benchmarked against the same period last year (May 2019) this has decreased from 26 to 24 cases.
Category 3 Pressure Ulcers (In-Hospital)	May-20	3	**1**		The Trust is reporting 1 category 3 pressure ulcers for May 2020. This has increased from the zero category 3 ulcers reported for April 2020. When benchmarked against the same period last year (May 2019) this has decreased from 3 to 1 case.
Category 4 Pressure Ulcers (In-Hospital)	May-20	0	**0**		The Trust is reporting zero category 4 pressure ulcer for May 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (May 2019) this has remained the same at zero cases.
Fall - No Injury (In-Hospital)	Jun-20	76	**61**		The Trust is reporting 61 falls resulting in no injury for June 2020. This has increased from the 55 falls reported for May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 76 to 61. For quarter 1, the Trust reported 175 falls resulting in no injury, against a 2019/20 quarter 1 total of 240.
Fall - Injury, No Fracture (In-Hospital)	Jun-20	21	**13**		The Trust is reporting 13 falls resulting in an injury, but no fracture for June 2020. This has increased from the 8 falls resulting in an injury reported for May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 21 to 13. For quarter 1, the Trust reported 36 falls resulting in an injury, but no fracture, against a 2019/20 quarter 1 total of 62.
Fall - With Fracture (In-Hospital)	Jun-20	0	**0**		The Trust is reporting zero falls resulting in a fracture for June 2020. This has remained the same at zero falls resulting in a fracture from May 2020. When benchmarked against the same period last year (June 2019) this has remained the same at zero. For quarter 1, the Trust reported 0 falls resulting in a fracture, against a 2019/20 quarter 1 total of 4.

Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
VTE Risk Assessment	Jun-20	95.00%	**96.24%**		The Trust is reporting that 96.24% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during June 2020. This has increased from 95.85% reported in May 2020. For quarter 1, the Trust reported 95.84% VTE Risk Assessment, against a 2019/20 quarter 1 total of 97.49%.
Hand Hygiene Compliance	Jun-20	95.00%	**99.00%**		The overall Trust compliance score for hand hygiene is 99% for June 2020; this has remained the same from the previous month. For quarter 1, the Trust reported 99% hand hygiene compliance, against a 2018/20 quarter 1 average of 97%.
Clostridium difficile (C.diff)	Jun-20	3	**3**		For June 2020 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 2 cases were reported. The Trust has not been set a trajectory for 2020-21 yet, so no targets can be aligned for each month. This will be updated when the trajectory has been set. For quarter 1, the Trust reported 10 Trust attributed cases of Clostridium difficile, against 2018-19 quarter 1 total of 14.
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Jun-20	0	**0**		The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in June 2020. This remains the same from previous reporting period and the target of zero cases. For quarter 1, the Trust reported Zero Trust attributed cases of MRSA, against a trajectory of Zero.
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Jun-20	1	**2**		The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for June 2020. This has increased from the 1 case previously period of May 2020. When benchmarked against the same period last year (June 2019) this has increased from 1 to 2 cases. For quarter 1, the Trust reported 4 Trust attributed cases of MSSA, against a 2019/20 quarter 1 total of 8 cases.
Escherichia coli (E.coli)	Jun-20	4	**2**		The Trust is reporting 2 Trust attributed case of E coli bacteraemia in June 2020. This has increased from the 1 case previously period of May 2020. When benchmarked against the same period last year (June 2019) this has decreased from 4 to 2 case. For quarter 1, the Trust reported 3 Trust attributed cases of Ecoli, against a 2019/20 quarter 4 total of 13 cases.

Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Klebsiella species bacteraemia (Kleb sp)	Jun-20	0	**0**		The Trust has reported zero Trust attributed case of Klebsiella species bacteraemia in June 2020. This has decreased from 1 case in May 2020. When benchmarked against the same period last year (June 2019) this has remained the same at zero cases. For quarter 1, the Trust reported 2 Trust attributed cases of Klebsiella species, against a 2019/20 quarter 4 total of 1 case.
Pseudomonas aeruginosa bacteraemia (Ps a)	Jun-20	0	**0**		The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in June 2020. This has remained the same from the previous reporting period. When benchmarked against the same period last year (June 2019) this has remained the same at zero cases. For quarter 1, the Trust reported zero Trust attributed cases of Pseudomonas aeruginosa, against a 2019/20 quarter 1 total of zero cases.
CAUTI	Jun-20	19	**19**		For June 2020 the Trust is reporting 19 Trust attributed cases of a catheter-associated urinary tract infection (CAUTI), this has increased from the 12 cases reported in the previous reporting period. When benchmarked against the same period last year (June 2019) this has remained the same at 19 cases. For quarter 1, the Trust reported 46 Trust attributed cases of CAUTI, against a 2019/20 quarter 1 total of 84 cases.

Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Friends & Family - (Ward) [National Score based on % 'Very Good' & 'Good']	Jun-20	70.00%	88%		The in-patient Friends and Family position for the new method of rating the service 'Very Good or Good' was 88% for June 2020, this has decreased from 96% reporting in May 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Friends & Family - (A&E/Urgent Care) [National Score based on % 'Very Good' & 'Good']	Jun-20	70.00%	84%		The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for the new method of rating the service 'Very Good or Good' was 84% for June 2020. This has decreased from 89% reported in May 2020. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Friends & Family - (Birth) [National Score based on % 'Very Good' & 'Good']	Jun-20	70.00%	50%		The Maternity (Delivery) Friends and Family position for the new method of rating the service 'Very Good or Good' was 50% for June 2020. This has decreased from the previous months value of 100%. To put the value of 50% into context, the Trusts Delivery Suite only returned 2 forms for June, 1 was Very Good and 1 was Very Poor. The National FFT upload to NHS Digital has been suspended until further notice due to COVID-19.
Registered Nurse/Midwife day shift fill rates	Jun-20	>=80% and <=109.99%			The Unify Registered Nurse/Midwife day shift fill rates submission has been suspended until further notice due to COVID-19. NHS Digital have stated the following: "In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect."
Registered Nurse/Midwife Night shift fill rates	Jun-20	>=80% and <=109.99%			The Unify Registered Nurse/Midwife night shift fill rates submission has been suspended until further notice due to COVID-19. NHS Digital have stated the following: "In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect."
Care Staff day shift fill rates	Jun-20	>=80% and <=109.99%			The Unify Care Staff day shift fill rates submission has been suspended until further notice due to COVID-19. NHS Digital have stated the following: "In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect."

Integrated Performance and Compliance Dashboard - June 2020

QUALITY AND SAFETY

Measure *(click on measure for trend graphs)*	Reporting period	Target	Actual	Trend	Details
Care Staff Night shift fill rates	Jun-20	>=110% and <=125.99%			The Unify Care Staff night shift fill rates submission has been suspended until further notice due to COVID-19. NHS Digital have stated the following: "In view of the on-going response to COVID-19, it has been agreed to pause the Rota Fill Rates and CHPPD (Safe Staffing) Collection at this time with immediate effect."

Performance Overview / Key Highlights	The latest HSMR value is now 91.01 (April 2019 to March 2020), this has decreased from the previously reported 92.24 (March 2019 to February 2020), with the latest SHMI value now 98.26 (March 2019 to February 2020), this has increased slightly from the previously reported value of 98.11 (February 2019 to January 2020). For June 2020 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (1 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 2 cases were reported. There has been no trajectory set for 2020-21 as of yet, when it has been set, this will be cascased.
Conclusion and recommendation	The Board of Directors is asked to note the content of the report; current performance and work to continuously improve. The Board are asked to note the excellent HSMR and SHMI values which continue to remain within the expected range, along with the on trajectoy position for Cdiff.

WORKFORCE

Sickness	May-20	4.00%	**6.50%**		The sickness absence rates for June 2020 are not yet available. The sickness absence rate for May 2020 is reported at 6.50%, which is 2.50% above the revised Trust target of 4.0%. The sickness rate breaks down into 2.15% attributable to COVID-19-related sickness and 4.35% attributable to other sickness. Of 5,023 WTE days lost in May, 1,661 (33%) were attributable to COVID-19 sickness and 3,362 (67%) to other sickness. The long term sickness absence rate for May 2020 is reported at 3.80%, an increase of 0.54% when compared to the previous month (3.26%). The short-term sickness absence rate for May 2020 is reported at 2.69%, a decrease of 0.98% when compared to the previous month (3.67%). The cost of sickness absence is reported as £406,669 for the month of May 2020. This has decreased by £63,979 compared to April 2020 (£470,648). Benchmarking The latest national sickness absence data available is for the month of February 2020 and supplied by NHS Digital. The sickness rate for North Tees and Hartlepool is 4.57%, which is 0.37% below the regional average and 0.05% above the NHS average. Northumbria Healthcare NHS Foundation Trust report the lowest sickness absence rate for February 2020 at 4.37%. This is the only regional Trust to report a rate lower than the average for the NHS as a whole. The highest sickness absence rate in the North East region for February 2020 is reported by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust at 5.47%.
Turnover (12 months rolling data)	Jun-20	10.00%	**8.83%**	**8.83%**	The turnover rate for June 2020 is reported at 8.83% which has reduced by 0.34% when compared to the previous month (9.17%).
Mandatory Training	Jun-20	80%	**86%**	**86%**	The overall compliance for mandatory training for June 2020 is 86%, which has remained the same when compared to the previous month (86%).
Appraisals	Jun-20	95%	**86%**	**86%**	Appraisal compliance is reported at 86% for June 2020, which has increased by 1% when compared to the previous month (85%).

Performance Overview / Key Highlights	North Tees & Hartlepool NHS Foundation Trust When comparing May 2020 to the previous months' sickness absence rate of 6.93%, there has been a decrease in the Trust's sickness absence rate of 0.43%. The sickness rate breaks down into 2.15% attributable to COVID-19-related sickness and 4.35% attributable to other sickness. The 'Chest & respiratory problems' reason accounted for the highest proportion of sickness absence in May 2020 – 35% of sickness days lost. This is due to COVID-19-related sickness being recorded under this code. 'Anxiety/stress/depression/other psychiatric illness' accounted for the second highest proportion – 31% of days lost.
Conclusion and recommendation	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.

Integrated Performance and Compliance Dashboard - June 2020

APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
A&E	*Target*		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00												
	Total Time in Department (Mean) Type 1 & 3	Jun-20	97.26	99.82	103.50	100.20	120.29	105.79	106.21	106.00												
Cancer	*Target*		98.0%	97.7%	98.0%	97.9%	98.0%	98.0%	98.0%	98.0%												
	New Cancer 31 days subsequent Treatment (Drug Therapy)	May-20	98.9%	**90.4%**	98.9%	99.1%	100.0%	100.0%	**0.0%**	99.0%												
	Target		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%												
	New Cancer 31 days subsequent Treatment (Surgery)	May-20	100.0%	**92.3%**	95.2%	95.7%	**77.8%**	**84.6%**	**0.0%**	**89.5%**												
	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%												
	New Cancer 62 days (consultant upgrade)	May-20	88.2%	93.8%	90.5%	90.7%	100.0%	**83.3%**	**0.0%**	90.3%												
	Target		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%												
Cancer	New Cancer 62 days (screening)	May-20	**82.9%**	100.0%	92.0%	92.0%	90.0%	**27.0%**	**0.0%**	**59.6%**												
	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%												
	New Cancer GP 62 Day (New Rules)	May-20	**76.1%**	**73.9%**	87.3%	**79.3%**	85.0%	**80.0%**	**0.0%**	**81.4%**												
	Target		96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%												
Cancer	New Cancer Current 31 Day (New Rules)	May-20	98.5%	99.2%	97.8%	98.5%	**92.5%**	**93.3%**	**0.0%**	**94.1%**												
	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%												
	New Cancer Two week Rule (New Rules)	May-20	93.2%	93.8%	93.3%	93.5%	**91.5%**	94.6%	**0.0%**	**91.0%**												
	Target		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%												
Cancer	Breast Symptomatic Two week Rule (New Rules)	May-20	95.5%	96.9%	95.8%	96.1%	**81.8%**	93.8%	**0.0%**	**73.0%**												

Integrated Performance and Compliance Dashboard - June 2020

APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
RTT	*Target*		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%												
	RTT incomplete pathways wait (92%)	Jun-20	93.28%	94.19%	93.84%	93.79%	**88.44%**	**79.09%**	**69.66%**	**79.73%**												
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00												
	RTT incomplete pathways wait (92nd percentile)	Jun-20	16.60	16.00	17.10	16.60	20.40	25.40	**28.90**	23.30												
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20												
	RTT incomplete pathways wait (Median)	Jun-20	6.10	6.00	**7.60**	6.60	**10.10**	**12.90**	**14.10**	**10.80**												
	Target		0	0	0	0	0	0	0	0												
	RTT incomplete pathways >52 week wait	Jun-20	0	0	0	0	0	**3**	**16**	**19**												
Diagnostics	*Target*		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	Jun-20	**88.73%**	**95.63%**	**90.19%**	**91.67%**	**43.26%**	**40.15%**	**64.59%**	**48.60%**												
CIDS	*Target*		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%														
	CIDs -Referral information	May-20	93.33%	95.10%	100.00%	95.89%	100.00%	100.00%														
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%														
	CIDs- Referral to Treatment information	May-20	96.48%	97.35%	97.09%	96.94%	99.95%	98.21%														
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%														
	CIDs- Treatment Activity Information	May-20	94.22%	94.08%	100.00%	95.89%	100.00%	100.00%														

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

APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
	Target		1.45	1.45	1.45	1.45	1.37	1.37														
New to review	New to Review ratio (cons led)	May-20	1.41	1.32	1.41	1.41	1.30	1.08														
	Target		7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%												
DNA	Outpatient DNA (new)	Jun-20	**7.40%**	**7.50%**	**7.78%**	**7.87%**	5.17%	4.59%	6.01%	5.50%												
	Target		9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%												
	Outpatient DNA (review)	Jun-20	**9.52%**	**9.14%**	**9.43%**	**9.37%**	6.54%	5.99%	5.76%	6.18%												
	Target		3.01	3.01	3.01	3.01	3.01															
Coding	Average depth of coding	May-20	6.93	6.92	6.89	6.61	7.30															
	Target		3.40	3.40	3.14	3.31																
LOS	Length of Stay Elective	Feb-20	2.13	2.12	2.03	2.03																
	Target		4.20	4.20	4.19	4.20																
	Length of Stay Emergency	Feb-20	3.44	3.45	3.52	3.52																
	Target		76.62%	76.68%	76.01%	76.44%																
Day case	Day case Rate	Feb-20	78.63%	79.45%	79.04%	79.04%																
	Target		4.50%	4.50%	4.50%	4.50%																
	Pre - Op Stays	Jun-20	1.56%	1.20%	1.21%	1.42%																
	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%												
Occupancy	Revised Occupancy North Tees	Jun-20	**91.93%**	**90.77%**	73.93%	**86.89%**	56.71%	69.96%	73.92%	91.04%												
	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%													
	Revised Occupancy Hartlepool	Jun-20	**89.52%**	76.63%	79.44%	82.46%	Closed	Closed	Closed													
	Target		85.00%	85.00%	85.00%	85.00%	95.00%	95.00%	95.00%	95.00%												
	Revised Occupancy Trust	Jun-20	**91.79%**	**89.97%**	74.20%	**86.65%**	56.71%	69.96%	73.92%	65.11%												
	Target		0.00%	0.00%	0.00%	0.00%	0.00%															
Readmissions *	Readmission rate 30 days (Elective admission)	Apr-20	**3.72%**	**4.17%**	**5.01%**	**4.34%**	**5.84%**															
	Target		9.73%	9.73%	9.73%	9.73%	9.73%															
	Readmission rate 30 days (Emergency admission)*	Apr-20	**13.40%**	**12.66%**	**10.92%**	**12.65%**	**13.79%**															
	Target		7.70%	7.70%	7.70%	7.70%	7.70%															
	Readmission rate 30 days (Total)	Apr-20	**9.19%**	**8.79%**	**7.89%**	**8.77%**	**12.30%**															

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

APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
EDS	*Target*		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%												
	Electronic Discharge Summaries within 24 hours (incl. A&E)	Jun-20	93.04%	92.84%	91.99%	92.65%	91.96%	91.10%	92.92%	92.03%												
C-sections	*Target*		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%												
	Emergency c-section rates	Jun-20	14.01%	15.13%	11.47%	13.44%	7.58%	12.56%	18.26%	13.82%												
Theatres	*Target*		72.86%	72.86%	72.86%	72.86%																
	Operation Time Utilisation	May-20	70.77%	74.29%	72.92%	72.65%																
	Target		87.07%	87.07%	87.07%	87.07%																
	Run Time Utilisation	May-20	86.40%	87.51%	86.88%	86.92%																
	Target		92.50%	92.50%	92.50%	92.50%																
	Planned Session Utilisation *	May-20	91.67%	92.86%	76.23%	84.62%																
	Target		0.80%	0.80%	0.80%	0.80%																
	Cancelled procedures (Non medical)	Jun-20	0.19%	0.24%	0.66%	0.50%																
	Target		0	0	0	0																
	Readmission within 28 days of non medical cancelled operation	Jun-20	1	0	4	5																
	Target		0	0	0	0																
	Cancelled Urgent Operations for second time	Jun-20	0	0	0	0																
	Target		8.80%	8.80%	8.80%	8.80%																
	Cancelled on day of operation	Jun-20	6.48%	7.58%	9.31%	8.44%																
	Target		33.11%	33.11%	33.11%	33.11%																
	Late Start %	Jun-20	43.01%	41.39%	44.53%	42.93%																
	Target		46.13%	46.13%	46.13%	46.13%																
	Early Finishes %	Jun-20	47.20%	47.62%	40.08%	45.16%																
	Target		12.89%	12.89%	12.89%	12.89%																
	Session overruns (>30 minutes)	Jun-20	16.78%	12.82%	18.62%	16.00%																
	Target		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	Jun-20	1.81%	1.64%	0.90%	1.46%	0.49%	0.45%	0.43%	0.46%												
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%												
	A&E left without being seen - Type 1	Jun-20	2.57%	3.04%	2.34%	2.65%	1.61%	2.01%	1.61%	1.75%												

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

APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
A&E	*Target*		15	15	15	15.00	15	15	15	15.00												
	Time to Initial Assessment (mean) Type 1 & 3	Jun-20	9.08	9.42	8.59	9.03	9.40	7.28	7.33	0.08												
	Target		0	0	0	0	0	0	0	0												
	Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Jun-20	21	10	29	60	7	1	12	20												
	Target		0	0	0	0	0	0	0	0												
	Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Jun-20	1	1	4	6	0	0	0	0												
	Target		0	0	0	0	0	0	0	0												
	A&E 12 Hour Trolley waits - Type 1	Jun-20	0	0	0	0	0	0	0	0												
Audiology	*Target*		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%														
	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Jun-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%														
	Target		18.30	18.30	18.30	18.30	18.30	18.30														
	Audiology non admitted wait (92nd percentile)	Jun-20	4.00	5.00	6.00	6.00	10.00	15.00														
Patient identifier	*Target*		50.00%	50.00%	50.00%	50.00%	50.00%															
	Patient Identifier Indicator	May-20	94.22%	94.08%	100.00%	95.89%	100.00%															
EOL	*Target*		50.00%	50.00%	50.00%	50.00%	50.00%															
	End of Life measure	May-20	87.18%	86.96%	84.04%	86.07%	83.04%															
DTOC	*Target*		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%												
	Delayed Transfers of Care	Jun-20	1.75%	1.84%	1.70%	1.77%	0.53%	0.37%	1.13%	0.71%												
Super Stranded	*Target*		65	65	64	65	64	64	64	64												
	Super Stranded Reduction (per day average)	Jun-20	72	67	66	68	13	20	27	20												

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

APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

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

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

APPENDIX 4 - WORKFORCE

Measure	KPI	Period	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May 20	Jun-20	Q1	Jul 20	Aug-20	Sep-20	Q2	Oct 20	Nov 20	Dec 20	Q3	Jan-21	Feb-21	Mar-21	Q4
Staff	*Target*		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%														
	Sickness	May-20	**4.98%**	**4.52%**	**5.43%**	**5.01%**	**6.93%**	**6.50%**														
	Target		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 *	Jun-20	9.71%	9.38%	9.42%	9.42%	9.56%	9.17%	8.83%	8.83%												
	Target		80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%												
	Mandatory Training	Jun-20	89.0%	89.0%	90.0%	90.0%	87.0%	86.0%	86.0%	86.0%												
	Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%												
	Appraisals	Jun-20	**85.0%**	**86.0%**	**86.0%**	**86.0%**	**86.0%**	**85.0%**	**86.0%**	**86.0%**												

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

APPENDIX 3 - QUALITY AND SAFETY

								Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
HMSR	*Target*		108.00	108.00	108.00	108.00	108.00																	
	HSMR Mortality Rates (Rolling 12 month value)	Mar-20	91.30	92.15	91.27	92.24	91.01																	
SHMI	*Target*		109.00	109.00	109.00	109.00																		
	SHMI Mortality rate (Rolling 12 month value)	Feb-20	97.75	98.80	98.11	98.26																		
Dementia	*Target*		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%												
	Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Jun-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%												
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%												
	Dementia - % of patients undergone a diagnostic assessment	Jun-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%												
	Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%												
	Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Jun-20	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%												
Complaints			49	50	73	64	60	197	61	79	87	227												
	Complaint Stage 1 - Informal	Jun-20	75	66	97	88	64	**249**	44	49	60	153												
			9	6	5	13	8	26	7	5	6	18												
	Complaint Stage 2 - Formal Meeting	Jun-20	7	7	8	3	1	12	3	0	0	3												
			20	12	14	30	10	54	13	12	13	38												
	Complaint Stage 3 - Formal Chief Executive Letter	Jun-20	16	9	16	11	7	34	2	5	8	15												
	Target		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%															
	Complaint response times % (25 days)	Apr-20	100.00%	100.00%	100.00%	100.00%	100.00%	85.67%	100.00%															
Risks			10	8	9	7	7	23	6	6	7	19												
	Corporate & Departmental Risks (Red)	Jun-20	7	6	5	4	5	14	7	6	6	19												
Never Events			0	0	0	0	0	0	0	0	0	0												
	Never Events	Jun-20	0	0	0	0	0	0	0	0	0	0												
Pressure Ulcers	*Target*		6	8	8	6	8	22	7	11														
	Catergory 1 Pressure Ulcers (In-Hospital)	May-20	3	4	8	7	3	18	4	6														
	Target		19	15	15	28	15	58	23	26														
	Category 2 Pressure Ulcers (In-Hospital)	May-20	19	21	29	33	20	82	28	24														
	Target		2	1	3	4	5	12	4	3														
	Category 3 Pressure Ulcers (In-Hospital)	May-20	1	2	2	4	0	6	0	1														
	Target		0	0	0	1	0	1	1	0														
	Category 4 Pressure Ulcers (In-Hospital)	May-20	0	0	1	0	0	1	0	0														

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

APPENDIX 3 - QUALITY AND SAFETY

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

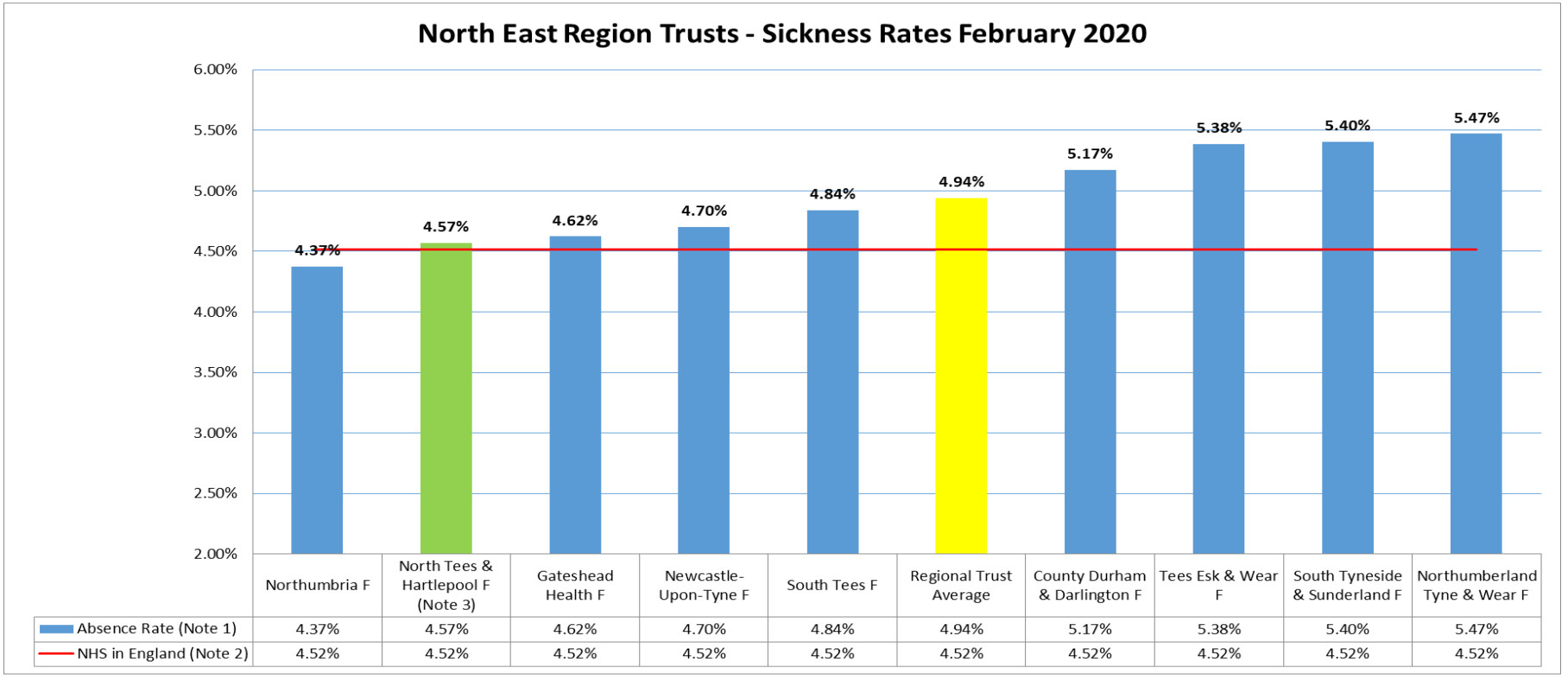
Integrated Performance and Compliance Dashboard - June 2020 (2019-2020 against target)

APPENDIX 3 - QUALITY AND SAFETY

Measure	KPI	Period	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q4	Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Sep-20	Q2	Oct-20	Nov-20	Dec-20	Q3	Jan-21	Feb-21	Mar-21	Q4
Workforce	Registered Nurse/Midwife day shift fill rates	Jun-20	86.08%	86.17%	83.67%	83.57%	79.30%	86.84%																
	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%																
	Registered Nurse/Midwife Night shift fill rates	Jun-20	91.44%	91.53%	93.01%	92.62%	85.61%	93.77%																
	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%																
	Care Staff day shift fill rates	Jun-20	98.97%	99.05%	99.05%	100.82%	89.08%	90.12%																
	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%																
	Care Staff Night shift fill rates	Jun-20	138.41%	138.69%	149.66%	144.91%	125.04%	122.22%																

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - May 20										
Incomplete Pathways waiting <18 weeks	62.2%		79.1%	66.1%	N/A	61.9%	63.2%	80.0%	51.8%	60.6%
Half of patients wait less than	15		13	15	N/A	15	15	13	18	16
Half of admitted patients wait less than	4		2	6	N/A	4	4	2	2	3
19 out of 20 patients wait less than	34		18	32	N/A	24	32	18	26	32
Half of Non admitted Pathways waited less than	9		10	8	N/A	4	3	8	2	4
19 out of 20 patients wait less than	32		23	23	N/A	25	25	35	24	20

Cancer 62 Day Standard - May 20	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	82.35 (56/68)	92.31 (12/13)	100 (0.5/0.5)	75 (6/8)	60 (4.5/7.5)	63.64 (7/11)	93.33 (14/15)	100 (5/5)	100 (7/8)
Lung		37.59 (26.5/70.5)	50 (3.5/7)	26.67 (2/7.5)	61.54 (4/6.5)	28.57 (1/3.5)	65 (6.5/10)	100 (3/3)	24.49 (6/24.5)	17.65 (0.5/8.5)
Gynae		60 (21/35)	0 (0/0)	100 (2.5/2.5)	11.76 (1/8.5)	43.75 (3.5/8)	100 (3.5/3.5)	100 (3/3)	84.62 (5.5/6.5)	66.67 (2/3)
Upper GI		59.09 (26/44)	100 (1/1)	100 (7/7)	81.82 (4.5/5.5)	0 (0/0.5)	18.75 (1.5/8)	68.75 (5.5/8)	30 (3/10)	87.5 (3.5/4)
Lower GI		45.31 (29/64)	81.82 (4.5/5.5)	64.71 (5.5/8.5)	46.15 (3/6.5)	14.29 (1/7)	22.73 (2.5/11)	62.5 (5/8)	27.27 (1.5/5.5)	75 (6/12)
Uro (incl testes)		79.73 (59/74)	100 (5/5)	81.82 (13.5/16.5)	82.35 (7/8.5)	55.56 (2.5/4.5)	60 (7.5/12.5)	85 (8.5/10)	88.24 (15/17)	0 (0/0)
Haem (incl AL)		73.08 (19/26)	75 (3/4)	100 (0.5/0.5)	50 (2/4)	0 (0/0)	100 (0.5/0.5)	100 (4.5/4.5)	80 (4/5)	73.33 (4.5/7.5)
Head & Neck		70.83 (17/24)	0 (0/1)	77.78 (3.5/4.5)	100 (1/1)	0 (0/0)	72.22 (6.5/9)	0 (0/0)	61.54 (4/6.5)	100 (2/2)
Skin		93.53 (130/139)	0 (0/0)	100 (5/5)	100 (10/10)	0 (0/0)	90.74 (49/54)	100 (11/11)	89.29 (25/28)	100 (30/31)
Sarcoma		66.67 (2/3)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	50 (1/2)	0 (0/0)	100 (1/1)	0 (0/0)
Brain/CNS		0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/1)	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)	0 (0/0.5)	0 (0/0)	0 (0/0.5)	0 (0/0.5)	0 (0/0)	0 (0/0)	57.14 (2/3.5)
All		70.06 (388.5/554.5)	80 (30/37.5)	75.47 (40/53)	65.81 (38.5/58.5)	39.68 (12.5/31.5)	69.51 (85.5/123)	87.2 (54.5/62.5)	64.22 (70/109)	72.33 (57.5/79.5)



	Northumbria F	North Tees & Hartlepool F (Note 3)	Gateshead Health F	Newcastle-Upon-Tyne F	South Tees F	Regional Trust Average	County Durham & Darlington F	Tees Esk & Wear F	South Tyneside & Sunderland F	Northumberland Tyne & Wear F
Absence Rate (Note 1)	4.37%	4.57%	4.62%	4.70%	4.84%	4.94%	5.17%	5.38%	5.40%	5.47%
NHS in England (Note 2)	4.52%	4.52%	4.52%	4.52%	4.52%	4.52%	4.52%	4.52%	4.52%	4.52%

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

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

Northumbria Healthcare NHS Foundation Trust report the lowest sickness absence rate for February 2020 at 4.37%. This is the only regional Trust to report a rate lower than the average for the NHS as a whole.

The highest sickness absence rate in the North East region for February 2020 is reported by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust at 5.47%.

The sickness rate for North Tees and Hartlepool is 4.57%, which is 0.37% **below** the regional average and 0.05% **above** the NHS average.

Integrated Performance and Compliance Dashboard - June 2020 Benchmark HED

Standard Indicator Set: Operational Efficiency	Trust Performance			Benchmarking		
Indicator	Current	Previous	Change	Peer	National	Position
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Apr 2020)	9.30% (Feb 2019 - Jan 2020)	9.36% (Jan 2019 - Dec 2019)	-0.06 ↓	7.43%	7.57%	
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Apr 2020)	2.07% (Feb 2019 - Jan 2020)	2.09% (Jan 2019 - Dec 2019)	-0.02 ↓	2.07%	1.97%	
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Apr 2020)	5.03% (Feb 2019 - Jan 2020)	5.07% (Jan 2019 - Dec 2019)	-0.04 ↓	4.64%	4.21%	
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Apr 2020)	7.45% (Feb 2019 - Jan 2020)	7.52% (Jan 2019 - Dec 2019)	-0.07 ↓	6.77%	5.99%	
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Apr 2020)	10.41% (Feb 2019 - Jan 2020)	10.50% (Jan 2019 - Dec 2019)	-0.09 ↓	9.40%	8.14%	
Outpatient DNA rate (12 mth rolling) HES Outpatients (Apr 2020)	8.43% (Mar 2019 - Feb 2020)	8.47% (Feb 2019 - Jan 2020)	-0.04 ↓	7.55%	7.37%	
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Apr 2020)	2.35 (Mar 2019 - Feb 2020)	2.34 (Feb 2019 - Jan 2020)	0.01 ↑	2.37	2.13	
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Apr 2020)	0.00% (Mar 2019 - Feb 2020)	0.00% (Feb 2019 - Jan 2020)	No Change	8.24%	8.27%	
DTOC - Proportion of delayed bed days (12 mth rolling) DToC, HES Inpatients (Apr 2020)	1.98% (Mar 2019 - Feb 2020)	1.97% (Feb 2019 - Jan 2020)	0.01 ↑	2.53%	4.29%	
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (May 2020)	88.65% (Apr 2019 - Mar 2020)	88.70% (Mar 2019 - Feb 2020)	-0.05 ↓	74.49%	69.26%	
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (May 2020)	94.83% (Apr 2019 - Mar 2020)	95.09% (Mar 2019 - Feb 2020)	-0.26 ↓	89.97%	85.18%	
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (May 2020)	93.42% (Apr 2019 - Mar 2020)	93.45% (Mar 2019 - Feb 2020)	-0.03 ↓	87.61%	79.59%	
Day case realisation rate (12 mth rolling) HES Inpatients (Apr 2020)	97.03% (Mar 2019 - Feb 2020)	97.06% (Feb 2019 - Jan 2020)	-0.03 ↓	95.01%	95.81%	
Day case rate (12 mth rolling) HES Inpatients (Apr 2020)	86.34% (Mar 2019 - Feb 2020)	86.53% (Feb 2019 - Jan 2020)	-0.19 ↓	83.35%	71.46%	

Integrated Performance and Compliance Dashboard - June 2020 Benchmark HED

Average excess length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.10 (Mar 2019 - Feb 2020)	0.10 (Feb 2019 - Jan 2020)	0.01 ↑	0.40	0.47	
Average length of stay (12 mth rolling) HES Inpatients (Apr 2020)	3.33 (Mar 2019 - Feb 2020)	3.32 (Feb 2019 - Jan 2020)	0.01 ↑	4.08	4.47	
Average elective length of stay (12 mth rolling) HES Inpatients (Apr 2020)	2.12 (Mar 2019 - Feb 2020)	2.13 (Feb 2019 - Jan 2020)	-0.01 ↓	3.40	4.16	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Apr 2020)	3.46 (Mar 2019 - Feb 2020)	3.44 (Feb 2019 - Jan 2020)	0.02 ↑	4.20	4.51	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.21 (Mar 2019 - Feb 2020)	0.20 (Feb 2019 - Jan 2020)	No Change	0.22	0.23	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.01 (Mar 2019 - Feb 2020)	0.01 (Feb 2019 - Jan 2020)	No Change	0.03	0.04	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.36 (Mar 2019 - Feb 2020)	0.35 (Feb 2019 - Jan 2020)	0.01 ↑	0.44	0.47	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.83 (Mar 2019 - Feb 2020)	0.83 (Feb 2019 - Jan 2020)	0.01 ↑	0.98	0.89	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	0.22 (Mar 2019 - Feb 2020)	0.21 (Feb 2019 - Jan 2020)	No Change	0.35	0.28	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Apr 2020)	1.30 (Mar 2019 - Feb 2020)	1.28 (Feb 2019 - Jan 2020)	0.01 ↑	1.69	1.63	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Apr 2020)	35.82% (Mar 2019 - Feb 2020)	35.66% (Feb 2019 - Jan 2020)	0.16 ↑	34.52%	33.92%	
Elective stranded rate (12 mth rolling) HES Inpatients (Apr 2020)	5.91% (Mar 2019 - Feb 2020)	5.92% (Feb 2019 - Jan 2020)	-0.01 ↓	11.69%	11.63%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Apr 2020)	16.42% (Mar 2019 - Feb 2020)	16.32% (Feb 2019 - Jan 2020)	0.10 ↑	18.35%	19.55%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Apr 2020)	0.86% (Mar 2019 - Feb 2020)	0.86% (Feb 2019 - Jan 2020)	No Change	2.19%	2.90%	
Emergency super-stranded rate (12 mth rolling) HES Inpatients (Apr 2020)	3.53% (Mar 2019 - Feb 2020)	3.45% (Feb 2019 - Jan 2020)	0.08 ↑	4.67%	5.18%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Apr 2020)	92.12% (Mar 2019 - Feb 2020)	91.95% (Feb 2019 - Jan 2020)	0.17 ↑	77.92%	79.02%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Apr 2020)	0.42% (Mar 2019 - Feb 2020)	0.41% (Feb 2019 - Jan 2020)	0.01 ↑	0.90%	0.86%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Apr 2020)	83.35 (Mar 2019 - Feb 2020)	82.80 (Feb 2019 - Jan 2020)	0.55 ↑	105.38	99.34	Low (>95%)

Integrated Performance and Compliance Dashboard - June 2020 Finance

APPENDIX 5 - FINANCE

REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	Current Month £000's
	Actual (£'000s)
Income exc. PSF/FRF/MRET and donated asset income	29,980
Pay	18,872
Operating Non Pay	8,959
Pass through drugs and devices	1,111
Total Operating Costs	28,942
EBITDA	1,039
Interest, Depreciation and PDC	1,039
Surpus/Deficit before PSF	(0)
Impairments	0
Capital donations / grants I&E impact	0
Surplus/(Deficit) for the year	(0)

Statement of Financial Position

	Actual (£'000s)
Assets, Non Current	113,896
Assets, Current	76,566
Total Assets	190,462
Liabilities, current	(83,025)
Net current assets (current assets less current liabiitiess)	(6,459)
Liabilities, non current	(25,956)
Total Assets Employed	81,481
Taxpayers Equity	81,481

Commentary

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

As a Trust, we are applying the same internal arrangements to match the national arrangements which aim to fund providers for cost based run rates and this is underpinned by an Interim Financial Management Framework which has been agreed at the Executive and Care Group Director meetings.

At the end of M3 the Group is showing a break-even position. The year to date contributions from Optimus and the LLP are £113k and £353k respectively. It is essential that we continue to operate within run rates for the remainder of the 4 month period to 31st July 2020 to deliver a break-even position.

The Group cash balance is £52.9m which is £37.0m favourable to the NHSI plan, driven to cash received in advance from the Centre for July activity and delays in the capital programme.

Debtors days have decreased by 1 day in comparison to June 2019/20 and creditor days have increased by 20 days in comparison to 2019/20 - due to washable gowns business case purchases and a general delay in timeliness of invoices sent to the Trust due to Covid-19.

NHS
North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title of report:	Learning from Deaths Report, Quarter 1, 2020-21										
Date:	30 July 2020										
Prepared by:	Jean Macleod / Janet Alderton										
	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:

1. The Trusts HSMR value in the latest period has increased slightly to **92.24** (March 2019 to February 2020), the SHMI has decreased slightly to **98.11** (February 2019 to January 2020).
2. There has been a sustained improvement in the level of care being documented which has helped sustain the current reported national mortality statistics.
3. For 2019-20, 74% of the compulsory mortality reviews identified using the Trust Learning from Deaths policy have been reviewed. During 2020-21, to the end of quarter 1, 29% of compulsory reviews have been completed.
4. There are a number of work streams in place, to support ongoing clinical and service improvements. There is an update in relation to the current progress for implementation of the Medical Examiners and also reviews of the Covid-19 mortalities. Due to the Covid-19 pandemic other updates information have been deferred and will be added in future reports along with any nationally required monitoring in relation to the pandemic.

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

- Any new risks identified through mortality review processes are assessed and added to the risk register as needed.

Committees/groups where this item has been discussed	• Trust Outcome Performance, Delivery and Operational Group • Patient Safety & Quality Standard Committee
Recommendation	1. The Board of Directors is asked to note the content of this report and to derive assurance that there is continued focus to ensure in depth multidisciplinary learning being is obtained from mortality review processes. 2. The Board is asked to recognise the continued sustained improvement in the national mortality statistics.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 July 2020

Learning from Deaths Report

Report of the Medical Director

1. Introduction/Background

1.1 In March 2017, the National Quality Board (NQB) published national guidance "Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care". The guidance provides requirements for Trust to implement as a minimum in order ensure there is a focused approach towards responding to and learning from deaths of patients in our care.

1.2 The Trust strives to improve the care provided to all of our patients; the overall aim is to identify, understand and implement improvements where any issues are related to the provision of safe and effective quality care. It is considered that if such safety and quality improvements are initiated effectively and embedded, then the mortality statistics will naturally show improvement.

1.3 The information presented in this report provides an overview of learning from deaths that has been obtained from mortality reviews undertaken by the Trust. The Trust policy identifies some key areas where all deaths will be reviewed and also identifies additional randomly selected cases will also be included in the review process. Some compulsory review areas have small numbers; therefore, learning is presented as a summation of all reviews to reduce the risk of identifying cases directly.

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

2. Mortality Data

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

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

2.2 The latest HSMR value is now **92.24** (March 2019 to February 2020), this has slightly increased from the previously unreported **91.30** (December 2018 to November 2019). The value of 92.24 continues to remain inside the 'as expected' range.

2.3 The Trust currently has the 33rd lowest HSMR value from the 137 Trusts nationally, and the lowest value out of the 8 North East Trusts.

2.4 The Summary Hospital-level Mortality Indicator (SHMI) is a ratio between the number of actual (observed) deaths to the "expected" number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of

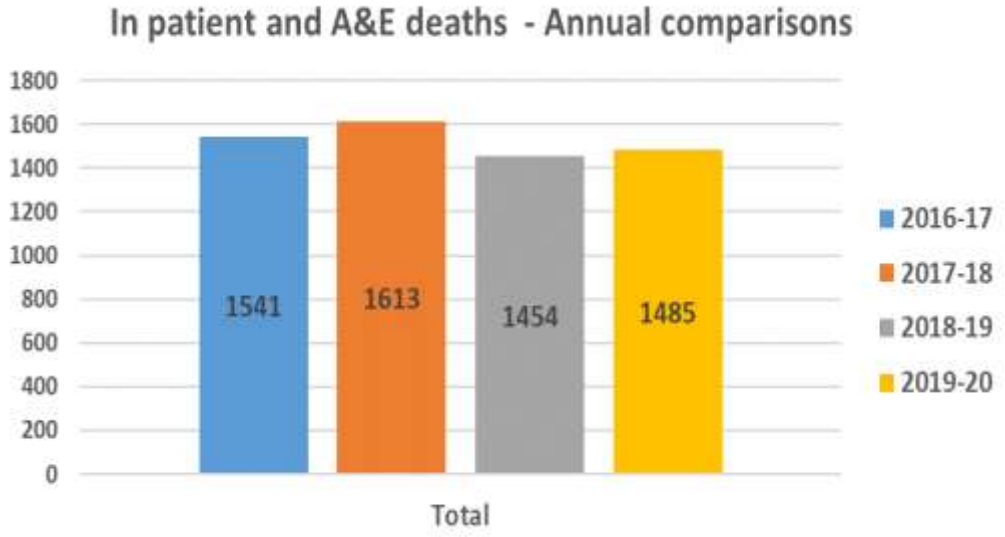
gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.

2.5 The latest SHMI value is now **98.11** (February 2019 to January 2020), this has decreased from the previously reported value of **98.53** (November 2018 to October 2019). The value of 98.11 continues to remain inside the 'as expected' range.

2.6 The Trust currently has the 51st 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 During 2019-20 the Trust recorded 1,485 deaths in Accident and Emergency and also in-patient areas. The table below provides a comparison with the previous 3 years; with a slight increase occurring from 2018-19 but with less than the previous 2 years. There is ongoing monitoring of mortality rates during the Covid-19 pandemic, the impact of which will be outlined in future reports.

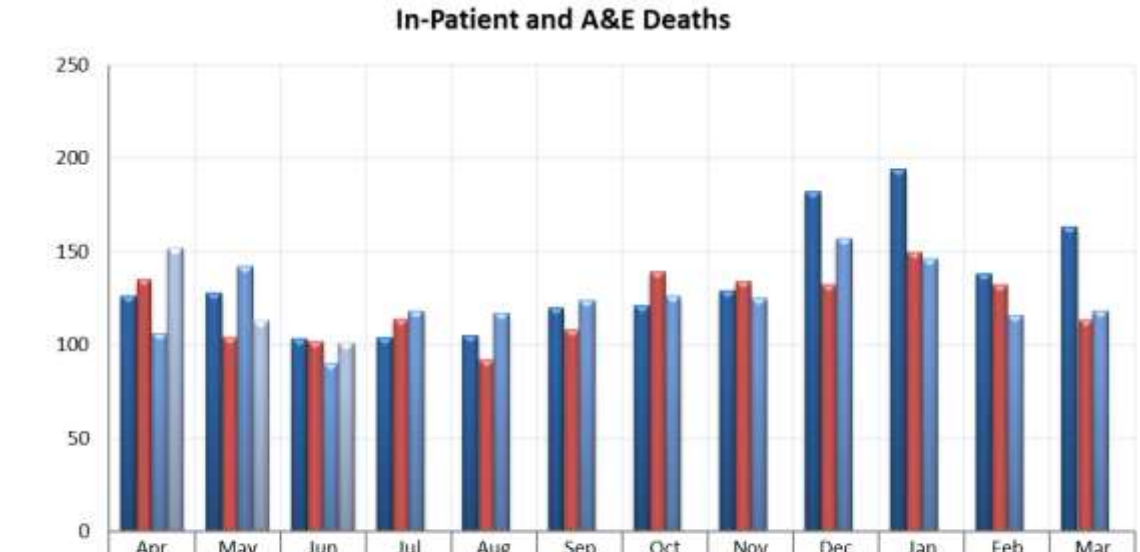


2.7 The increased focus on this should allow the Trust to maintain clearer clinical records but also maintain the current statistical mortality rates during the Covid-19 pandemic when there are nationally more deaths occurring.

3. Mortality reviews

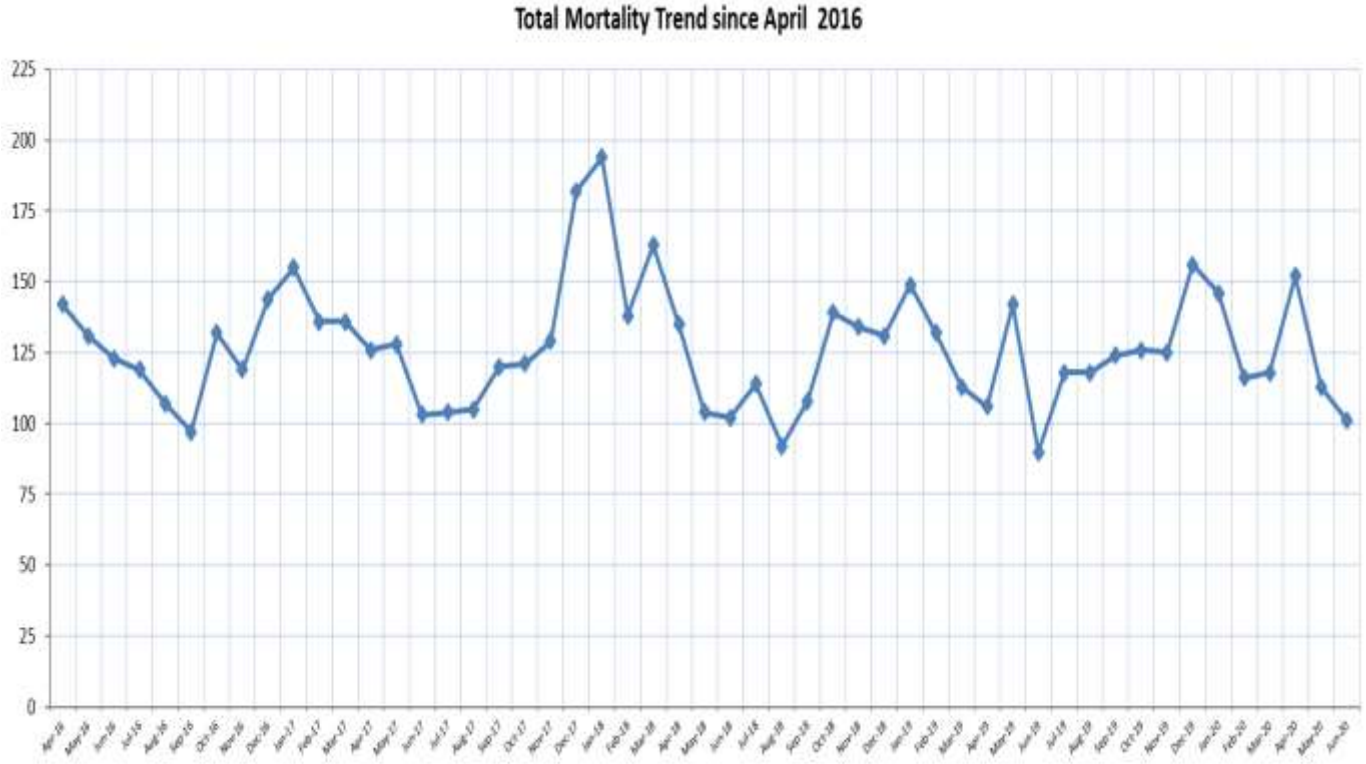
3.1 The Trust uses an electronic system to record mortality case reviews that are undertaken; this system is also used by other trusts in the region and is based on the "PRISM" methodology, one of the review tools recommended in the national guidance. This is a structured review of a case record, carried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

3.2 The Trust policy identifies that all in-patient deaths and those in the Accident and Emergency department are included in the scope of the mortality reviews. Since April 2017 the Trust has reported the following deaths:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	126	128	103	104	105	120	121	129	182	194	138	163
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	0	0	0	0	0	0	0	0	0

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



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

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

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

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

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

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

During 2019-20, there were 18 cases identified to be investigated as serious incidents, all of these were identified prior to mortality reviews being completed. One case has been identified, following investigation, and completed Coronial review, as having a Hogan score of 4 which is "probably preventable". Overall 8 of the cases remain under review, requiring information from the Coroner to complete the review and the investigations, the overall outcome will be reported in future reports. During the Covid-19 pandemic the Coroner has not undertaken any inquests, this is in line with national instruction from the Chief Coroner. Inquests are currently being restarted.

During quarter 1, 2020-21, 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 three 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 2019-20; a more detailed monthly breakdown is included in appendix 1.

Total deaths in scope	338	359	408	380	**1485**
Deaths in compulsory criteria	39	36	45	37	**157**
Compulsory case reviews completed (no.)	30	29	33	24	**116**
Compulsory case reviews completed (%)	77%	81%	73%	65%	**74%**
Compulsory reviews pending	9	7	12	13	**41**
Additional reviews completed	4	8	14	12	**38**
Total of reviews completed (no.)	34	37	47	36	**154**
Total of reviews completed (%)	10%	10%	12%	9.0%	**10%**
Reviewed Deaths considered avoidable (no.)	0	1	0	0	**1**
Reviewed Deaths considered avoidable (%)	0%	3%	0%	0%	**1%**
Reviewed Deaths considered not preventable (no.)	34	36	47	36	**153**
Reviewed Deaths considered not preventable (%)	100%	97%	100%	100%	**99%**

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

2020-21	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Total deaths in scope	366				**366**
Deaths in compulsory criteria	38				**38**
Compulsory case reviews completed (no.)	11				**11**
Compulsory case reviews completed (%)	29%				**29%**
Compulsory reviews pending	27				**27**
Additional reviews completed	0				**0**
Total of reviews completed (no.)	11				**11**
Total of reviews completed (%)	3%				**3%**
Reviewed Deaths considered avoidable (no.)	0				**0**
Reviewed Deaths considered avoidable (%)	0%				**0%**
Reviewed Deaths considered not preventable (no.)	11				**11**
Reviewed Deaths considered not preventable (%)	100%				**100%**

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

3.8 **Covid-19 deaths**

At this time the Trust is undertaking a review of all deaths where the patients were recorded as being positive for Covid-19. These reviews are to assist in assessing the overall quality of the care provided to our patients during the pandemic. The information being collected will also allow the Trust to understand if the findings from national data collection is comparable to the patients who died in our care; including looking at co-morbidities such as diabetes and chronic lung disease. Summary information from these reviews will be included in future reports along with any actions taken as a result of the learning obtained.

4. Medical Examiners

A team of Medical Examiners has now been appointed using the 6 available clinical sessions and plans are in place to appoint Medical Examiner Officers (MEO) to support the service. This team will be responsible for reviewing deaths within the Trust and speaking with families to capture any feedback and concerns they may have. This team has support from the Regional ME and Regional MEO.

The team will be developing a future joint Tees-wide approach with colleagues from the established team of Medical Examiners serving the hospitals south of the Tees. This builds on the strong cross organisational co-operation among the Mortuary, Bereavement and local Registrar teams which developed in response to the Covid 19 pandemic.

There will be a re-design of the internal processes so that: reviews of deaths meet the legislative requirements, working with the Coroner; there are strong links to the internal processes of structured judgment reviews, directed by the Trust Mortality Lead; the focus on respecting each death as a source of learning for the next patient's care continues, either identifying good care to keep offering or where care could be improved.

5. Learning and actions from reviews

5.1 Bereavement surveys

The Trust introduced a survey in 2017 that asks for feedback in relation to the care given by the Trust in the period leading up to the death of a patient and also the care given to the family and carers in the period afterwards. The survey questions were developed from various national documents and also the trusts own Bereavement booklet.

This Bereavement survey is given out within the Trusts bereavement pack for families to complete when they feel able to give the necessary feedback; and is supplied with a pre-paid envelop to support returns. During 2019-20 the Trust received feedback from 102 families in relation to the care received.

The survey itself is anonymous and not only asks for feedback from families and carers; but also offers them an opportunity to request that a mortality review be completed. During 2019-20, of the 102 returns, 27 included a request for a review to be completed; many of the requests were accompanied by positive feedback about care and in some cases the request was made but no details provided about the patient involved. Despite no concerns being raised about care the reviews were arranged, for those where the patient was identified. To date none of the reviews has highlighted any clinical concern but do highlight areas where communication and compassion could have been improved. The design of the survey has been changed to support the provision of the details of the patient in future.

Where concerns were raised and details of the patient provided, these have been supplied to the clinical team involved in their care for follow up and also logged with the Patient Experience Team.

The learning from the overall content of the survey has been presented at the Trusts End of Life Steering group and actions are being developed that will support improvements in the areas highlighted. This will be linked with the learning also being obtained through feedback in the

Trusts “Family Voice” booklet; this document is provided to families / carers during the last few days of a patient’s life allowing them to record any information they want to share with us, but also prompts them to discuss any issues or worries with the staff providing care. The overall learning and any areas of improvement will be reported in future reports.

The Trust will continue to use this survey as the Medical Examiners role is embedded as it allows an opportunity for feedback later in the families mourning period. This will be reviewed again as the ME role develops.

5.2 Clinical documentation and coding

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.

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 17 consecutive quarters.

6. Conclusion/Summary

6.1 The Trusts HSMR value in the latest period is **92.24** (March 2019 to February 2020), the SHMI is currently **98.11** (February 2019 to January 2020).

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

6.3 Of the compulsory case reviews identified in the Trusts policy 74% have been reviewed during 2019-2020, an overall 10% of all deaths. During 2020-21 to date 24% of compulsory reviews have been completed to date, an overall 3% of all deaths. This percentage is less than expected as a result of the impact of winter and the current Covid-19 pandemic, both of which reduce the clinical staff’s ability to complete the reviews. There is ongoing data collection in relation to Covid-19 deaths and this will be examined further in future reports.

6.4 There are 18 cases which were investigated as serious incidents during 2019-20, eight remain under review awaiting Coroners inquests to complete these effectively. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately. There was one case identified as being “probably being preventable”.

6.5 There are 5 cases which are being investigated as serious incidents during 2020-21 to date. Three of the cases are also awaiting Coroners inquests to complete the reviews effectively. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

6.6. 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.

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

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

7. Recommendations

7.1 The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates.

7.2 The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation.

Dr D Dwarakanath
Medical Director

Appendix 1

NHS North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2019-20												
Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% liklihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 19	106	15	11	73%	4	1	12	11%	0	0%	12	100%
May-19	142	13	10	77%	3	3	13	9%	0	0%	13	100%
Jun-19	90	11	9	82%	2	0	9	10%	0	0%	9	100%
Quarter 1	338	39	30	77%	9	4	34	10%	0	0%	34	100%
Jul-19	118	11	7	64%	4	5	12	10%	0	0%	12	100%
Aug-19	117	18	16	89%	2	3	19	16%	1	7%	19	93%
Sep-19	124	7	6	86%	1	0	6	5%	0	0%	6	100%
Quarter 2	359	36	29	81%	7	8	37	10%	1	3%	36	97%
Oct-19	126	14	10	71%	4	2	12	10%	0	0%	12	100%
Nov-19	125	18	15	83%	3	5	20	16%	0	0%	20	100%
Dec-19	157	13	8	62%	5	7	15	10%	0	0%	15	100%
Quarter 3	408	45	33	73%	12	14	47	12%	0	0%	47	100%
Jan-20	146	17	12	71%	5	4	16	11%	0	0%	16	100%
Feb-20	116	12	8	67%	4	1	9	8%	0	0%	9	100%
Mar-20	118	8	4	50%	4	7	11	0%	0	0%	11	100%
Quarter 4	380	37	24	65%	13	12	36	0.3%	0	0%	36	100%
Totals	**1485**	**157**	**116**	**74%**	**41**	**38**	**154**	**10%**	**1**	**1%**	**154**	**99%**

Appendix 2

NHS	North Tees and Hartlepool NHS Foundation Trust Mortality Review Data 2020-21											
Month of death	Total No of deaths	Deaths meeting inclusion criteria	Deaths reviewed meeting inclusion criteria		Pending Review	Additional Reviews	Total Reviewed	Overall % Reviewed	Death judged as avoidable (>50% liklihood of avoidability)		Deaths reviewed judged as not preventable	
		No.	No.	%	No.	No.	No.	%	No.	%	No.	%
Apr 20	152	27	11	41%	16	0	11	7%	0	0%	11	100%
May-20	113	5	0	0%	5	0	0	0%	0	0%	0	100%
Jun-20	101	6	0	0%	6	0	0	0%	0	0%	0	100%
Quarter 1	366	38	11	29%	27	0	11	3%	0	0%	11	100%
Jul-20												
Aug-20												
Sep-20												
Quarter 2												
Oct-20												
Nov-20												
Dec-20												
Quarter 3												
Jan-21												
Feb-21												
Mar-21												
Quarter 4												
Totals	**366**	**38**	**11**	**29%**	**27**	**0**	**11**	**3%**	**0**	**0%**	**11**	**100%**

Board of Directors

North Tees and Hartlepool NHS Foundation Trust

Title of report:	Appraisal and Revalidation, Report of the Medical Director														
Date:	30 July 2020														
Prepared by:	Dr Basant Chaudhury / Alison Cavanagh														
Executive Sponsor:	Dr Deepak Dwarakanath														
Purpose of the report	Update on doctors appraisals and revalidation														
Action required:	Approve		Assurance		Discuss		Information	X							
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services	X	Health and Wellbeing								
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led						

Executive Summary and the key issues for consideration/ decision:

The report provides a summary of Medical Appraisal and Revalidation activity within the Trust in the period 1st April 2019 to 31st March 2020. It includes information on the numbers of doctors that the Trust are responsible for.

During the period 1st April 2019 to 31st March 2020 there were 66 revalidation recommendations made to the GMC by the Trust, 1 doctor has been deferred. The GMC suspended all revalidations in February 2020 due to Covid-19, writing to all doctors due to revalidate informing them their submission date had been postponed by 1 year.

A number of improvements were made to the process during the year including work being undertaken to address the issues highlighted in a gap analysis, including the updated version of a QA checklist prior to the doctors revalidation, and improvement on the Starters and Leavers monthly updates to capture overseas doctors and doctors staying after training to ensure they do not miss out on an annual appraisal.

Future developments include quality improvement activity to be more emphasised on appraisal document and will be added to the appraiser update sessions, and a review of the allocation of appraisers to ensure we have an even spread of numbers.

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

On 19 March 2020 all appraisals and revalidations and the Annual Organisation Audit were put on hold due to Covid 19, this could impact on medical appraisals for 2020-2021. due to winter pressures and Covid 19.

Committees/groups where this item has been discussed	Ps & Qs Medical Directors & Deputy Responsible officers meeting Medical Appraiser Update sessions
Recommendation	The Board of Directors are asked to note the content of the report.

North Tees and Hartlepool NHS Foundation Trust

Appraisal and Revalidation

Report of the Medical Director

1st April 2019 – 31st March 2020

1. EXECUTIVE SUMMARY

Medical Revalidation was introduced in December 2012 and is now well established within the Trust. The Medical Director (Responsible Officer) has delegated the role to the Deputy Responsible Officer. The RO has a statutory duty to ensure that the requirements of revalidation are met. To be revalidated a doctor has to demonstrate that they have been participating in annual appraisal (assessed against the requirements of the GMC's Good Medical Practice) and have undertaken at least one patient and colleague multisource feedback exercise prior to their revalidation date and that there be no concerns about their conduct and practice.

The report provides a summary of Medical Appraisal and Revalidation activity within the Trust in the period 1st April 2019 to 31st march 2020. It includes information on the number of doctors that the Trust is responsible for.

The report sets out the governance arrangements around revalidation, provides details on how the performance of doctors is monitored and how concerns with doctors are responded to. Updates on the progress regarding medical appraisal and revalidation development plans will be included in the quarterly, HR and Educational Board Report as well as the Non-Executive Directors report when required

The report seeks to assure the Board that the Trust is compliant with requirements of Medical Revalidation.

2. Background

Medical Revalidation was launched in 2012 and is a legal requirement which applies to all licenced doctors listed on the GMC register in both the public and independent sectors. It is a way that the doctors are regulated, with the aim of improving the quality of care provided to patients, ensuring patient safety and increasing public trust and confidence in the healthcare. All practising doctors in the UK are required to be connected to a Designated Body (DB), usually a NHS organisation.

The Trust also acts as the Designated Body (DB) for both the Butterwick Hospice Care and Alice House Hospice, Hartlepool and the Medical Director also presents an Annual Report to both organisations.

Trusts have a statutory duty to support and resource their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations (The Medical Profession) Responsible Officer Regulations 2010 as amended in 2013 and The General medical Council (Licence to Practise and Revalidation) and it is expected that Trust Boards will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisation
- Checking there are effective systems in place for monitoring the conduct performance of doctors
- Confirming that feedback from patients is sought periodically so their views can inform the appraisal and revalidation process for their doctors.

3. Governance Arrangements

Majority of doctors are now starting their second cycle and there is a continued requirement for the DBs to be able to provide assurance to patients and the public that appropriate systems and processes are in place to ensure that every licensed medical practitioner connected to the Trust as their Designated Body (DB) is safe to practice.

4. Medical Appraisals

4.1 Appraisal Performance Data

As at 31st March 2020 the Trust had a prescribed connection with 266 doctors and the breakdown of appraisals are as table below

Doctors with a prescribed connection to the Trust	266
Doctors completed their appraisal by 31st January 2020	255
Doctors submitted a deferral (maternity leave / illness absence	5
Doctors on long term sick	1
Doctors who did not complete their appraisal within the time due to Covid -19	5

On 19th March 2020 all appraisals and revalidations and the Annual Organisation Audit were put on hold due to Covid 19.

By moving the end of the appraisal year to 31st January 2020 we have a higher rate of completed appraisals. The Deputy Responsible Officer and Revalidation Administrator attended different directorates to update all doctors on the appraisal / revalidation process.

4.2 Appraisers

As at 31st March 2020 there are 49 active appraisers within the Trust, all whom have undertaken appraisal for revalidation training. This training is a one day training event held annually to maintain a ratio of 1:5 of appraisers to the connected doctors. All trained appraisers are invited to are required to have annual refresher training.

The objectives of the Training include:

- Be familiar with the Trusts appraisal policy and process.

- Be up-to-date with the requirements of the GMC

- Understand the role of the appraisal in the revalidation process, based on the most current information from the GMC and NHS England

- Maintain the skills required to conduct an effective appraisal interview

At the end of the appraisal year 15 appraisers will be selected at random and based on doctors feedback receive face to face feedback session with the Deputy RO and the Revalidation Administrator.

5. Revalidation

During the period 1st April 2019 to 31st March 2020 there were 66 revalidation recommendations made to the GMC by the Trust, 1 doctor has been deferred. The GMC suspended all revalidations in February 2020 due to Covid-19, writing to all doctors due to revalidate informing them their submission date had been postponed by 1 year. Following feedback from responsible officers from across the UK doctors who were due to revalidate 2019/2020 - 2020/2021 have now been placed under notice. 70 doctors have been placed under notice and are scheduled to revalidate between 1st April 2020 – 1st April 2022, (the number is variable as new doctors join and some leave). To be under notice means that the doctors may be recommended for revalidation as soon as they fulfil the desired requirements

6. Access, Security and Confidentiality

The Appraisal Policy confirms that only the MD, Deputy RO and Revalidation Administrator have access to the appraisal documentation. All data is stored securely and in accordance with Data Protection legislation must not contain any patient identifiable data.

7. Improvements in the last year

- Work has now been undertaken to address the issues highlighted in a gap analysis, including the updated version of a QA checklist prior to the doctors revalidation

- Close monitoring of appraiser attendance at annual update sessions.

- Improvement of the Starters and Leavers monthly updates

- Updated Medical appraisal document, the documents is under constant review to reflect any changes that may be required in line with guidance from the GMC and effect of covid-19

8. Development's required / Next Steps

- Quality improvement activity to be more emphasised on the appraisal document and will be added to the appraiser update sessions

- Yellowfin reporting system to be used to create an appraisal/revalidation dashboard

- Review of allocation of appraisers to ensure we have an even spread of numbers

- Regular newsletter to inform doctors of key information on medical appraisal / revalidation

- Improvement on communication on doctors coming from training into a fixed term contract / overseas doctors employed by the trust are currently not included on the monthly starters lists

9. Issues highlighted

The team requires continued support of the trustees, executive board, HR and Medical Education Directorate to continue to achieve and maintain high standards in appraisal and revalidation of doctors.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	NMC Revalidation quality monitoring process										
Date:	30 July 2020										
Prepared by:	Julie Lane, Chief Nurse / Director of Patient Safety and Quality										
Executive Sponsor:	Julie Lane, Chief Nurse / Director of Patient Safety and Quality										
Purpose of the report	To provide members of the Board of Directors with assurance in relation to quality monitoring of the NMC revalidation process for nurses and midwives.										
Action required:	Approve		Assurance	x	Discuss		Information				
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	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

This report aims to describe progress made in relation to the revalidation process for Nurses and Midwives introduced in April 2016. This process builds upon existing renewal requirements in order to demonstrate that the registrant maintains the professional standards of practice and behaviour to be a safe practitioner.

In order to revalidate the registrant must demonstrate they have achieved 450 practice hours, evidence of 35 hours Continuous Professional Development (CPD), completed five pieces of written reflective accounts and five records of feedback.

To provide assurance with respect to the quality of portfolio evidence and adherence to NMC requirements for revalidation, a quality monitoring process has been developed.

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

The risk identified is that registrants employed in the Trust may not comply with NMC revalidation requirements, and will not be eligible to remain on the professional register to practice: compromising patient care and safety.

This report details the monitoring process in place for compliance of renewal of professional registration and revalidation.

Committees/groups where this item has been discussed	Integrated Professional Board
Recommendation	The Board of Directors is asked to note the content of the report and the processes in place to ensure a robust system for support for Nursing and Midwifery Revalidation within the Trust.

North Tees & Hartlepool NHS Foundation Trust

Meeting of Board of Directors

30 July 2020

Nursing and Midwifery Revalidation

Report of the Chief Nurse/Director of Patient Safety and Quality

1 Introduction

1.1 Since April 2016 all Registered Nurses and Midwives are required to renew their registration with the Nursing and Midwifery Council (NMC) each year and are required to revalidate every three years. The revalidation process requires the registrant to demonstrate continued ability to practice safely and effectively and produce evidence of current practice.

1.2 The Code (NMC, 2018) advise that revalidation is the responsibility of the registrant and that it is the role of employers to provide support for registrants who wish to revalidate. The Head of Nursing Education and Placements and the Heads of Nursing and Midwifery for Healthy Lives, Responsive Care and Collaborative Care Groups are identified as the operational leads for revalidation within the Trust on behalf of the Chief Nurse/Director of Patient Safety and Quality.

1.3 In order to revalidate the registrant must demonstrate that in the preceding three years they have achieved 450 practice hours within the scope of their role, evidence of 35 hours of Continuous Professional Development (CPD), completed five pieces of written reflective accounts and evidence of five records of feedback on their performance. This is supported by a reflective discussion with another registrant and written confirmation of the evidence collected.

1.4 Revalidation should lead to improved practice to the benefit of public protection. One of the main strengths of this process is to reinforce the values of The Code (2018) by integration into the evidence that registrants are required to provide. Revalidation ensures that all registered nurses and midwives undertake the prescribed hours of practice and professional development activities to maintain knowledge and skills required to maintain competencies that are required in their role. Collation of practice related feedback will help registrants to become more responsive to the needs of our patients, and reflective practice will help to identify changes or improvements required.

2 Preparation and support for registrants

2.1 Revalidation was introduced in 2016 and is well established with current registrants. Newly qualified registrants are introduced to the revalidation process in the preceptorship programme.

2.2 Individual queries from registrants are dealt with as they arise by the Head of Nursing Education and Placements or Care Group Head of Nursing who can confirm the registration requirement as necessary.

3 Monitoring compliance

3.1 Nursing and midwifery registration and revalidation is monitored by the Trust's Electronic Staff Records system (ESR) which automatically notifies line managers when their registrants are due to revalidate.

3.2 Reports are generated by the ESR system and sent to relevant Matrons/Senior Professionals providing details of all staff who are due to renew registration and revalidate. The Heads of Nursing/Midwifery receive an overall report for their Care Group.

3.3 Should a registrant fail to renew registration or revalidate this is flagged centrally to the Workforce Team and escalated to the Care Group Head of Nursing and the appropriate Senior Clinical Matron/Professional. Professional registration issues are referred to the Deputy Chief Nurse / Chief Nurse by the Care Group Head of Nursing.

3.4 The Revalidation Policy has been reviewed and revised to reflect changes since the inception of revalidation and is to be presented to the Integrated Professional Board in September for ratification.

4 Recommendation

The Board is asked to note the content of the report and the processes in place to ensure a robust system of support for Nursing and Midwifery Revalidation within the organisation.

Julie Lane
Chief Nurse/Director of Patient Safety and Quality

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Infection Prevention and Control Board Assurance Framework										
Date:	30 July 2020										
Prepared by:	Lesley Wharton										
Executive Sponsor:	Julie Lane, Chief Nurse, Director of Quality and Patient Safety										
Purpose of the report	To inform the Board about the assessment against the IPC Board Assurance Framework										
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		Health and Wellbeing				
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:

This report is a Covid Board Assurance document sent to all trusts by NHSEI as part of the framework for trusts to be assured that they are meeting the requirements of the Covid infection prevention and control guidance.
The framework has been reviewed twice and a bank of evidence to support the Trust position is available but evidence to support the Trust position is available but not all embedded due to size. Where full assurance is not available remedial measures are being put in place, and testing of the assurance is being introduced via audit and spot visits to wards and departments.
Further iterations of the document may be provided by NHSEI as the guidance and national position changes but the Trust should repeat the assessment prior to winter as part of our preparation for a second wave or local outbreaks.
The document has become part of the CQC support framework and additional information has Been requested and provided to CQC prior to a discussion on 31 July 2020

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

The report has not raised new risks but should be used in conjunction with the existing risks relating to availability of PPE, access to fit testing and the risk of transmission of Covid to staff and patients

Committees/groups where this item has been discussed	Infection Control Committee PS&QS Executive Team
Recommendation	The Board is requested to note the contents of this assessment, support the actions that are required to increase assurance and accept the recommendation that the assessment is repeated by November 2020

Publications approval reference: 001559

Infection prevention and control board assurance framework

23 June 2020, Version 1.2

Assessment for North Tees and Hartlepool NHS Foundation Trust, May 2020

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating

and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes • patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission • compliance with the national guidance around discharge or transfer of COVID-19 positive patients	COVID 19 resp Adult Draft v2 testing flow chart for CH.pptx Elective Caesarean section COVID 19 COVID 19 red pathway IDT ISPA COVID 19 Amber pathway IDT ISPA Green pathway V1.0.docx	Confirmation of process – audit of random sample to be carried out.	

• all staff **(clinical and non clinical)** are trained in putting on and removing PPE, know what PPE they should wear for each setting and context; and have access to PPE that protects them for the appropriate setting and context as per national guidance	Yes. Guidance available to all staff. PPE safety officers to support staff. PPE available in line with national guidance		
• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Yes. IPC team check guidance 7 days per week via email alerts from gov.uk and new information shared via communications to staff and via PPE Safety officers  PPE guidance v2 11 04 2020.pptx (currently being updated)		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Achieved via Strategic Group meeting and Sub Groups. Covid discussed twice per week by Exec Team. Weekly briefing to Board where risks would be highlighted		
• risks are reflected in risk registers and the Board	Specific Covid risk register discussed weekly by Exec Team. Covid included in each part of BAF		

Assurance Framework where appropriate • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	 HCR430.1 - Nursing Admission Document Integral in core admission document		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas • designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Staff training re PPE donning/doffing, swabbing and safe systems of work provided by IPCT. Use of trained PPE safety officers to support staff in clinical areas. Registers of training available Domestic staff have been trained and shown how to use PPE. National guidance on cleaning of Covid areas provided to staff. Domestic staff allocated to specific areas		

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Confirmed that this is in place and national guidance is in line with Trust policy		
• increased frequency, **at least twice daily,** of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Additional touch point cleaning in place throughout trust		
• attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	Increased toilet cleaning in place in all wards		
• cleaning is carried out with neutral detergent, a chlorine based disinfectant, in the form of a solution at a minimum strength of 1,000 ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team	Cleaning carried out using Actichlor plus – a combined detergent and chlorine product		

should be consulted on this to ensure that this is effective against enveloped viruses
 	
• manufacturers guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products
 	
• as per national guidance
 	
  ○ frequently touched surfaces eg door/toilet handles, patient call bells, over bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids
  ○ electronic equipment eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily
	Yes. Part of induction training for domestic staff
	
	Touch point cleaning in clinical areas plus additional cleaning of frequently touched surfaces in communal areas
	
	Personal responsibility plus role of ward clerks to clean workstations with appropriate products		

○ rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken • single use items are used where possible and according to Single Use Policy • reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	Rooms cleaned twice daily, morning and evening All treated as infectious linen which is in line with Trust policy  EF29 version 2 0 Linen policy.pdf Access to single use items eg BP cuffs, tourniquets etc In line with trust policy IC12  IC12 version 7 - Local decontamination  SOP for single-use gowns disinfection		

• review and ensure good ventilation in admission and waiting areas to minimize opportunistic airborne transmission	Reviewed and neutral ventilation in place wherever possible		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained	Antibiotic ward rounds in ITU. Working with Trakcare to use EPMA to assist with stewardship eg restricting antibiotic choices and facilitating audit. Guidelines under review and will then be made available via an App	Engagement with Trust Antibiotic Group	Review and refresh of membership and terms of reference
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	All mandatory reporting requirements continue to be met. HCAI data capture system completed and signed off in timely manner. HCAI information reported to each Board meeting via Integrated Performance report		

	CARBAPENEMS - DDDs admissions ACCESS - WATCH - RESERVCE - proportic Piperacillin - Tazobac tam - DDDs - admission		

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	Visiting suspended other than for partners at birth, parents of children and exceptional circumstances Visiting.docx		
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	Access restricted with PAC access (except Amb/ACU area). Signage in place.		

• information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Yes Clear information and links to national guidance from every page of Trust website  Website information.docx This would be included in discharge letter/transfer handover	Not a mandatory field in discharge letter therefore relies on individual completing letter to include	Awareness raising within care groups re importance of including Covid status in discharge/transfer documentation.
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of	Yes. Admission pathways for red/green patients via ED/UCC/SDU  testing flow chart for CH.pptx  Cohorting SOP.xlsx		

cross-infection as per national guidance			
• mask usage is emphasized for suspected individuals	Yes.. In line with national guidance and local pathways		
• ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff	Limited use of waiting areas, screens in pace at reception desks and widespread use of masks		
• for patients with new onset symptoms it is important to achieve isolation and instigation of contact tracing as soon as possible	Yes. IPC team involved in contact tracing		
• patients with suspected COVID-19 are tested promptly	Yes. Testing available 24/7 with prompt result availability. Testing of all patients who fit criteria. Majority of patients tested in ED prior to transfer to base wards  NTH_MIC_PCR_9 C ovid 19 SOP - Mico		
• patients that test negative but display or go on to develop symptoms of COVID-19 are	Weekly testing of all in patients plus monitoring of patients during 7 day		

segregated and promptly re-tested	period and testing in place if symptoms develop.		
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Yes. Asked not to attend if symptomatic and questions asked on arrival for appointments. Segregated immediately and testing undertaken. Unless admission is required patient will be sent home with appropriate guidance around isolation at home		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	Training provided for staff and PPE safety officers who provide training and support in clinical areas  PPE Safety Officer SUPPORT poster.pdf		
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and	Yes. As above. Donning/doffing training provided and records kept		

on how to safely don and doff it			
• a record of staff training is maintained	Yes. Maintained by IPC team		
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Yes. Agreed via Strategic Group and IPC/Supplies sub groups with SOPs in place		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Datix reporting encouraged and incidents will be investigated.		
• adherence to PHE national guidance on the use of PPE is regularly audited	No. Audit has been developed and will be in use from 1 July 2020		Feedback of compliance into HCAI Operational Group/ICC
• staff regularly undertake hand hygiene and observe standard infection control precautions	Yes. Monthly hand hygiene observations completed and scores available on safety dashboard		
• hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent,	Hand driers only used in public toilets where there is a risk of flooding caused by disposal of hand towels into toilets.		Review use of hand towels in these areas

disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance • guidance on hand hygiene, including drying, should be clearly displayed in public toilet areas as well as staff areas • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	 Techniques - Handwash.pdf Yes. Laundering is available via external provider but home laundering requirements within national Covid IPC guidance is consistent with existing Trust policy  HR18 version 6 - Uniform & Personal Yes. Workforce advice line available and utilised by staff. Testing is available for staff and household members		
7. Provide or secure adequate isolation facilities			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate • areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Operational plans within care groups which identify red/green areas. Single rooms with neutral pressure used as first choice. Yes. Reviewed by IPC team Yes. In line with existing IPC policies		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure:			

• testing is undertaken by competent and trained individuals	Yes. Staff and PPE safety officers have been trained in how to take swabs and guidance posters and videos have been made available		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	Yes. Testing available 24/7		
• screening for other potential infections takes place	Yes. Although not able to use Covid swab to test for other infections, other samples such as blood, urine, sputum is sent where infection is suspected		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that:			
• staff are supported in adhering to all IPC policies, including those for other alert organisms	Yes. Experienced IPC team in place to support staff, assisted by PPE safety officers in clinical areas		
• any changes to the PHE national guidance on PPE are quickly identified and	Guidance monitored daily for updates/changes which are communicated via communications		

effectively communicated to staff	messages and PPE safety officers to staff.		
• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	Yes. All waste handled as Category B waste in line with national guidance and trust policy		
• PPE stock is appropriately stored and accessible to staff who require it	Managed via procurement department with access out of hours as needed		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Risk assessment process/ working from home assessments/Staff support available/screensavers  HR76 version 1 -supporting staff -  Manager guidance pay arrangements  Staff support.docx		

• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Fit testing carried out by external contractors and lists of staff maintained by IPC team. Training and instructions provided on decontamination of respirators		
• consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross over of care pathways between planned and elective care pathways and urgent and emergency care pathways as per national guidance	Managed daily at staffing meetings. Movement of staff avoided where possible but may be required to maintain patient safety.		
• all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non clinical areas	 social distance card-06.png  social distance STAFF-02.png		
• consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	Yes. Additional break rooms created to facilitate this		

• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work.	 Procedure for booking Swab testing  SOP-OH results of COVID screening		

Board of Directors

North Tees and Hartlepool NHS Foundation Trust

Title of report:	Workforce Race Equality Scheme (WRES) 2020												
Date:	30 July 2020												
Prepared by:	Nicola Hogarth, Employee Relations Advisor												
Executive Sponsor:	Alan Sheppard, Chief People Officer												
Purpose of the report	The WRES requires NHS Trusts to undertake an assessment against nine core indicators. The indicators are split across four workforce metrics, four staff survey findings and one Trust Board level information. In order to meet the requirement for 2020, the Trust is required to publish data (as at 31 March 2020), no later than 31 August 2020 to NHS England via the NHS Digital Strategic Data Collection Service (SDCS). In addition to this, the Trust must publish the WRES data on the corporate website by Friday, 28 September 2020.												
Action required:	Approve	x	Assurance	x	Discuss		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		Effective		Responsive		Well Led	x			

Executive Summary and the key issues for consideration/ decision:

The Workforce Race Equality Standard (WRES) was introduced as part of the NHS Standard Contract in 2015 to ensure that employees from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Extensive research has been undertaken which has proven that there exists an inherent link between the experience of BAME staff and the standard of patient care delivered.

The WRES consists of nine metrics which considers the fairness of how BAME staff are treated and NHS organisations are required to report on the metrics annually and implement an action plan to address any disparities in an attempt to close the gap between the experience of BAME staff and white staff.

The report contains detailed information regarding the nine metrics and the actions identified. The final metric relates to BAME board representation and whilst the figure of 5.3% BAME Board Members would suggest that further action is required, benchmarking data for the WRES across the North East and Yorkshire in 2019 showed that the Trust was above average in this metric. The Trust Board is requested to note the content of this report and confirm approval for the submission to be made online to the NHS Digital Strategic Data Collection Service (SDCS) following Board approval.	
How this report impacts on current risks or highlights new risks:	
The Trust will aim to reduce/eliminate the differences between the treatment and experience of disabled and non-disabled staff. An action plan will be devised for 2020 which will set out the actions required to achieve this.	
Committees/groups where this item has been discussed	
Recommendation	The Trust Board are requested to acknowledge the results for the Workforce Disability Equality Standard (2020) as reported within section 3 of this paper and approve publication of the paper and data.

North Tees & Hartlepool NHS Foundation Trust

Board of Directors Meeting

30 July 2020

NHS Workforce Race Equality Standard 2020

1. Introduction

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

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

National research shows that those individuals who are from a Black, Asian or Minority Ethnic background are:

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

The WRES consists of nine metrics which consider the fairness of how BAME staff are treated. Trusts must report on the metrics annually and implement an action plan to address any disparities highlighted by the information, in an attempt to try and close the gap between the experience of BAME staff as compared to White staff.

We are now entering the sixth year of WRES reporting and the importance of workforce equality is even more critical this year, due to Covid-19 and the disproportionate effect that the virus has been shown to have on individuals who are from a BAME background. Whilst the WRES does not specifically consider Covid-19, it is important that this issue is acknowledged in this paper.

2. Trust Requirements

The WRES requires NHS Trusts to assess against nine core indicators. The nine indicators are split into: workforce metrics (four); staff survey findings (four), and; Board information (one).

In order to meet the requirements for 2020, the Trust is required to publish data (as at 31 March 2020) no later than 31 August 2020 to NHS England via the NHS Digital Strategic Data Collection Service (SDCS). In addition to this, the Trust must publish the WRES data on the Trust's corporate website no later than Friday 28 September 2020.

3. WRES Results 2020

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. The baseline data has been extracted and calculated to determine a response to each of the nine WRES indicators. Comparison against the Trust's results for 2019 is also included for reference.

WRES Indicator	2020 Data	2019 Data
Number of staff in post *(Please refer to Appendix 1 for further breakdown of BAME Staff)*	White: 4018 employees (87%) BAME: 516 employees (11%) Not Stated: 72 employees (2%)	White: 3989 employees (87%) BAME: 526 employees (11%) Not Stated: 90 employees (2%)
Shortlisting of applicants The relative likelihood of White staff being appointed from shortlisting compared to BAME staff. *(A figure below "1" indicates that white candidates are less likely than BAME candidates to be appointed from shortlisting).*	0:99	0:86
Disciplinary Processes The relative likelihood of BAME staff entering a formal disciplinary process as compared to white staff. *(A figure below "1" indicates that BAME staff are less likely than white staff to enter the formal disciplinary process).*	0:69	0:76
Opportunities to access non-mandatory training Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff. *(A figure below "1" indicates that white staff members are less likely to access*	0:77	0:67

non-mandatory training and CPD than BAME staff).		
Staff Survey 2019 % of White Staff experiencing harassment, bullying or abuse from patients, relatives or the public. % of BAME Staff experiencing harassment, bullying or abuse from patients, relatives or the public.	28.00% 42.30%	26.90% 37.50%
Staff Survey 2019 % of White Staff experiencing harassment, bullying or abuse from staff. % of BAME Staff experiencing harassment, bullying or abuse from staff.	18.40% 33.80%	18.30% 31.30%
Staff Survey 2019 % White staff believing that the Trust provides equal opportunities for career progression or promotion. % BAME staff believing that the Trust provides equal opportunities for career progression or promotion.	90.20% 77.40%	91.40% 85.70%
Staff Survey 2019 % White staff who have personally experienced discrimination at work from their manager/team leader/colleague. % BAME staff who have personally experienced discrimination at work from their manager/team leader/colleague.	4.2% 11.7%	4.4% 8.5%

Voting Board Members:		
White	9	8
BAME	1	1
% Board BAME	5.3%	6.7%
Overall Workforce % BAME	11%	11%
Difference (Total Board minus the overall workforce)	-5.9%	-4.8%

4. What do the results tell us?

4.1 (Indicator 1) Staff BAME Representation

The overall percentage of BAME Staff in the workforce is 11%, which has remained consistent when compared against the 2019 WRES data.

The majority of BAME staff are employed by the Trust in a clinical role, which is reported as 95% of the total BAME workforce.

When compared against the Trust's workforce as a whole: 10.8% of clinical roles are undertaken by BAME employees, and: 0.6% of non-clinical roles are undertaken by BAME employees.

The overall BAME staff figures continue to highlight that the Trust is fairly well represented in comparison to the Government's Office for National Statistics, which reports a 5% BAME population in the North East of England.

Equality of opportunity in relation to recruitment and career progression continues to be monitored as part of the Equality Delivery System (EDS) 2.

4.2 (Indicator 2) Relative Likelihood of staff being appointed from shortlisting

During the period 1 April 2019 to 31 March 2020, the Trust received a total of 12,180 applications for vacancies. Of the total applications received, 4,211 applications were shortlisted for interview of which:

- 85% were from White applicants;
- 11% were from BAME applicants;
- 4% of applicants chose not to disclose their ethnicity.

Of the individuals who attended for interview, 480 applicants were successfully appointed to positions within the Trust, of which:

- 88% were White applicants;
- 11.5% were BAME applicants;
- 0.5% (2) applicants chose not to disclose their ethnicity.

Analysis of the Trust's recruitment data has shown that there is a higher likelihood of BAME applicants who were appointed from shortlisting, as compared to White applicants.

The Trust will continue to ensure that recruiting managers have attended relevant recruitment and selection training (which includes equality and diversity training) prior to sitting on an interview panel.

4.3 (Indicator 3) Relative Likelihood of staff entering formal disciplinary processes

The figures suggest that there does not appear to be a disproportionate number of BAME staff entering formal disciplinary processes.

The Trust has recorded a total of 38 formal disciplinary cases for the period 2019/20. Of those cases recorded, 34 employees were of White ethnicity, 3 employees were of a BAME ethnicity and 1 employee chose not to disclose their ethnic status.

The Trust will continue to monitor the ethnicity of all employees in relation to discipline, grievances, allegations of bullying and harassment and capability procedures.

4.4 (Indicator 4) Relative likelihood of staff accessing non-mandatory training and continuing professional development

The figures reported within this metric suggest that the relevant likelihood of BAME staff accessing non mandatory training is greater when compared to staff from a white ethnicity.

There are a number of developmental opportunities that are directly aimed at BAME staff. This includes the 'Ready Now' programme for BAME staff at Bands 8a and above and the 'Stepping Up' programme for BAME staff at Bands 5 – 7.

4.5 (Indicators 5 to 8) Annual Staff Survey Results for 2019

In previous years, the Trust has opted to undertake a sample staff survey of 1,250 employees; however, for 2019, it was agreed that the survey would be distributed to all staff and a full census survey would be completed. Whilst it is widely accepted that a sample is reflective of the whole organisation, it is possible that there may be slight differences in the results given the significant increase in the number of staff surveyed.

Responses were received from 55% of staff, of which 8% were BAME employees. There are eleven themes reported within the staff survey which indicate an overall rating out of ten. The themes are based on a % score and may vary in terms of a positive higher % and a positive lower %.

One of the eleven themes specifically relates to Equality, Diversity and Inclusion and the Trust's overall score in relation to this theme was 9.3 as compared to an average benchmark score of 9.2 and an increase of 0.1 when compared against the Trust's score for 2018 (9.2).

Another theme relates to Safe environment - Bullying and Harassment and the Trust's score in relation to this theme was 9.2, which is the same as the national benchmark and is unchanged when compared against the score we reported for 2018.

The WRES undertakes further analysis of the two themes to consider and compare the experiences between BAME employees and White employees and the indicators below show the Trust's results for 2019:

- The results for 2019 indicate that there has been a slight overall increase in the number of number of staff who have reported that they have experienced bullying, harassment and abuse from patients, relatives or the public in the last 12 months. When we consider this

by ethnicity, the score has increased by 2% for employees from a White background, whereas this has increased by nearly 5% for employees from a BAME background.

- In respect of the number of staff who have reported that they have experienced bullying, harassment and abuse from staff in the last 12 months, this figure is unchanged for White staff (18%), whereas for BAME staff this has increased by nearly 3% to 34% of all BAME respondents.

- The percentage of BAME staff who believe that the Trust provides equal opportunities for career progression or promotion has decreased from 86% as reported in 2018, to 77% in 2019. The figure reported by White staff has remained unchanged at 90%.

- The proportion of BAME staff who had reported that they have personally experienced discrimination at work from their manager, team leader or colleague has increased by 3% in 2019 to 11.7%. The figure reported by White staff has increased from 4.4% in 2018 to 5.5% in 2019.

The Trust is committed to adopting a zero tolerance approach in relation to bullying, harassment or abuse; whether that is from patients, relatives, members of the public or a members of staff. Promotion of this approach, including raising awareness of the various sources of support that are available for staff to access in relation to this issue continues to take place. All concerns raised by staff are fully investigated with feedback provided to the individual who has raised the concern.

All staff are encouraged and supported in reporting any unacceptable behaviour from patients, relatives or members of the public. All patient/public related incidents are recorded on Datix and are addressed within the working environment. Concerns regarding the behaviours or actions from staff are addressed in accordance with the Trust's grievance and disciplinary policies.

There are numerous support systems within the Trust aimed at supporting staff that may be experiencing bullying or harassment from staff, this includes:

- Workforce Team/Employee Relations Team
- Occupational Health
- First Stop Contact Officers (FSCO)
- Mediation
- Counselling
- Trade Unions
- Chaplains

The Trust has identified two Workforce Race Equality Leads who are committed to promoting equality across the organisation and eliminating discrimination within the BAME workforce. The Race Equality Leads are keen to ensure that all BAME employees have a voice within the organisation and a safe space in which they can raise any concerns they may have, and have confidence that they will be signposted to appropriate sources of support.

Despite a number of attempts to develop and grow a BAME staff network, membership has remained limited to only five BAME employees, with support from the Employee Relations team.

The emerging evidence regarding the disproportionate effect that Covid-19 is having on individuals who are from a BAME background has highlighted more than ever the need for an established staff network – a forum whereby our BAME workforce can collectively feedback

any comments, concerns or suggestions for improvement. An initial session was held on 2 July 2020 and whilst the number of members remains low, the feedback received was extremely valuable and the group have identified a number of actions which should increase membership for future sessions.

As the network continues to develop, it is expected that future sessions will cover a range of topics including, but not limited to:

- Discussion of the Trust's WRES metrics and development of a shared action plan;
- Identification of training needs specifically for BAME employees, including advice on the provision of courses to meet those needs;
- Celebration of cultural events;
- Educational sessions for non-BAME employees to promote inclusivity and raise awareness of differing cultural needs.

In additional to engagement with our BAME workforce, activity continues to take place at a directorate level to review existing staff survey plans and identify further actions to address identified areas of concern.

This activity was enhanced during 2019 in response to the 2018 staff survey and a manager's guidance document was distributed to all staff survey leads, which includes suggested actions to address areas of concern. The organisation development and employee engagement team delivered a series of 'master classes' during July and August to assist directorate leads in the development of their own local action plans.

4.6 (Indicator 9) BAME Board Representation

The final WRES metric relates to BAME representation within the Trust's Board of Directors. Whilst the figure of 5.3% of BAME Board members would suggest that further action is required, benchmarking data for the WRES across the North East and Yorkshire in 2019 showed that the Trust was above average in this metric. Further benchmarking will take place once the results for 2020 have been published.

The Trust continues to implement fair and transparent recruitment processes for all positions at all levels of the organisation.

5. Action Planning

A number of actions have taken place during 2019 and 2020 to implement the standard and improve the culture of the organisation to the benefit of all staff and patients. These include:

- Publication of the WRES standard for 2019.

- Embedding equality within the Trust's Culture Group, with feedback to the group on a monthly basis.

- Regular meetings of the Keeping People Safe group to identify actions aimed at reducing the number of incidents where staff may experience verbal or physical abuse from patients, relatives or service users.

- Continued promotion of the BAME staff network, with transition to a virtual platform in July 2020.

- Promotion of the Trust's Freedom to Speak Up Guardian for the reporting of concerns, including attendance at the BAME Staff Network.

- An exercise took place in May 2020 to encourage all staff members with an 'undisclosed' ethnic status to report their ethnicity.

- Engagement with BAME colleagues during Ramadan 2020, including guidance to staff and managers on how staff should be supported during this period.

- Promotion of development opportunities to BAME employees, including the 'Ready Now' and 'Stepping Up' programmes.

- Introduction and roll out of the Customer Services Charter.

During the current Covid-19 pandemic, additional actions have been identified to ensure that BAME colleagues feel safe and supported whilst at work. These include:

- Development of a Covid-19 Risk Assessment tool, specifically for BAME employees.
- Encouraging line managers to meet with their BAME employees on a 1:1 basis to discuss any concerns they may have and complete a questionnaire which will identify the need for a BAME risk assessment.
- Enhanced ethnicity monitoring in relation to: staff absence; Covid-19 swab tests, and; referrals to the staff psychological support hub.

A supporting WRES action plan for 2020 is currently being developed and it is intended that the key areas for internal focus will include:

- Supporting the BAME staff network group to grow further, with specific activities to 'recruit' new members to the group.

- Development of a Patient Charter via the Keeping People Safe Group to promote the Trust's zero tolerance approach to bullying and harassment. This includes the introduction of a staff policy, with clear lines of escalation so that staff are aware of their rights when dealing with a difficult patient and feel supported when carrying out their role.

- Continued roll out of the Customer Services charter and the behavioural standards framework for all staff members.

- Implementation of a new recruitment and selection e-learning programme for recruiting managers as part of the ICS Equality Delivery Group.

- Launch of the Trust's Values Based Recruitment initiative, which will include consideration of essential values such as respect and valuing diversity.

- Promoting and celebrating the various religious and cultural festivals in recognition of our diverse workforce.

- Publicise BAME Staff as role models and highlight their visible role within the organisation.

- Assisting managers in addressing concerns arising from the staff survey at a local level, as part of the directorate staff survey action plans.

6. Conclusion

The WRES is important as research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WRES will enable us to better understand the experiences of our BAME staff. It will support positive change for existing employees and enable a more inclusive environment for BAME staff working in the NHS.

There are a number of positive trends which remain consistent with the data reported in previous years and it is encouraging that the three workforce metrics (2-4) each report that employees from a BAME ethnicity are: more likely to be appointed from shortlisting; more likely to access non-mandatory training, and; less likely to enter formal disciplinary processes, when compared to colleagues from a White ethnicity.

However, the data in relation to the staff survey metrics continues to identify areas for improvement and it is concerning that these metrics are showing an increasing (negative) trend.

Whilst there are a number of identified actions that we intend to take forward over the next 12 months, it is vitally important that we engage with our BAME colleagues and seek to understand their views at an individual level. The BAME staff network will be an essential tool in enhancing our engagement with staff and therefore our primary focus will be to continuously promote the network and recruit new members to ensure that we have a mechanism for BAME colleagues to share their collective voice within the organisation.

The information contained within the WRES standard and progress made within the metrics and the resulting action plan for 2020 will be monitored through the Trusts Culture Group, which reports directly to the Workforce Committee.

7.0 Recommendation

The Trust Board is requested to acknowledge the results of the Workforce Race Equality Standard (2020) as reported within section 3 of this paper and to confirm their approval for the results to be submitted to NHS Digital Strategic Data Collections Service (SDCS) by the deadline of 31 August 2020.

Appendix 1

1. Metric 1 – Number of Staff in Post

The following table shows the top five staff groups with the highest BAME representation.

Non-Clinical	Clinical	Medical
Band 2: 9 employees	Band 5: 174 employees	Consultants: 110 employees *(Of which 3 are senior medical managers)*
Band 3: 6 employees	Band 6: 43 employees	Non-consultant career grade: 47 employees
Band 6: 4 employees	Band 2: 35 employees	Doctor in Training: 41 employees
Band 4: 4 employees	Band 7: 19 employees	
Band 5: 2 employees	Band 4: 9 employees	

Please note the following metrics are obtained from the Trust's Staff Survey Results for 2019. We are unable to report on other staff groups or directorates with fewer than 11 respondents, since the reporting function will not permit this for the purposes of staff confidentiality.

2. Metric 5 – Staff Survey (B&H from Patients)

Information regarding the directorates and professional staff groups with the highest % of BAME staff experiencing bullying and harassment from patients, relatives of the public in the last 12 months.

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?						
Staff Group	**No. of respondents**	**Never**	**1-2 times**	**3-5 times**	**6-10 times**	**More than 10**
	90	37%	37%	16%	7%	4%

Nursing and Midwifery Registered						
Allied Health Professionals	16	69%	25%	6%	0%	0%

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?						
Care Group	**No. of respondents**	**Never**	**1-2 times**	**3-5times**	**6-10 times**	**More than 10**
Responsive Care	86	53%	21%	16%	3%	6%

3. Metric 6 - Staff Survey (B&H from staff)

Information regarding the directorates and professional groups with the highest % of BAME staff experiencing bullying and harassment from staff. This is further broken down to show bullying and harassment from managers and bullying and harassment from other colleagues.

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?						
Staff Group	**No. of respondents**	**Never**	**1-2 times**	**3-5times**	**6-10 times**	**More than 10**
Allied Health Professionals	16	69%	19%	9%	6%	0%
Medical and Dental	66	88%	11%	0%	0%	2%
Additional Clinical Services	25	88%	12%	0%	0%	0%

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?						
Staff Group	**No. of respondents**	**Never**	**1-2 times**	**3-5times**	**6-10 times**	**More than 10**
Allied Health Professionals	15	60%	33%	0%	7%	0%
Nursing and Midwifery Registered	89	67%	25%	6%	2%	0%

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?						
Care Group	**No. of respondents**	**Never**	**1-2 times**	**3-5times**	**6-10 times**	**More than 10**
Responsive Care	85	98%	1%	0%	1%	0%

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?						
Care Group	**No. of respondents**	**Never**	**1-2 times**	**3-5times**	**6-10 times**	**More than 10**
Collaborative Care	69	67%	28%	3%	1%	1%

4. Metric 7 – Staff Survey (Career Progression)

Information regarding the Care Groups and professional groups with the lowest % of BAME staff who believe that the Trust provides equal opportunities for career progression or promotion.

Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?				
Staff Group	**No. of respondents**	**Yes**	**No**	**Don't Know**
Allied Health Professionals	13	69%	31%	19%
Nursing and Midwifery Registered	69	75%	25%	23%

Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?				
Care Group	**No. of respondents**	**Yes**	**No**	**Don't Know**
Collaborative Care	55	64%	36%	24%

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	NHS Workforce Disability Equality Standard 2020										
Date:	30 July 2020										
Prepared by:	Nicola Hogarth, Employee Relations Advisor										
Executive Sponsor:	Alan Sheppard, Chief People Officer										
Purpose of the report	To meet the requirements of the Workforce Disability Equality Standard (WDES) by comparing the experiences of disabled and non-disabled staff. To ensure that employees with disabilities have equal access to career opportunities and receive fair treatment in the workplace.										
Action required:	Approve	x	Assurance	x	Discuss		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		Responsive		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

The Workforce Disability Equality Standard (WDES) came into force on 1 April 2019 as part of the NH Standard Contract to compare the experiences of disabled and non-disabled staff and to ensure th employees with disabilities have equal access to career opportunities and receive fair treatment in the workplace.

The WDES consists of ten specific metrics which consider the fairness of how disabled staff are treate Trusts are required to report on the metrics annually and the information obtained used to impleme local action plans to address any disparities in the metrics and to demonstrate progress against the indicators of disability equality

The report contains detailed information regarding the ten metrics.

The positives aspects in relation to the metrics relate to:
- No disabled employees have entered into a formal capability process.
- The numbers of staff who have an undisclosed disability status has reduced
- Higher % of disabled staff who said that their employer has made adequate reasonable
- Less % of disabled staff felt pressure from their manager to come to work despite not feeling w enough to perform their duties.
- Higher % of disabled staff who said they feel satisfied with the extent to which their organisat values their work

The areas that have been identified as requiring action are:

- Disabled applicants appear to be less likely to be appointed from shortlisting
- Higher percentage of staff with disabilities have reported experiencing bullying, harassment a abuse
- Lack of representation of disabled members on the Trust Board.

The Trust Board is requested to note the content of this report and confirm approval for the submissi to be made online to the NHS Digital Strategic Data Collection Service (SDCS).

Results to be submitted to NHS England by 31 August 2020 and the results to be published on t Trust's internet site.

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

The Trust will aim to reduce/eliminate the differences between the treatment and experience of disabled and non-disabled staff. An action plan will be devised for 2020 which will set out the actions required to achieve this.	
Committees/groups where this item has been discussed	
Recommendation	The Trust Board are requested to acknowledge the results for the Workforce Disability Equality Standard (2020) as reported within section 3 of this paper and approve publication of the paper and data.

North Tees & Hartlepool NHS Foundation Trust

Trust Board Meeting
30 July 2020

NHS Workforce Disability Equality Standard 2020

1.0 Introduction

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The WDES first came into force on 1 April 2019 as part of the NHS Standard Contract and consists of ten specific metrics which consider the fairness of how disabled staff feel they are treated by the organisation. NHS Organisations are required to report on the metrics annually and the information obtained is used to implement local action plans to address any disparities in the metrics and to demonstrate progress against the indicators of disability equality.

2.0 Trust Requirements

The WDES requires NHS Trusts to assess against the ten specific indicators. These indicators are split into workforce metrics (three), staff survey findings (six) and Board information (one).

In order to meet the requirements for 2020, the Trust is required to publish data (as at 31 March 2020) no later than 31 August 2020 to NHS England via the NHS Digital Strategic Data Collection Service (SDCS). In addition to this the Trust must publish the WDES data and action plan on the Trust's corporate website by Monday 31 October 2020.

3.0 WDES Results 2020

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. The baseline data has been extracted and calculated to determine a response to each of the ten WDES indicators. Comparison against the Trust's results for 2019 is also included for reference.

WDES Indicator	2020 Data	2019 Data
Number of staff in post		
Overall Workforce	Disabled: 82 employees (2%) Non-Disabled: 2844 employees (62%) Not Stated: 1680 employees (37%)	Disabled: 80 employees (2%) Non-Disabled: 2666 employees (58%) Not Stated: 1858 employees (40%)

Non Clinical Staff Clinical Staff *(Please refer to Appendix 1 for further breakdowns).*	Disabled: 20 employees (2%) Non-Disabled: 649 employees (61%) Not Stated: 401 employees (37%) Disabled: 62 employees (2%) Non-Disabled: 2257 employees (63%) Not Stated: 1279 employees (35%)	Disabled: 21 employees (2%) Non-Disabled: 540 employees (54%) Not Stated: 446 employees (44%) Disabled: 59 employees (2%) Non-Disabled: 2126 employees (59%) Not Stated: 1412 employees (39%)
Shortlisting of applicants The relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff *(A figure below 1 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting).*	1:34	1:64
Capability Processes The relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff *(A figure above 1 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process).* *This indicator required a two year reporting period from 2018/19 and 2019/2020.*	0:00	0:00
Staff Survey 2019 **4a:**		

The % of Disabled Staff experiencing harassment, bullying or abuse in the last 12 months from: - Patients, relatives or the public: - Managers: - Colleagues: The % of Non-Disabled Staff experiencing harassment bullying or abuse in the last 12 months from: - Patients, relatives or the public months. - Managers - Colleagues **4b:** The % of Disabled Staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months. The % of non-Disabled saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.	35.5% 14.2%. 21.5% 27.8% 10.0% 14.7% 45.9% 46.3%	35.4% 16.3% 33.7% 26.7% 5.8% 12.4% 51.2% 52.9%
Staff Survey 2019 The % of disabled Staff believing that the Trust provides equal opportunities for career progression or promotion. The % of non–disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	83.3% 90.3%	84.4% 92.1%
Staff Survey 2019 The % of disabled Staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties. The % of non-disabled Staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties.	35.7% 24.0%	43.8% 19.2%
Staff Survey 2019		

The % of disabled staff who said they feel satisfied with the extent to which their organisation values their work. The % of non-disabled staff who said they feel satisfied with the extent to which their organisation values their work.	40.7% 54.1%	36.7% 53.4%.
Staff Survey 2019 The % of disabled staff who said that their employer has made adequate reasonable adjustment(s) to enable them to carry out their work.	77.4%	66.7%
Staff Survey **9a:** Staff engagement score for: - Disabled Staff - Non-disabled Staff - Overall engagement score for the Organisation **9b** Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?	 6.7 7.3 7.2 Yes	 6.5 7.2 7.1 No
Voting Board Members: - Disabled - Non-Disabled - % Board Disabled - Overall Workforce % Disability - Difference (Total Board - Overall workforce)	 0% 47% 0% 2% -2%	 0% 38% 0% 2% -2%

4.0 What do the results tell us?

4.1 Indicator 1 –Staff Representation

The number of employees who are reported as disabled represents 2% of the Trust's workforce. This has remained consistent when compared to the WDES results for 2019.

The highest proportion of disabled staff are reported as working within a clinical role and employed within bands 1 to 4 (11 staff) and bands 5 to 7 (41 staff).

The WDES indicators are based on the workforce metrics held within the Electronic Staff Record (ESR) and they also include responses to the annual NHS staff survey. When we examine the two different methods of capturing staff data, the number of staff with a reported disability according to

our ESR system is 2%, whereas the number of disabled staff who have completed the staff survey is higher at 10%.

It should be noted that neither data set will allow for more specific analysis between the different types of disabilities, nor the level of impairment experienced by an individual. Consideration of the most likely reasons for the disparity in reporting levels has identified that:

- There are different definitions of disability used in the two data sets;
- The time of the disclosure - ESR records an individual's disability status at the time of their appointment to the Trust, which means that the information may no longer be up to date, however staff are reminded that they are able to update their personal details through the 'My ESR' portal;
- There are different conditions for self-disclosure.

The rate of unknown/undisclosed disability status has decreased since last year, with 44% of staff not declaring their status in 2019, reducing to 37% in 2020. It is interesting to note that the highest proportion of unknown/undisclosed responses are reported in the bands 5-7 cluster. With the introduction of 'My ESR', the system now allows all staff the ability to manage their personal information through an easy to use interface that can be accessed in the workplace or at home using an internet enabled device. It is therefore anticipated that, over time, the number of undisclosed figures are likely to continue to decrease.

This information is reported in the Trust's Equality & Diversity annual report and it is monitored via the NHS staff survey on an annual basis.

Equality of opportunity in relation to recruitment of new starters and promotion of existing staff continues to be monitored as part of the Equality Delivery System (EDS) 2.

4.2 Indicator 2 – Relative likelihood of staff being appointed from shortlisting

During the period 1 April 2019 to 31 March 2020, the Trust received a total of 12,180 applications for vacancies.

Of the applications received, 4,211 applicants were shortlisted for interview of which 111 applicants (3%) stated that they had a disability. Twelve of those applicants were successful at interview and appointed to positions within the Trust.

Analysis of the Trust's recruitment data shows that disabled applicants appear to be less likely to be appointed from shortlisting, with a reported ratio of 1:34. This is a slight improvement from the ratio of 1:64 as reported in the WDES 2019 (a ratio of 1:0 would indicate an equal result).

The Trust will continue to ensure that recruiting managers have attended relevant recruitment and selection training (which includes equality and diversity training) prior to sitting on an interview panel.

4.3 Indicator 3 - Relative likelihood of staff entering formal capability

There were a total of five formal cases involving the capability of staff over the two-year period for 2018/19 and 2019/20. No cases involved staff with a reported disability.

The Trust will continue to monitor the ethnicity of all employees in relation to discipline, grievances, allegations of bullying and harassment and capability procedures.

4.4 Indicators 4 to 9 (staff survey related)

In previous years, the Trust has opted to undertake a sample staff survey of 1,250 employees; however for 2019, it was agreed that the survey would be distributed to all staff and a full census survey would be completed. Whilst it is widely accepted that a sample is reflective of the whole organisation, it is possible that there may be slight differences in the results given the significant increase in the number of staff surveyed.

Responses were received from 55% of staff, of which 10% were staff with a reported disability. There are eleven themes reported within the staff survey which indicate an overall rating out of ten. The themes are based on a % score and may vary in terms of a positive higher % and a positive lower %.

One of the eleven themes specifically relates to Equality, Diversity and Inclusion and the Trust's overall score in relation to this theme was 9.3 as compared to an average benchmark score of 9.2 and an increase of 0.1 when compared against the Trust's score for 2019 (9.2).

Another theme relates to Safe environment - Bullying and Harassment and the Trust's score in relation to this theme was 9.2, which is the same as the national benchmark and is unchanged when compared against the score we reported for 2018.

The WDES undertakes further analysis of the two themes and the figures obtained from the NHS staff survey (2019) report a higher percentage of staff with disabilities who have reported that they have experienced bullying, harassment and abuse within the previous 12 months. This is broken down by:

- Bullying, harassment and abuse from patients, relatives and the public 35.5%;
- Bullying, harassment and abuse from their manager 14.2%;
- Bullying, harassment and abuse from colleagues 21.5%

In comparison with the 2019 WDES data, it is positive to see that bullying, harassment and abuse from managers within the last 12 months has seen a 2% reduction, and bullying, harassment and abuse from colleagues has seen a significant reduction of 12%. Whilst this reduction is encouraging, it remains the case that the Trust has a zero tolerance approach to this type of behaviour and we do not condone any incidence of bullying and harassment.

It is noted that bullying, harassment and abuse across all three areas (i.e. patients, managers and colleagues) is reported as higher amongst disabled staff than it is for non-disabled staff.

83.3% of disabled staff believe that the Trust provides equality of opportunity for career progression or promotion as part of the 2019 Staff Survey. Although this response rate would appear to be relatively high, when we compare this to non-disabled staff (90.3%) the percentage figure is 7% lower.

35.7% of disabled staff reported that they felt pressure from their manager to come to work despite not feeling well enough to perform their duties. This has seen an 8% reduction (from 43.8%) since the 2018 staff survey. Conversely, the number of non-disabled staff who have felt pressure to attend work despite not feeling well has increased for 2019.

40.7% of staff with a disability reported that they felt satisfied that the organisation valued their work, in comparison to 54.1% of non-disabled staff. This has, however, increased by 4% since 2019.

The percentage of staff who reported that their employer had made adequate adjustments to enable them to carry out their work has increased from 66.7% in the 2018 Staff Survey to 77.4% in the 2019 Staff Survey.

The overall engagement score is ranked on a scale of 1-10, with 10 being the highest (positive) score. The reported score of 6.7 for disabled staff indicates a lower level of staff engagement than for non-disabled colleagues (7.3). However, this has increased from 6.5 in the 2018 Staff Survey.

As part of our commitment to creating an inclusive culture and workplace for all of our employees, regardless of their protected characteristics, we will continue to help identify issues that may impact on staff with disabilities. A staff disability survey was undertaken during 2019 and we have used this data to identify areas that can be improved, in addition to the WDES indicators as part of the WDES action plan for 2020.

4.5 Summary of indicators 4 – 9

The Trust is committed to adopting a zero tolerance approach in relation to bullying, harassment or abuse; whether that is from patients, relatives, members of the public or a members of staff.

Promotion of this approach, including raising awareness of the various sources of support that are available for staff to access in relation to this issue continues to take place. All concerns raised by staff are fully investigated with feedback provided to the individual who has raised the concern.

All staff are encouraged and supported in reporting any unacceptable behaviour from patients, relatives or members of the public. All patient/public related incidents are recorded on Datix and are addressed within the working environment. Concerns regarding the behaviours or actions from staff are addressed in accordance with the Trust's grievance and disciplinary policies.

There are numerous support systems within the Trust aimed at supporting staff who may be experiencing bullying or harassment from staff, this includes:

- Workforce Team/Employee Relations Team
- Occupational Health
- First Stop Contact Officers (FSCO)
- Mediation
- Counselling
- Trade Unions
- Chaplains

The Trust has identified a Workforce Disability Equality Lead, Kath Tarn, Physiotherapist and Carly Ogden learning disabilities lead whose remit includes working with disabled staff within the organisation to highlight and address any issues relating to disability. This also involves implementing best practice across the organisation.

We are keen to further engage with our disabled staff and we intend to explore the possibility of establishing a Disability Staff Network or whether staff would prefer an alternative method for communicating key information and providing feedback from staff. It is intended that the network will be supported to explore and identify specific actions in relation to the Trust's WDES metrics which can then be taken forward by the Culture Group.

The Trust's Associate Director of Risk and Governance is a member of the Trust's Culture Group and has extended an invitation to a nominated representative to join the Trust's Accessibility Group. This group has been established to consider issues arising from a patient's perspective; however, it has been agreed that the group should also incorporate employee accessibility.

In additional to engagement with our disabled workforce, activity continues to take place at a directorate level to review existing staff survey plans and identify further actions to address identified areas of concern.

This activity was enhanced during 2019 in response to the 2018 staff survey and a manager's guidance document was distributed to all staff survey leads, which includes suggested actions to address areas of concern. The organisation development and employee engagement team delivered a series of 'master classes' during July and August to assist directorate leads in the development of their own local action plans.

The Trust delivers bespoke training to staff and offers 1:1 coaching in relation to bullying and harassment, which includes self-awareness sessions. The organisation development team are currently delivering training on the Trust's new customer services charter, which includes a behavioural framework for all staff that clearly sets out acceptable and unacceptable behaviours in accordance with the Trust's values.

The Trust's Attendance Management and Recruitment and Selection policies include advice and guidance for managers on a range of employment matters, with specific emphasis on disabled workers. This includes the management of long term conditions as well as the process for supporting individuals who may have episodes of ill health arising from their disability, and the consideration of reasonable adjustments and exploring opportunities for redeployment.

As a 'positive about disabled people' employer, any applicant who indicates that they have a disability as part of their application and meets the essential criteria of the post being recruited to, will be guaranteed an interview.

4.6 Indicator 10 – Disabled Board Representation

The Trust's workforce data shows that there are currently no disabled members on the Trust Board of Directors. The Trust continues to implement a fair and transparent recruitment process for all positions, at all levels of the organisation. As part of the Equality Delivery System (EDS) 2, the Trust will take into consideration the need to have a representative Board when recruiting to future positions.

5.0 Action Planning

A number of actions have taken place during 2019 and 2020 to implement the standard and improve the culture of the organisation to the benefit of all staff and patients. These include:

- Publication of the WDES standard for 2019 (this being the first year of implementation).
- Embedding equality within the Trust's Culture Group, with feedback to the group on a monthly basis.
- Regular meetings of the Keeping People Safe group to identify actions aimed at reducing the number of incidents where staff may experience verbal or physical abuse from patients, relatives or service users.
- Survey of the Trust's disabled workforce with additional focus groups and 1:1 sessions offered.
- Introduction and roll out of the Customer Services Charter.
- During the current Covid-19 pandemic, a formal Risk Assessment process has been implemented for employees who are identified as clinically vulnerable to the virus, with redeployment to lower risk areas and/or alternative working arrangements where required.

A supporting WDES action plan for 2020 is currently being developed and it is intended that the key areas for internal focus will include:

- Further survey of the Trust's disabled workforce to compare against the results of the 2019 survey, with the addition of Covid-19 specific questions to identify if staff continue to feel supported at work.
- Exploring the need for a Disabled staff network group, or some other engagement tool for sharing information and seeking staff feedback.
- Undertake further work to encourage staff to self-report their disability via My ESR.
- The Trust's Disability Lead and also a member of the Employee Relations Team will become active members of the Trust's Accessibility Group and will feedback progress to the Trust's Culture Group.
- Development of a Patient Charter via the Keeping People Safe Group to promote the Trust's zero tolerance approach to bullying and harassment. This includes the introduction of a staff policy, with clear lines of escalation so that staff are aware of their rights when dealing with a difficult patient and feel supported when carrying out their role.
- Continued roll out of the Customer Services charter and the behavioural standards framework for all staff members.
- Implementation of a new recruitment and selection e-learning programme for recruiting managers as part of the ICS Equality Delivery Group.
- Launch of the Trust's Values Based Recruitment initiative, which will include consideration of essential values such as respect and valuing diversity.

- Assisting managers in addressing concerns arising from the staff survey at a local level, as part of the directorate staff survey action plans.

6.0 Conclusion

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable us to better understand the experiences of our Disabled staff. It will support positive change for existing employees and enable a more inclusive environment for Disabled people working in the NHS.

It is encouraging to see that the report includes a number of positive indicators, in particular the statistic that no disabled employees have entered into a formal capability process in the previous two years. It is also positive to note that the numbers of staff who have an undisclosed disability status has reduced and this is expected to continue to do so, through the use of 'My ESR'. We are also pleased that a higher percentage of disabled staff have reported that their employer has made adequate reasonable (s) to enable them to carry out their work.

However, there are some areas for improvement and, in accordance with the requirements of the WDES, an action plan will be devised for 2020 which will set out the Trust's plans to start and close the differences between the treatment and experience of disabled and non-disabled staff.

Whilst there are a number of identified actions that we intend to take forward over the next 12 months, a key emphasis will be placed on engaging with our disabled workforce and seek to understand their views at an individual level. This includes the implementation of a Disabled Staff Network, and also membership of the Trust's Accessibility Group and the offer of further focus groups/1:1 sessions with staff.

The information contained within the WDES standard and progress made within the metrics and the resulting action plan for 2020 will be monitored through the Trusts Culture Group, which reports directly to the Workforce Committee.

7.0 Recommendation

The Trust Board is requested to acknowledge the results for the Workforce Disability Equality Standard (2020) as reported within section 3 of this paper and to confirm approval for the results to be submitted to NHS England via SDCS by the deadline of 31 August 2020.

Appendix 1

Workforce Data

Non Clinical Posts	Disabled Staff	Non-disabled Staff	Not Declared/ Unknown
Bands 1	0	1	1
Bands 2	6	254	148
Bands 3	5	108	47
Bands 4	4	81	110
Bands 5	4	45	36
Bands 6	1	36	22
Bands 7	0	25	12
Bands 8a	0	19	10
Bands 8b	0	6	6
Bands 8c	0	5	3
Bands 8d	0	3	1
Bands 9	0	0	0
VSM	0	4	5
Other	0	0	0
Cluster 1 (Bands 1 - 4)	15	444	306
Cluster 2 (Band 5 - 7)	5	106	70
Cluster 3 (Bands 8a - 8b)	0	25	16
Cluster 4 (Bands 8c - 9 & VSM)	0	12	9

Clinical Posts	Disabled Staff	Non -Disabled Staff	Not Declared/ Unknown
Bands 1	0	7	2
Bands 2	6	368	249
Bands 3	1	130	85
Bands 4	4	95	102
Bands 5	17	680	284
Bands 6	23	448	258
Bands 7	1	221	114
Bands 8a	3	63	40
Bands 8b	0	12	6
Bands 8c	1	5	3
Bands 8d	0	2	1
Bands 9	0	2	0
VSM	0	1	0
Medical & Dental Staff: Consultants	5	118	79
Medical & Dental Staff: Non-Consultant career grade	0	42	31
Medical & Dental Staff: Doctors in Training	1	63	25
Other	0	0	0
Cluster 1 (Bands 1 - 4)	11	600	438

Cluster 2 (Band 5 - 7)	41	1349	656
Cluster 3 (Bands 8a - 8b)	3	75	46
Cluster 4 (Bands 8c - 9 & VSM)	1	10	4
Cluster 5 (Medical & Dental Staff: Consultants)	5	118	79
Cluster 6 (Medical & Dental Staff Non-Consultant career grade)	0	42	31
Cluster 7 (Medical & Dental Staff: Doctors in Training)	1	63	25

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Freedom To Speak Up Guardian																		
Date:	30 July 2020																		
Prepared by:	Deborah Elliott, Freedom to Speak Up Guardian																		
Executive Sponsor:	Julie Lane, Chief Nurse/Director of Patient Safety and Quality																		
Purpose of the report	The report provides an update on the service and on-going developments as a means of enhancing the service provision going forward.																		
Action required:	Approve			Assurance			Discuss			Information									
Strategic Objectives supported by this paper:	Putting Patients First	X		Valuing our People	X		Transforming our Services	X		Health and Wellbeing	X								
Which CQC Standards apply to this report	Safe	X		Caring	X		Effective	X		Responsive	X		Well Led	X					

Executive Summary and the key issues for consideration/ decision:

The role of the Freedom to Speak Up Guardian (FTSUG) has continued to evolve during 2019/20 and become embedded within the organisation. There is continued focus on instilling confidence in staff to raise concerns and raising awareness of the role.

There are various ways staff are encouraged to raise concerns and when face to face meetings have been restricted other routes have been utilised and promoted including an online tool on the newly developed sharepoint page.

The Trust is actively encouraging staff to raise concerns openly to promote a transparent culture for patient and staff safety.

Working with NHS England, the National Guardian's Office has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The Freedom to Speak Up Index 2020 for North Tees and Hartlepool NHS Trust is 81.1% which has an increase of 0.1% from 2019 which was 81%. The national highest Index is 86.6% and the lowest is 68.5%.

Since the appointment of the guardian in May 2018 there have been 31 cases to date raised under the Freedom to Speak Up. The data for May 2018 to March 2019 was reported in the previous annual report.

In 2019/20 there have been 12 cases raised, the main themes are bullying and harassment and patient and staff safety, which correlates with the national themes being raised. In 2020/21

The FTSUG was appointed in May 2018 initially for a period of one day per week which was subsequently increased to two. A deputy FTSUG is in the process of being appointed to promote resilience.

The FTSUG is supported in the role by the National Guardians Office, Regional Guardians, the senior independent Non-Executive director within the Trust and seven	
How this report impacts on current risks or highlights new risks:	
The main risk to the Trust if staff feel unable to speak up is an unsafe culture for patient and staff safety. The Trust welcomes openness to learn lessons and improve services and to continually develop and enhance patient and staff experience.	
Committees/groups where this item has been discussed	
Recommendation	The Board of Directors are asked to note the content of the report and the progress to date in embedding and developing the FTSUG role.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

30 July 2020

Freedom to Speak Up Guardian Annual Report 2019/20

Report of the Chief Nurse/Director of Patient Safety and Quality

1. Introduction

Over the last 12 months the role of the Freedom to Speak Up Guardian (FTSUG) has continued to evolve and be embedded within the organisation with a focus on raising awareness of the role, encouraging and enabling staff to access the Guardian and dealing with issues and concerns raised by staff. Another main focus of the FTSUG is providing feedback, learning and actions to staff to show the commitment of the Trust in investigating concerns raised.

This paper seeks to provide an update on the service and on-going developments as a means of enhancing the service provision over the next year and beyond.

The FTSUG was appointed in May 2018 initially for a period of one day per week which was subsequently increased to two. A deputy FTSUG is in the process of being appointed to promote resilience.

The FTSUG is supported in the role by the National Guardians Office, Regional Guardians, the senior independent Non-Executive director within the Trust and seven Champions [formerly First Stop Contact Officers, (FSCO)]

Progress to date

One of the main priorities of the FTSUG is to continually promote the profile of the guardian and Champions, which is achieved through displaying posters on all wards and departments, screensavers, communications, Facebook, flyers and creating a Sharepoint page. To enable staff easy access to contact details the guardian distributes pens, key rings and business cards across the organisation at Trust inductions, walkabouts and promoting Speak Up Month in October.

A FTSU Sharepoint page has recently been added to the intranet, which incorporates an online tool to submit a confidential email to the FTSUG. The page also has links to the amended Freedom to Speak Up policy, RM36v1, a video link showing NHS staff sharing their experiences speaking up and information relating to raising concerns.

The guardian has recruited two further Champions; this includes representation from hard to reach groups.

In the past 12 months the guardian has attended various meetings to promote the role, which includes the Excellence as Our Standard to share case reviews from the National Guardian Office, Culture Group, workforce meetings, doctors in practice, LGBTQ+ and is due to attend the surgical governance meeting, BAME forum and F1 doctor meetings. Walking around wards and departments has been paused due to COVID-19 but was on going previous to this, including promoting Speak Up Month in October 2019.

The guardian presents the role for new members of staff at the Corporate Trust Induction, Student Nurse Induction, Volunteer Induction and provides training for non-clinical staff through online induction.

FTSU Index

Working with NHS England, the National Guardian's Office has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU Index seeks to allow Trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. This is the second year in that the FTSU Index has been published.

The Freedom to Speak Up Index 2020 for North Tees and Hartlepool NHS Trust is 81.1% which has an increase of 0.1% from 2019 which was 81%. The national highest Index is 86.6% and the lowest is 68.5%.

The regional position across North East and Cumbria is as follows:

2019/20	2018/19	Organisation
83.3%	82%	Northumbria Healthcare NHS Foundation Trust
82.8%	83%	Gateshead Health NHS Foundation Trust
81.1%	81%	North Tees and Hartlepool NHS Trust
81%	81%	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
80.6%	81%	The Newcastle upon Tyne Hospitals NHS Foundation Trust
80.5%	75%	County Durham and Darlington NHS Foundation Trust
80%	82%	Cumbria Partnership NHS Foundation Trust
79.7%	78%	South Tyneside and Sunderland NHS Foundation Trust
79.1%	81%	Tees, Esk and Wear Valley NHS Foundation Trust
73.1%	73%	South Tees Hospitals NHS Foundation Trust
72.9%	76%	North East Ambulance Service NHS Foundation Trust
68.5%	71%	North Cumbria University Hospitals NHS Trust

2. Concerns Raised

Since the appointment of the guardian in May 2018 there have been 31 cases to date raised under the Freedom to Speak Up. The data for May 2018 to March 2019 was reported in the previous annual report.

Concerns:

2019/2020

Q1	Apr – Jun	3 cases	1 systems and process 1 Bullying and Harassment 1 Behaviour and Relationship
Q2	Jul – Sep	1 case	1 Staff safety
Q3	Oct – Dec	4 cases	4 Bullying and Harassment
Q4	Jan – Mar	4 cases	2 Bullying and Harassment 1 Staff Safety 1 Patient Safety
Total:		**12 cases**	

The main themes being raised in the Trust:

- Bullying and Harassment
- Patient and Staff Safety

This correlates with the national themes being raised.

Outcome of allegations:

5 cases brought forward from 2018/19
8 cases resolved
14 cases still open (includes 6 cases from Q1 2020)

National Data 2018/2019 – (Q4 Data for 2019/2020 is to be published).

12,244 cases were raised to FTSUG's compared to 7,987 in 2017/18 in NHS Trusts and foundations Trusts.

The total number of cases raised in 2018/19 was 73% higher than that of the previous year.
30% of the total (3,728 cases) were raised by nurses than other professional groups.
41% (4,969 cases) included an element of Bullying and Harassment.
29% (3,523 cases) included an element of Patient Safety/Quality.
5% (564 cases) indicated that detriment as a result of speaking up may have been experienced.
The highest number of cases reported in a single Trust over the year was 270 and the lowest was 1.

The number of cases raised each quarter nationally increased:

Quarter	Number of Cases
Q1 (April – June 2018)	2,550
Q2 (July – Sept 2018)	2,651
Q3 (Oct – Dec 18)	3,634
Q4 (Jan – Mar 19)	3,459
Total 2018/19	**12,244**
Q1 (April – June 2019)	3,173
Q2 (July – Sept 2019)	3,486
Q3 (Oct – Dec 19)	4,120
Total 2019/20 (-Q4)	**10,779**

Regional Data 2019/2020

Trust	Q1 2019	Q2 2019	Q3 2019
North Tees and Hartlepool	**3**	**1**	**4**
Trust 1	9	9	7
Trust 2	7	6	5
Trust 3	42	39	40
Trust 4	No data	No data	40
Trust 5	3	1	No data
Trust 6	6	6	6
Trust 7	16	12	27

Non-Trust	Q1 2019	Q2 2019	Q3 2019
Region 1	1	1	0
Region 2	4	11	No data
Region 3	0	0	3
Region 4	9	5	6
Region 5	0	0	0
Region 6	3	1	1
Region 7	No data	3	20

FTSUG are now in other areas of business including GP practices, Dental practices, Parliamentary and Health Service Ombudsman and NHS Blood and Transplant, the figures for a proportion of non-trust cases are recorded above.

Who is Speaking Up

30% Nurses
16% Administrative/Clerical Staff
14% Allied health professionals
11% Other
9% Healthcare assistants
7% Doctors
5% Corporate
4% Cleaning
2% Midwives
1% Unknown
0% Board

3. Support for the FTSUG

The Freedom to Speak Up Guardian is supported by the National Guardians Office, Regional Guardians, Employee Relations, Senior Independent Non-Executive Director and the Champion's.

4. Review of the Service

Review of the service is on-going and an action plan has been produced which is updated regularly.

No.	Overall Aim	Detailed Action	Responsible	Date	Progress
1.	Continue to raise awareness of the FTSUG with staff, the role and identity of the FTSUG and Champion's	Corporate Induction Student Induction Volunteer Induction Online Induction for non-clinical staff Doctors in Practice Forum F1 Doctors meetings BME meetings	FTSUG Education/ Learning and Development	Ongoing	On agenda for Inductions Attending virtual meetings

		LGBT+ meetings Distribute Key rings, pens and business cards Virtual Meetings Screensavers Sharepoint Site Communications Social Media Mandatory Training	Education/ Learning/ Development	31.8.20	Distributing pens, key rings and business cards at inductions Education/ Learning/ Development to attach to training package
2.	Continue to develop the role of the FTSUG	Attend Regional Meetings National Guardian Case Reviews Promote Freedom to Speak Up month (October)	FTSUG	Ongoing September/October 2020	Attended regional meetings since May 2018 Summarise and share case studies within the organisation. Promote October 2020 Attend updates/ development days Attend Excellence as Our Standard and provide case reviews Remain up to date with current practice through the review of National Guardian bulletins.
3.	Training	Online training for staff to access through ESR Training for Champion's	FTSUG Education, Learning and Development FTSUG Regional Trainer	Ongoing Updates ongoing	eLearning package online through ESR Regular updates and communication with Champion's

4.	Sharepoint site	Site developed and ongoing updates provided on site Web based reporting tool for staff to raise concerns linked to site Devise Standard Document for information required for FTSUG and Champions	FTSUG I.T. FTSUG	Ongoing 31.8.20	Site updated with news and information. Feedback to be provided on site from concerns raised by theme FTSUG to complete the development of documentation
5.	Policy	Policy reviewed and ratified	FTSUG	Completed 11.2.2020	New national policy to be published in the near future, Trust policy to be reviewed accordingly
6.	SOP	SOP produced	FTSUG	Completed	Monitor updates for SOP
7.	Leaflet	Leaflet developed	FTSUG	Ongoing	Completed waiting approval
8.	Length of time for feedback to outcome of investigation	Monitor process	FTSUG	Ongoing	Reviewing process for feedback
9.	Excellence as Our Standard	Deliver National Guardian Case Studies to share learning and actions from other Trusts	FTSUG	Quarterly	Summarise and share case studies within the organisation at quarterly meetings

5. Next Steps

In order to further facilitate embedding of the FTSUG role the guardian will focus over the next year on:

- Continuing to increase awareness across the organisation.
- Promote Sharepoint site and online reporting tool for staff to complete to disclose concerns which incorporates a trigger system to the guardian following submission.
- Complete the development of a Standard Document to be designed for the FTSUG and Champion to complete for each case, to gain the necessary information.
- Regular virtual meetings with Champions for updates and supervision.
- The FTSUG will continue to promote the role throughout the organisation ensuring that staff are not only aware of the support services available and how to raise concerns but also feel confident in doing so. Deliver feedback to staff on themes of concerns raised and actions/learning following investigations.
- Of the 31 cases which have been raised with the FTSUG, 14 cases remain open and will be progressed over the coming months.
- Work collaboratively with other departments.
- Resilience for the FTSUG role.
- Monitor process and timeframes.

6. Recommendations

The Board of Directors are asked to note the content of the report and the progress to date in embedding and developing the FTSUG role.

Prepared by Deborah Elliott, Freedom to Speak Up Guardian

Executive Sponsor Julie Lane, Chief Nurse/Director of Patient Safety & Quality

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Equality, Diversity and Inclusion Annual Report 2019-20										
Date:	30 July 2020										
Prepared by:	Nicola Hogarth, Employee Relations Advisor										
Executive Sponsor:	Alan Sheppard, Director of Workforce										
Purpose of the report	To provide information and assurance that the Trust is meeting the legal requirements as set out by the Public Sector Equality Duty (PSED) of the Equality Act 2010.										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting Patients First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring		Effective		Responsive		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

The Trust is keen to work towards eliminating discrimination, promoting equality and to advance positive and good relationships between people with protected characteristics and those without.

The Equality, Diversity and Inclusion Annual Report is compiled from information provided by different departments across the Trust and seeks to highlight the good practice, initiatives and key achievements that are on-going across the organisation.

The information contained within the report contains assurance that the Trust is meeting the legal requirements as set out by the Public Sector Equality Duty (PSED) of the Equality Act 2010. This includes the requirement to publish:

- Equality Delivery System (EDS(2)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap

This also includes participation in the annual NHS Staff Survey, the information of which is analysed from an equality perspective, in particular the WRES.

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

Further information regarding Gender Pay Gap Reporting and publication of the Workforce Race Equality Standard has been provided to the Executive Team in separate stand-alone reports, and these include intended actions which are aimed at addressing any areas of inequality.

Committees/groups	Following presentation at Trust Board, the report will be published on the Trust's external website.
	The recommendation is that this report is accepted for publication.

Equality and Diversity annual report 2019-2020

Contents

1. Introduction

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

At North Tees and Hartlepool NHS Foundation Trust, we continue to work towards meeting our legal requirements as set out by the Public Sector Equality Duty (PSED). This report is compiled from information provided by different departments across the organisation and seeks to highlight the good practice, numerous initiatives and key achievements for the period 1 April 2019 to 31 March 2020.

The Trust acknowledges all protected characteristics to be of equal importance, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We are committed to challenging discrimination and promoting equality both as an employer and a provider of health care services. We aim to make sure that equality and diversity is at the centre of our work, and is embedded into our core business activities.

As a provider of health care services, we aim to meet the changing needs of diverse communities and provide access for all in an environment where individuality is respected and promoted. As an employer we will continue to focus on creating an organisational culture in which staff feel able to challenge unlawful discrimination and promote equality.

Alan Sheppard
Chief People Officer

2. Strategic Overview

Equality and Diversity – The Continued Vision

The Workforce Committee provides the strategic direction for equality and diversity within the organisation, with operational support from the Trust's Culture Group. One of the main responsibilities of the Workforce Committee is to ensure that the Trust strives to achieve best practice across the organisation in a fair and equitable manner, ranging from employment practices through to service delivery and redesign.

The Workforce Committee is chaired by the Chief People Officer and has representation from across the organisation including a Non-Executive Director, representatives from the Workforce and Education departments, Senior Medical Staff, Senior Nursing Staff and Care Group leads.

The Trust is represented at an ICS level through membership of the Equality and Diversity Delivery Group and the regional Equality, Diversity and Human Rights Group, where representatives from local Trusts meet to share ideas and best practice with the aim of ensuring that various Trusts across the system work together to achieve a consistent and high level approach to implementing local and national equality and diversity practices.

The Trust holds the Disability Confident employer status, which recognises our commitment to removing inequality and ensuring fairness and equity in relation to recruitment and employment processes. This is reflected further within Trust policies and practices, all of which are assessed from an equality perspective.

Our Equality, Diversity and Inclusion Champions

Michelle Taylor
Workforce Lead

Nicola Hogarth
Employee Relations

Elizabeth Morrell
Employee Relations

Jill McGee
Health & Wellbeing

Carley Ogden
Learning Disabilities

Kath Tarn
Disabilities

Stuart Harper-Reynolds
LGBT, Gender Reassignment, Marriage and Civil Partnerships

Jim Wright
Religion/Belief

Jennie Hobbs
Age (Younger People)

Fiona McEvoy
Age (Older People)

Shirley Carter
Pregnancy & Maternity

Sushil Munakhya
Race

Rafeed Rashid
Race

Pam Rogers
Patient Experience

3. Public Sector Equality Duty (PSED)

The principles of equality and diversity have been incorporated throughout the Trust, with inclusion of EDI considerations within business plans, ensuring that equality impact assessments are completed to a consistent standard, and that these are considered when implementing new and amended services, and workforce practices and policies.

As a Trust, we continue to seek to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between different groups;
- Foster good relations between different groups;
- Seek to improve existing practices, embed new initiatives and enhance our equality and diversity activity.

We are continuing to work towards achieving the objectives identified in line with the specific duties of PSED.

Our current objectives are:

- To engage with our patients, the local community and various stakeholders, in line with the requirements of EDS2, to ensure the effective provision of services;

- To enable our staff to work alongside patients and carers to determine realistic, reasonable adjustments to deliver safe, effective care to people with literacy problems, learning difficulties and dementia.

- To promote equality, diversity and inclusion across the trust.

- To explore and reduce the discrimination experienced by our staff, as identified by the NHS annual staff survey, through the development of proactive measures and support mechanisms to be implemented trust-wide.

We aim to review our equality objectives for 2020/21, ensuring that focus is given on issues that are of particular importance to the organisation, based on feedback from our stakeholders.

4. Equality Delivery System 2

In 2012/13, the Department of Health reviewed and revised the Equality Delivery System (EDS) with a view to make it smarter and simpler to use. The review brought about the launch of EDS2, which retains much of the original framework however encourages local adaptation with a focus on local issues. It also prompts learning and sharing of good practice throughout the trust.

We have worked closely with our stakeholders, both internal and external to the Trust, in relation to the implementation of the Equality Delivery System (EDS2).

EDS2 enables us to provide focus for areas requiring further attention, to ensure all identified equality issues are addressed for all protected characteristics, as recognised by the Equality Act 2010.

We are not complacent and we know there is still much work to do. We will continue to work with service users, carers, staff, other organisations and members of the public to ensure that we are consistently fair and that our services meet the needs of our diverse communities.

This can only be achieved by working together to eliminate inequality wherever it exists and to promote fairness and inclusion in everything we do. This includes:

- Access to Trust services;
- The provision of Trust services;
- The delivery of Trust services, and;
- Employment.

5. Workforce Race Equality Standard (WRES)

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

National research shows that those individuals who are from a Black, Asian or Minority Ethnic background are:

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

The WRES consists of nine metrics which consider the fairness of how BAME staff are treated. Trusts must report on the metrics annually and implement an action plan to address any disparities highlighted by the information, in an attempt to try and close the gap between the experiences of BAME staff as compared to White staff.

The Trust's WRES report for 2019 is available on our website and can be found here:

https://www.nth.nhs.uk/about/equality-diversity

A summary of the results for 2019 is shown in the table below. The baseline data has been extracted and calculated to determine a response to each of the nine WRES indicators.

WRES Indicator	2019 Data	2018 Data
Number of staff in post	White (3989) – 87% BME (526) – 11% Not Stated (90) – 2%	White (4973) – 88% BME (567) – 10% Not Stated (121) – 2%
Shortlisting of applicants The relative likelihood of White staff being appointed from shortlisting compared to BME staff. *(A figure below "1" indicates that white candidates are less likely than BME candidates to be appointed from shortlisting).*	0.86	0.58
Disciplinary Processes The relative likelihood of BME staff entering a formal disciplinary process as compared to white staff. *(A figure below "1" indicates that BME staff are less likely than white staff to enter the formal disciplinary process).*	0.76	0.84

Opportunities to access non-mandatory training Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff. (A figure below "1" indicates that white staff members are less likely to access non-mandatory training and CPD than BME staff).	0.67	0.89
Staff Survey Data 2018		
% of White Staff experiencing harassment, bullying or abuse from patients, relatives or the public. % of BME Staff experiencing harassment, bullying or abuse from patients, relatives or the public.	26.90% 37.50%	29.02% 36.00%
% of White Staff experiencing harassment, bullying or abuse from staff. % of BME Staff experiencing harassment, bullying or abuse from staff.	18.30% 31.30%	22.53% 38.00%
% White staff believing that the Trust provides equal opportunities for career progression or promotion. % BME staff believing that the Trust provides equal opportunities for career progression or promotion.	91.40% 85.70%	94.00% 80.00%
% White staff who have personally experienced discrimination at work from manager/team leader/colleague. % BME staff who have personally experienced discrimination at work from manager/team leader/colleague.	4.4% 8.5%	4.97% 14.00%
Voting Board Members: White BME % Board BME Overall Workforce % BME Difference (Total Board - Overall workforce)	 14 1 6.7% 11% -4.8%	 14 1 6.7% 10% -3.3%

6. Workforce Disability Equality Standard (WDES)

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The WDES first came into force on 1 April 2019 as part of the NHS Standard Contract and consists of ten specific metrics which consider the fairness of how disabled staff feel they are treated by the organisation. NHS Organisations are required to report on the metrics annually and the information obtained is used to implement local action plans to address any disparities in the metrics and to demonstrate progress against the indicators of disability equality.

The Trust's WDES report for 2019 is available on our website and can be found here:

https://www.nth.nhs.uk/about/equality-diversity/

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. The baseline data has been extracted and calculated to determine a response to each of the ten WDES indicators.

WDES Indicator	2019 Data		
1. Number of staff in post			
Overall Workforce	Disabled Non-Disabled Not Stated	(80) (2666) (1858)	2% 58% 40%
Non Clinical Staff	Disabled Non-Disabled Not Stated	(21) (540) (446)	2% 54% 44%
Clinical Staff	Disabled Non-Disabled Not Stated	(59) (2126) (1412)	2% 59% 39%
2. Shortlisting of applicants The relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff *(A figure below 1 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting).*	1.64		
3. Capability Processes The relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	0.0		

(A figure above 1 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process). This indicator required a two year reporting period from 2017/18 and 2018/2019.	
Staff Survey Data 2018	
% of Disabled Staff experiencing harassment, bullying or abuse in the last 12 months from: Patients, relatives or the public: Managers: Colleagues: **% of Non-Disabled Staff experiencing harassment bullying or abuse in the last 12 months from:** Patients, relatives or the public months: Managers: Colleagues: **% of Disabled Staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.** **% of non-Disabled saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.**	 35.4% 16.3% 33.7% 26.7% 5.8% 12.4% 51.2% 52.9%
% of disabled Staff believing that the Trust provides equal opportunities for career progression or promotion. % of non–disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	84.4% 92.1%
% of disabled Staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties. % of non-disabled Staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties.	43.8% 19.2%
% of disabled staff who said they feel satisfied with the extent to which their organisation values their work. % of non-disabled staff who said they feel satisfied with the extent to which their organisation values their work.	36.7% 53.4%.

% of disabled staff who said that their employer has made adequate reasonable adjustment(s) to enable them to carry out their work.	66.7%
Staff engagement score for: Disabled Staff Non-disabled Staff **Overall engagement score for the Organisation** **Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?**	 6.5 7.2 7.1 No
Voting Board Members: Disabled Non-Disabled % Board Disabled Overall Workforce % Disability Difference (Total Board - Overall workforce)	 0% 38% 0% 2% -2%

7. Gender Pay Gap

The Trust complies with the **Equality Act 2010** (Gender Pay Gap Information) Regulations 2017**.**

Our gender pay gap report as of 31 March 2019 (the snap shot date) shows the Trust has an average pay gap of 35.27%, and a median pay gap of 20.58%. A further breakdown of results shows that the average and median pay gap is higher amongst the medical workforce compared to non-medical staff. Men account for 64% of all Trust medical staff compared to 36% female. There has been an increase in female medical staff commencing employment with the Trust in recent years. If this trend continues this is likely to have a positive impact on our gender pay gap results.

The Trust's Gender Pay Gap report is available to view on our website:

https://www.nth.nhs.uk/about/trust/how-we-are-doing/gender-pay

Gender	Average Hourly Rate (Mean)	Median Hourly Rate (Median)
Male	22.54	16.74
Female	14.84	13.57
Difference	7.70	3.17
Pay Gap %	34.17%	18.95%

The mean gender pay gap for the Trust is that female staff are paid 34.17% less than male staff. The median gender pay gap for the Trust is that female staff are paid 18.95% less than male staff.

Gender	Average Bonus Pay (Mean)	Median Bonus Pay (Median)
Male	£11,362.41	£8,294.00
Female	£9,129.41	£6,027.04
Difference	£2,233.00	£2,266.96
Pay Gap %	19.65%	27.33%

The Trust does not operate a bonus scheme, however consultant medical staff are eligible to apply for clinical excellence awards, which are considered to be a bonus payment and form part of the gender pay gap calculations. Since medical staff are predominantly male, it is reasonable to conclude that male workers earn a higher rate of bonus pay than female workers.

Pay Quartiles by Gender:

Lower Quartile

11.05%

88.95%

Lower Middle Quartile

12.41%

87.59%

Upper Middle Quartile

11.90%

88.10%

Upper Quartile

26.74%

73.26%

The data above shows the male to female split of our workforce for each quartile.

The lower quartile represents the lowest salaries in the Trust and the upper quartile represents the highest salaries. The Trust employs more women than men in every quartile.

8. Staff Survey

The results of the 2019 national NHS staff survey are used to identify any particular areas of good practice as well as those areas requiring improvement, and considers a number of areas in relation to equality and diversity which need to be addressed.

As part of the 2019 staff survey, all employees were invited to participate in the survey and the personal characteristics of the respondents are reported as similar to the overall profile of our workforce.

The results of the recent survey indicate that, in comparison to other trusts, we have:

- more staff reporting that their manager provides support and clear feedback;
- more staff believing that the Trust takes positive action on health and well-being;
- more staff reporting that appraisals have helped them to do their job and helped them to agree clear objectives;
- more staff reporting that the Trust has made adequate adjustments to enable them to carry out their work;
- more staff reporting that the Trust provides support with flexible working patterns;
- less staff reporting that they have felt unwell as a result of work related stress;
- more staff who are satisfied with the quality of services that they provide patients and who feel that their role makes a difference to patient's/service users;
- less staff personally experiencing harassment, bullying or abuse at work from managers;
- less staff personally experiencing harassment, bullying or abuse at work from other colleagues;
- more staff believing that the Trust treats staff who are involved in an error, near miss or incident fairly and takes action to ensure that they do not happen again.

As responses to the survey are anonymous, it is not possible to directly address any concerns raised through the survey on an individual basis. However, we continue to ensure that all staff are made aware of the numerous options in place where they are able to raise concerns, including details of the various support systems that are available for staff to access. There are both formal and informal measures to assist staff who may be experiencing any form of discrimination, bullying or harassment. As well as our Workforce policies on raising grievances or claims of bullying and harassment, there are also additional routes in place for raising concerns (strengthened by the implementation of Freedom to Speak Up) and also a number of other support systems such as our Freedom to Speak Up champions, our internal mediation service and occupational health support which includes access to counselling services.

We are keen to ensure that staff feel empowered to raise concerns and that, as a responsive employer, we clearly communicate the cultures and values expected by those employed within the organisation in relation to behaviour and attitude, ensuring that these are instilled within all staff at all times.

9. Equality, Diversity and Inclusion in Practice

Equality and diversity is about inclusion, respect and removing barriers, whether this be in relation to the health care services we provide, or the employment of our staff.

There are numerous ways in which this is illustrated throughout the organisation, through specific initiatives as well as in everyday practices. The following section of the report highlights some examples of good practice and the case studies which reflect this.

Menopause Support Group

The Trust has launched its own menopause support group for staff – led by the Trust's Health and Wellbeing lead Jill McGee and Consultant Gynaecologist Gill Black (pictured below). The group helps staff who may be struggling with symptoms of the menopause and need further advice and support.

Jill has told us that: "The first group meeting took place recently and feedback has been really positive. People were pleased to be listened to and they were relieved to hear that they were not the only ones going through it. Menopause can be linked to many things which affect an individual's ability to work, including anxiety and depression. Groups like this help encourage women to talk more and feel comfortable".

Equality, Diversity and Human Rights Week 2019

As part of Equality, Diversity and Human Rights Week, we delivered a number of awareness and training sessions during the week. Everyday Language Solutions who provide interpreting services to the Trust came on-site and shared a range of information on the services they provide to the Trust, including how to overcome language barriers.

We also re-launched the 'inspirational women's group' during the week with the support of our Deputy Medical Director who felt that our female doctors would benefit greatly from contact with a supportive group of more senior doctors, to encourage them through their career journey and help them to maintain a work/life balance and have a successful career.

Continued success for dementia champions

A complete lack of hierarchy and no 'death by PowerPoint' are just two of the factors that have led to the stunning success of the Trust's Dementia Champions course.

North Tees and Hartlepool NHS Foundation Trust hit the headlines last year when the 250th member of staff was trained to be more aware of the issues related to dementia. The two-day course aims to open people's minds to thinking differently in relation to dementia. By placing an emphasis on hands-on activities including role plays, practical sessions on nutrition and hydration and even wearing a sensory suit to mimic age and frailty, course attendees develop knowledge of dementia and increase their empathy. The course also raises awareness of the importance of reasonable adjustments, legalities and an understanding of the supporting role of carers and families.

The Trust has now achieved its ambition of a Dementia Champion on every ward but still has plans to train more staff.

Dementia Specialist Nurse Stephen Nicholson commented:

"One of the great things about the course is there is no hierarchy. Consultants, porters, specialist nurses, enhanced care, community matrons, staff nurses, therapy staff, chaplaincy, outpatients and health care assistants are all in the same room, working, interacting and learning together. It's very hands-on, with lots of role playing and general interaction. Over the entire two days, there's only about three hours of presentations. Death by PowerPoint is no-one's idea of an enjoyable or worthwhile training experience."

Stephen and his colleagues Dementia Specialist Occupational Therapist Nicola Murphy and Community Dementia Specialist Nurse Janette McGuire designed the course to better meet the needs of the Trust's staff. Nicola said:

"The course was completely re-vamped three and half years ago. It used to be several monthly sessions, all around two hours long, which were all very presentation-based and had very little hands-on activities. We created the new two-day course using the feedback received at the time and we keep adapting it according to staff requirements. No two sessions are ever the same. The course identifies dementia awareness as everybody's business and highlights the dementia champions across the trust have an increased knowledge they can pass on. They are the 'go to' people to advise and support their colleagues in relation to cognitive impairment.

As Janette says:

“Dementia can affect anyone. We’re really pleased with the uptake. Most of the training sessions are fully booked, just by word-of-mouth.”

Course participant Mark Ryder, a frailty co-ordinator at the Trust, commented:

“Before going on the course I had heard from around the Trust how amazing the training was, so I went with high expectations. I wasn't disappointed. The training was excellent in its content and delivery. It provided a wealth of information, great practical application and challenged the way we work with people living with dementia. I feel this training really promotes standards of care and improves the patient and carer experience.”

Blindness is no barrier for voluntary radio presenter

When poorly patients are relaxing to music from our volunteer-run hospital radio station, they might be surprised to learn that one of their presenters is not only blind, but is also wheelchair-bound and has a learning disability.

18-year-old Bilqees Hussain, from Stockton-on-Tees, is the latest presenter to join Radio Stitch – the Trust’s hospital radio service. She told us:

“Being blind doesn’t stop me from doing anything. I’m always happy and full of laughs. I’m a joker”!

One of six siblings, Bilqees also attends Abbey Hill Sixth Form where she studies maths and English, and as a self-confessed fan of ‘blingy’ nails, is also learning salon skills. As well as radio presenting, Bilqees says she would one day like to work in a cake shop. Having completed several training sessions to learn how to use the radio broadcasting equipment, Bilqees is now on-air every Thursday morning from 10am entertaining patients and visitors with her unique banter and her favourite tracks.

When asked what music she likes the most, Bilqees doesn’t hesitate to answer: “Uptown Funk, Mamma Mia and anything by Little Mix”!

Run by a team of volunteers, the Trust's hospital radio service has a history of being a proven ground for radio talent, giving a valuable start to BBC Radio Tees presenter Ken Snowdon, former Radio 1 star Mark Page and BBC Radio 2 and Radio 6 music editor Chris Reay.

Radio Stitch volunteer manager Elliot Kennedy told us:

"Bilqees is a star in the making. She's a great girl and has been a joy to work with. A proper radio livewire. At Radio Stitch we pride ourselves on providing opportunities for people with disabilities or other limiting conditions and we're always happy to hear from anyone who is interested in volunteering".

A special educational needs school in Hartlepool has teamed up with the Trust as part of a project to help boost the prospects of their students.

Two groups of students at Catcote Academy took a tour at the University Hospital of Hartlepool where they had the chance to meet and talk to staff to find out more about careers within the NHS.

After being introduced to the site by our education team, the group had the opportunity to visit the joint replacement unit and the orthopaedic outpatients department as part of their extensive hospital tour. Suzanne Coyle-Watson, lead educator for the Trust said:

"These visits mark the start of an exciting new partnership between our two organisations. It was fantastic to meet all of the students and to have the opportunity show them around the Trust. The visitors asked some insightful questions and took a real interest in the different job roles we offer and the care we provide to our patients. It was a real privilege to meet all of these fantastic young people".

Jackie McGarry, Careers Leader for Catcote Academy added:

"We're delighted to be working in partnership with the Trust and would like to say a huge thank you to all the staff who took time out of their busy schedules to talk to our students about the

careers that are available in our National Health Service. The visits have been invaluable in terms of raising aspirations, and also finding out about the many different jobs that exist for young people with special educational needs in this sector".

From prescriptions to priesthood

A former pharmacy employee of the Trust has returned to the fold for a few months as she undertakes a training placement as part of her journey to becoming a priest in the Church of England.

Jane Robson worked at the Trust for 21 years as a

Jane was happily welcomed by colleagues who enjoyed catching up with her and wishing her well.

Baby talk

We have been talking about babies, with a look at three special innovations we are making to improve the health and future of our precious little ones.

Online pregnancy registration
We're asking all expectant mums to register their pregnancy online, rather than calling a community midwife. Our new online pregnancy registration form asks for simple details like height and weight to make sure the midwifery team gets all the information they need to start planning a care pathway straight away.

The form is available at: www.nth.nhs.uk/maternity-form

Continuity of Carer
The online form plays a vital role in our 'Continuity of Carer' programme which ensures pregnant women are seen by the same community midwife throughout their pregnancy.

Anita Scott, Specialist Lead Midwife, told us:

"We know from research that having the same midwife throughout pregnancy has huge benefits. It allows the mum-to-be and midwife to develop a good working relationship and builds a lot of trust. The midwife gets to know the mother and is in a much better position to ensure everything is place for a healthy baby. But more importantly, having Continuity of Carer throughout pregnancy reduces the risk of losing the baby by 16%. Mothers are also 24% less likely to experience a premature birth".

Reducing smoking in pregnancy
More than 100 leaders from across the region recently came together to pledge their commitment to ending one of our most pressing health concerns: tobacco dependency in pregnancy.

The initiative was borne of a group of leaders who have participated in the widely acclaimed Yale System Leadership Programme to create a 'guiding coalition' including local maternity systems, leading midwives and clinical experts.

Our Chief Executive Julie Gillon spoke to us:

"By coming together as one single voice for the North East and North Cumbria, we can be louder than ever before. A newly launched script which midwives will use to talk to expectant mothers about their habit as an addiction sends a hard hitting message about the realities of the impacts on their unborn child. Nationally around 10% of expectant mothers have a

dependency throughout their pregnancy but here in the North East that figure increases to 17%. Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal death deaths every year in the UK. Successfully reducing tobacco dependency during pregnancy to 6% by 2022 could save the local health service an estimated £4.8m

Lesbian, Gay, Bisexual and Transgender (LGBT) History Month

As part of LGBT History Month we launched our first LGBT support group. The network was well attended and provided a forum for individuals to come together, share ideas and experiences, raise awareness of the challenges individuals have experienced and provide support to each other. The group is chaired by our LGBT Equality Champion: Stuart Harper-Reynolds.

We also took the opportunity to coincide LGBT History Month with our February Schwartz Round where we received excellent feedback from the staff who attended the session and they were extremely grateful to their colleagues for sharing their experiences.

My Transition

We thought it fitting to finish our stories of equality and diversity in practice with the thoughts of one of our colleagues who is currently transitioning from one gender to another and we are extremely grateful to him for sharing his honest experiences of this process.

“In the transgender community it’s common to hear horror stories about when people transition at work. So unsurprisingly, when I came out as a transgender man a lot of people told me how brave I was. I didn’t feel particularly brave though, because I was confident that the people in my life would be understanding and supportive. I’m fortunate to say that I was right.

Everyone I have encountered in our Trust with regards to my transition have been wonderful. Most importantly, my team in Clinical Coding. From the moment I came out they have been nothing but supportive and there aren’t any words to truly express my gratitude. They have made what could have been a difficult and stressful time of my life actually pretty easy. By using my new name and pronouns and treating me the same as they always have, they have

helped me become the version of myself I was meant to be. A happier and more confident me.

If I could give only one piece of advice to someone going through gender transition, it would be to find someone you can trust to talk to and help you through the process. That could be a colleague, a manager, the Trust's inclusion lead for gender reassignment (Stuart Harper-Reynolds), or even myself. I'm always happy to answer any questions, whether you are transitioning yourself or you want to help someone who is transitioning. I want to pay forward the invaluable support I received".

10. Contacts for Further Information

If you would like any further information about Equality, Diversity and Inclusion within North Tees and Hartlepool NHS Foundation Trust, please contact our Workforce Equality and Diversity lead:

Michelle Taylor, Head of Workforce
University Hospital of North Tees
Tel: 01642 624025

Feedback

We actively seek feedback on our annual reports from stakeholders and service users so that we can continue to meet our commitment to improve service delivery. We would welcome any feedback and comments on this document which should be directed to:

The Employee Relations Team, University Hospital of North Tees, Hardwick Road, Stockton on Tees, TS19 8PE or by email at nicola.hogarth@nth.nhs.uk

The information contained within this report is also available in alternative formats, which can be obtained by contacting, Cordelia Wilson, Clinical Governance Lead on 01642 383576.

11. Workforce Equality Factsheets

Workforce Profile of the Trust

This section on the report contains a number of factsheets in relation to the workforce profile of the Trust, reporting on each protected characteristic for the period 1 April 2019 to 31 March 2020.

As at 31 March 2020 there were 4,606 members of staff employed by the Trust.

Of the total staff employed by the Trust, 2,507 employees (54%) work on a full time basis and 2,099 employees (46%) work part time.

Gender

The Trust employs 3,914 female members of staff and 692 male members of staff.

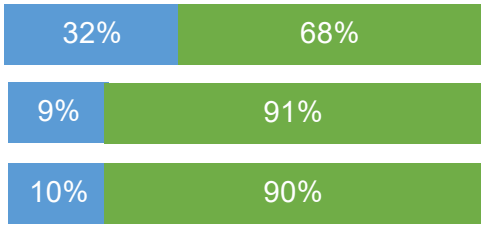
% of England's working population who are … **53% Male** **47% Female**

% of the NHS workforce who are … **23% Male** **77% Female**

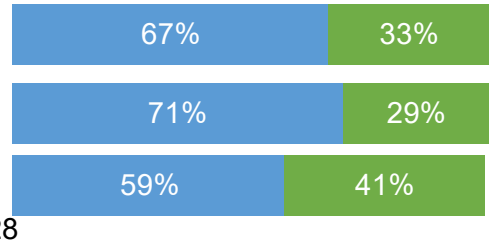
% of the Trust's workforce who are … **15% Male** **85% Female**

60% of very senior manager roles in the Trust are held by women.

The % of all Agenda for Change staff who are … 11% Male **89% Female**



The % of all medical and dental staff who are … 63% Male **37% Female**



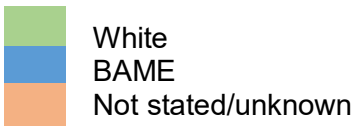
Ethnicity

The Trust employs 4,017 White employees and 517 BAME employees. A further 72 employees have chosen not to declare their ethnicity.

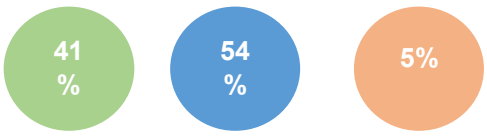
% Ethnic breakdown of England's working population	
•White	86%
•Black or Black British	3%
•Asian or Asian British	7%
•Mixed	1%
•Chinese	1%
•Any other ethnic group	1%
•Not stated/unknown	0%

% Ethnic breakdown of the NHS Workforce	
•White	76%
•Black or Black British	6%
•Asian or Asian British	9%
•Mixed	2%
•Chinese	1%
•Any other ethnic group	2%
•Not stated/unknown	5%

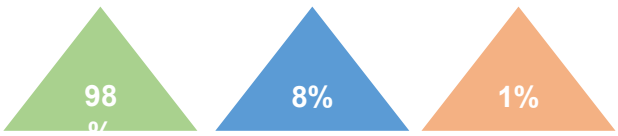
% Ethnic breakdown of the Trust's Workforce	
•White	87%
•Black or Black British	1%
•Asian or Asian British	7%
•Mixed	1%
•Chinese	0%
•Any other ethnic group	2%
•Not stated/unknown	2%

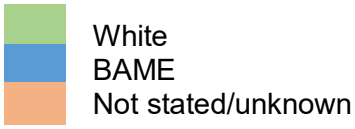


All Medical and Dental Staff



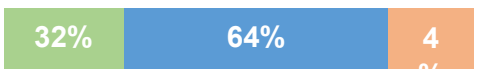
Agenda for Change Staff





Consultants

SAS Doctors



Doctors in Training

Bands 8a-9

Bands 5-7

Bands 1-4

Age

Of the 4,606 individuals employed by the Trust, the majority of staff are aged 51 to 55, closely followed by age 46 to 50 and then 56 to 60.

Age breakdown of England's working population	
•Under 25	12%
•25 to 34	23%
•35 to 44	22%
•45 to 54	21%
•55 to 64	18%
•65 and over	4%

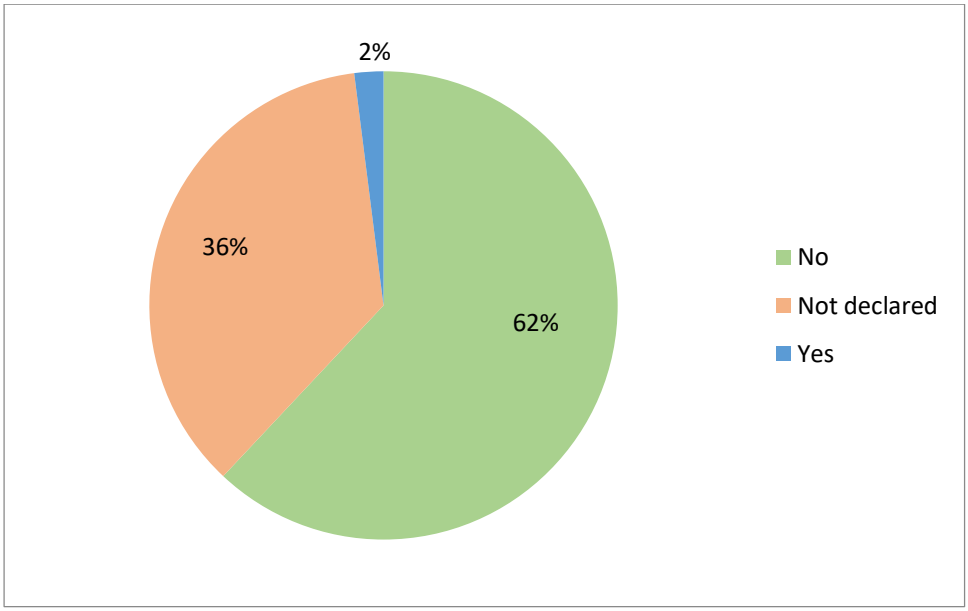
Age breakdown of the NHS Workforce	
•Under 25	6%
•25 to 34	23%
•35 to 44	24%
•45 to 54	28%
•55 to 64	18%
•65 and over	2%

Age breakdown of the Trust's Workforce	
•Under 25	6%
•25 to 34	22%
•35 to 44	23%
•45 to 54	27%
•55 to 64	20%
•65 and over	2%

Disability

Our data indicates that the majority of our employees (62%) have declared that they do not have a disability, as compared to 2% of employees who have declared that they do have a disability.

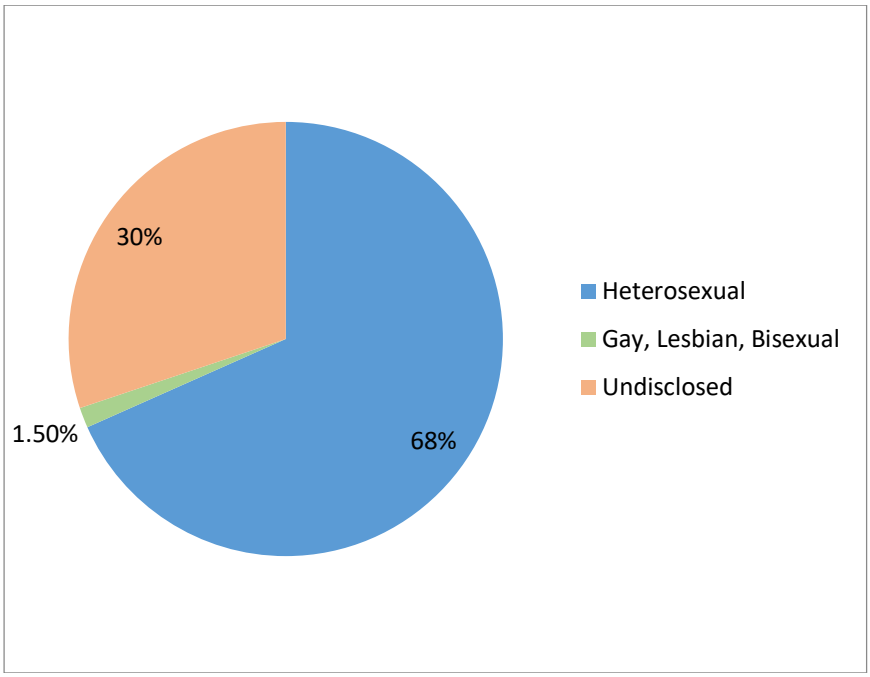
The information we hold relating to staff and disability continues to improve as there has been a reduction in the number of staff who have not declared their disability status from 40% in 2018/19 to 36% in 2019/20.



Sexual Orientation

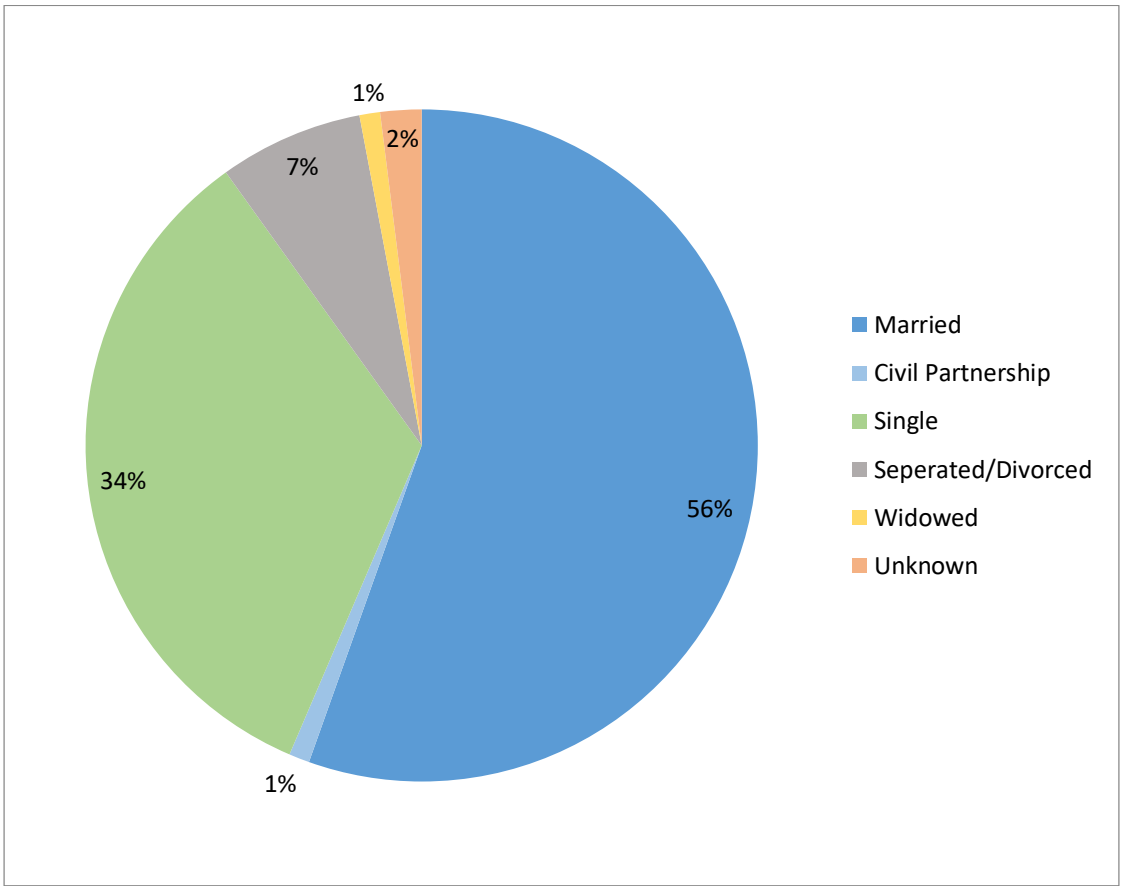
70% of our employees have declared their sexual orientation, whereas 30% have chosen not to declare their status. The number of staff choosing not to declare their status has reduced by 3% since 2018/19.

Of those employees who have chosen to declare their status, 68% of our employees have declared their sexuality as heterosexual, with a further 1.5% employees who have declared their status as gay, lesbian or bisexual.



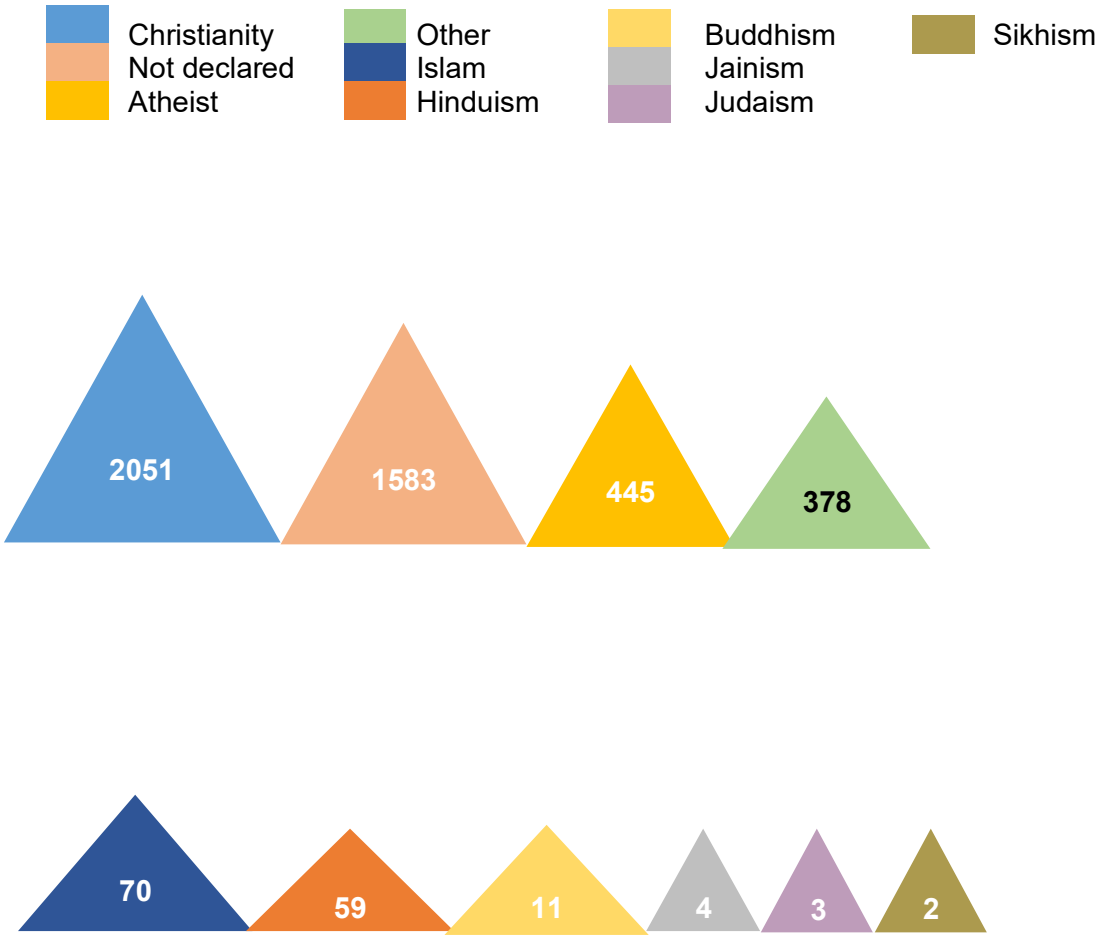
Marital Status

The marital status of our workforce profile indicates that 56% of our employees are married, with a further 0.5% who have indicated that they are in a civil partnership and 34% of our employees are recorded as single.



Religion and Belief

45% of our employees have recorded their religion as Christian, whereas 34% of staff have chosen not to declare their religion and 10% of staff have declared that they are Atheist.



Pregnancy and Maternity

5.5% of our staff (248 employees) have taken maternity/adoption or paternity leave in the last year.

Gender Reassignment

At present we are not able to report on this equality strand as these details are not captured on the standard documents/application forms that are used to gather personal details.

However, any member of staff currently undergoing gender reassignment is supported throughout their transition by their manager and an employee relations advisor, in relation to employment matters and workplace considerations.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Carbon Reduction Programme Performance Targets										
Date:	30 July 2020										
Prepared by:	Stuart Watkin and Steven Taylor										
Executive Sponsor:	Mike Worden										
Purpose of the report	To provide an update on the on-going Carbon Management Programme with respect to reductions in the carbon footprint.										
Action required:	Approve		Assurance	x	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		Effective	x	Responsive		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

- **Carbon Reduction Measures:** In 2019/20, the Trust's Carbon Footprint was reduced by 10% (11,183 tonnesCO2 for 2019/20 against 12,481 tonnesCO2 for 2018/19). Key projects that delivered this reduction include the energy centre, LED lighting and replacement of old air conditioning units with modern equivalents.

- **Energy Centre - Regional & National Awards:** In Q2 the energy centre solar PV panel installation won the prestigious 2019 regional Energy Efficiency Award and was also placed second at the 2019 national Energy Efficiency Awards for its contribution to solar PV renewable energy. In Q3, the energy centre project was also shortlisted within two categories at the national Construction News Awards, for Project of the year (under £20m) and Contribution to Construction categories. The awards ceremony is
due to be held in October 2020.

- **On-Site Solar Panels Generating "Green" Electricity**: Since installation the solar panels on the UHNT site have generated over 376,000 kWh's of green and free electricity. This is enough to power over 100 homes for 1 year. This has also saved the Trust circa £60,000 off it's electricity bill.

- **Gas And Electricity Costs Savings**: NTH Solutions expended over £1.58m on Gas & Electric during 2019 /on behalf of the Trust, a 4% reduction on the previous year. Continued exemption from the Carbon Reduct Commitment and a significant element of the ever increasing Climate Change Levy has realised avoidan of some £400,000 of additional charges.

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

Control of financial expenditure on utilities.
Reducing carbon footprint to support NHS and government targets.

Committees/groups where this item has been discussed	Governance & Assurance Forum – To be tabled 23.07.2020
Recommendation	To continue to support the Carbon Management Programme and the work of the new Sustainable Development Steering Group.

Meeting of the Board of Directors

30 July 2020

Executive Summary

Carbon Reduction Programme Performance Targets

Report of the Managing Director of North Tees and Hartlepool Solutions LLP

Presented:	Lynne Taylor
Reporting period:	2019-2020
Agreed by:	Stuart Watkin/Steven Taylor

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

Maintain Compliance and Performance

Strategic Objective
(The full set of Trust Objectives can be found at the beginning of the Board Reports)

Maintain Compliance and Performance

1. Introduction

1.1 The NHS Sustainable Development Unit (SDU) has reported that the wider NHS community in England was responsible for more than 30 million tonnes of CO_2 in 2010. In recognition of the urgency of climate change, the UK Government introduced the Climate Change Act 2008 committing itself to take action and cut UK carbon emissions by 10% by 2015 (based on 2007 reference levels), 34% by 2020 and 80% by 2050.

1.2 Against a trend of increasing carbon emissions coupled with increased healthcare activity the SDU has reported that the NHS had achieved its 10% reduction in Carbon emissions by 2015, with schemes being devised, planned and hopefully funded to target 2020 aspirations. This demonstrates the success of the Carbon Trust sponsored NHS Carbon Management Programme that so many NHS Organisations have undertaken.

1.3 The Trust commenced its participation in the NHS Carbon Management Programme in May 2010 with the purpose of reducing carbon emissions, making energy savings and reducing costs, thereby demonstrating the organisation's commitment to 'good corporate citizenship'.

2. Key Points Over The Year

2.1 **Energy Centre - Regional & National Awards:** In Q2 the energy centre solar PV panel installation won the prestigious 2019 regional Energy Efficiency Award and was also placed second at the 2019 national Energy Efficiency Awards for its contribution to solar PV renewable energy. In Q3, the energy centre project was also shortlisted within two categories at the national Construction News Awards, for Project of the year (under £20m) and Contribution to Construction categories. The awards ceremony is due to be held in October 2020.

2.2 **Carbon Reduction Measures:** In the 2019/20 financial year the LLP worked with the Trust to reduce the Trust's carbon emissions by 10% from 2018/19 (11,183 tonnesCO2 for 2019/20 against 12,481 tonnesCO2 for 2018/19).
Key projects that delivered this reduction include the energy centre, LED lighting and replacement of old air conditioning units with modern equivalents.

2.3 **Gas and Electricity Costs Savings**: NTH Solutions expended over £1.58m on Gas & Electric during 2019/20 on behalf of the Trust, a 4% reduction on the previous year. This decrease is through improved reliability in the operation of the combined heat & power (CHP) units, especially with the introduction of a new unit within the new Energy Centre at North Tees.
Continued exemption from the Carbon Reduction Commitment and a significant element of the ever increasing Climate Change Levy has realised avoidance of some £400,000 of additional charges.

2.4 **Long Term Carbon Footprint Reduction:** The initial period of the Carbon Management Plan (CMP) was completed successfully in 2016, achieving the ambitious CO_2 emissions reduction targets: 17% over the 5 year programme and 20% against the Government benchmark year of 2007/08. Continuing the reduction in the Carbon Footprint, a further reduction target of 2% per year was set going forward. This has more than been achieved and the value is now **over 30% down** against the Government benchmark.

2.5 **On-Site Solar Panels Generating "Green" Electricity**: Since installation the solar panels on the UHNT site have generated over 376,000 kWh's of green and free electricity. This is enough to power over 100 homes for 1 year. This has also saved the Trust circa £60,000 off it's electricity bill.

2.6 **Long Term Cost Avoidance:** The continued efforts of the extended programme have been a success and made very real and identifiable savings, most notably in terms of cost avoidance (over £10M) due to site rationalisation, tax exemptions, seeking ways to drive down energy consumption and promoting investment in the infrastructure to secure future savings. This will now be carried forward into the next phase with the creation of the Sustainable Development Steering Group.

3. Recommendation

The Board is requested to receive this report and note the continued success and progress in achieving the extended targets of the Carbon Management Plan, to drive down our energy consumption and carbon emissions in support of government targets.

Mike Worden
Managing Director
North Tees and Hartlepool Solutions LLP

Meeting of the Board of Directors

30 July 2020

Carbon Reduction Programme Performance Targets

Report of the Managing Director of North Tees and Hartlepool Solutions LLP

1. Introduction/Background

1.1 To update Trust Board members on the progress that has been made on energy saving measures which have been implemented as part of the on-going Carbon Management Programme (CMP). To seek renewed Trust Board support for an on-going programme of works and to demonstrate that a focus on behavioural changes of staff can drive down carbon usage across procurement, travel and the environment, and as a result make further contributions to cost avoidance.

1.2 The NHS Sustainable Development Unit (SDU) had reported that the wider NHS community in England was responsible for more than 30 million tonnes of CO_2 in 2010. In recognition of the urgency of climate change, the UK Government introduced the Climate Change Act 2008 and committed itself to take action and cut UK carbon emissions by 10% by 2015 (based on 2007 reference levels), 34% by 2020 and 80% by 2050.

1.3 Against a trend of increasing carbon emissions coupled with increased healthcare activity the SDU had reported that the NHS has achieved its 10% reduction in Carbon emissions by 2015, with schemes being devised, planned and hopefully funded to target 2020 and future aspirations (Appendix 1). This demonstrates the success of the Carbon Trust sponsored NHS Carbon Management Programme that so many NHS Organisations have undertaken.

1.4 The Trust commenced its participation in the NHS Carbon Management Programme in May 2010 with the purpose of reducing carbon emissions, making energy savings and reducing costs, thereby demonstrating the organisation's commitment to 'good corporate citizenship'. This programme has been extended with a continuing drive to reduce the Carbon Footprint for Trust activity.

2. Carbon Management Programme

2.1 Commitment To The Programme

Acceptance into the initial CMP and progression through the scheme was dependant on top-level commitment from the Executive Directors. Projects were devised and supported by a multi-disciplinary cross-Directorate team. The Trust has, for over a decade, demonstrated the will to support and implement schemes to reduce energy expenditure. Trust support for a major infrastructure programme saw the construction of a new energy centre, which has allowed for increased electrical resilience, newer technologies that can make incremental improvements, and installation of "green technology" in the form of 2 banks of photovoltaic cells – one on the roof of Children's Ward and Ambulatory Care, the other on the new Energy Centre; all of which are now beginning to deliver further significant carbon reductions. Since installation the solar panels have generated over 376,000 kWh's of green and free electricity. This is enough to power over 100 homes for 1 year. This has also saved the Trust circa £60,000 off it's electricity bill.

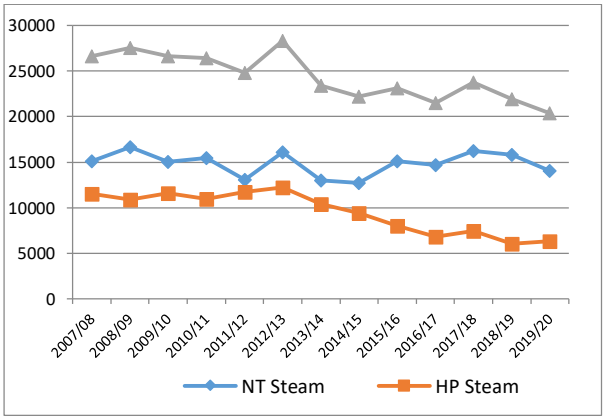
2.2 Carbon Implications

The implementation of the initial Carbon Management Programme made a significant impact on the Trust's Carbon Footprint (down 17%). The schemes relating to heating, lighting, electrical inverter drives and air conditioning systems have decreased demand, but the greatest influences over the period of the programme have been through site rationalisation and closure of unwanted buildings. This undoubtedly allowed the Trust to meet its target.

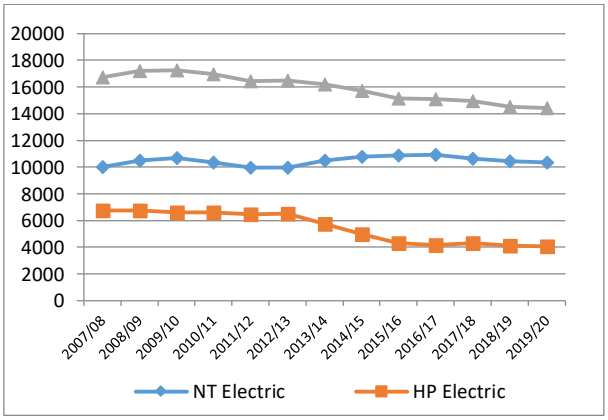
As of this year, under new legislation of the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 and the Companies and LLP (Energy and Carbon Report) Regulations 2018, it is a requirement for NTH Solutions through the Streamlined Energy and Carbon Reporting (SECR) to present the energy use and associated greenhouse gas emissions as part of the energy report. While the detailed requirements to meet these regulations are still being refined and clarified, this entire report along with a tabulated report (Appendix 2) is currently considered as satisfying the requirement by the Health Estates & Facilities Management Association (HEFMA).

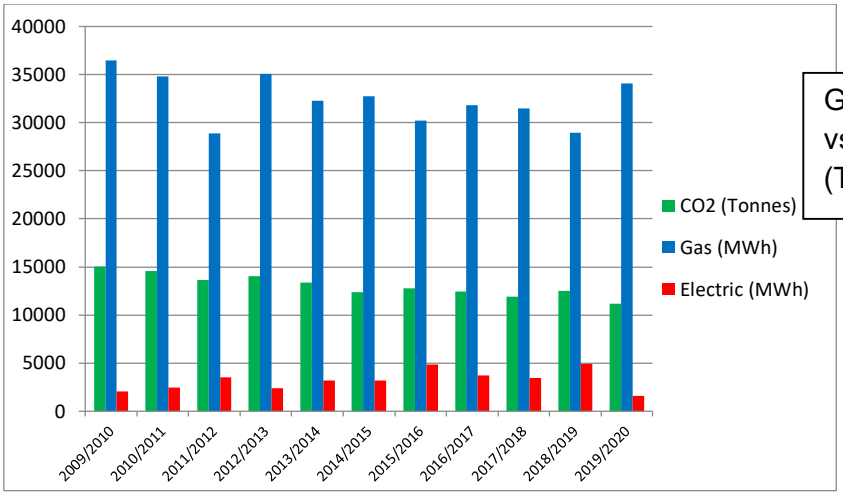
During 2019/20, the total steam demand reduced by 6.5% following a mild winter and greater CHP efficiency, while the total electric demand reduced by over 1% through energy saving schemes such as LED lighting and energy efficient air conditioning units. A further 3% of electrical demand was provided free by the PV solar panels.

TOTAL STEAM DEMAND (MWh)



TOTAL ELECTRICAL DEMAND (MWh)

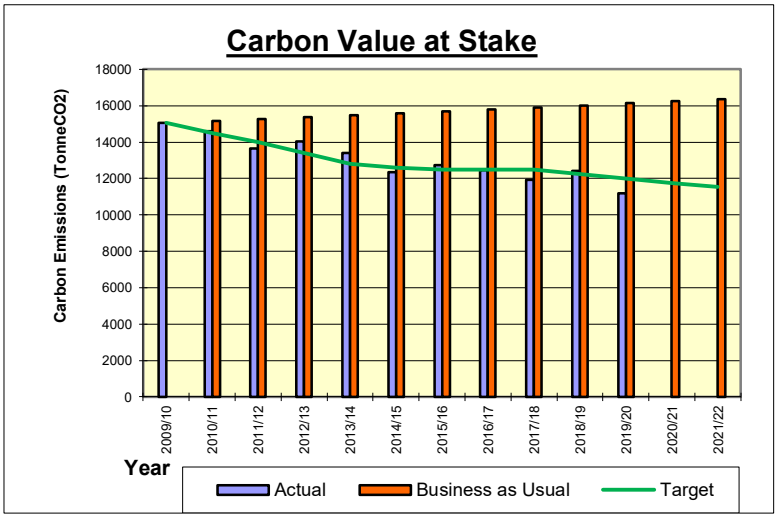




Gas & Electric Import vs Carbon Footprint (TonnesCO_2)

With better combined heat and power (CHP) running throughout 2019/20 on both sites, and more specifically the introduction of the new CHP within the new energy centre at North Tees, the balance has swung back to increased gas import away from the carbon-heavy electricity import from the grid. As the graph above shows, this has allowed the Trust's carbon footprint to reduce. The Trust's carbon footprint throughout the programme has been a clear measureable value which includes buildings, waste, water & business travel. The trend continues downward, and the carbon footprint is now over 30% down against the Government benchmark. To move forward again new initiatives will now need to be developed and the Trust has formed a new Sustainable Development Steering Group to drive forward these changes.

Actual carbon emission for 2019/20 were 11,183 tonnes CO2 (against 12,481 tonnes for 2018/19).



It is clear that the ambition to sustain this downward trend and target carbon emission reductions of 2% per year still presents some significant challenges and opportunities:

- Waste levels are increasing through increased activity and occupancy levels so recycling efforts and correct waste streaming is more important than ever.

- New clinical developments will inevitably increase demand on utilities, hence the need to continue to invest in the most energy efficient, sustainable equipment with considerations on transport and packaging.
- Further installation of LED lighting schemes for all departments.
- Renewed heating system for Middlefield Centre and Residential Blocks.
- Revised methods of working brought on by COVID-19.

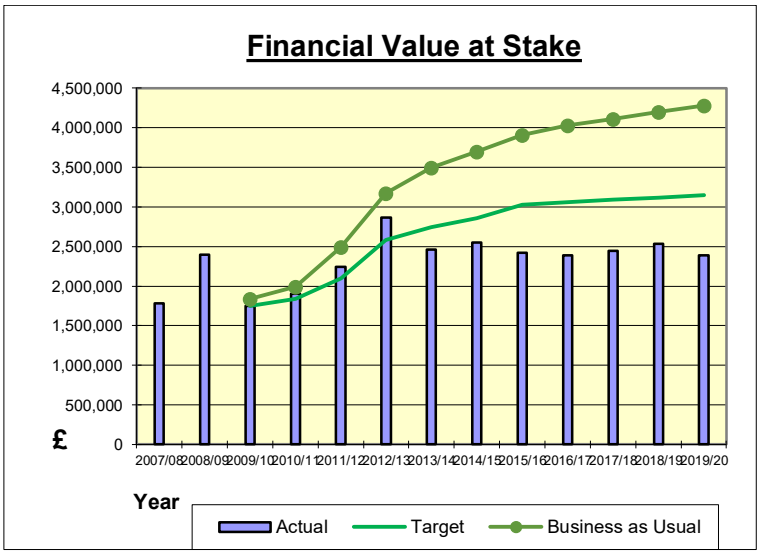
2.3 Financial Implications

The need to maintain budgetary control has never been more important, this is as important with utility purchases as any other service. The need to minimise expenditure through reduced energy consumption has been a key driver throughout the CMP and the need to reduce our future risk from an increasingly carbon-constrained economy.

The Trust's CMP initially offered a 17% reduction (2550 TonnesCO_2) in emissions which was estimated to provide cost savings on purchased utilities of £430,000 per year by 2015. Successful implementation of the scheme, combined with Tax levy exemptions, have provided the Trust with cost avoidance of over £10Million since the start of the programme against the Carbon Trust's predicted Business as Usual costs. [Financial Value at Stake]

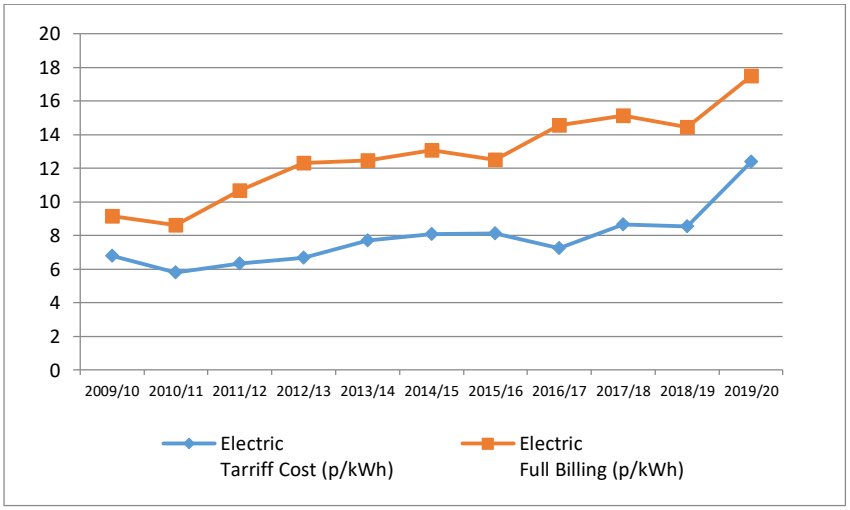
Despite tax exemptions and savings measures, North Tees and Hartlepool Solutions LLP expended over £1.58m on Gas & Electric during 2019/2020 on behalf of the Trust, a saving of 4% against the previous year.

The account has also benefited from a £172,000 gas rebate identified from our part variable rate utility purchasing model, managed through NTH Solutions.



At present, our best financial model is to buy gas for our CHPs and generate our own electricity, but it is a balance with the carbon footprint, as import electricity becomes greener but more expensive. The non-commodity element of the electricity price through government taxes and levies also has increased continually over the past 10 years.

The Real Cost of Electricity



Electrical tariff cost for 2019/20 was 12.4p/kWh.
Electrical full billing cost for 2019/20 was 17.48p/kWh.

2.4 **Tax Implications**

Under the Climate Change Act 2008, the Government introduced the Carbon Reduction Commitment (CRC) – an additional tax burden for larger, 'energy heavy' organisations. The Trust was required to register as a participant for Phase 1 and paid costs of £140,000 in 2011/12.

Due to the continuing availability and serviceability of the Combined Heat and Power (CHP) units on each site, the Trust avoided moving into Phase 2, where costs would have risen to more than £200,000 per year.

A further benefit of having the CHPs on each site is that the Trust is virtually exempt from Climate Change Levy (CCL) on Gas utility imports; this currently represents a saving of a further £200,000 per year. With the demise of CRC in March 2020 the value will increase annually. For 2020/21, it has increased 20%.

3. Conclusion/Summary

3.1 The Trust's involvement in the Carbon Trust's Carbon Management Programme has been very worthwhile. The Trust has looked at its energy usage, its travel and its methods of procurement, to find savings and drive through the changes. The efforts of the original CMP team have undoubtedly made an impact on the way business is now completed and projects supported and as such procedures have been changed and enhanced.

3.2 The continued efforts of the extended programme have been a success and made very real and identifiable savings, most notably in terms of cost avoidance (over £10M) due to site rationalisation, tax avoidance, seeking ways to drive down energy consumption and promoting investment in the infrastructure to secure future savings. This will now be carried forward into the next phase with the creation of the Sustainable Development Steering Group.

3.3 The successful completion of the infrastructure project, with the new energy centre coming on line, was a major milestone in securing confidence in the Trust's long term Carbon Management strategy. The next phase will be to further optimise performance of the systems and make full use of the innovation and new technologies.

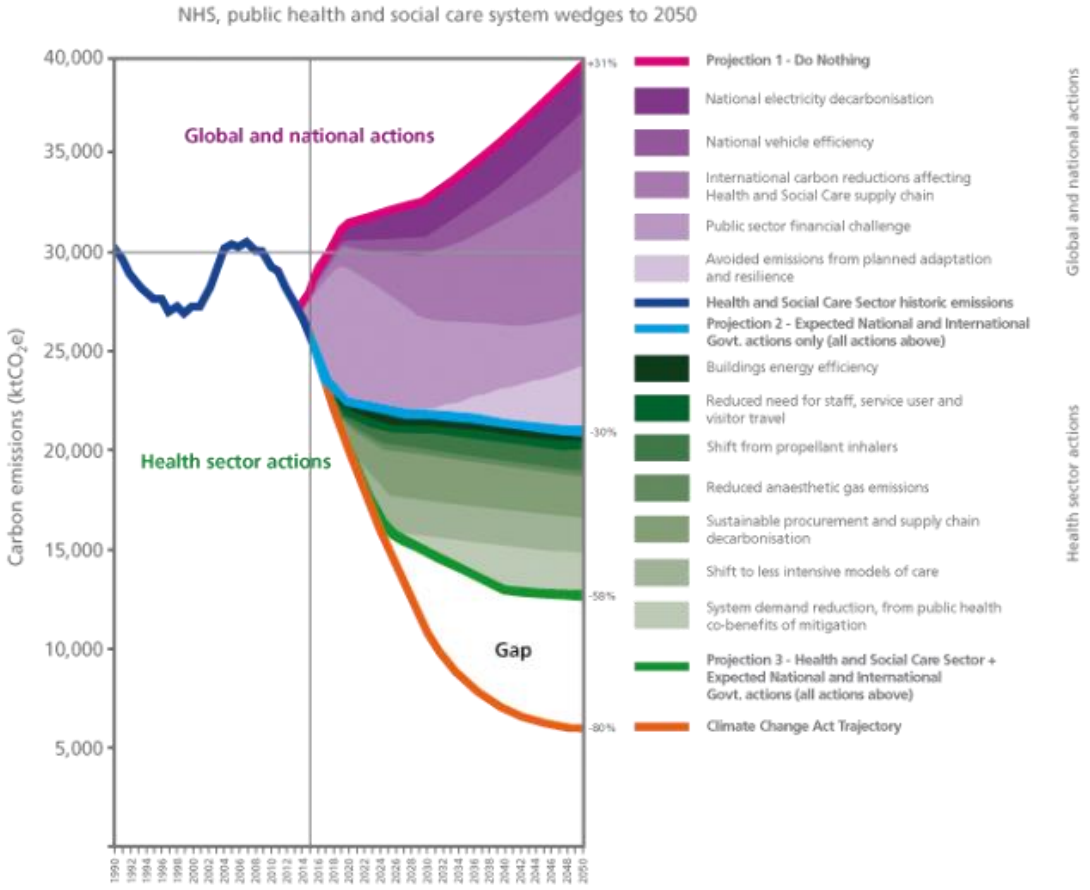
3.4 It is clear that regulation around climate change will continue to tighten and NTH Solutions will continue to work closely with the Trust and provide advice to navigate a path that balances a reduction in carbon emissions with obtaining best value for money for the Trust.

4. Recommendation

The Board is requested to receive this report and note the continued success and progress in achieving the extended targets of the Carbon Management Plan, to drive down our energy consumption and carbon emissions in support of government targets.

Mike Worden
Managing Director
North Tees and Hartlepool Solutions LLP

Appendix 1


NHS, public health and social care system wedges to 2050
Carbon emissions (ktCO2e)
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
Global and national actions
Health sector actions
Gap
+31%
-30%
-58%
-80%
Projection 1 - Do Nothing
National electricity decarbonisation
National vehicle efficiency
International carbon reductions affecting Health and Social Care supply chain
Public sector financial challenge
Avoided emissions from planned adaptation and resilience
Health and Social Care Sector historic emissions
Projection 2 - Expected National and International Govt. actions only (all actions above)
Buildings energy efficiency
Reduced need for staff, service user and visitor travel
Shift from propellant inhalers
Reduced anaesthetic gas emissions
Sustainable procurement and supply chain decarbonisation
Shift to less intensive models of care
System demand reduction, from public health co-benefits of mitigation
Projection 3 - Health and Social Care Sector + Expected National and International Govt. actions (all actions above)
Climate Change Act Trajectory
Global and national actions
Health sector actions

Appendix 2

Greenhouse Gas Emissions

Area		Non-Financial Data			Financial Data		
		2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Finite Resources	Electricity	334.9 MWh	5277.2 MWh	1003.8 MWh	£438,474	£722,958	£441,846
		94.8 tCO2	1493.5 tCO2	278.1 tCO2			
	Gas	57,089 MWh	51,252 MWh	56,551 MWh	£1,262,229	£1,009,819	£1,169,273
		10504.3 tCO2	9410.9 tCO2	10179.2 tCO2			
	Oil	89,961 KwH	65,061 kWh	239,069 kWh	£50,000	£60,000	£58,000
		23.8 tCO2	17.2 tCO2	63.4 tCO2			
Waste	Total Waste	1646 t	1477 t	1567 t	£394,037	£560,334	£814,290
Hazardous Waste	Clinical waste to alternative treatment of incineration	265 t	182 t	196 t			
		59.8 tCO2	41.1 tCO2	44.3 tCO2			
Non-hazardous Waste	Landfill	51 t	23 t	0 t			
		22.8 tCO2	10.3 tCO2	0 tCO2			
	Re-used / Recycled	346 t	414 t	360 t			
	Incinerated with Energy Recovery	893 t	859 t	951 t			
	Electrical Waste (WEEE)	10 t	6 t	5 t			
Travel	Commercial Vehicles Diesel	598,395 miles	529,051 miles	541,574 miles	£103,383	£95,869	£97,641
		107.7 tCO2	95.2 tCO2	97.5 tCO2			
	Lease Vehicles Petrol	27,511 miles	25,000 miles	23,971 miles	£4,852	£5,893	£4,576
		4.95 tCO2	4.5 tCO2	4.3 tCO2			
	Lease Vehicles Diesel	11,553 miles	2,323 miles	0	£2,038	£548	£0
		2.08 tCO2	0.42 tCO2	0 tCO2			
	Business Miles	3,862,541	3,943,626	1,178,594	£667,320	£714,622	£212,490
		695.3 tCO2	709.9 tCO2	212.1 tCO2			
Water	Water Consumption	133018 m3	139908 m3	132944 m3	£354,356	£377,798	£350,097
		53.7 tCO2	56.5 tCO2	53.7 tCO2			

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Estates and Facilities Annual Report										
Date:	30 July 2020										
Prepared by:	Sharon Mee / Steve Taylor (Assistant Directors)										
Executive Sponsor:	Mike Worden (Managing Director)										
Purpose of the report	This purpose of the report is to provide information to the Board of Directors on the Estates and Facilities annual performance for 2019/2020										
Action required:	Approve		Assurance		Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our First	x	Valuing our People		Transforming our Services	x	Health and Wellbeing				
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

The report is for information and details performance over the financial year 2019-2020, it includes key achievements by service, information on Premises Assurance, Health, Safety, Security, Model Hospital metrics, Capital Programme and Design and Development Service, Estates Services, Carbon Reduction and Sustainability and key issues and planned actions for the financial year 2020/2021.

Key points:

- ERIC return 2018/2019 - 4th Lowest Cost from 34 Medium Sized Acute Trusts nationally;
- Covid Oxygen Challenges - NTH Solutions worked closely with the Trust to deliver high volume of oxygen into ward areas during Covid 19 working closely with clinical teams;
- Reducing backlog maintenance position – during 19/20 capital programme and taking maturing risk into account the Trust's backlog maintenance cost across the whole estate was reduce by £2.65m from £40.5m to a revised total of £37.85m. High risk backlog maintenance was reduced from £5.1m to £3.7m;
- Environmental Health Services – Trust maintained 5* rating for catering services for
- both North Tees and Hartlepool sites in both April and December 19/20.

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

All the risks are already identified on the LLP and the Trust risk register.

Committees/groups where this item has been discussed	LLP Governance & Assurance Forum 23/7/20 LLP Senior Management Team 27/07/20 LLP Board 27/7/20
Recommendation	Note the content of the report.

Estates and Facilities Annual Report

FINANCIAL YEAR 2019 / 2020

Presented: 13/07/2020

Reporting period:	FY2020/21
Agreed by:	Mike Worden: NTH Solutions Managing Director

Estates and facilities management in health and care

An NHS owned company

NTH SOLUTIONS

Executive Summary

This has been yet another exciting and challenging year, with the LLP continuing to mature and grow whilst endeavouring to meet the requirements and demands of its client and the ever changing requirements of society and the NHS.

Throughout 2019/20 the key function of North Tees and Hartlepool LLP was to optimise the operational effectiveness of the services it provides whilst ensuring compliance with key legislation and ensuring the services adapt to the changing requirements of the Trust, thereby providing assurances to the Board of Directors that services are delivered in a safe environment, utilising safe practices are employed, ensuring the safety of staff, patients and visitors. As well as ensuring all the services are delivered in accordance with best value principles, are of appropriate quality, efficient and on time.

In 2019/2020 the LLP updated its core purposes to reflect its trading maturity and growth objectives for the following financial year. This year 3 new voting members were appointed to the LLP Management Board as voting members:

- Brian Dinsdale, independent Chair appointed January 2020
- Lynne Taylor, NT&H NHS FT Director of Planning and Performance, appointed February 2019
- Professor Graeme Evans NT&H NHS FT, Chief Information and Technology Officer, appointed February 2019

The efficiency of the Estates & Facilities services are annually benchmarked against the Lord Carter developed 'Model Hospital' metrics; these continue to indicate that services are delivered in the lowest cost quartile which indicates cost efficiency again estate.

The procurement department are responsible for all third-party spend on behalf of North Tees and Hartlepool NHS Foundation Trust with the following exclusion; All Pharmacy spend is managed via the Pharmacy department, either through their own dedicated buyer or via regional Pharmacy arrangements.

In addition, the Inventory Management Team provide a materials management service in a number of key areas within the Trust.

The businesses performance in delivering the MSA requirements is measured via Continuous Improvement Indicators and Key Performance Indicators. The MSA reports on performance to the SLA via the MSA Steering Group, which meets on a monthly basis and is represented by both Trust and NTHS key stakeholders.

This year saw significant progress in monthly MSA reporting mechanisms. Two monthly reports are now produced each month for the Trust MSA Steering Group, a Performance and Assurance report which details the monthly Continuous Improvement Indicators (CII) and Key Performance Indicators (KPI) status and an Exception report which details exceptions (primarily those PI's which have shown a red target rating for the month), Service Failure Notifications & Implications and Service Pressures are also included in the report. In addition to the Deep Dive reports where applicable. The overall MSA contractual performance improved significantly throughout the course of the year. With the LLP being

able to demonstrate a reduction in (red) KPI breaches throughout the course of the year representing a clear indication of continual improvement.

This was an excellent performance particularly when there have been many challenges whilst continuing to strive for growth and maintain compliance with relevant standards / legislation.

Summary FY19/20 KPI performance

Month	Number of Reportable KPI's Per Month	Number of KPI's Reported	Green		Amber		Red	
			KPI Count	% of Total	KPI Count	% of Total	KPI Count	% of Total
Mar-20	95	59	48	21%	10	10%	1	1.7%
Feb-20	95	72	61	11%	7	43%	3	4.2%
Jan-20	95	76	63	17%	11	18%	2	2.6%
Dec-19	95	76	64	14%	9	33%	3	3.9%
Nov-19	95	75	56	20%	11	64%	7	9.4%
Oct-19	95	74	56	23%	13	31%	4	5.4%
Sep-19	95	75	57	23%	13	31%	4	5.4%
Aug-19	95	77	60	13%	8	100%	8	10.4%
Jul-19		82	65	17%	11	45%	5	6.1%
Jun-19	95	84	67	16%	11	45%	5	6.0%
May-19	95	86	66	20%	13	46%	6	7.0%
Apr-19	94	81	59	25%	15	40%	6	7.4%

Out of a total of 95 Key Performance Indicators which are monitored by the Trust there have only been 2 which have had 5 or more reds in a 12-month period. 1 of these is due to aging infrastructure and 1 due to recruitment issues for a specialist post causing activity issues at a time when staffing in this area is under resourced. This is excellent performance particularly when there have been many challenges whilst continuing to strive for growth and maintain compliance with relevant standards / legislation. In meeting these challenges the LLP has continued to play its part, the common factor and key to success is the assessment and management of risk, ensuring compliance with key legislation, whilst optimising the operational effectiveness of the services it provides and adapting to the changing requirements. All of which have been achieved through the dedication and hard work of all its staff.

In addition to the above successes, in the latter part of Q4, particularly in March 2020, NTH Solutions had to respond to the COVID-19 Pandemic. NTH Solutions worked in seamless partnership with our host and as Managing Director I am proud to state that the support delivered to our host, through the tireless commitment our staff have demonstrated is incredible and a testimony to the strength of our relationship with our host. I would particularly like to recognise the dedication and expertise shown by the Oxygen Management Team and the Procurement and Supplies Team.

Premises Assurance Model

The Premises Assurance Model (PAM) is a tool that allows NHS organisations to better understand the efficiency, effectiveness and level of safety with which they manage their estates and how that links to patient experience. As the LLP is a subsidiary of North Tees & Hartlepool NHS foundation Trust and is supplying Estates and Facilities Services under a Master Services Agreement to the Trust it is appropriate for the LLP to carry out this assessment.

The PAM Self-Assessment Questions are grouped into five Domains, which are broken down into individual self-assessment questions and further sub-questions known as prompt questions. The model is completed by scoring the prompt questions under each SAQ. The six domains are:

- Safety (Hard and Soft)
- Patient Experience
- Efficiency
- Effectiveness
- Organisational Governance

The PAM has been produced for the financial year 2019/20 and includes a self-assessment to better understand the efficiency, effectiveness and level of safety with which the LLP manages their estate and how that links to patient experience. An action plan for 2020/21 has also been developed.

Areas in which the Trust Obtained a Rating of Outstanding

No Domain received a complete average score of outstanding. Some self-assessment questions within the domain did receive an average score of outstanding these were:

- Governance 3 - Professional Advice;
- Safety Hard 5 - Asbestos

Health, Safety, Security

Monitoring & Auditing Performance

- Premises Assurance Model audits undertaken with all relevant services to obtain assurances through self-assessment questions which support quality and safety compliance. (46 audits covering 332 self-assessment criteria);

- PK6 Observational health and safety inspections for individual areas covering general health and safety and the production of summary reports for the Health, Safety and Security Committee;

- PK3 Fire safety inspections for individual areas and the production of summary reports for the Health, Safety and Security Committee;

- PK7 Waste compliance inspections for individual areas and the production of summary reports for the Health, Safety and Security Committee;

- Containment Level 3 Inspection carried out in Pathology Services;

- Issued safe Park-Mark Award this ensures continuous high standards are maintained in the car parks which are assessed every year.

- All incidents of physical assault on staff were investigated; this included providing support towards the staff and also established which of the assaults were intentional.

- Production and monitoring of quarterly non clinical incident reports for Health, Safety and Security Committee;

- Production and monitoring quarterly safer sharps compliance reports for individual Directorates and the Medical Devices Committee.

Managing and Mitigating Risk

- Production of a Security Management Annual Report;

- Seven new CCTV cameras installed around the hospital site at North Tees located at the new energy centre, out patient's department reception and Day Case Unit reception.

- Security officers Issued with Body Worn Camera's (BWC).

- All local alerts were disseminated where necessary to provide staff with important information regarding potentially violent patients and members of the public.

- Attendance at Multi Agency Public Protection (MAPPA) where information is shared regarding individuals who are a risk to others. This information is then cascaded where appropriate to do so;

- Increasing the use of acknowledgement of responsibility letters (ARA's) to violent or abusive patients and visitors, which included behaviour leading to physical assaults, verbal and racial abuse to threats and disruption. (18 letters sent)

- Continued to develop close links with neighbouring Trusts proactively seek to undertake partnership working and information exchange in relation to potentially violent patients;

- Keeping People Safe Meetings: Directorate level support, trial period of 3 months with security officers based in A&E during the hours of 22:00-06:00. Introduction of Police Community Support Officer's (PCSO) unscheduled patrols of wards;

- Security Officer personal intervention training bespoke physical intervention / control and restraint suitable for the security officer in the workplace. Primarily based around more common scenarios that the officers come across.

Training

- Conflict resolution training continues to be delivered to front line staff to identify and de-escalate potential violent situations.

- Action Counters Terrorism (ACT) event held in February relating to Government anti-terrorist CONTEST strategy (Included stakeholders from the CTSA, and NTH Solutions).

- Statutory / Mandatory training has been continued to be delivered for Fire and Waste.

Fire Safety

The Trust has a Service Level Agreement in place with an external Authorising Engineer (Fire) who acts as an independent professional adviser to the Trust. The remit includes:

- assesses and makes recommendations for the appointment of authorised persons (Fire)
- monitors the performance of fire safety management
- provides an annual audit to the Board Level Director with fire safety responsibility as required by in Hospital Technical Memorandum (HTM) 05:01 Managing Healthcare Fire Safety who provides external fire safety assurance.

In the recent annual report received the following was noted that some good progress has been made across the North Tees & Hartlepool NHS Foundation Trust bearing in mind that the year concluded under extremely trying circumstances due to the $Covid_{19}$ pandemic. However, there were areas within this report where improvement measures are recommended to enhance the current arrangements.

From the evidence assessed it is clear that fire safety is taken seriously by the Trust with appropriate actions taken when required. A number of recommendations from last year's report (May 2019) have been actioned, however an action plan would assist with the management of this and future reports.

Strategically there remains an effective management structure in place and responsibilities have been assigned appropriately together with appropriate governance arrangements. It is understood that, for Assurance and Governance purposes, Levi Buckley is the Trust Board member responsible for Fire. Mike Worden is the managing Director of the LLP and reports all issues through the Master Service Agreement Trust Steering Group which Levi Buckley is a representative of.

Where possible the Trust is striving to achieve standards as set out within HTM guides and where this is not possible it aims to achieve a suitable compromise. This can prove challenging with ageing assets that do not fully comply with relevant HTM guides.

Overall, the standard of the strategies, policies and procedures reviewed were of a good quality, albeit that some are under review.

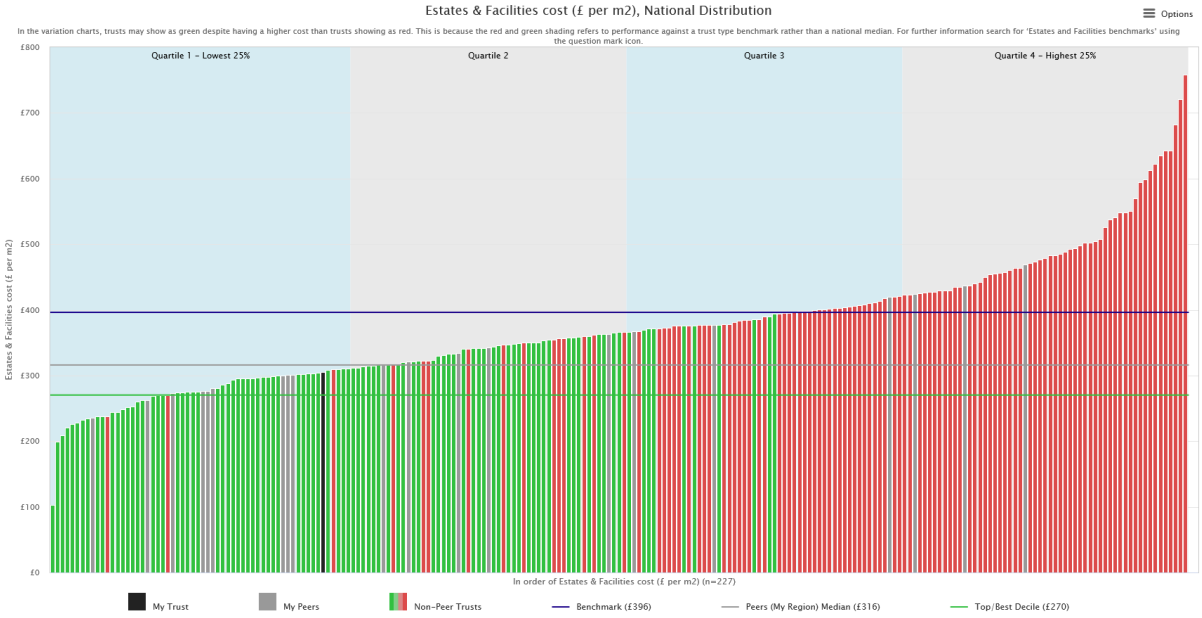
Significant investment continues to be made and allocated to fire safety systems in times of stringent financial pressures. This demonstrates that the Trust takes the responsibility of keeping people safe from fire seriously and is of a high priority.

A Management of Fire Safety Policy has been produced covering all properties within the Trust. The 'Fire Strategy University Hospital of North Tees' is a useful document but is in need of a review and at such time it is advised that this is expanded across all areas of the Trust. The current Fire Policy and Procedures are also under review following a recent fire incident at Hartlepool.

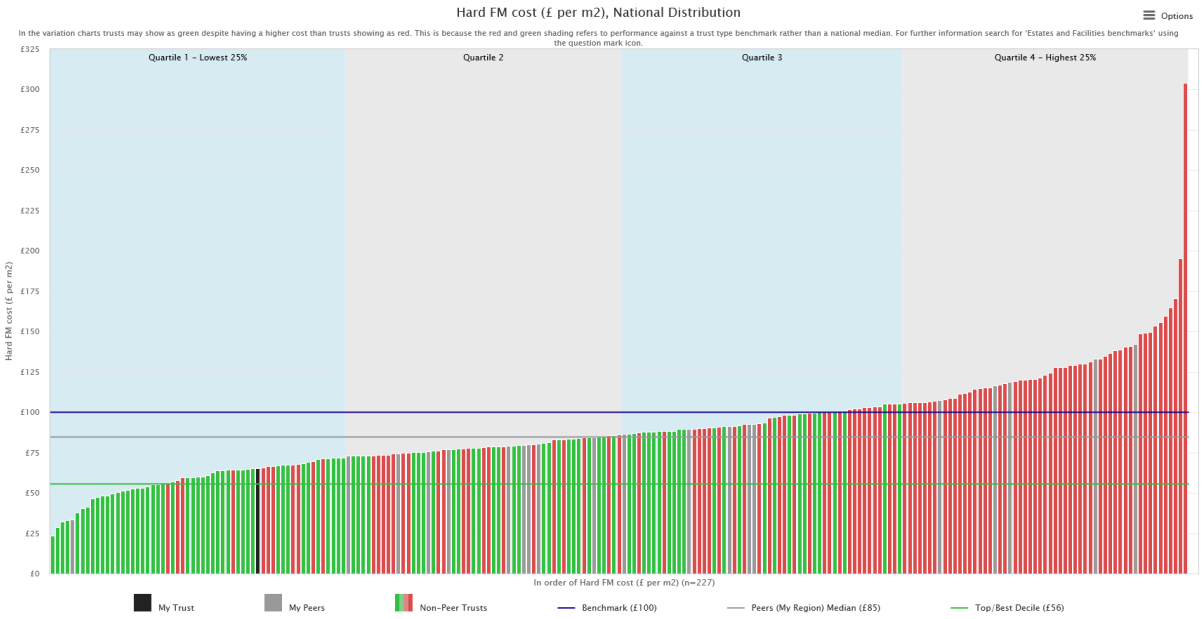
Work continues to be carried out with regard to forward planning for reducing backlog maintenance with fire safety taking a significant role. This plan covers a five-year period and the Trust to date is in year 2. The replacement of the fire alarm system at Hartlepool has been brought forward.

Model Hospital Metrics Estates & Facilities

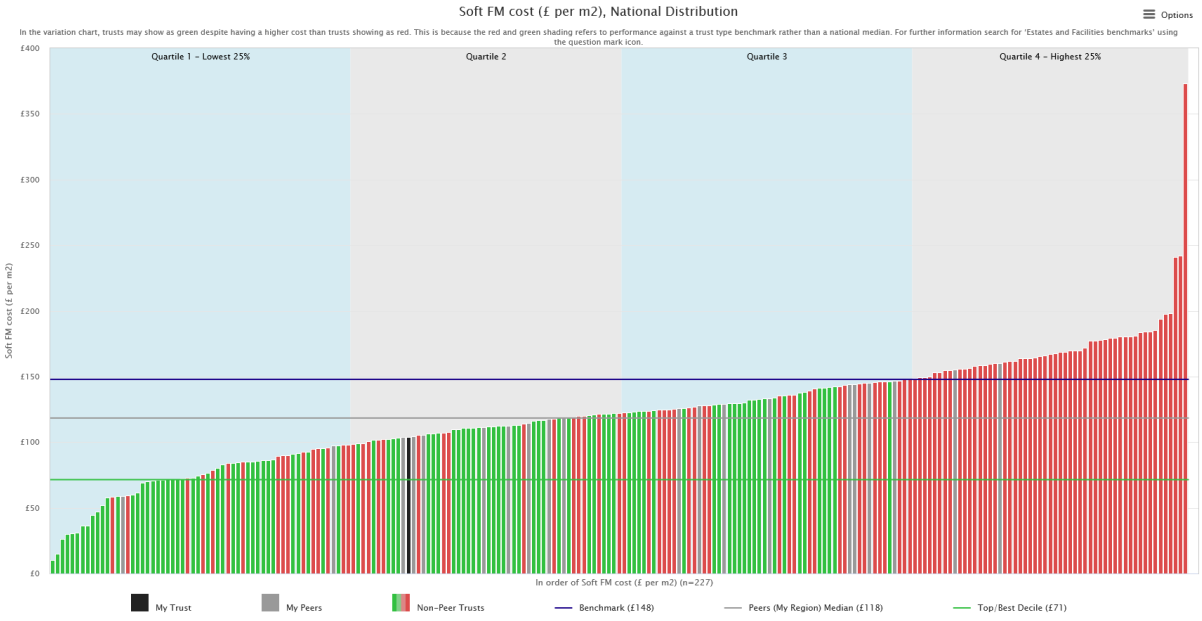
ERIC Return 2018/19 - 4th Lowest Cost from 34 Medium Sized Acute Trusts Nationally: NHS Digital published the Model Hospital benchmarks for all Estates and Facilities services for each Trust nationally in September 2019. This is populated from 2018/19 Estates Return Information Collection (ERIC) information that was submitted by the LLP on behalf of the Trust in June 2019. After analysis of the results North Tees and Hartlepool NHS Foundation Trust is within the lowest quartile (good) for all Trusts (which includes community hospitals and ambulance Trusts) and are ranked as the 4th lowest cost out of 34 medium sized acute trusts for the estates and facilities services that are provided by the LLP. This is a significant indicator demonstrating that the LLP is delivering good value for money for the Trust.



The Trust performs very well in terms of estates and facilities cost per square metre – it is in the lowest 25% quartile for total occupied floor area in operational use. The Trust value with regard to running costs of the total occupied floor area is £305 compared to its peer median of £316 and benchmark value £396 this gives an indication of cost efficiency against the estate.



This metric compares the hard FM running costs to the occupied floor area and provides an indication of the cost efficiency of the hard FM function of the estate. The higher the cost per unit area, the lower the cost efficiency. Hard FM costs make up one component of the total running costs which is made up of three parts: hard FM, soft and financing costs. Changes to this metric can be the result of movements in either of these elements year-on-year.



This metric compares the soft FM running costs to the occupied floor area and provides an indication of the cost efficiency of the soft FM function of the estate. The higher the cost per unit of the areas the lower the cost efficiency. Soft FM costs make up one component of the total running costs which is made up of three parts: hard FM, soft and financing costs. Changes to this metric can be the result of movements in either of these elements year-on-year.

Capital Programme and Design and Development Service

Capital Programme Performance 2019/20

The long-term estates strategy continues to be to rationalise the existing estate to centralising into core buildings and the disposal of surplus estate or to attract business developments which utilise the existing surplus estate. At all times ensuring the estate is maintained in a safe condition while achieving performance standards and patient expectations.

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. At the end of Q4, expenditure (invoices and accruals) was £13.86m, against a budget of £14.7m, which is 94% of the Trust's planned spend for the year.

To continue to manage down the backlog maintenance a detailed 5 year backlog maintenance plan was developed to address the high backlog maintenance levels within the Trust estate. The revised plan was based on a £3.7m annual backlog allocation over 5 years and a risk based approach is being taken to prioritize the work.

Reducing Backlog Maintenance Position: During the FY 2019/20 capital programme, and taking maturing risk into account, the Trust's backlog maintenance costs across the whole estate was reduced by £2.65m, from £40.5m to a revised total of £37.85m. High risk backlog maintenance was reduced from £5.1m to £3.7m.

Capital Programme contributing to Carbon Emissions Reductions: The FY 2019/20 capital programme has also contributed to the Trust's carbon emissions in 2019-20 by circa 450 tonnes CO2 / year, due to replacement of lighting with LED equivalents, replacement of old air conditioning units, the use of solar panels and the refurbishment of the lifts.

External funding secured for CT scanner on the Hartlepool site: In Q3 the Trust successfully secured £459K of external funding to replace the CT scanner on the UHH site. The external funding was required to be spent within the 2019/20 financial year. This target was successfully achieved in Q4.

External Funding Secured For LED Lighting: In Q2 NTHS successfully secured £300,000 of external funding to replace existing lighting with LED equivalents across the Trust estate. The external funding was required to be spent within the 2019/20 financial year generating a recurring energy saving of circa £80,000 p.a. for the Trust. This target was successfully achieved in Q4.

Fire Alarm system Replacement, University Hospital of North Tees: Work continued in 2019/20 to progress to replace the fire alarm system on the UHNT site. This project was anticipated to be completed by Q2 of 2020/21 and is expected to be delivered for the approved sum of £1.68m. Good progress has been made in Q4 with the project now being 80% completed, however, the work was paused in late March 2020 due to COVID 19.

Lift Replacement and Refurbishment, University Hospital of North Tees: The replacement and refurbishment of lifts on the UHNT site continued to progress in 2019/20 with 4 complete lift replacements being completed. The remaining 4 lift refurbishments were anticipated to be

delivered by the end of Q1 2020/21 for the approved sum of £1.155m However, the work was paused during late March 2020 due to COVID 19.

Closer integration of services with Hartlepool Borough Council: NTHS, the Trust and Hartlepool Borough Council (HBC) successfully worked together to further build on the existing partnership between the Trust and HBC to provide additional ISPAR (discharge liaison / social care) services from the Hartlepool hospital site. The service is to be adjacent to existing HBC services housed within the main ward block area.

Clinical Engineering Service and the Medical Equipment Replacement Programme

The clinical engineering department oversees the maintenance, safety and reliability of all medical equipment within the Trust; currently there are in excess of 13,224 assets on the medical equipment asset register. During 2019/20, the department undertook 6781 maintenance calls, achieving an average of 97% of responses within the contractual response times covering all the Trust high, medium and low risk items of equipment. The service oversees maintenance contracts with a value of over £1.55m. In addition, new items of equipment are commissioned and equipment at end of life is removed from use and decommissioned. As well as overseeing the maintenance, safety and reliability of all medical equipment within the Trust the department has advised and supported clinical directorates through bringing forward business cases to replace medical equipment through the capital allocation process.

The Medical Equipment replacement Programme: In the 2019/20 financial year the medical equipment replacement programme was £2.49m (despite an original requirement of circa £4m). The programme was prioritised by the Care Groups and significant work was undertaken to commit orders in light of the delays in the agreement of the national Capital Resource Limit.

During 2019/20 the department supported amongst others the following replacement medical equipment:

- 10 new ECG recorders (£40k) were purchased for various wards in the Trust.
- Two new Cardio-Echo machines (£165K), a new piece of stress test equipment (£27K) and the replacement of the 24Hr tape analysis equipment (£68K), were all purchased for Cardiology. These items were brought forward from the 2020/21 replacement programme to ensure the resilience of the service.
- A replacement Discard Autoclave (£48K) and two Variable Height Dissection benches (£29K) were purchased for Pathology.
- A Digital upgrade of all the current dental clinics has been undertaken along with the purchase of a new dental x-ray machine for North Ormesby Dental Clinic (£40K).
- Nearly all the planned equipment purchases were successfully procured within the 2019/20 financial year, with the only exception being the Cryogenic Tanks (£12k), which were required for Assisted Fertility Unit. The supplier went into liquidation and were unable to supply the goods. A new supplier has been sourced and the cryogenic tanks will be purchased in the 2020/21 financial year.

- 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.
- 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.
- 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.
- A Cebatome cement removal system has been purchased to compliment the current OSCAR devices.
- 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.
- 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.
- A replacement portable ventilator has been purchased for Accident and Emergency.
- 2 Endoscopes were purchased for Endoscopy along with 5 Acute patient monitors for Endoscopy at Hartlepool.
- 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.
- The new PACS system and a replacement ultrasound machine has been purchased for the radiology department on the UHNT site.
- £459,230 of external funding has been secured to order a replacement the aging CT scanner on the UHH site.
- Replacement Vital signs monitors have been ordered for Maternity together with 2 replacement incubators for Special care baby unit (SCBU).
- 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.

Estates Services

2019/20 has seen a continuation of the challenge brought to the Estates team with the on-going improvements to the estate. The Estates team continues to provide a safe compliant and cost effective patient environment, delivering on budgetary targets for the year, underpinned by 19,000 reactive and 13000 planned preventative maintenance tasks.

In June 2019 the Estates department received the first ever Chairman and Chief Executive Award for the delivery of the energy centre project, at the Shining Stars Awards. The team completed this enormous project while also carrying out a very busy schedule of existing work across the Trust.

The Estates team also supported development schemes throughout the year and lead on several further infrastructure projects including LED Lighting, drainage, Building Management system (BMS) that control the heating and hot water monitoring systems. The BMS upgrade took place at Hartlepool Hospital and the mixing stations which provide heating to North Tees Hospital.

On the 17th December an audit was conducted by the authorising engineer (AE -electrical). The conclusion of the audit was to confirm that the systems of work are adequate and safe to continue use. There were no major findings. The highest priority replacement work is now for North Wing. This is planned for the next financial year as part of the 5-year capital backlog maintenance plan. This AE audit report provides assurance that the electrical systems within the Trust are being managed appropriately by the NTHS.

The Estates apprentice scheme (via the Northern and Yorkshire NHS Assessment Centre) has also successfully trained and retained a further 2 candidates following 4 year apprenticeships

Covid 19 challenged the Estates team to ensure North Tees had the capacity to deliver the high volumes of oxygen into ward areas. This work involved removing redundant electrical switch gear to create space for additional Oxygen cylinders (*fig.1)* . The Estates department continued to work closely with clinical colleagues to closely monitor and manage the oxygen resource on site to ensure oxygen was always available when needed by the patients. Following this initial work the Estates team then facilitated the integration of Hartlepool's Vacuum Insulated Evaporator (VIE) onto the UHNT oxygen system. (fig 2.) to increase oxygen capacity on the site.

fig 1

fig 2

Carbon Reduction and Sustainability

The Trust commenced its participation in the NHS Carbon Management Programme (CMP) in May 2010 with the purpose of reducing carbon emissions, making energy savings and reducing costs, thereby demonstrating the organisation's commitment to 'good corporate citizenship'.

The summary section below is to update the Trust Board members on the progress that has been made on energy saving measures which have been implemented as part of the on-going CMP during the 2019-20 year.

Energy Centre - Regional & National Awards: In Q2 the energy centre solar PV panel installation won the prestigious 2019 regional Energy Efficiency Award and was also placed second at the 2019 national Energy Efficiency Awards for its contribution to solar PV renewable energy. In Q3, the energy centre project was also shortlisted within two categories at the national Construction News Awards, for Project of the year (under £20m) and Contribution to Construction categories. The awards ceremony is due to be held in October 2020.

Carbon Reduction Measures: In the 2019/20 financial year the LLP worked with the Trust to reduce the Trust's carbon emissions by 10% from 2018/19 (11,183 tonnesCO2 for 2019/20 against 12,481 tonnesCO2 for 2018/19).
Key projects that delivered this reduction include the energy centre, LED lighting and replacement of old air conditioning units with modern equivalents.

Gas And Electricity Costs Savings: NTH Solutions expended over £1.58m on Gas & Electric during 2019/20 on behalf of the Trust, a 4% reduction on the previous year. This decrease is through improved reliability in the operation of the combined heat & power (CHP) units, especially with the introduction of a new unit within the new Energy Centre at North Tees.
Continued exemption from the Carbon Reduction Commitment and a significant element of the ever increasing Climate Change Levy has realised avoidance of some £400,000 of additional charges.

Long Term Carbon Footprint Reduction: The initial period of the Carbon Management Plan (CMP) was completed successfully in 2016, achieving the ambitious CO_2 emissions reduction targets: 17% over the 5 year programme and 20% against the Government benchmark year of 2007/08. Continuing the reduction in the Carbon Footprint, a further reduction target of 2% per year was set going forward. This has more than been achieved and the value is now **over 30% down** against the Government benchmark.

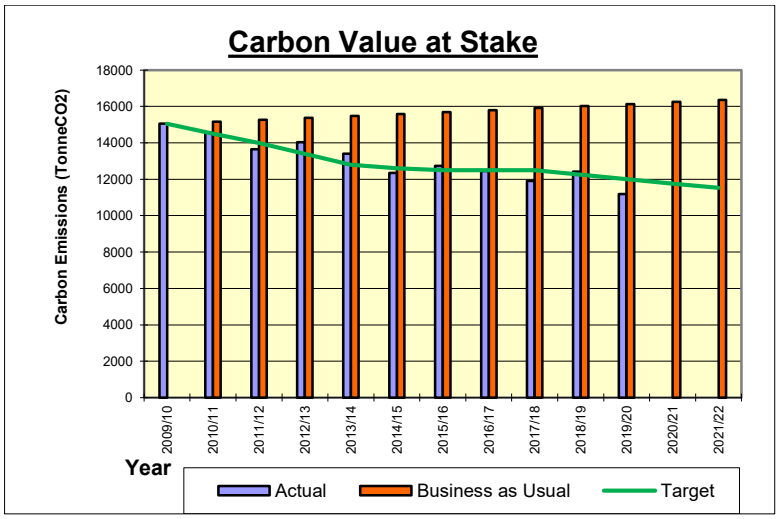
On-Site Solar Panels Generating "Green" Electricity: Since installation the solar panels on the UHNT site have generated over 376,000 kWh's of green and free electricity. This is enough to power over 100 homes for 1 year. This has also saved the Trust circa £60,000 off it's electricity bill.

Long Term Cost Avoidance: The continued efforts of the extended programme have been a success and made very real and identifiable savings, most notably in terms of cost avoidance (over £10M) due to site rationalisation, tax exemptions, seeking ways to drive down energy consumption and promoting investment in the infrastructure to secure future savings. This will now be carried forward into the next phase with the creation of the Sustainable Development Steering Group.

These successful carbon reductions, together with continued good management of the two combined heat and power units has been demonstrated through excellent Display Energy Certificates (DEC) ratings improving from a C for Hartlepool and D for North Tees (in 2018/19) to a C for Hartlepool and a C for North Tees in 2019/20.

The bar chart below shows actual carbon emissions (Tonne CO2) against time in Blue against business as usual (no carbon reduction measures in place) in Orange and carbon reduction target in green.

Actual carbon emission for 2019/20 were 11,183 tonnes CO2 (against 12,481 tonnes for 2018/19).



It is clear that the ambition to sustain this downward trend and target carbon emission reductions of 2% per year still presents some significant challenges and opportunities as we continue to work to meet the net zero carbon by 2050 UK Government agenda.

Key Achievements

During 2019/20, North Tees and Hartlepool Solutions LLP have achieved the following:

Catering:

- Reviewed Ward Hostess provision across the Trust;
- The Trust's branded retail catering facilities continued to grow in success and popularity. With a business case developed and project implemented to allow Wilbur's OPD to serve the Urgent care waiting area on the UHNT site;
- Catering Services met requirements of the National CQUIN targets 1B Healthy food for NHS staff, visitors and patient's requirements for 2019/2020;
- The trust met the targets for NHS England's voluntary reduction target on the sale of sugar sweetened beverages;
- The Trust maintained their 5* Environmental Health Office rating for catering services for both North Tees and Hartlepool sites in both April and December;

CSSD:

- The Sterile Services Department continues to provide a high quality, cost effective, compliant service to our internal and external customers. The service is developing an ISO Quality System and successfully maintaining their ISO13485 accreditation and MDD 93/42 EEC compliance. They continue to seek new business opportunities by modernising the environment and upgrading equipment with new flexible endoscope re-processors planned for 2019/20;
- Endoscopy Washer replacement programme - As expected significant pressures however no disruption to normal service due to the commitment and team effort by all involved. The project was completed in Q4. The new state of the art washers, dryers and storage systems were fully operational one-month sooner than expected. The newly refurbished endoscopy decontamination unit will be envied by many in the region, the service will not only be more efficient but will position us as leaders in the field in our region. To date this project has no detrimental impact on the services that rely on it, Endoscopy, Lung health, Urology and screening services. One of the most complex in nature, this project has been a real success to date and one which allows us to build for the future.

Domestic Services

- Every clinical area underwent independent (of Domestic Services) monitoring against national standards of cleanliness;
- Tender for Best Life Clinic for cleaning services and medical equipment service provision successfully obtained;

- Additional support requested and supplied around domestic services to carryout additional cleans associated with COVID 19 suspected patients.

Estates

- Each Sub-station within North Tees was tested under full load conditions on the new emergency generators within the new Energy Centre;

- Contingency plans were tested for the steam-raising centralised boiler plant which provides the heating, domestic hot water and process steam supplies to each of the hospitals. The systems were isolated from the main gas supply and the plant ran on the stand-by fuel oil contingency successfully proving these important contingency plans. The new Energy Centre boilers are well through commissioning, and have completed a year of operational use providing assurance of performance;

- A contingency level of 10 days running on full load for oil is available at each of the two main hospitals. Levels at North Tees were managed in association with the new Energy Centre. With the transfer of the UHH Energy Centre to the Trust on 31 October; ownership of the oil farm also changed, and the contingency levels at Hartlepool were reassessed;

- NTHS has responded to the request from NHSI/E to provide coronavirus assessments pods on the UHNT and UHH sites in March 2020;

- NTHS has responded to a number of Trust requests for assistance to fit screens at a reception in Urgent Care, A&E, OPD, Endoscopy and main reception at the main entrance on the UHNT site, as well as Urgent Care on the UHH site;

Portering:

- Introduced a Helpdesk in Portering Services and hand held devices to record and monitor activity;

- Completed Phase 1 of the Portering Services Organisational Change;

- Additional A&E Porter working at peak times between 15:00 and 23:00 provided 7 days per week;
- The Transport and Portering department continued to manage the on-going clinical Waste situation (Commenced in October 2018), with no impact upon services, or concerns being raised by the Trust.

Security

- Peterlee Urgent Care Centre closuring at night, consequently issues with regards to locking the building a number of measures were put in place;

Procurement

- The Procurement department have introduced several new processes in order to achieve efficiencies within the Trust, including:
    - being instrumental in introducing a 'No purchase order, no pay' programme;
    - An Electronic New Product Request System increasing visibility of additional cost pressures or savings and increasing efficiency within the process. This system also provides an effective audit trail for new and replacement products.
    - The introduction of EDC/EDC Gold system to the Materials Management function at no additional cost has replaced the previous Genesis stock management system.

- Members of the Procurement department regularly attend regional NHS Heads of Procurement meetings, collaborating where possible to achieve cashable savings and/or process efficiencies.

- Further to this, there is currently a considerable amount of work going into collaborative opportunities for procurement within the South ICP. Examples of on-going collaboration include the regional Pathology Network (Blood Sciences and Point of Care Testing), regional Trauma Contract in conjunction with Category Towers, Enteral Feeds (NTHS Lead) and Sharps Disposal Bins (NTHS lead). The department are also undertaking a review of existing strategy, policy and operating procedures in line with the Chartered Institute of Procurement and Supply guidance and best practice, in order to make improvements and drive transformational change within the function.

General

- On the 13th January a fire incident took place on the roof of the OPD building on the UHH site. The incident was investigated by the Fire Officer and a report was brought back to the Trust with recommendations;

- Clinical Waste Business Case being progressed through approval process. Costs;

- Information received from NHS England regarding Management of Clinical Waste across Heath Care Sector bringing to our attention some rather specific Duty of Care responsibilities behest upon the Chief Executive as the Senior Officer responsible for the organisation in relation to clinical waste. Funding requested to appoint a Band 7 competent and qualified Waste Manager;

- LLP Risk register still in development stage and under review, MSA risk register being agreed as part of review to be discussed as part of Agenda.

- Provision of Bariatric contract to James Cook – contract start date 1st July 2019;

Conclusion / Summary

The LLP has continued to provide a safe, patient-centred, efficient and effective estate, with a record of achievement and a culture that strives for and delivers continuous improvement. Benchmarking undertaken nationally on behalf of Lord Carter against all other small/medium size Trusts provides assurance that our Estate and Facilities services was placed in the 25% quartile nationally in the NHSI Model Hospital Report and 4th Lowest Cost from 34 Medium Sized Acute Trusts Nationally for estates and facilities services meaning the service the Trust receives is one of the most cost efficient and safe estates and facilities service in the UK.

Quality standards are evidenced as good through patient-led inspections of the clinical environment (PLACE) and SPEQS inspections.

Recommendations

The Board is requested to receive this report and note the work undertaken in 2019/20 to support patient services across the Trust Estate.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	R&D Annual Report to the Board										
Date:	30 July 2020										
Prepared by:	Jane Greenaway										
Executive Sponsor:	Deepak Dwarakanath										
Purpose of the report	Annual Report on performance and strategy										
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:

Summary:

Maintaining support of the Durham Tees Valley Research Alliance (DTVRA) is the key vehicle for us to deliver on our strategic aims, ensuring stability of workforce and growth in research activity and income.

Research is now part of CQC inspections under the Well Led Domain (W8). The research Team Leader is engaged with the Trust CQC planning committee and developing ways of raising the profile of research with patients and staff.

Reduction in NIHR funded PAs for research may impact on our ability to support trials unless research is seen as “core business”

National exemplar in recruiting to COVID research trials.

Lower recruitment into trails this FY compared with precious year –however this mirrors the regional an national picture and is not specific to our Trust alone.

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Recommendations

Continued support for the DTVRA

Mandate for all Care Groups to promote research, monitor progress and embed within all areas

Consider trust investment in dedicated PA support for clinicians to assist with recruitment, retention and embedding of research in job plans

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

Risk of decreased clinician involvement in research if decreases in NIHR funded PAs for research cannot be supported from within trust budgets.

Committees/groups where this item has been discussed	DTVRA Executive
Recommendation	

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

July 2020

Executive Summary

Research & Development (R&D)

Report of the Medical Director

Strategic Aim
Healthy Lives

Strategic Objectives
Transforming Services
Maintain Compliance and Performance
Health & Wellbeing

CQC Standards

Well Led W8

1. Introduction

2019/20 saw a drop in overall recruitment into NIHR portfolio studies in our Trust. **1090** patients were recruited across 19 specialisms compared with 2058 in the previous year. This mirrored the regional trend in decreased recruitment (down 10,000) and was mirrored nationally too (down 120,000).

Research is truly embedded within several specialisms with most of their consultants acting as a Principal Investigators, clinical staff involved in identification and signposting to research trials and clinical trainees becoming involved in trials (Obs & Gynae, Anaesthetics & Critical Care, Gastroenterology). Further work is needed to replicate this in all specialisms and Care Groups.

2. Key Issues& Planned Actions

2.1 Maintenance of the Durham Tees Valley Research Alliance (DTVRA) is the key area ensuring stability of workforce and growth in research activity and income.

2.2 Research is now part of CQC inspections under the Well Led Domain (W8). The research Team Leader is engaged with the Trust CQC planning committee and developing ways of raising the profile of research with patients and staff

2.3 Reduction in NIHR funded PAs for research

3 Recommendations

3.1 Continued support for the DTVRA

3.2 Mandate for all Care Groups to promote research, monitor progress and embed within all areas

3.3 Consider trust investment in dedicated PA support for clinicians to assist with recruitment, retention and embedding of research in job plans

Dr D Dwarakanath

Medical Director

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

Research & Development (R&D)

Report of the Medical Director

1. Introduction/Background

The key development of the last year has been the embedding of the Durham Tees Valley Research Alliance (DTVRA). This is strategic partnership between our trust, South Tees Hospitals and County Durham & Darlington NHS Foundation trusts.

NIHR funding was slightly reduced in 2019/20 meaning that to achieve our income target, R&D needed to generate additional income from external sources through commercial studies, successful grants and collaborations. Reductions in funding impact upon the funding available to support dedicated research PAs so we must look at ways of supporting consultant time within existing job plans and widening participation and engagement from all staff groups to grow our research activity further.

It is imperative that within the trust there is recognition that participation in or promotion of research is not solely the remit of directly employed research staff. All staff have a duty of care to offer opportunities to participate in research to patients and staff.

All Care Groups should engage with the R&D department and develop a plan to operationalise the DTVRA Strategy within their areas, using routine data from the R&D department to monitor performance against the strategy. They should support the broadening of research engagement from within the NMAHP communities to build research capacity within the existing clinical teams.

During the last quarter of 2019/20 in response to the COVID-19 pandemic, we undertook a formal assessment of all non-COVID research studies alongside DTVRA Executive guidance which allowed us to pause non-essential activities to allow the team to support the Chief Medical Officer mandated “Urgent Public Health COVID Studies”. The team quickly identified efficient mechanisms for the identification of incident cases which led to our subsequent very high levels of recruitment into COVID studies into 2020/21.

2. Main content of report

2.1 Strategy

The key strategic development for the R&D department over the last year has been the formalisation and implementation of the “Durham Tees Valley Research Alliance” (DTVRA). Discussed in detail in last years’ report, this is an operational alignment of the R&D departments from our trust, County Durham & Darlington and South Tees NHS Foundation Trusts. The fundamental aim is for a combined and efficient research set up and approval service and management structure operating across the three trusts to ensure the Durham Tees Valley is an attractive site for external research sponsors to place their research.

The key strategic aims of the DTVRA and therefore our Trust R&D department, are as follows:

Fig 1

CQC Inspection Framework

During 2018/19 research was included in CQC inspections framework in the "Well Led domain" (W8). 'Well Led' in this context means how a Trust as a whole supports and facilitates research across its functions including corporate strategy, governance, and departmental responsibility

There are three key areas to address:

Research equity – how does the organisation support the research programme across the breadth of its services?

Research facilitation – how does the organisation proactively support the delivery of research from board level to the clinical setting(s)?

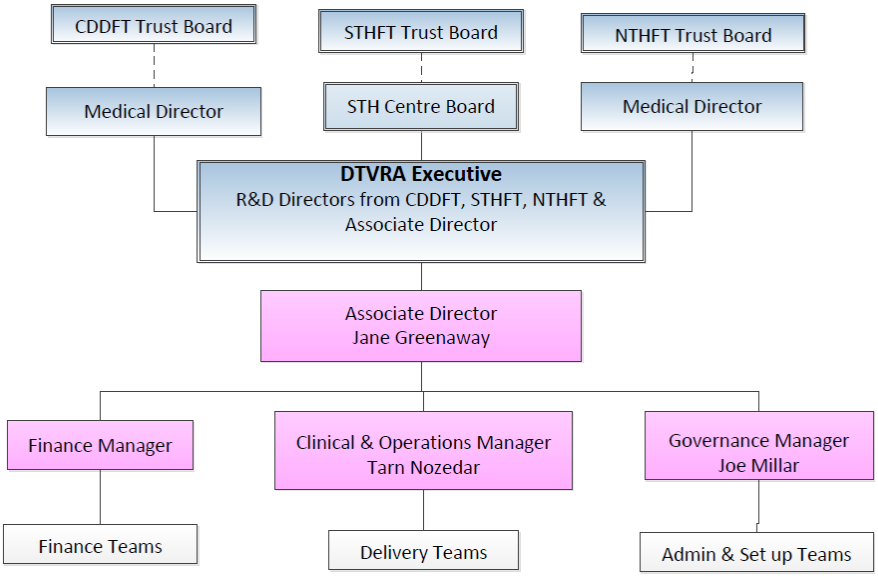
Research awareness – how does the organisation make research opportunity known to patients, the public and healthcare professionals?

Alison Chilvers, R&D Team Lead, is now part of the CQC planning committee. A number of initiatives to raise the profile of research with patients and staff in 2019/20 were set in motion. These included interactive Totems for out-patient areas showcasing research within the Trust, joint "OK to Ask Boards" with Nursing & Patient Safety and research noticeboards in clinical areas, wards and public areas. These were are at the final stages of approval in February but implementation has been delayed due to competing COVID priorities Trust-wide. An increased use of social media and Trust communications have also raised the profile of research within the Trust. The Research Delivery team are working towards increasing their presence at ward and speciality meetings and are looking to engage with staff across the Trust to ensure more staff have current Good Clinical Practice (GCP) training. Jane Greenaway will highlight CQC issues at Board and Exec Team presentations and request support for development of Care Group plans to operationalize the R&D Strategy to embed research throughout the trust.

2.2 Governance

Justin Carter as R&D Director is the trust's nominated Clinical Lead for Research & Development. He sits on the DTVRA Executive with responsibility for representing the Trust within the Alliance and ensuring appropriate governance is in place both within the Alliance and back into the existing Trust hierarchy. He reports to the Medical Director via regular 1:1 meetings with the Deputy Medical Director and DTVRA Associate Director. R&D report annually to the Trust Board and Trust Exec Team. Justin attends Trust Directors Group Meetings.

The governance structure of the DTVRA is shown below: **Fig 2**



The Trust Research Awareness and Governance Committee (TRAG) meets bi-annually to oversee progress against the DTVRA strategic aims and review Trust performance.

The Trust Research Advisory Committee (TRAC) meets bi-annually to review performance and discuss key strategic developments for R&D within the Trust.

The Trust Research Evaluation Board is scheduled to meet monthly but will only take place if there is a Trust sponsored study to be reviewed as all academic studies are now reviewed centrally by the Health Research Authority reducing the burden of review for this committee.

All minutes from the three R&D committees are submitted to the Patient Safety & Advisory Committee (PsQs) for information.

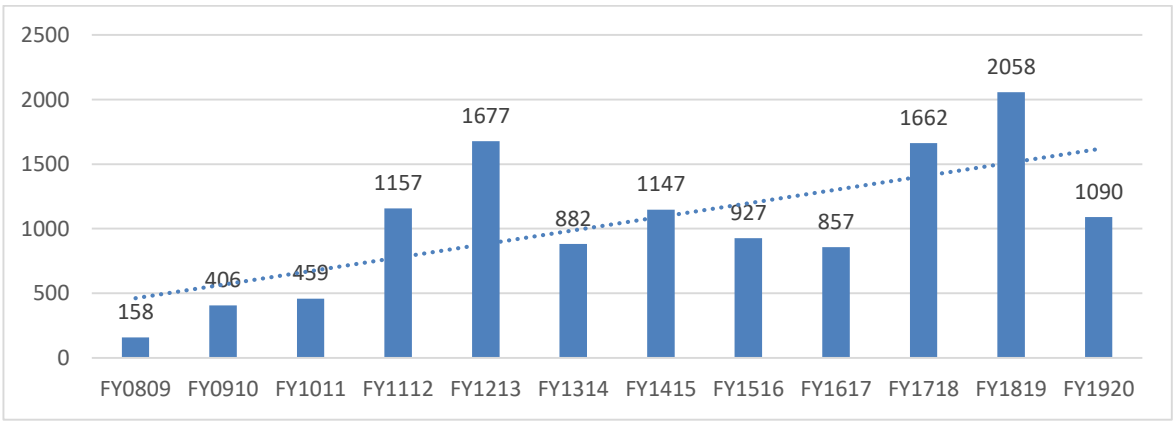
We've introduced a monthly "departmental R&D meeting" to align with other DTVRA trusts, building on the existing team meeting but adding in attendance from the Clinical Support services.

The R&D Team Leader now meets regularly with Team Leads from across the DTVRA to review workforce and delivery.

2.3 Performance

The number of patients recruited to participate in NIHR portfolio research in 2019/20 was **1090**. Annual recruitment into National Institute for Health Research (NIHR) portfolio research is shown below:

Fig 3

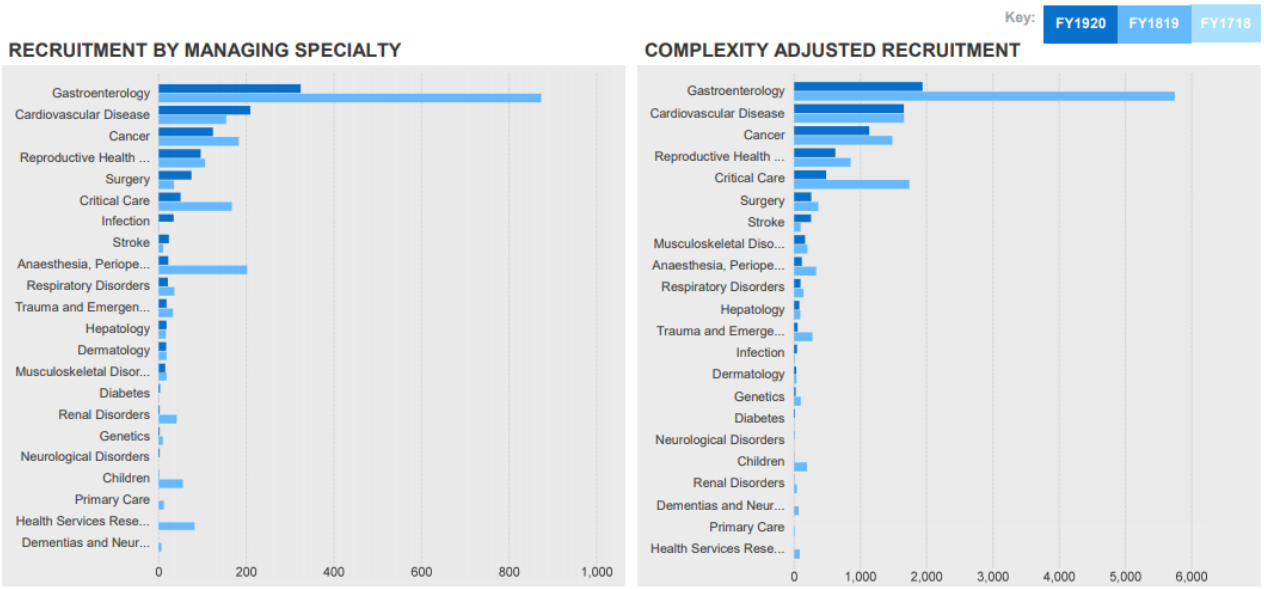


The drop in recruitment within NTHFT mirrors the decrease seen regionally (reduciton of 10,000) and nationally (decrease of 120,000) compared with 2018/19 which was a prticularly high recruiting year. Recruitment is usually into studies generated outside of the Trust and as such we are slightly at the mercy of the availability of relevant studies for us to take part in. Recruitment activity therefore naturally fluctuates year on year.

55% of patients in 2019/20 were recruited into the more complex interventional trials which is higher than the national average (24%) or regional average (26%).

Recruitment by NIHR Specialty

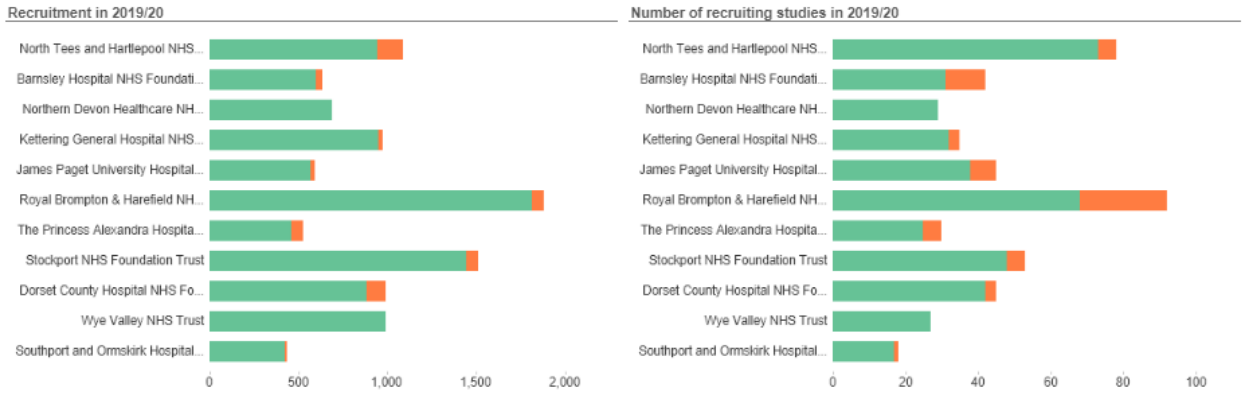
Fig 4



Benchmarking performace nationally

Compared with Trusts of a similar category, attendance and population, North Tees & Hartlepool compares favourably in terms of both patient recruitment (left hand chart Fig 5) and number of studies (righthand chart Fig 5). Royal Brompton & Harefield recruited patients across 11 clinical specialties, in our Trust we recruited across 22 providng evidence of our remit to embed research across all clinical areas.

Fig 5



Benchmarking performance locally

Fig 6

Acute Trust	Raw Recruitment	% of regional acute recruitment	Complexity Adjusted recruitment (CAR)*	% of regional acute recruitment
The Newcastle Upon Tyne Hospitals NHSFT	8,266	37.5	40758	36.4
Northumbria Healthcare NHSFT	3,693	16.7	17566	15.7
South Tees Hospitals NHSFT	3,272	14.8	18180	16.2
South Tyneside and Sunderland NHSFT	1,961	8.9	9701	8.7
County Durham and Darlington NHSFT	1,609	7.3	6,827	6.1
North Tees and Hartlepool NHSFT	**1,090**	**4.9**	**7060**	**6.3**
Gateshead Health NHSFT	1,030	4.7	6105	5.4
North Cumbria Integrated Care & NCUH NHSFT	1,147	5.2	5841	5.2

*CAR takes into account the complexity of a study and applies a multiplier to reflect the actual burden of a study and is a more realistic comparator across organisations

Quality Improvement (QI) Metrics

We are set annual "Quality Improvement" metrics by the Clinical Network for North East & N Cumbria. In 2019/20 for the QI metrics the Trust were required to record year-of-birth for all research study participants on our R&D Database called "LPMS" over a 3 month period. Data for our Trust is shown below and resulted in us securing additional income from the Research network for R&D.

Fig 7

QI metric	Trust performance
1. Each PO will record Year of Birth for 80% of participants recruited into NIHR CRN Portfolio studies in LPMS, for each of the defined six specialties, between 1st January 2020 and 31st March 2020 and 1st April and 30th June 2020 (Phase 2).[NB: the April – June collection period was postponed]	**100%**
2. Each PO will record Year of Birth for 80% of participants recruited into all NIHR CRN Portfolio studies in LPMS between 1st January 2020 and 30th June 2020. [NB: the April – June collection period was postponed]	**97.6%**

Within the Trust there are 64 members of staff with valid Good Clinical Practice (GCP) training. Most specialisms and all directorates are now participating in research with a few notable areas where research is embedded within the entire clinical team

There are 107 members of staff acting as principal investigators / local collaborators in research approved by a research ethics committee within the Trust, some of whom have up to 8 studies in their research portfolio.

Commercially Sponsored Studies

There were **5 commercially sponsored studies actively recruiting patients** within the Trust in 2019/20 and more where patients are in "follow-up". The studies are open within Cardiology, Cancer, Gastroenterology and Obs & Gynae.

From 2013, government funding for research to the Trust became conditional on meeting national benchmarks. One of which relates to the Trust's performance in recruiting to time and target for

commercially sponsored studies. The Trust reports quarterly to the Department of Health (DH) on the following performance measure.

Commercial studies: Recruitment to time and target stated in clinical trial agreement (studies closed within 2019/20 – as of Q3, as the Q4 report delayed nationally by COVID-19)		
Time and target met	Number of studies	
Yes	2	**100%**
No	0	

2.4 Trust sponsored Chief Investigator Studies

Professor Matt Rutter: **The WASh Study**

The WASh team were awarded national funding of £350,000 from the National Institute for Health Research [Research for Patient Benefit Programme]. The study was sponsored by the Trust and recruited to both time and target and within budget. Professor Matt Rutter led the study, with support from Dr Iosif Beintaris and Jill Deane (research nurse & project manager). The study recruited to time and target and have recently had their first paper accepted for publication to disseminate the results of this trial.

Prof Rutter is also co-applicant on the **NED APRIQOT study** with Newcastle University with Jill Deane as Trial co-ordinator at NTHFT." Automated Performance Reports to Improve Quality Outcomes Trial (APRIQOT) Using the National Endoscopy Database (NED) to evaluate endoscopy performance and reduce unwarranted variation in quality".

This secures additional grant income for Prof Rutter's time and Jill Deane's salary costs for 18 months

This randomised controlled trial recruits colonoscopists at 58 hospital sites to ascertain if we can improve performance by facilitating in them finding more polyps, hence preventing bowel cancers and reducing the risk of post-colonoscopy colorectal cancer (PCCRC). The intervention group will be sent automated performance feedback to endoscopists and endoscopy units through the National Endoscopy Database (NED). NED calculates how often endoscopists find polyps and creates key performance indicators (KPIs) on polyp detection for both the control and intervention sites. Duration: 1 month recruitment + 12 months follow-up

Application was for funding from Nov 2019 - Dec 2020. We have requested an extension from the HRA (The Health Foundation are happy with an extension) and we aim to restart the randomisation process in Sept/Oct 2020

2.5 Workforce

26 research staff are employed within the Trust contributing to the delivery of research in various roles - management, governance, administration, nurses, midwives, data assistants and pharmacy technicians. 89% of the funding for these posts is from external sources (NIHR Clinical Research Network: North East North Cumbria (CRN:NENC) or commercial income) with 11% funded by the Trust.

We have 4 members of the R&D staff who are now trained GCP Facilitators and are able to provide this training within the Trust and across the region.

Finance

Fig 9

Funding Source	

NIHR	£750,282
Commercial	£44,190
Non-commercial	£88,619
Synexus rental income	£53,538
Synexus per patient income	£41,975
Department of Health RCF	£36,410
Grant income	£173,835
Total	**£1,188,851**

Fig 10 Service development / improvement projects listed in 19/20 Business Plan

Project	Costs	Progress
Durham Tees Valley Research Alliance (DTVRA)	Nil	Complete
Synexus (income & visibility)	Nil	Ongoing
Profile raising – CQC, Primary Care, internal, Commercial, Uni	Nil	Complete- ongoing Attend CQC meetings, IPNMB meetings, T Uni Strategic Committee meetings

2.6 External Business Development

Synexus

Activity within the Synexus Research Facility increased within the last 12 months. A new Centre Manager was appointed and has significantly further increased activity through on-site managerial support.

Synexus have used radiology services within the trust for some of their trials and reported on the efficiency and excellence of the service provided. The R&D Department maintain a database of patients interested in research who are willing to be contacted about Trust or Synexus studies.

The Trust receives revenue from Synexus from three sources:

- Per Patient Fee : 7.5% of all patient revenue from Synexus patient visits
- Rental income: £100,000 per year, £50K for R&F and £50K for estates
- Ad hoc study fees: if trust staff contributes to the identification or treatment of Synexus trial patients (Liver biopsies or Liver ultrasounds for a NASH study)

Teesside University

Jane Greenaway attends the bi-annual strategy meetings with Teesside University representing R&D which relates to our collaboration agreement to support Research, Education and Innovation.

One of our Radiology consultants are involved in a collaborative project with the University School for Health – Dr Altaf Naveed is assisting with testing of a new Artificial Intelligence software study to gather clinical data to assist with developing diagnostic algorithms for breast imaging. Dr Naveed is the Principal Investigator for this study.

Dr Farooq Brohi is a co-applicant with the School for Health for a sepsis research grant proposal.

Caroline Fernandes-James, Clinical Specialist Respiratory Physiotherapist is working with Prof Alan Batterham and Dr Sam Harrison to develop a research grant proposal for submission to the Research for Patient Benefit funding stream for “A feasibility study of ultra-brief physiotherapist-led Acceptance and Commitment Therapy (ACT) to increase pulmonary rehabilitation engagement in patients with Chronic Obstructive Pulmonary Disease (COPD)”

Forecast

It is imperative that within the trust there is recognition that participation in or promotion of research is not solely the remit of directly employed research staff. All staff have a duty of care to offer opportunities to participate in research to patients and staff. We feel this may have improved with the wider staff engagement with COVID-19 research trials but we need to build upon the high profile of research during the pandemic to highlight how important research is across all specialties and not just during pandemics.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Health, Safety & Security Annual Report														
Date:	30 July 2020														
Prepared by:	Peter Butler, Risk, Health, Safety, Security and Car Parking Manager														
Executive Sponsor:	Sharon Mee, Assistant Director (Governance & Compliance)														
Purpose of the report	This purpose of the report is to provide information to the Board of Directors on Health, Safety and Security Annual Performance for 2019/2020														
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:
The report is for information and details performance over the financial year 2019-2020 as well as key achievements, key issues, future activity, key objectives and a proposed action plan for 2020-2021. Key Issues: • 22 RIDDOR incidents reported, 24% decrease compared to previous year; • 118 physical assaults on staff – 9.3% involved the police; • 108 fire alarm incidents reported – 6 actual fire and 97 unwanted alarms, 5 no alarms; • 14% increase in clinical waste, 10% increase in domestic waste, 100% decrease in landfill, and 4% increase in recyclable waste; • 147 safety alerts disseminated and reported via MHRA site; • Inspections covering a number of different disciplines carried out.
How this report impacts on current risks or highlights new risks:
This report doesn't raise any new risks that the Trust and LLP are not aware of.

Committees/groups where this item has been discussed	Health, Safety & Security Committee - To be tabled in August
Recommendation	Note the content of the report.

Health, Safety & Security Annual Report

FINANCIAL YEAR 2019 / 2020

Presented: 13/07/2020

Reporting period:	FY2020/21
Author:	Peter Butler, Risk Manager, Health, Safety, Security and Car Parking Manager / LSMS
Agreed by:	Sharon Mee: Assistant Director Governance & Compliance

The figures and % in this analysis report have been compiled from the data collated from the Trusts' DATIX incident reporting systems and are reflective of the number of actual incidents which occurred during the period: 01-04-2019 to 31-03-2020. It should be noted that the information recorded in quarterly reports is compiled by incident reported date and not on actual date of incident and therefore discrepancies in reports is likely.

Contents: **Page:**

1. Introduction

The Health, Safety & Security remit covers the following areas:

- Non-Clinical Risk Management
- Health & Safety
- Fire Safety
- Waste Management
- Central Alerting System (CAS)
- Security Management (LSMS)

North Tees and Hartlepool Solutions LLP is a subsidiary of North Tees & Hartlepool NHS foundation Trust and supplies Health, Safety and Security advice and support under a Master Services Agreement to the Trust.

As with all support services the LLP's aim is to ensure that our activities support the Trust's and the LLP's strategic aims and objectives,

To achieve this, the LLP aim to operate a lean, performance-focused organisation that thrives on change and provides:

- Good patient care through safe, modern high quality health services
- Efficient services, by recognising that waste in one area compromises patient care in another
- Good place to work, being a good employer working together and valuing people
- Education and training, to enable staff to deliver individual, professional, team and organisational objectives

It is essential that the aims and objectives to effectively manage health and safety and non-clinical risk are integrated into the Trust's and the LLP's day to day operational and annual planning processes. Effective risk management will minimise incidents, reducing sickness absence and litigation costs and also the risk of potential prosecution. With this in mind all Care Groups and departments should utilise this report and consider future health and safety performance information to inform their own planning processes to ensure this integration and demonstrate ownership and management of associated risks.

2. Performance 2019/20

The following key performance are part of the Master Services Agreement with the Trust, the tables overleaf indicates performance through 2019-20.

2.1 Trust Master Service Agreement Indicators 2019-20.

Continuous Improvement Indicators

Indicator		Performance Output Range			Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
		Green	Amber	Red	Actual											
1	Actual Fire Alarm - Fire Brigade attended per month < 1	<1	1-4	>5	1	0	0	0	0	0	0	0	0	1	0	0
2	Unwanted (False) Fire Alarm - Fire Brigade attended per month < 2	<2	3-4	>5	0	1	0	1	1	0	0	1	0	0	0	0
3	Unwanted (False) Fire Alarm - NIL Brigade attendance per month < 2	<2	3-4	>5	**8**	**9**	**6**	**6**	**7**	**12**	**13**	**8**	4	3	**9**	4
4	Number of Physical Assault (Malicious) on employees per month < 5	<5	6-8	>9	0	2	2	1	1	1	1	0	1	1	0	1
5	Number of Physical Assaults (Unintentional) on employees per month < 12	<12	13-20	>21	7	15	12	7	10	10	7	9	5	9	8	3
6	Number of RIDDOR incidents per month < 3	<3	3-5	>6	3	2	2	1	1	1	3	1	2	1	0	1

Key Performance Indicators

Indicator		Performance Output Range		
		Green	Amber	Red
1	Actual Fire Alarm - Fire Brigade did not attend	<2	2 - 4	>5
2	Actual Fire - No Alarm Fire Brigade attended per month < 2	<2	2 - 4	>5
3	Other Fire Incidents - No alarm - NIL Brigade attendance	<2	2 - 4	>5
4	Number of Sharps incidents to LLP staff per month < 3	<3	3 - 5	>6

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual											
0	0	1	0	0	0	0	3	0	1	0	0
0	0	0	0	0	0	0	0	0	0	0	0
1	1	0	0	0	2	0	0	0	0	0	1
1	2	0	1	7	2	2	3	4	2	0	0

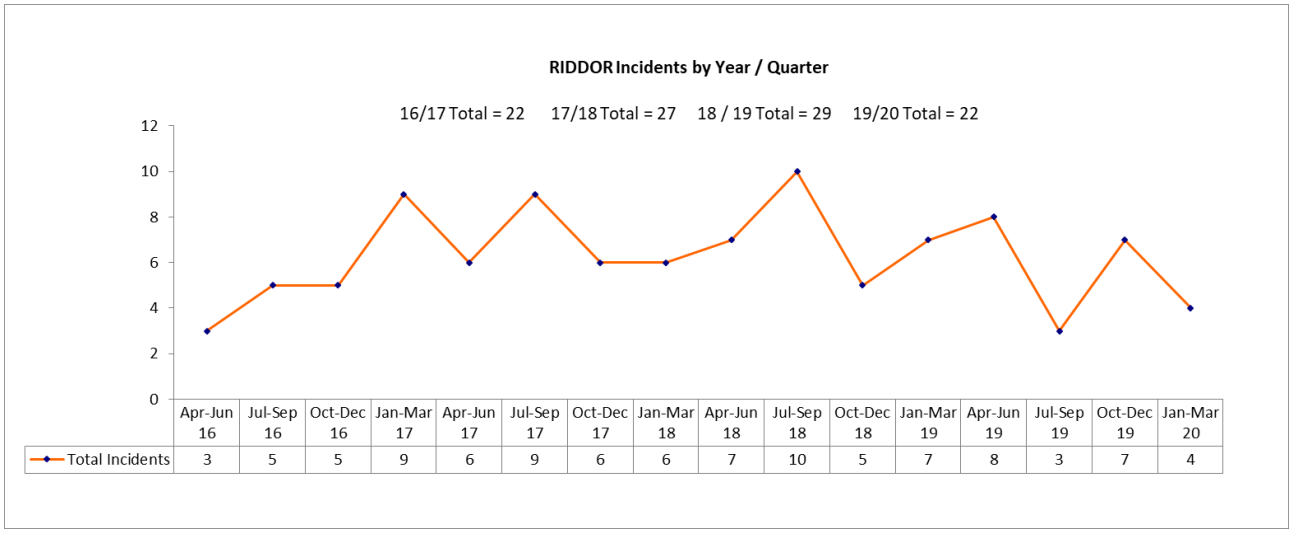
2.2 North Tees & Hartlepool Solutions Performance Indicators

Performance indicators have been developed for the Health and Safety service as a whole. Performance is shown in six key areas, RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents, physical assault against staff incidents, fire, waste. sharps and Central Alerting System compliance statistics.

2.2.1 RIDDOR Reportable Incidents

A total of 22 reportable incidents occurred during 2019-20 compared to 29 reported in 2018/19 which is a 24% decrease in RIDDOR reportable incidents.

Table 1



	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20
Total Incidents	3	5	5	9	6	9	6	6	7	10	5	7	8	3	7	4

The key specific hazards and areas of risk causing concern are those that result in adverse incidents, particularly RIDDOR reportable incidents resulting in work related sickness absence, those being, slips trip and falls (10) and manual handling of objects (7). Of the 22 reported incidents 18 were in the over 7-day category for reporting and the remanding 4 were in the specified injury category for reporting.

Cost of RIDDOR Accidents

Total Number of Employee Days Lost (Time off due to Incidents at Work)

There have been a total of 724 lost days due to RIDDOR accidents at work shared between 26 employees. This is 287 days less compared to the previous year of 2018-19.

Total Cost to Trust of Injuries from Work
Formula = days lost x hours' x cost per hour
Total cost of days lost due to accidents = £49,198.65

A study undertaken by the HSE showed that indirect and hidden costs could be a minimum of 8 times or a maximum of 36 times greater than the direct cost of an accident or disease and that in reality the direct cost is represented by the tip of the Accident Iceberg compared to the overall cost, shown in the figure below.

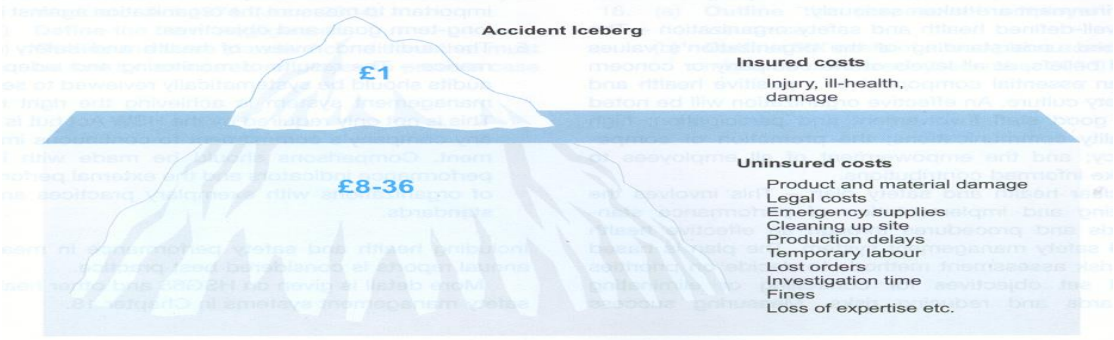


Figure 1

2.2.3 Incidents of Physical Assault against Staff

North Tees and Hartlepool NHS Foundation Trust and North Tees and Hartlepool NHS Solutions continue to regard Violence and Aggression towards staff as a primary priority area for action. The LSMS reviews reported incident of violence and aggression against staff and carries out an investigation to establish the cause, and where necessary, which sanctions, if any, should be considered.

Some of the incidents reported in these categories include assault towards others such as, patient on patient or visitor to patient. These incidents are reported to the police when deemed necessary

A total of 118 physical assaults on staff by patients or visitors were reported during the year April 2019 to March 2019. Of the reported physical assaults 114 occurred within North Tees, and 4 in the community. Of the reported incidents of physical assault 15 required medical treatment *first aid/attendance at A&E/Urgent care* 3 of which were reported to the HSE as in accordance with RIDDOR regulation and 100 resulted in no injury, *minor pain/bruising/scratches*. The range of staff assaults are evidenced below.

Physical Abuse Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bite		1				2						
Grab, squeeze, twist or pull Hair pulled	2	2	3		1	2	5	2		2	2	
Head Butt									1	2		
Kick	2	1		3	2	2	1			2	4	1
Knee												
Object / Weapon		3	1		2	2			1	1		
Punch / Thump	1	6	2	2	2	2	1	3	1	1	1	1
Push		1	1									
Scratch		1	1	1		1	1	2	3	1		2
Sexual			1		2							
Slap (Hit)	1		5	1	2			4	1	1	2	
Nip/pinch				1								2
Unstated		2										
	6	**17**	**14**	**8**	**11**	**11**	**8**	**11**	**7**	**10**	**9**	**6**
	37			**30**			**26**			**25**		

The care group where these occurred is evidenced in table 3**.** The exact location is evidenced in table 4. However, the assaults affected both Trust and LLP staff.

Table 3

Care Group locations	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Care Group 1	3	2	1	2
Care Group 2	30	25	22	20
Care Group 3	4	3	**3**	3
Total	**37**	**30**	**26**	**25**

Table 4

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		TOTAL
Ward 40		6	7		1	2	1	1	4	3		3		**28**
Ward 36		6		1			1	2	1		3			**14**
EAU / Amb Care (EAU			3	1		1		2			3			**11**
Ward 42	2	1		1	2	2	1	1						**10**
Ward 27	1	1			1		2	1		3				**9**
A&E	1	1		1	1	1			1			1		**7**
Ward 32			1		2		1	1						**6**
Ward 26				2	2		1				1			**6**
Ward 41	1		1			2		1				1		**6**
Acute Cardiology unit				1				1						**2**
Out of Hospital Care – Holdforth Unit (HP)	1					1								**2**
Surgical decisions unit			1				1							**2**
Ward 31										2				**2**
Ward 29					2									**2**
ITU / Critical Care		1				1						1		**3**
Out of Hospital care NT			1						1					**2**
Anti Natal Day Unit										1				**1**
Ward 33		1												**1**
Ward 28											1			**1**
Ward 25								1						**1**
Ward 24						1								**1**
Ward 18/19				1										**1**
Ward 15											1			**1**
Discharge lounge										1				**1**
MONTH TOTAL	**6**	**17**	**14**	**8**	**11**	**11**	**8**	**11**	**7**	**10**	**9**	**6**		**118**

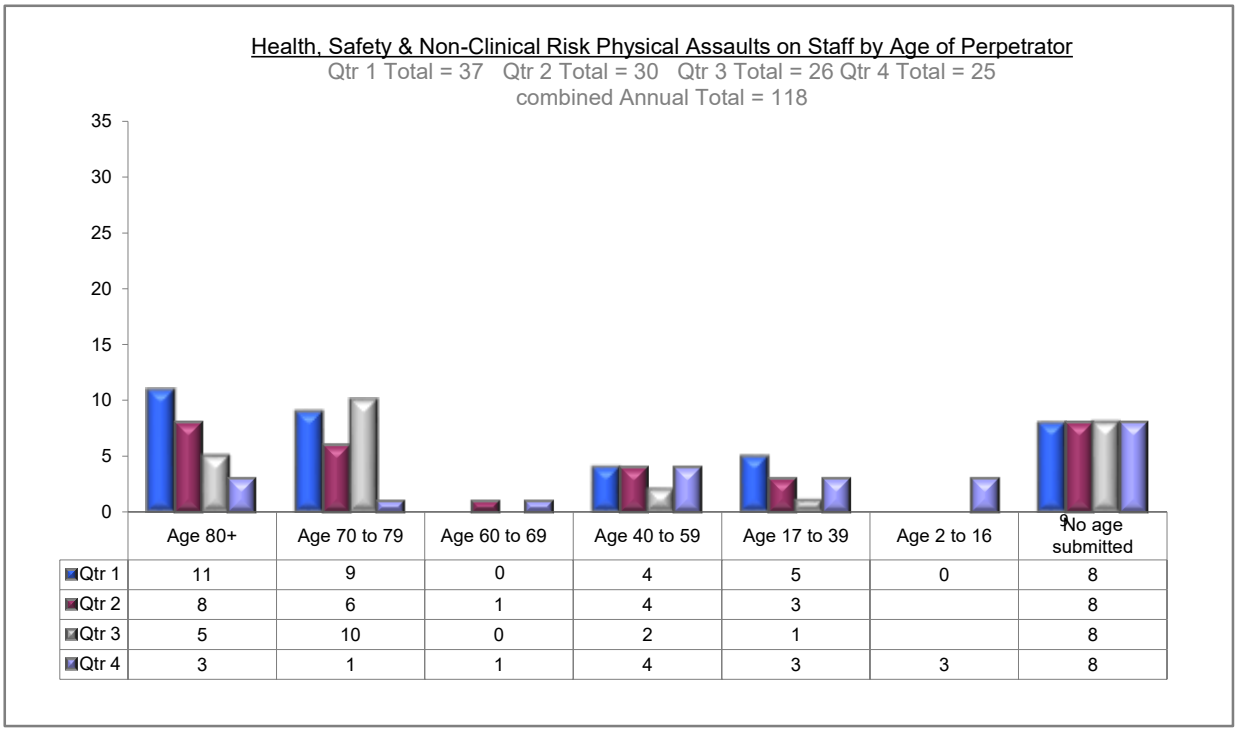
It should be noted that the majority are non-intentional and are caused by the patient's medical condition. It is important to note that out of 118 assaults it was necessary to involve the police with 11 incidents (9.3%) and 10 of these were in the malicious category for reporting assaults and one in the unintentional category. (See table 5). Security officer responded to 554 emergency bleeps during April 1st 2019 March 31st 2020 (*information security officer log book*)

Table 5

Physical Assaults on staff reported to Police	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Unintentional	33	26	25	22
Malicious Intention	4	3	2	3
Reported to Police	4	3	2	2
Total	**37**	**30**	**26**	**25**

Further analysis showed a high number of elderly patients responsible for the assaults throughout the hospital. (See table 6)

Table 6



	Age 80+	Age 70 to 79	Age 60 to 69	Age 40 to 59	Age 17 to 39	Age 2 to 16	No age submitted
Qtr 1	11	9	0	4	5	0	8
Qtr 2	8	6	1	4	3		8
Qtr 3	5	10	0	2	1		8
Qtr 4	3	1	1	4	3	3	8

Staff, are informed of their responsibility to report all violent incidents during their attendance at induction, local induction and conflict resolution training. This year 12 patients have been responsible for 33 assaults; further analysis showed a 77-year-old female responsible for 5 assaults and an 81year old male responsible for 6 assaults. The upper age group 60 to 80+ were responsible for *46.5* % of all assaults towards staff.

North Tees and Hartlepool NHS Foundation Trust and North Tees and Hartlepool Solutions continue to regard Violence and Aggression towards staff as a primary priority area for action. The Accredited Security Management Specialist (ASMS) reviews reported incidents of violence and aggression against staff and carries out an investigation to establish the cause, and where necessary, which sanctions, if any, should be considered.

2.2.4 Fire Safety

The Trust has a Service Level Agreement in place with an external Authorising Engineer (Fire) employed by Cleveland Fire Brigade Risk Management Services who acts as an independent professional adviser to the Trust. The remit includes:

- assesses and makes recommendations for the appointment of authorised persons (Fire)
- monitors the performance of fire safety management
- provides an annual audit to the Board Level Director with fire safety responsibility as required by in Hospital Technical Memorandum (HTM) 05:01 Managing Healthcare Fire Safety who provides external fire safety assurance.

In the recent annual report received the following was noted that some good progress has been made across the North Tees & Hartlepool NHS Foundation Trust bearing in mind that the year concluded under extremely trying circumstances due to the Covid$_1$ pandemic. However, there were areas within this report where improvement measures are recommended to enhance the current arrangements.

From the evidence assessed it is clear that fire safety is taken seriously by the Trust and the LLP with appropriate actions taken when required. A number of recommendations from last year's report (May 2019) have been actioned, the 2020 report has now been received and an action plan is being developed to accommodate any outstanding actions and those identified from the 2020 report which is to go to the LLP Board.

Strategically there remains an effective management structure in place and responsibilities have been assigned appropriately together with appropriate governance arrangements. It is understood that, for Assurance and Governance purposes, the Chief Operating Officer is the Trust Board member responsible for Fire. The Managing Director of the LLP reports all issues through the Master Service Agreement Trust Steering Group which the Chief Operating Officer is a representative of. Any issues are also reported via the Health and Safety and Security Committee meetings.

Where possible the Trust and the LLP is striving to achieve standards as set out within HTM guides and where this is not possible it aims to achieve a suitable compromise. This can prove challenging with ageing assets that do not fully comply with relevant HTM guides.

Overall, the standard of the strategies, policies and procedures reviewed were of a good quality, albeit that some are under review.

Significant investment continues to be made and allocated to fire safety systems in times of stringent financial pressures. This demonstrates that the Trust and the LLP takes the responsibility of keeping people safe from fire seriously and is of a high priority.

A Management of Fire Safety Policy has been produced covering all properties within the Trust. The 'Fire Strategy University Hospital of North Tees' is a useful document but is in need of a review and at such time it is advised that this is expanded across all areas of the Trust. The current Fire Policy and Procedures are also under review following a recent introduction of bed evacuation lifts and a fire incident at Hartlepool.

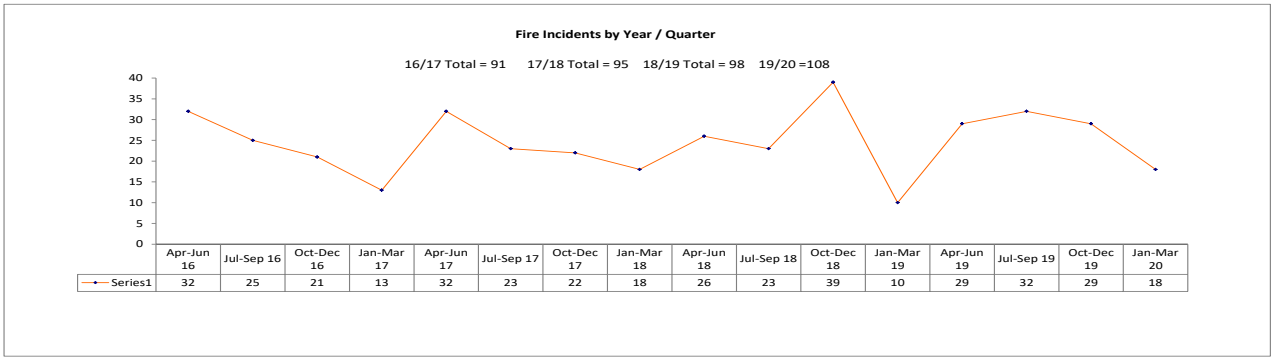
Work continues to be carried out with regard to forward planning for reducing backlog maintenance with fire safety taking a significant role. This plan covers a five-year period and the Trust to date is in year 2. The replacement of the fire alarm system at Hartlepool has been brought forward.

Fire Incidents

There were 108 fire alarm incidents reported during 2019/20 this is an increase of 10 incidents compared to 2018/19. 86% (93) of incidents originated within the North Tees hospital site, 14% (15) at the Hartlepool site. There were 6 actual fires and 97 noted as unwanted alarms the remaining 5 were categorised as incidents no alarm.

The Fire Service attended site on 6 occasions during this time. Table 7 below provides a comparison to previous years and the trend line of fire incidents.

Table 7



2.2.5 Waste Management

Table 8 shows a breakdown of all wastes created within the Trust from 2014 to date. It shows an increase in clinical waste of 14% for 2019/2020 compared to the previous year. It also shows an increase in domestic waste with Waste to Energy increasing by 10%, a decrease in Inert Landfill of 100% and an increase in Recyclable waste of 4% for 2019 / 2020 compared to the previous year. The waste split produced by the Trust is 20% clinical waste and 80% domestic waste. 23% of domestic waste is recycled.

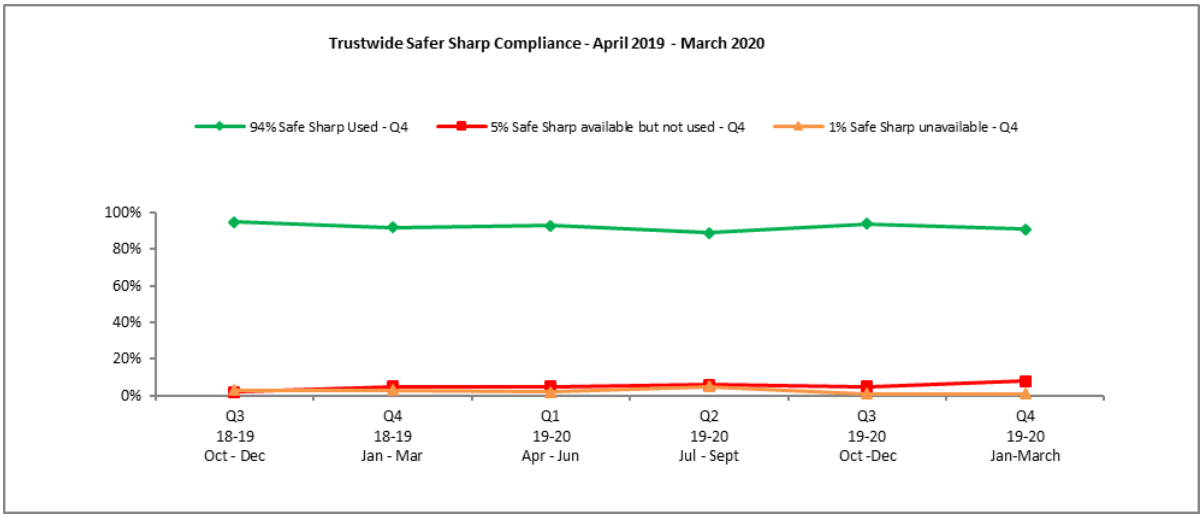
Table 8

Period	Hazardous Clinical	Autoclave / waste to energy %	Inert Landfill	Waste to energy	Confidential Waste	Metal	Cardboard	Mixed Recycling	Garden Waste	WEE	Total Waste	Total % Recycling
2014/15	**329**	**72**	**62**	**746**	**122**	**8**	**82**	**0**	**0**	**5**	**1354**	**16%**
2015/16	**376**	**68**	**57**	**803**	**200**	**16**	**89**	**0**	**0**	**8**	**1549**	**20%**
2016/17	**378**	**76**	**64**	**819**	**275**	**12**	**51**	**0**	**0**	**39**	**1714**	**22%**
2017/18	**265**	**85**	**51**	**893**	**293**	**8**	**41**	**0**	**0**	**10**	**1646**	**21%**
2018/19	**182**	**78**	**23**	**859**	**275**	**10**	**44**	**0**	**0**	**6**	**1477**	**28%**
2019/20	**196**	**107**	**0**	**951**	**231**	**14**	**32**	**18**	**13**	**5**	**1567**	**23%**

2.2.6 Sharps

Table 9 below gives trend analysis for sharps usage for the year, it looks at the percentage of safer sharps/unsafe sharps used. All Directorates / areas are required to have in place an 'Unsafe Sharps Usage' Risk Assessment, if they are using unsafe sharps, this can be either one generic risk assessment per Directorate OR an individual assessment per area. The assessment identifies all / the non-compliant area(s) together with the types of unsafe sharps in use. It also clearly outlines the rational for the use of unsafe sharps.

Table 9



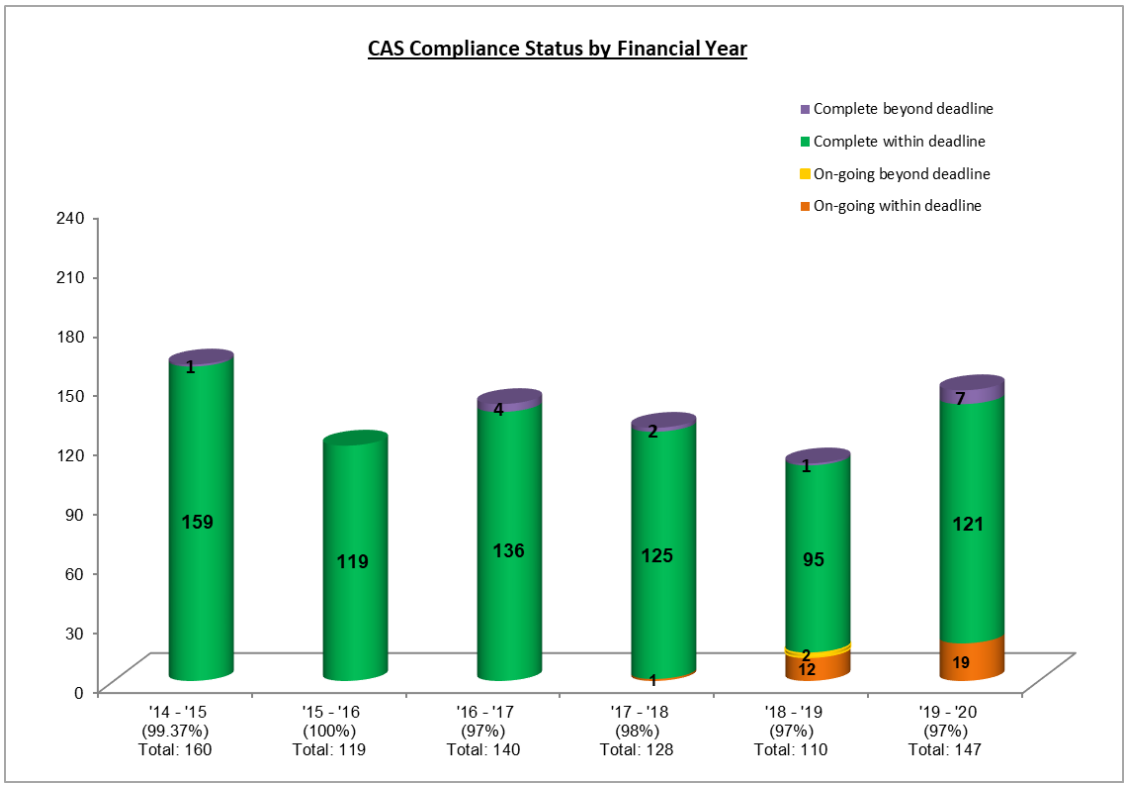
A total of 132 Sharp incidents were reported on the DATIX incident reporting system for the year.

2.2.7 Central Alerting System

The Central Alerting System (CAS) is a web based flexible IT system that creates a robust and suitable technology for distributing safety alerts and is held by the Medicines and Healthcare products Regulatory Agency which is a government site / function.

Compliance with specified action completion deadline dates for CAS alerts throughout the year is shown below (Table 10)

Table 10



There were a total of 147 alerts received, 121 were completed within deadline, 19 are on-going within deadline and 7 alerts were completed after the deadline but these are now complete. All information on alerts disseminated and responses received are forwarded to the relevant Committee on a monthly or quarterly basis depending on frequency of Committee. The Committee's receiving reports are:

- Patient Safety Committee
- Medical Devices Committee
- Health, Safety and Security Committee

3. Key Achievements 2019/20

Monitoring & Auditing Performance

- Premises Assurance Model audits undertaken with all relevant services to obtain assurances through self-assessment questions which support quality and safety compliance (46 audits covering 332 self-assessment criteria);

- PK6 Observational health and safety inspections for individual areas covering general health and safety and the production of summary reports for the Health, Safety and Security Committee;

- PK3 Fire safety inspections for individual areas and the production of summary reports for the Health, Safety and Security Committee;

- PK7 Waste compliance inspections for individual areas and the production of summary reports for the Health, Safety and Security Committee;

- Containment Level 3 Inspection carried out in Pathology Services;

- Issued safe Park-Mark Award this ensures continuous high standards are maintained in the car parks which are assessed every year.

- All incidents of physical assault on staff were investigated; this included providing support towards the staff and also established which of the assaults were intentional.

- Production and monitoring of quarterly non clinical incident reports for Health, Safety and Security Committee;

- Production and monitoring quarterly safer sharps compliance reports for individual Directorates and the Medical Devices Committee.

Managing and Mitigating Risk

- Production of a Security Management Annual Report;

- Seven new CCTV cameras installed around the hospital site at North Tees located at the new energy centre, out patient's department reception and Day Case Unit reception.

- Security officers Issued with Body Worn Camera's (BWC).

- All local alerts were disseminated where necessary to provide staff with important information regarding potentially violent patients and members of the public.

- Attendance at Multi Agency Public Protection (MAPPA) where information is shared regarding individuals who are a risk to others. This information is then cascaded where appropriate to do so;

- Increasing the use of acknowledgement of responsibility letters (ARA's) to violent or abusive patients and visitors, which included behaviour leading to physical assaults, verbal and racial abuse to threats and disruption. (18 letters sent)

- Continued to develop close links with neighbouring Trusts proactively seek to undertake partnership working and information exchange in relation to potentially violent patients;

- Keeping People Safe Meetings: Directorate level support, trial period of 3 months with security officers based in A&E during the hours of 22:00-06:00. Introduction of Police Community Support Officer's (PCSO) unscheduled patrols of wards;

- Security Officer personal intervention training bespoke physical intervention / control and restraint suitable for the security officer in the workplace. Primarily based around more common scenarios that the officers come across.

Training

- Conflict resolution training continues to be delivered to front line staff to identify and de-escalate potential violent situations.

- Action Counters Terrorism (ACT) event held in February relating to Government anti-terrorist CONTEST strategy (Included stakeholders from the CTSA, and NTH Solutions).

- Statutory / Mandatory training has been continued to be delivered for Fire and Waste.

4. Key Issues/Future Activity

Continuous improvement in performance and service delivery is our aim and the following key issues will be progressed:

- Further development of the fire strategy and work plan to ensure continued compliance, ensuring compliance with relevant fire legislation. Monitoring and ensuring adequate and effective provision of fire safety advice, guidance and training.

- Further development of the security strategy and work plan to ensure continued compliance ensuring compliance with relevant security legislation. Monitoring and ensuring adequate and effective provision of security advice, guidance and training;

- Purchase of a Key Tracker system for security. This will prevent clinical services to the patients being disrupted due to the time it takes to collect keys if the security busy and not in the office (keys include controlled drugs keys departmental keys, lease vehicle keys for the community services) The introduction of a key tracker will solve this issue by locating it just outside the security office allowing authorised staff to get the necessary keys as and when they need without delay.

- One of the core elements of providing an effective manned security service is the performance monitoring of our personnel. The patrol management system is designed to ensure a quick and reliable method of managing the patrol activities of security officers. This system will also enable the management to view single line activity sheet covering all patrol activities in the Trust or a detailed point-by point analysis of an assignment patrol activity.

- Conduct Tailgating exercises to test the security access control systems, and the vigilance of staff working in the areas to establish if staff challenge any unknown people in their area.

- Provide a Health and Safety Management Service to the Trust and LLP which consists of the following:

    a) the provision of expert and specialist health and safety advice;

    b) assist in the implementation and ensure delivery of the annual Health & Safety action plan providing necessary progress reports to relevant committees/meetings;

    c) implementing monitoring and measuring systems to ensure legislative compliance and progress against the health and safety action plan;

    d) produce, review and develop relevant policies and procedures to ensure adequate information to staff and compliance with Regulatory Bodies, Standards requirements;

    e) develop and implement effective reporting and investigation systems for RIDDOR reportable incidents ensuring lessons are learnt and identified counter measures are effective. Participate in adverse incident investigations and assist in the monitoring of recommended outcomes where necessary;

    f) monitor compliance with alert deadlines from DH Central Alerting System, overseeing the development and monitoring of systems to ensure effective reporting, cascading and feedback to the Department of Health Central Alerting System to demonstrate all required actions have been taken within deadlines;

    g) provide advice and guidance to managers on risk assessment and develop processes / documentation to assist in the production of suitable and sufficient risk assessments;

    h) develop and implement effective monitoring and auditing systems to measure health and safety performance at local and trust wide levels;

5. Recommendations

The Board is requested to receive this report and note the work undertaken in 2019/20 to support patient services across the Trust Estate.