



# **Board of Directors Meeting**

**Thursday, 27 April 2023  
at 10.00am**

**Boardroom  
University Hospital of North Tees**

20 April 2023

Hardwick  
Stockton on Tees  
TS19 8PE  
Telephone: 01642 617617  
www.nth.nhs.uk

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 27 April 2023 at 10.00am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



**Professor Derek Bell, OBE**  
**Joint Chair**

### Agenda

		Led by
1. (10.00am)	Apologies for Absence	Chair
2. (10.00am)	Declaration of Interest	Chair
3. (10.00am)	Patient Story ( <b>verbal</b> )	L Robertson
4. (10.10am)	Minutes of the meeting held on, 23 March 2023 ( <b>enclosed</b> )	Chair
5. (10.15am)	Matters Arising and Action Log ( <b>enclosed</b> )	Chair

### Items for Information

6. (10.20am)	Report of the Joint Chair ( <b>enclosed</b> )	Chair
7. (10.30am)	Joint Partnership Board Update ( <b>verbal</b> )	A Baxter
8. (10.40am)	Report of the Managing Director ( <b>enclosed</b> )	N Atkinson

### Performance Management

9. (10.55am)	Board Assurance Framework Report Quarter 4: 2022/23 ( <b>enclosed</b> )	S Cook
10. (11.05am)	Integrated Performance Report ( <b>enclosed</b> )	L Hunter, L Robertson, S Irvine, S Cook

### Strategic Management

11. (11.20am)	Capital Programme Performance Report Quarter 4: 2022/23 ( <b>enclosed</b> )	S Irvine
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Professor Derek Bell OBE  
Chair

Julie Gillon  
Chief Executive

12. (11.30pm) Priorities and Operational Planning Guidance 2023/24 **(enclosed)** S Irvine / L Hunter
13. (11.40pm) Capital and Revenue Budgets 2023/24 **(enclosed)** S Irvine
14. (11.50pm) Data Protection and Cyber Assurance Interim Position Report 2022/23 **(enclosed)** G Colquhoun
15. (12.00pm) NHS Staff Survey North East and Yorkshire 2022 **(enclosed)** S Cook

**Quality**

16. (12.10pm) Maternity Board Report **(enclosed)** L Robertson

**Operational**

17. (12.20pm) Learning from Deaths Report, Quarter 4 2022/23 **(enclosed)** D Dwarakanath
18. (12.30pm) Any Other Business

Date of next meeting

**(Thursday, 25 May 2023, Boardroom, University Hospital of North Tees)**

# **Glossary of Terms**

## **Strategic Aims and Objectives**

### **Putting Our Population First**

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

### **Valuing Our People**

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

### **Transforming Our Services**

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

### **Health and Wellbeing**

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



# North Tees and Hartlepool NHS Foundation Trust

## Minutes of a meeting of the Board of Directors held on Thursday, 23 March 2023 at 10.00am at the University Hospital of North Tees / Via Video Link

### Present:

Professor Derek Bell, Joint Chair*	Joint Chair
Ann Baxter, Vice Chair Designate/Non-Executive Director*	AB
Fay Scullion, Non-Executive Director*	FS
Chris Macklin, Non-Executive Director*	CM
James Bromiley, Non-Executive Director*	JB
Liz Barnes, Non-Executive Director*	LB
Alison Fellows, Non-Executive Director*	AF
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance/Managing Director*	DoF/MD
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Levi Buckley, Chief Operating Officer*	COO
Linda Hunter, Director of Performance and Planning	DoP&P
Susy Cook, Chief People Officer	CPO
Hilton Heslop, Associate Director of Corporate Affairs & Strategy	ADoCA&S
Ruth Dalton, Associate Director of Communications & Marketing	ADoC&M

### In Attendance:

Sarah Hutt, Company Secretary  
Heidi Holliday, Secretary to the Trust Board [note taker]

### Via video link

Lucie Le Faou, Consultant, Good Governance Institute (GGI)

### BoD/5000 Apologies for Absence / Welcome

Apologies for absence were noted from Steve Hall, Vice-Chair/Non-Executive Director and Gillian Colquhoun, Interim Chief Information and Technology Officer.

### BoD/5001 Declaration of Interests

Declarations of interest were noted from the DoF for his role as a member of the LLP Management Board.

### BoD/5002 Staff Story

The CN/DoPS&Q shared a story from a family member of a palliative care patient. Mr Bingham wrote to the Patient Experience Team following his mother's death and highlighted that although the Care of the Dying Patient document had been issued, the Family's Voice Diary had not. The documents had not been explained to the family appropriately which led to a number of issues, one of which was pain management problems. The Family's Voice Diary was crucial in understanding a patient's situation, alleviating patient and family suffering and helps through bereavement. Therefore, had the Family's Voice Diary been given, the family would have been asked the relevant questions relating to the patient's condition.

Following the feedback received from Mr Bingham, an e-learning package had been developed and to date 96% of Band 6 Nursing staff and students had completed the training via My ESR.

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\* voting member

The Board of Directors thanked Mr Bingham and those involved in producing the video. It was agreed that a collective response be sent to Mr Bingham confirming that his voice had been heard, how it had been acted upon including the e-learning package that had been developed, progress made to date and to share information regarding the work that the Trust were undertaking with the Butterwick Hospice. It was agreed that permission be sought to share the video and information with GP's and Practice Nurses via the Primary Care Networks (PCNs).

It was agreed that the mixed media approach to sharing patient's stories was very powerful in capturing a story and sharing it widely. It was noted that work was ongoing to link this to the strategic aims of the organisation.

- Resolved:** (i) that, the patient story be noted; and  
(ii) that, the a collective response be sent to Mr Bingham and permission be sought to share the video and information with GP's and Practice Nurses via the Primary Care Networks (PCNs).

**BoD/5003 Minutes of the meeting held on, Thursday, 26 January 2023**

- Resolved:** that, the minutes of the meeting held on, Thursday, 26 January 2023 be confirmed as an accurate record.

**BoD/5004 Minutes of the Annual General Meeting held on, Monday, 19 December 2022**

- Resolved:** that, the minutes of the Annual General Meeting held on, Monday, 19 December 2022 be confirmed as an accurate record.

**BoD/5005 Matters Arising and Action Log**

There were no matters arising and an update was provided against the action log.

- Resolved:** that, the verbal update be noted.

**BoD/5006 Report of the Joint Chair**

A summary of the Joint Chair's report was provided with key points highlighted.

- The Joint Chair placed on record his thanks to all staff for their assistance during the industrial action. The Joint Chair visited the Accident and Emergency department to ensure staff were safe and felt supported. A debrief and learning from the process was being undertaken which would lead to improvements in flow and decision making.
- Governors took part in a site visit at North Tees Hospital as part of the Strategy and Service Development Committee on Thursday, 16 March 2023. The Joint Chair thanked NTH Solutions for their assistance with the visit.
- As part of the Joint Collaborative Working, Non-Executive Directors undertook a visit to the Surgical Services and the Integrated Single Point of Access (iSPA). Joint Council of Governor meetings and development sessions with South Tees Hospitals NHS Foundation Trust had been scheduled for May and December 2023 and a further meeting was to be arranged for April 2023 to provide an update on the Carnall Farrar Report.

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

**BoD/5007 Joint Partnership Board Update**

The Vice Chair Designate presented the Joint Partnership Board Update Report and highlighted the key issues.

A meeting of the Joint Partnership Board had been held the previous day where discussions took place around progress against agreed goals, workforce and the Terms of Reference for the group. The

Financial Lead also reported on a recent audit that had taken place which was a requirement of the Healthcare Financial Management Association (HFMA). Weekly meetings had been scheduled between the Managing Directors of both Trusts and would be supported by colleagues as and when required. The Vice Chairs of both Trusts were to be invited on a fortnightly basis. A deep dive was planned for May 2023. A high level programme plan was being developed, which would demonstrate progress and how this was being taken forward.

A short accessible summary of the meeting was to be shared later that day.

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

## **BoD/5008 Report of the Chief Executive**

The Chief Executive presented the Report of the Chief Executive and highlighted key points.

- Operational pressures continued with emergency attendances showing an overall increase of 10% and an increase in patients with higher acuity of 20%. However, following the peak in December a gradual reduction was being seen month on month.
- Following the Improvement Week that took place in January 2023, services continued to focus on continuous improvement, maintaining timely flow and reducing long waits within services that could have an impact on patient safety and quality.
- The Trust was an early implementer of the Urgent Care Response model and provided all services in line with national requirements.
- The Trust was to present aspects of the 'push/pull' model that was being developed with the North East Ambulance Service (NEAS) to manage patients requiring an ambulance into alternative care pathways at an Integrated Care System (ICS) event scheduled for Thursday, 9 March 2023. The Trust also continued to support provider colleagues in the development of innovative out of hospital services models.
- The Trust continued to perform as one of the top in the region and the country for 52 week waits.
- A decrease in the percentage of backlog of patients was reported as 7.19% with improvements being made week on week.
- Working with *Clever Together* the Trust had launched 'Our Trust, Our Future' in November and engaged with all staff to gather a range of different perspectives, identify strengths and understand required improvements. Over 600 staff took part in the first conversation and there were 6,000 contributions in the form of ideas, comments and votes. Staff would be kept informed of any key changes made.
- The Leadership Strategic Plan had been developed and published, which described the three levels of leadership which would form the development programme to support delivery.
- The foundation of the leadership programme 'It all starts with me' was available to every member of staff across the organisation. The Trust had been collaborating with *Limehouse* to provide digital learning solutions as well as face to face delivery.
- Patient recruitment was higher than any preceding year, with 3,405 participants recruited into the National Institute for Health and Care Research (NIHR) portfolio trials. There were several high recruiting studies within reproductive health and children's portfolios that had contributed to this.
- Following the draft submission in February regarding the 2023/24 priorities and operational planning, work continued on the development of the final submission due in mid-March. The CE thanked all staff involved in this work.
- Chief Executives from across the North East and North Cumbria continued to meet with the ICB Executive Team to support the ongoing development of the system governance.
- The Provider Leadership Board (PLB), which all 11 NHS Foundation Trusts were part of, continued to deliver in elective care recovery, clinical services strategy, cost efficiency and health and wellbeing and a PLB Development Session was scheduled to take place on Friday, 24 March 2023.
- A risk had been included in the Business Assurance Framework (BAF) regarding the Trust's ageing estate and discussions had taken place at the Board Seminar meeting held on Thursday, 16 March 2023 regarding the next steps in relation to the Outline Business Case to support the Trust's estates strategy and to manage the associated risk in the BAF.

- The procurement phase for the Community Diagnostic Centre (CDC) had begun.
- Comparative benchmarking information following the Staff Survey had been reviewed and the Trust had improved on six of the seven People Promise themes, with the seventh remaining the same. Staff morale and staff engagement had seen an improvement. These positive improvements were the outcome of the significant amount of work and plans that had been put in place for key areas of focus for the future.
- The Faculty evolution continued incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement.
- Cohort 3 of NTH100 was underway bringing together leadership, learning and QI linking in with the Health and Social Care Academy to create a career-long pathway of development opportunities.
- Work continued with regards to the development of the Health and Social Care Academy as a joint venture with Hartlepool College of Further Education (HCFE).
- The Trust hosted a visit by the Prime Minister Rishi Sunak, Health and Social Care Secretary Steve Barclay and NHS England (NSHE) Chief Executive Amanda Pritchard, led by Dr Catherine Monaghan, to explain in detail the model of care to reduce the time patients spent in hospital.
- Teesside University and the Academic Health Science Networks (AHSN) hosted a roundtable discussion with the Indian Ambassador to the UK, which the CE attended. A number of key partners contributed and there were opportunities to develop high quality life for all, an economically and environmentally sustainable future and digital ambition.
- The first group of nurses from the Philippines who made the move to Teesside as part of the recruitment drive 20 years ago marked the special anniversary at a reunion event held at Wynyard Hall to celebrate their achievements.

Following a member's query regarding provider collaboration and system wide solutions the CE confirmed that 11 provider trusts were already working together on this and a number of examples of work carried out to date was given. In addition to this, discussions needed to commence regarding vulnerabilities of some services, which was the next chapter of the clinical services strategy that needed to be developed.

It was felt that there needed to be a change in the thought process across the ICS as a whole regarding where services were provided out-with Newcastle and Carlisle.

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

#### **BoD/5009 Board Assurance Framework Interim Report Quarter 4: 2022/23**

The ADoCA&S presented the Board Assurance Framework Interim Report for Quarter 4 and highlighted the key issues.

The report was an interim report covering January and February in Quarter 4 2022/23 and included actions to address the gaps identified with regards to control and assurance during that period. A full Quarter 4 report was to be taken to the next Board of Directors meeting scheduled for Thursday, 27 April 2023.

The ADoCA&S provided an overview of the high rated risks and threats for the Quarter 4 interim position. Three risks had a risk rating of 16 which were: Risk 6188 Delivery of Savings (3C), 6581 Ageing Estate (3C), 6407 Collaboration – Joint Partnership Board (3E) and 6434 Procurement – Inability to easily identify real time stock position (1A).

All Board Committees had reviewed and approved their respective BAF reports and templates as part of the assurance process and would be included in the full Quarter 4 BAF Report.

As part of the Independent Review being undertaken by the Good Governance Institute (GGI), GGI colleagues were observing the Board of Directors meeting and a number of Committee meetings over the next two weeks.

Following the Trust's internal review of risk management processes, including the BAF, a formal Risk

Management Group had been established to review all risks, corporate and strategic, and to provide oversight and assurance to both the Audit Committee and Board of Directors. The first meeting of the Risk Management Group was scheduled for Wednesday, 29 March 2023.

CM reported that discussions had taken place at the last Audit Committee meeting regarding how assurance was provided to the Board of Directors and it was agreed that this would be developed further. CM also reported that Risk 6188 Delivery of Savings (3C) had been discussed at the last Financial Committee and there had been a lot of appetite around funding opportunities. The risk would continue to be reviewed at future Finance Committee meetings.

Following discussion it was agreed that a session be arranged for the new Non-Executive Directors to gain an understanding of the Board Assurance Framework in greater detail and that a Board Seminar meeting focus on the Ageing Estate risk.

The COO provided an overview of the procurement issue and how it was managed following a member's query, which continued to be a regional and national issue.

The Joint Chair reported that work would commence in the next few months in developing a BAF and risk register for the joint partnership working.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, the full Quarter 4 position would be reported at the next Board of Directors meeting; and
  - (iii) that, a session be arranged for the new Non-Executive Directors to gain an understanding of the Board Assurance Framework; and
  - (iv) that, a Board Seminar meeting focus on the Ageing Estate risk.

## **BoD/5010 Integrated Performance Report**

The DoP&P presented the Integrated Performance Report and highlighted the key points.

### Performance:

- The Trust continued on the journey of recovery with most metrics sitting in line or above national and regional positions, which was underpinned by the organisation's aspirations.
- The Trust achieved six of the nine cancer standards in December 2022, which was an increase from four in the previous report.
- As part of the approach to recovery, a robust Cancer Improvement Plan had been developed responding to identified areas of improvement through the clinically led Cancer Delivery Groups covering all tumour sites.
- Continuous and sustainable achievements had been seen in key standards across elective, emergency and cancer pathways.
- Significant reductions in patients being transferred to the organisation had been seen with nine mutual aid requests received in January.
- The 2 hour Urgent Community Response reported 76.73% during the period against the standard of 70%. 610 patients had been seen within 2 hours out of 795 referrals received, with the majority of patients seen via District Nursing in Stockton.

### Quality and Safety:

- There had been a total of 87 falls reported in January, which was a reduction of 31 compared to the previous month. No harm falls continued to have the highest reported at 66 for the month.
- All falls were investigated and reviewed and focus was being given to the risk strategy to alleviate that position.
- Small numbers of infections had been reported across all areas and the Microbiology team were reviewing changes in pathways.

### Workforce:

- There had been a slight increase in sickness in December reporting at 7.19% compared to 6.05% reported in November which was attributable to cold, coughs and flu.

- Work was ongoing to review the absence management policy and a task and finish group session had taken place in January in response to concerns raised about approaches to management of sickness over the Christmas period. Further targeted actions were agreed and were being implemented and monitored.
- Turnover continued to reduce reporting at 10.18% in January.
- Challenge continued with regards to appraisal compliance and focussed work was being undertaken on how this could be managed. In December 2022 an increase of 0.44% had been seen in compliance totalling 85.36%, however this still had fallen short of the Trust's 95% standard.

#### Finance:

- At Month 10, the Trust was reporting an in-month surplus of £0.04m against a planned deficit of £0.04m, which was £0.08m ahead of plan.
- The Trust was reporting a year to date surplus of £5.524m against a plan of £4.702m, which was £0.822m ahead of plan.

Assurance was provided to the Board of Directors that the figures were reviewed in depth at Committee meetings, that focus continued with regards to cancer standards and diagnostic pathways and that a more detailed report had been received which continued to be monitored closely.

The People Committee had invited colleagues from across the Care Groups to discuss how they were developing and monitoring mandatory training. It was reported that the Oliver McGowan mandatory training had been introduced mid-year therefore, members were to be mindful of this in terms of that risk. It was hoped that an improved position would be seen in April following the return of a number of staff following sickness absence within Radiology.

The DoP&P provided an overview of work ongoing through the Executive Team Meeting in reviewing all modalities and trajectories set to ensure the 95% compliance standards would be achieved.

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

#### **BoD/5011 Equality Delivery System 2022/23**

The CPO presented the Equality Delivery System (EDS) 2022/23 report and highlighted the key issues.

The implementation of the EDS was mandatory under the NHS Standard Contract and was specifically designed to encourage the collection of better evidence and insight across the range of people with protected characteristics as described in the Equality Act 2010 and to help organisations meet with obligations under the Public Sector Equality Duty (PSED).

A substantial amount of work had been undertaken to review the third version of the EDS, which was launched in 2022 and consisted of three separate domains covering patient services, workforce and leadership. The purpose of the EDS was to generate regional and local conversations about what was working well and what was not working well to allow necessary improvements to be made.

A significant data gathering exercise had been undertaken and the information was considered at a detailed level to understand how experiences may differ according to an individual's differing protected characteristics. A fundamental aspect of the revised EDS was the 'nothing about us, without us' approach to engagement, which meant that no policy should be decided without the full and direct involvement of members of the group(s) affected by that policy.

An overview of each of the domains was provided along with the sources of information identified to support the assessments. The assessment rating for all three domains were summarised within the report and were agreed in full consultation and discussion with stakeholders and aligned with the EDS Ratings and Score Care Guidance issued by NHSE.

It was highlighted that this was the first year of the new assessment process and therefore the approach to the 2022/23 review had been to undertake a baseline assessment from which could be built upon the following year.

It was positive to note that no outcomes were graded as 'underdeveloped' as part of the 2022/23 assessment process and that a total of eight outcomes were graded as 'developing' and three outcomes graded as 'achieving'. A summary of the areas for improvement for 2023/24 were detailed within the report.

The actions required to support the organisation address all the areas contained within the report would be developed with stakeholder groups and would form part of the Trust's EDI action plan for 2023/24 and would include actions across all three domains.

Guidance surrounding the new EDS process for 2022 had not been published until late August 2022, which meant the Trust had to prioritise activity to ensure that a process which would normally be undertaken across a 12 month period was condensed into only six months, which the Trust achieved. For 2023/24 it was recommended that a joint engagement process be conducted with key stakeholders invited to a one day event where data would be presented throughout the day and ratings and assessments agreed collectively.

The CN/DoPS&Q provided assurance that when the assessments were taking place for 2022/23 stakeholders had challenged the decisions therefore stakeholder involvement had taken place.

Following a member's query the CPO confirmed that benchmarking work was to take place across the region and that further reviews of the data would be undertaken once the information had been uploaded to the Trust's websites and discussions would be held across the HRD Network.

It was agreed that a diagram/picture be developed and shared with members on how this work sits together.

The Board of Directors noted the improvements to the EDS ratings was included in the Trust's overall EDI programme of work, which was to be refreshed for 2023/24 and acknowledged the Trust's EDS Rating 2022/23 and confirmed their approval for the EDS Reporting Template to be uploaded to the Trust's website by the deadline of 31 March 2023.

The CPO reported that the Trust had received confirmation that it had been awarded the Disability Confident Employer Award.

- Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the EDS Reporting Template be uploaded to the Trust's website by 31 March 2023.

## **BoD/5012 Care Quality Commission & Improvement Journey Update**

The CE and CN/DoPS&Q provided an update with regards to the Care Quality Commission and Improvement Journey update and highlighted the key issues.

Following receipt of both inspection and review reports from the Care Quality Commission (CQC) and NHSE's regulatory review into governance and leadership, two separate improvement programmes were established to run in parallel to meet the needs and timelines of both regulators. Both elements had now been combined into one overarching Improvement and Transformation Programme and a high-level 'plan on a page' had been developed.

A review of transformation capacity and capability had resulted in a number of recommendations around consolidation of resources, director responsibility, change management framework and co-ordination to be enacted to ensure the Trust continued to deliver the sustainable change.

The first meeting of the Risk Management Committee meeting had been held and a focused piece of work was to be undertaken on 'Ward to Board, Board to Ward'. The next meeting of the Committee was scheduled to take place on Wednesday, 29 March 2023.

The CN/DoPS&Q provided an overview of the 'Must Dos' from the CQC report which were monitored through the Quality Assurance Committee with monthly reports being taken to the Executive Team Meeting and Board of Directors meetings. A significant amount of work was being undertaken with regards to the 77 actions, with only 1 action due for escalation regarding the Trust wide restraint policy. 45% of the actions had been completed, 52% were ongoing with deadlines of the end of March 2023 and 3 had been removed. A key piece of work to be noted was the work undertaken around completed actions to ensure that evidence was embedded in to the organisation. There were no items for escalation at the time of reporting and all actions were on track.

Weekly updates on the CQC Improvement Plan was circulated via the Communications and Engagement Team.

CQC engagement meetings were scheduled to provide a brief outline of improvement progress against the Must Do action plan however, to date the meetings had been cancelled due to apologies received.

The CE reported on work that had taken place with Directors of Nursing across the ICS to influence the way the CQC operated.

The CN/DoPS&Q reported that a Maternity Safety Advisor had been working with the Trust since November 2022 and had reviewed system processes and had been a real advocate for the Trust. It was felt that this had added much more value to the Trust as an organisation and it was agreed that this way of inspection felt a much more appropriate way of regulating an organisation instead of a 3 day snapshot.

It was noted that a formal update and presentation would be provided to the Board of Directors at the meeting scheduled for Thursday, 27 April 2023.

The Board of Directors noted the frustrations with the CQC however, noted the amount of work that had been undertaken by the Trust to ensure the 'must dos' were in place and the significant contribution from the Maternity Safety Advisor.

- Resolved:** (i) that, the content of the report be noted; and  
(ii) that, a formal update and presentation would be provided at the next meeting scheduled for Thursday, 27 April 2023.

#### **BoD/5013 Modern Slavery and Human Trafficking Statement 2023/24**

The ADoCA&S presented the Modern Slavery and Human Trafficking Statement 2023/24 and highlighted the key issues.

Commercial organisations that supplied goods or services and had a minimum turnover of £36m were required to produce a 'slavery and human trafficking statement' each financial year, which should set out the steps taken to ensure modern slavery was not taking place in the organisation's business and its supply chains.

The Trust supported and had a zero tolerance for slavery and human trafficking and was fully aware of its responsibilities towards service users, employees and local communities and expects all companies it does business with to share the same ethical values. The organisation has very clear processes, policies and procedures in place that are complied with and that assessments regarding supplier risk in relation to the potential for modern slavery or human trafficking were carried out on a regular basis.

Training about modern slavery and human trafficking, including how to identify and respond to concerns and how to report suspected cases, was available to staff through mandatory safeguarding children and adults training programmes.

The Board of Directors approved the annual statement for the year ending 31 March 2024, which the Joint Chair and CE would sign.



- Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the annual statement for the year ending 31 March 2024 be approved and signed by the Joint Chair and CE.

#### **BoD/5014 Guardian of Safe Working Hours Report**

The MD presented the Guardian of Safe Working Hours Report and highlighted the key issues.

The Junior Doctor Contract had changed in 2016 and one of the facets of that was the working hours of junior doctors which would be monitored by an Independent Guardian. The Trust was the first organisation to appoint a Guardian of Safe Working and it was reported that following a recent change, Mr Rajesh Nanda had been appointed to the post.

During the period September 2022 to November 2022 a total of 80 exceptions were submitted and Medicine specialities continued to receive the most exceptions as it had the largest bed base in the Trust and the largest number of trainees. The majority of reports continued to relate to working hours (95%) with staffing shortages, workload, work intensity, handover and availability of computers perceived as the main causes. Once reports were reviewed for legitimacy and challenge was carried out payment for the additional hours worked was the main outcome as opposed to time in lieu, as it was recognised that time in lieu may exacerbate current staffing and workload issues. A second fine had been levied due to a doctor working 15 minutes beyond the maximum 13 hour shift length.

The Trust was yet to receive exceptions from Trust Doctors and further work was to be carried out to involve this group and the Guardian Team would be linking in with the Trust lead to identify any barriers and take action to address them.

Medicine rotas remained the main challenge and the issues had been escalated to the leadership team and an action plan had been developed by the service which included recruitment to additional Trust doctor and alternative roles and reviewing how rotas were structured.

Following a member's query the MD confirmed that the Trust was in a similar position when benchmarked against other organisations and that feedback from doctors in training was that they felt well trained, well supervised and supported and that it was a good place to work. It was highlighted that the provision of hot food was being trialled in the evening.

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

#### **BoD/5015 Any Other Business**

The COO reported that an alert had been received confirming that a further Junior Doctor Industrial Strike Action was to take place and that a Clinical Decision Group meeting had been initiated and a review of plans was to take place incorporating learning from previous industrial strikes.

The Joint Chair reported that it was the last meeting for the ADoCA&S and thanked him for all his contributions to the Trust Board, the BAF and many other areas of work. The CE also thanked him on behalf of the Board of Directors and Executive Management Team and wished him all the best for the future. The ADoCA&S thanked members for their support and said that it had been a pleasure and a privilege to work at the Trust.

The Joint Chair also reported that the Vice Chair was stepping down at the end of the month and thanked him on behalf of the Board of Directors for the significant contributions he had made to the organisation and the LLP and wished him well for the future.

#### **BoD/5016 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on, Thursday, 27 April 2023 in the Boardroom at the University Hospital of Hartlepool.

The meeting closed at 12.25pm

Signed: 

Date: 27 April 2023

#REF!

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
24 November 2022	BoD/4923	<b>Elective Recovery Update</b> - A report on the utilisation of the University Hospital of Hartlepool to increase capacity be brought to a future meeting.	L Buckley	27 April 2023	Completed	subspecialties were moving to University Hospital Hartlepool (UHH), to increase day case activity at North Tees.  Item deferred to April 2023 Board of Directors Meeting.
26 January 2023	BoD/4961	<b>Staff Story</b> Patient story regarding breast screening service to be shared at a future Council of Governors meeting.	LR			Will add to the agenda for May meeting.
26 January 2023	BoD/4964	<b>Report of the Joint Chair</b> Trust member event to be arranged for late Spring.	SH		Completed	The Trust member event would take place on Saturday, 17 June at the Stockton Baptist Church.
26 January 2023	BoD/4967	<b>Board of Directors Declaration of Interest and Fit &amp; Proper Person Declaration</b> The register of Fit and Proper Person and Declarations of Interest for Deputies also be presented at Board for completeness.	SH			Fit and Proper Person Declaration and Declaration of Interest for Deputies Report to be presented to the Board of Directors in May 2023.
23 March 2023	BoD/5002	<b>Patient Story</b> Response/update to be sent to Mr Bingham and also request to share his story with GPs and PNs via PCNs.	LR			
23 March 2023	BoD/5009	<b>BAF Quarter 4 Report: 2023/24</b> Full quarter 4 report to be reported at the next Board of Directors meeting.  Session to be arranged for the new NEDs to gain an understanding of the BAF processes  <u>Board Seminar meeting to focus on the Ageing Estate Risk</u>	SC EJ NA	27 April 2023		Quarter 4 Interim BAF report available for meeting on 27 April. Full year report available for May Board meeting.
23 March 2023	BoD/5011	<b>Equality Delivery System 2022/23</b> EDS reporting template to be uploaded to the Trust's website by 31 March 2023.	SC	31 March 2023		
23 March 2023	BoD5012	<b>CQC &amp; Improvement Journey Update</b> Formal update and presentation to be provided at the next Board of Directors meeting.	NA/LR	27 April 2023	Completed	Agreed with Managing Director that this will be presented at a future meeting with any updates provided via his report or through the Committee reporting structure.
23 March 2023	BoD/5013	<b>Modern Slavery and Human Trafficking Statement 2023/24</b> Annual statement for the year ending 31 March 2024 to be approved and signed by the Joint Chair and CE.	DB/JG		Completed	Signed statement loaded onto the the Trust website.

## Board of Directors

Title of report:	Joint Chair's Report									
Date:	27 April 2023									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Sponsor:	Professor Derek Bell, Joint Chair									
Purpose of the report	The purpose of the report is to update the Board of Directors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Industrial action</li> <li>• Hewitt Review</li> <li>• Tees Valley Integrated Care Partnership</li> <li>• Joint Collaborative Working</li> <li>• Joint Council of Governors</li> </ul>										
How this report impacts on current risks or highlights new risks:										
There are no risk implications associated with this report.										
Committees/groups where this item has been discussed	N/A									
Recommendation	The Board of Directors are asked to note the content of this report.									

# **North Tees and Hartlepool NHS Foundation Trust**

## **Meeting of the Board of Directors**

**27 April 2023**

### **Report of the Joint Chair**

#### **1. Introduction**

This report provides information to the Board of Directors on key local, regional and national issues.

#### **2. Key Issues and Planned Actions**

##### **2.1 Industrial Action**

Further industrial action by Junior Doctors took place over a four day period from 11 – 15 April. Members of the Hospitals and Specialists Association (HCSA) and dental trainee members of the British Dental Association also took part in the strike. I would like to place on record thanks to all staff for their ongoing support.

##### **2.2 Hewitt Review**

The Rt Hon Patricia Hewitt's review into the role and power of integrated care systems (ICS) was published earlier this month. The report outlines the significant opportunity of partnership working across an ICS between local government, NHS social care providers and voluntary care, faith and social enterprises (VCSFE). Key themes included greater collaboration, a smaller number of shared priorities, the balance between freedom and accountability and the use of timely, relevant high quality data.

There were several recommendations in respect of funding which included greater flexibility to allocate funds, invest in prevention and align government departmental budget to reduce small in year funding and associated challenges.

##### **2.3 Tees Valley Integrated Care Partnership (ICP)**

A meeting of the Tees Valley Area ICP took place on 31 March. An overview of the structure and governance arrangements of the North East North Cumbria Integrated Care Board (NENC ICB) was provided including the role and expectations of the ICPs. The development of Place Based Working was described, highlighting the link between Place Based Partnerships and Health and Wellbeing Boards and supporting delivery of the Better Health and Wellbeing for All Strategy's four key aims: Longer and healthier lives; Fairer outcomes; Better health and care services and Giving our children the best start in life.

A copy of the co-produced TEWV Community Transformation Report by the Tees Valley Healthwatch Network and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) was circulated, which set out the output from an engagement exercise and subsequent aims to support TEWV in delivering a new mental health community based offer.

##### **2.4 Joint Collaborative Working**

Earlier this week a further meeting of the Joint Partnership Board took place at the University Hospital of North Tees building on the development of the group arrangements and associated work streams.

## **2.5 Joint Council of Governors**

A joint Council of Governors meeting between both North Tees and South Tees is scheduled to take place on 16 May and will provide an update regarding joint working arrangements. Other joint sessions including membership and engagement are also planned.

## **3. Recommendation**

The Board of Directors are asked to note the content of this report.

**Professor Derek Bell**  
**Joint Chair**

## Meeting of Board of Directors

	Board of Directors									
Date:	27 April 2023									
Prepared by:	Donna Fairhurst, Personal Assistant Neil Atkinson, Managing Director									
Executive sponsor:	Neil Atkinson, Managing Director									
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	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The 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 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.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Operational Challenges</li> <li>• Culture and Leadership Development</li> <li>• Research and Development</li> <li>• 2023/24 Priorities and Operational Planning Guidance</li> <li>• Integrated Care System and Integrated Care Board</li> <li>• North East and North Cumbria Provider Collaborative</li> <li>• Tees Provider Collaborative</li> <li>• North Tees and Hartlepool NHS Foundation Trust Estates Strategy</li> <li>• Community Diagnostic Centre</li> <li>• Faculty of Learning, Leadership and Improvement</li> <li>• Workforce Development</li> <li>• Wider National and Regional Contribution</li> </ul>										
Decisions taken by Committee										
Items contained in this report are discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.										
Items for Escalation										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										

Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*

Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Recommendation	The Board of Directors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.		



**North Tees and Hartlepool NHS Foundation Trust**  
**Meeting of the Board of Directors**

**27 April 2023**

**Report of the Managing Director**

**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. Strategic Objective: Putting our Population First**

**2.1 Operational Challenges**

Within the Trust operational pressures have remained similar to the position reported in March with emergency and urgent care attendances continuing to remain above predicted activity levels. This has resulted in high levels of bed occupancy which have had a consequential impact on patient flow.

The Trust has continued to focus on minimising over 12 hour waits in the emergency department recognising the potential risk of harm that long waits can present. Although the Trust recorded the 4<sup>th</sup> lowest levels of 12 hour delays nationally in February 2023 a continued focus on improving clinical pathways and out of hospital care remains a key priority for the year ahead. (Validated data for March 2023 unavailable at the time of reporting).

**2.1.1 Four Hour Emergency Department Standard**

The four-hour standard was introduced to the NHS in England in 2004 as a measure to combat overcrowding and to improve patient flow in hospital Emergency Departments. In 2019 North Tees and Hartlepool NHS Foundation Trust was one of fourteen Trusts selected to undertake a Clinical Review of Standards since 2019. Four new main A&E standards were reviewed as part of this work:

- Time to initial clinical assessment in accident and emergency departments
- Time to emergency treatment for critically ill and injured patients with specific pathways for heart attacks, sepsis, severe asthma, and mental health presentations
- Mean waiting time for all patients and changes to the reporting of trolley waits;
- Improved utilisation of same day emergency care services

NHSE Planning guidance for 2023-24 set a specific ask against the four standard requiring all Trusts to see 76 per cent of patients within four hours by March 2024. This is a change from the current 95% target and it was confirmed earlier this year that Trusts piloting the Clinical Review of Standards would now be required to meet the revised national standard.

The Trust will be reporting against the four-hour standard from the 1 May and shadow monitoring has shown performance of 80-86% against the four-hour standard for 2023. A trajectory to exceed the national 76% target is in place and a focussed transformation programme is in development to support the transition back to the our hour standard while maintaining many of the patient benefits from the development of alternative pathways including out of hospital care. The Trust has also been collaborating with the other Trusts involved in the Clinical Review of Standards to support the transition back to the 4-hour standard.

**2.1.2 Elective Recovery**

The Trust continues to focus on reducing RTT trajectories and the 52-week wait position. The impact of industrial action in April, following the Easter bank holiday weekend, has had a significant impact

on the levels of activity, with significant levels of planned activity stood down to support maintaining safe services for patients. The impact of this reduction in activity is monitored closely and activity plans for 2023/24 include a focus on reducing the elective recovery backlog although the 3 bank holidays in May 2023 will also have an impact on planned levels of activity.

Work on the accreditation process for the University Hospital of Hartlepool as an Elective Surgical Hub continues and the Collaborative Care Group is working with the national teams on the detailed accreditation process to enhance the role of the hospital in supporting surgical activity for the Tees Valley. The focus of this work is on clinical pathways that will support high volume, lower complexity procedures being delivered six days a week that will also free up capacity in the theatres at University Hospital of North Tees for more complex cases. This work will increase overall theatre capacity to enable a continued focus on achieving a sustainable waiting list position. As the collaboration with South Tees Foundation Trust continues there are opportunities to improve the alignment of this work with the elective hub at Northallerton Hospital and improve the overall surgical capacity for the Tees Valley.

### **2.1.3 Industrial Action**

Over the past few months unions representing NHS staff have continued to undertake industrial action. Following the recent 72-hour strike by junior doctors which took place 13-16 March there has been a further period of strike action 11-15 April. The detailed planning involved in ensuring that we keep patients safe and minimise the impact on normal activity has been exceptionally impressive. All of our staff, especially our clinical leaders and operational managers have worked hard to ensure that well developed plans have been in place at an organisational and system level. Many groups of staff including our nursing teams, consultants, community services, pharmacy and allied health professionals have worked flexibly to cover the junior doctors during the industrial action to fill the gaps.

RCN members voted against the revised offer and there will be further industrial action by their Union which will affect service provision.

### **2.1.4 Operational Management**

I am pleased to note that Rowena Dean will take on the acting Chief Operating Officer role from the 1<sup>st</sup> May following the departure of our current Chief Operating Officer, Levi Buckley, to the Integrated Care Board at the end of April. Rowena is working with colleagues to develop a revised operational management structure to maintain a continued focus on the delivery of safe and high quality services for our patients.

## **3. Strategic Objective: Health and Wellbeing**

### **3.1 Culture and Leadership Development**

During November 2022 the Trust launched our first conversation '*Our Trust, Our Future*' working with *Clever Together*, this helped gather a range of different perspectives and identify areas for improvement related to culture. An initial action plan was developed and the second conversation was launched in March 2023 to further engage with staff to understand if the actions would help to improve the areas identified. There were over 2000 votes, 250 comments and 65 ideas which were submitted as part of the second conversation. Feedback will be provided from the *Clever Together* team in the coming weeks and working groups will be created to move actions forward.

The leadership programmes and the refreshed leadership charter have been launched in April sharing the opportunities to support the three levels of leadership development. The foundation programme 'It all starts with me' has commenced with good engagement from staff. The two further programmes recruitment has begun with a focus on those in leadership roles to help support their skills and development.

## **3.2 Research and Development**

### **3.2.1 Recruitment**

Patient recruitment is higher than any preceding year. With 3,850 participants recruited into the National Institute for Health and Care Research (NIHR) portfolio trials (3,216 was previous highest recruitment 2020/21).

The top five recruiting specialties this financial year were Children Services, Reproductive Health, Gastrointestinal, Cancer and Trauma/Emergency Medicine. Five areas saw a decline in recruitment compared to last year (Anaesthetics, Critical Care, Infection, MSK, Renal) with all other areas showing increases.

### **3.2.2 Celebrating Excellence Event – drop in event**

This is planned for Friday 28<sup>th</sup> April at the STRIVE Centre at JCUH to showcase Trust sponsored studies from across the Tees Valley Research Alliance (TVRA) and their impact on patient outcomes.

### **3.2.3 Embedding Research**

A successful contingency funding request for £50k has been successful via the North East and North Cumbria Cancer Research Network to extend the previous successful model of clinical secondments into research for 1 day a week for an additional 12 months in the following areas: paediatrics, neonates, critical care, A&E & palliative care.

### **3.2.4 Synexus**

Synexus have now vacated site but not formally given notice via agents to Trust. Jane Greenaway is currently liaising with Karen Archer and agent to progress to formal notice.

## **4. Strategic Objective: Transforming our Services**

### **4.1 2023/2024 Priorities and Operational Planning Guidance**

Following a draft submission made in February the final submission was made on 22<sup>nd</sup> March, which encompassed all three elements, Activity, Workforce and Finance.

Internal monitoring and external reporting has now commenced and will form part of the refreshed and revised Integrated Performance Report that will be presented to Board in May.

### **4.2 Integrated Care System (ICS)**

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the on-going development of the system governance. There has been an increased focus on operational resilience, discharge planning, system working, performance, industrial action and financial planning during March and April.

### **4.3 Review into Integrated Care Systems (ICS) by the Right Honourable Patricia Hewitt**

In November 2022, the Right Honourable Patricia Hewitt was commissioned by the Chancellor, the Right Honourable Jeremy Hunt to lead a review into the role and powers of Integrated Care Systems (ICSs). The review was conducted with engagement with leaders from across health and social care to maximise the opportunities ICSs bring to improve population health and wellbeing. The report recognised that without investment, the ICSs will be unable to achieve their potential and the report makes the case for reducing the number of national targets to give local leaders the '*time and space*' to lead. Advising there should be no more than ten national priorities, and that local priorities should be treated with equal weight.

#### **4.4 North East and North Cumbria Provider Collaborative (PvCv)**

The Provider Leadership Board (PLB) continues to meet on a monthly basis to discuss both local and national issues. At their recent meeting, there was a focus on the financial framework and planning round, Industrial Action, Clinical Networks, Adult Critical Care Nursing and the Aseptics Outline Business Case. Stephen Childs, Managing Director at North East Commissioning Support (NECS) joined the meeting to discuss collective strengths, opportunities and areas of joint work between the Provider Collaborative and North East Commissioning Support. PLB members supported the proposal to formalise a strategic partnership arrangement between the PLB and NECS.

#### **4.5 Tees Provider Collaborative**

Work continues to develop the group model between North Tees and South Tees Trusts. A programme group has been established including both Managing Directors from each Trust supported by the Joint Director of Strategy and Partnerships to establish momentum to the furtherance of group arrangements and reporting to the Joint Partnership Board.

#### **4.6 Service and Estate Developments**

##### **4.6.1 Trust Estates Strategy**

Following previous discussion at the Board Seminar to be held on the 16 March regarding the next steps in relation to the Outline Business Case to support the Trust estate strategy and to manage the associated risk in the Board Assurance Framework.

##### **4.6.2 Community Diagnostic Centre (CDC)**

A strategic plan for the health system in the Tees Valley to develop diagnostic capacity, including a new build Community Diagnostic Centre (CDC) has been agreed by the Tees system. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust.

The estates team as part of North Tees and Hartlepool Solutions LLP lead the procurement process and continue to work in collaboration with Stockton on Tees Borough Council (SBC). The programme plan is progressing at pace, with SBC clearing the old Swallow Hotel and car park site in preparation for the construction phase commencing.

Clinical teams and service leads from both Trusts and the wider Integrated Care System, including public health and primary care are developing the pathways and have finalised approved 1:100 room layouts and flows within the CDC. Work continues to agree the more detailed 1:50 room loaded drawings. Work is also continuing on the development of an operating model with associated workforce plans, ways of working and digital schemes to support the CDC and diagnostic spokes sites at University Hospital Hartlepool, Friarage Hospital and Redcar Primary Care Hospital. This model ensures that diagnostic capacity and services are accessible in areas where there are poorer health outcomes.

This is a major step forward for the Tees Valley, focusing on early diagnosis and treatment, improved care outcomes and wider economic regeneration in the drive to improve population health and tackle health inequalities.

### **5 Strategic Objective: Valuing our People**

#### **5.1 Staff Survey**

The NHS Staff Survey work continues to support departments across the organisation to understand and utilise their data ensuring they can build action plans to provide meaningful change. Regional data has now been shared identifying the positive improvements, which the organisation has seen against a backdrop of decline across the NHS. The data demonstrates the commitment of teams across the organisation to ensure we provide people with a great place to work.

## **5.2 Faculty for Learning, Leadership and Improvement**

The Faculty evolution continues incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement. This work will enable further development as an enabler to transformational change across the organisation.

The Quality Improvement (QI) strategic plan was shared as part of a focussed month on Quality Improvement. Work is underway with courses to support the three levels of development commencing providing opportunities for staff to develop knowledge and skills in Quality Improvement.

Cohort 3 of NTH100 is underway to bring together leadership, learning and QI linking in with the Health and Social Care Academy to create a career-long pathway of development opportunities for staff and the community. QI will be at the heart of the leadership offer and development will be available at all stages of staffs' careers.

## **5.3 Workforce Development**

The Trust remains committed to the development of a Health and Social Care Academy in partnership with Hartlepool College of Further Education and Hartlepool Borough Council. This will be a regionally significant training facility at the heart of the Hartlepool Hospital estate. The Health and Social Care Academy received capital funding of £1.25m following a successful bid as part of the Towns Deal Fund. The focus of the facility is to develop a sustainable workforce for the future with a 'grow our own' concept. To achieve this, focus will be on three primary learning areas; state of the art specialist training; apprenticeships and corporate social responsibility.

An education pathway event took place at the University Hospital of Hartlepool with a wide range of stakeholders coming together to design education routes into health and care. The learning from this event will influence the Academy's 'offer'.

## **5.4 Wider National and Regional Contribution**

### **5.4.1 First phase of paperless symptomatic breast screening implemented**

An innovative paperless symptomatic breast screening service has been implemented at the University Hospital of North, as part of the Trust's 100 Leaders project. The dedicated team drove this improvement project forward to improve patient experience. As well as reducing paper waste, the project also aligns with the Trust's digital agenda, aiming to make patient records paperless by 2024.

### **5.4.2 Professional advocate roles launch at Trust**

We are encouraging our much-valued nurses and midwives to train for a new professional advocate scheme to provide advice and guidance to their colleagues. The Professional Nurse Advocate and Professional Midwife Advocate are new roles, which see nurses and midwives undertaking specialist training to offer additional support to their colleagues.

A Professional Nurse/Midwife Advocate provides clinical supervision for nurses and midwives and hosts regular confidential drop-in sessions. They provide the opportunity for staff to speak openly and honestly about anything that is on their mind to help reduce stress, maintain a positive work-life balance as well as increase job satisfaction.

### **5.4.3 Trust Tobacco Dependency Team**

North Tees and Hartlepool NHS Foundation Trust's tobacco dependency team have been assessed as having helped save 166 lives in just one year. The team provides bespoke support for any in-patient who wants to quit smoking. The North East and North Cumbria Integrated Care System has

reviewed the first year of the team's work and established; 166 lives have been saved; £507,944 saved (by reducing hospital readmissions) and reduced hospital admissions.

## **6. Recommendation**

The Board of Directors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.

**Neil Atkinson**  
**Managing Director**

## Meeting of the Board of Directors

Title:	Board Assurance Framework Quarter 4 2022/23 Interim Report									
Date:	23 March 2023									
Prepared by:	Stephen Green, Associate Director of Risk Management									
Executive Sponsor:	Susy Cook, Chief People Officer & Director of Corporate Affairs									
Purpose of the report	The aim of this paper is to provide assurance to the Board of Directors on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF). This is an interim report covering in Quarter 4 2022/23 and includes actions for addressing the identified gaps in controls and assurance during that period.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The BAF has 12 risk domains associated with delivery of the four strategic objectives – Putting our population first, Valuing People, Transforming our services and Health and Wellbeing. The principal risks consist of 35 threats.</p> <p>There are currently 3 principal risks that include a high risk rating within one or more threats:</p> <p>Strategic Risk 1A has a high risk identified through the work of the Patient Safety &amp; Quality Standards Committee:</p> <p><b>1) <i>The ability to learn from national safety alerts linked to procurement (6434)</i></b> and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and the Master Services Agreement;</p> <p>Strategic Risk 3C has two associated high risks identified through the work of the Finance Committee:</p> <p><b>1) <i>Delivery of Savings (6188)</i></b> and the challenges to deliver the CIP programme for 2021/22, the current rate of progress to identify CIP for 2022/23, and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions;</p> <p><b>2) <i>Ageing Estate (6581)</i></b> reflecting the rapid decline of the construct of 3 main buildings at North Tees following the 6 Facet Survey, the ongoing delay in announcement of the Government’s New Hospital programme and the Trust’s bid for capital funding, and the</p>										

potential escalation of risk of serious injury to staff, patients and members of the public if the buildings are left unmaintained beyond their natural lifespan;

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

In Quarter 4 no individual strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some 'High' rated threats linked to operational risks.

The Corporate Risk Register has risks reporting a current risk rating of >15 (high) as follows:

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6188	Delivery of Savings	3C	16	16	9
6581	Ageing Estate	3C	25	16	9
6434	Procurement – Inability to easily identify real time stock position	1A	20	15	5

Committees/groups where this item has been discussed

- Audit Committee
- Board of Directors
- Patient Safety and Quality Standards Committee
- Planning, Performance and Compliance Committee
- Finance Committee
- People Committee
- Transformation Committee
- Digital Strategy Committee
- Executive Management Team

Recommendation

The Board of Directors is asked to note the risks contained in the BAF and specifically those based on a current risk rating of >15 (High).



# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27 April 2023

### Board Assurance Framework, Quarter 4 Report 2023

#### Report of the Chief People Officer and Director of Corporate Affairs

## 1 Purpose

- 1.1 The purpose of the report is to provide assurance to the Board of Directors on the principal risks to achieving the Trust's strategic objectives.

## 2 Background

- 2.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation. The BAF also provides evidence to support the Annual Governance Statement.
- 2.2 The BAF provides assurance to the Board of the key risks and identifies which of the objectives are at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigating action and address the issues identified in order to deliver the Trust's strategic objectives.
- 2.3 The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committees with undertaking scrutiny and assurance of the following:
- Controls in place
  - Assurances in place and whether they give positive or negative assurance
  - Gaps in controls or assurance
  - Actions to close gaps and mitigate risk
- 2.4 Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.
- 2.5 The Board of Directors has reviewed the risk appetite and the appropriateness of its strategic risks on a regular basis. Board Committees are in the process of reviewing individual risks and threats and this will be managed through the committees to the Board of Directors in Quarter 4 (April 2023).
- 2.6 The Board Assurance Framework and broader governance processes are under independent review by the Good Governance Institute following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commissioned in November 2022, commenced in December 2022, and will report to this Board subsequently.
- 2.7 The review is based around the Trust's responsibility for maintaining a sound system of internal control and governance that supports the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives, and that those systems remain fit for purpose.
- 2.8 An internal audit of the Trust's Board Assurance Framework is currently underway and will report back through Audit Committee.

- 2.9 The Trust has concluded a full internal review of the risk management process including the Board Assurance Framework to ensure that the process and procedures remain fit for purpose and to ensure that the process of risk management is embedded at all levels within the Trust.
- 2.10 The Trust business team which is chaired by the Chief Operating officer and the Director of Planning & Performance, reviews all newly proposed risks providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances.
- 2.11 A formal Executive Risk Management Group has been created and reviews all risks proposed, corporate and strategic, to provide oversight and assurance to both Audit Committee and Board of Directors, the terms of reference of which have been agreed. The Board Assurance Framework will continue to be presented to Board and Audit Committee as it is now but the broader risk reporting within this Group provides another level of assurance.

### **3 Details**

- 3.1 The BAF has **12 risk domains** associated with delivery of the four strategic objectives putting our Population first, Valuing People, Transforming our Services and Health and Wellbeing. The principal risks consist of **35 threats**.
- 3.2 There are currently two principal risks (1A and 3C) E that are assessed with a **high** risk rating within one or more of the threats contained within each risk. A summary of the individual high rated risks is noted below.
- 3.3 The Board of Directors annual cycle of business ensures that all risks are reviewed within the sub-Committee structure to ensure there is consistency, alignment and relevance to the principal risks for the appropriate Committees.
- 3.4 All committees have reviewed and approved their respective BAF reports/templates as part of the assurance process.

### **4 High Rated Risks/threats – Quarter 4: 2022/23**

#### **4.1 Strategic Risk Patient Safety 1A**

- 4.2 **Risk 6434** is an aligned threat that relates to the ability to identify real time stock position when identified from national safety alerts. This is specifically linked to procurement and the inability to easily identify real time stock position in response to patient safety alerts / product recalls, this is currently a manual system. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and governance arrangements with the Master Services Agreement. The LLP currently are scoping the market for a product that integrates with the new finance system, which recently replace the Cardea system.

#### **4.3 Strategic risk Finance 3C**

- 4.4 **Risk 6188** relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) and specifically the challenges to deliver the CIP programme for 2022/23 and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions and the external system requirement to deliver additional savings in year following the submission of a revised financial plan.
- 4.5 Each Care Group is supported to identify and delivery of schemes to deliver the cost improvement plan, supported by QUAD meetings. This is underpinned by the established Financial Management Performance Framework and the associated levels

of escalation to the Executive Team. The Finance Committee receive monthly reports on the financial position for 2022/23 CIP delivery future planning. This has remained a red risk and is likely to remain a red risk heading into 2023/24.

- 4.6 **Risk 6581** relates to the ongoing concern linked to the Trust’s ageing estate at University Hospital of North Tees following an independent 6 Facet Survey of Tower Block, South Wing and North Wing whereby the buildings were given a ten year lifespan. Audit Committee members should note that the 6 Facet Survey was undertaken over 12 months ago therefore the effective lifespan of the buildings is rapidly reducing year on year. Currently, the buildings are deemed to be beyond their effective use/purpose by 2031 and this was highlighted at Board of Directors Seminar on 16 March.
- 4.7 This presents a significant risk to the Trust from 1) a health and safety perspective i.e. condition of concrete within the fabric of the buildings which could endanger staff, patients and the general public if left unmaintained, and 2) the ability or inability to secure capital funding to regenerate/rebuild purposeful buildings within the North Tees site and the subsequent cost of the strategic business case process required to proceed further.
- 4.8 The cost of delivering backlog maintenance to the three buildings on an annual basis is prohibitive, and estimated to rise to circa £300m by 2030/31 (when the current lifespan of the buildings is extinguished). An application to the Government’s New Hospital programme for capital funding to develop new infrastructure that is fit for purpose was submitted just under 12 months ago, and whilst the Trust is still awaiting the outcome of the application process, the Board of Directors have considered the risks associated with the current and future situation with regard to preparation of an Outline Business Case (OBC) so that there can be no delays in scheduling of any works once the appropriate level of capital funding has been identified or approved.

## 5 Significant Risks

- 5.1 In Quarter 4 no overall strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some ‘High’ rated specific threats as noted above and included in the table below. In respect to linked risks from the Corporate Risk Register, the following have been identified as a significant risk based on a current risk rating of >15 (High):

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6188	Delivery of Savings	3C	16	16	9
6581	Ageing Estate	3C	25	16	9
6434	Procurement – Inability to easily identify real time stock position	1A	20	15	5

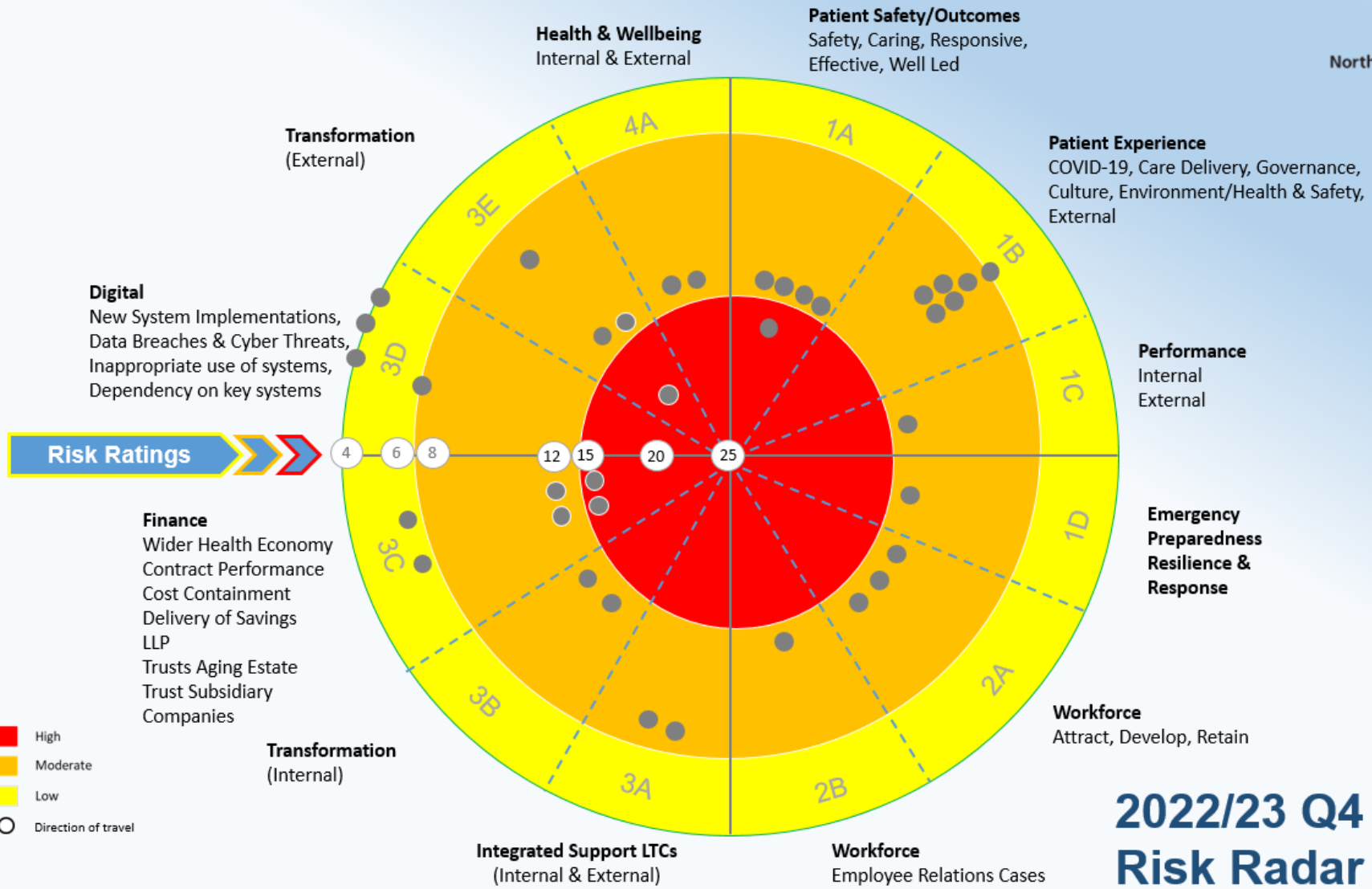
## 6. Recommendations

- 6.1 Actions are in place and being taken forward to mitigate the risks in the above sections, and the issues form part of regular discussions at the key Committees as well as being a focus of Executive Team discussions, as part of the monthly Risk Management reporting.
- 6.2 The Board of Directors is asked to note the risks contained in the BAF and specifically those that are based on a current risk rating of >15 (High).

**Prepared by: Stephen Green, Associate Director of Risk Management**



# Appendix 1



# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors

Title:	Integrated Performance Report									
Date:	27 April 2023									
Prepared by:	Keith Wheldon - Head of Performance and BI Lynsey Honeyman- Head of Planning and Cancer Delivery									
Executive Sponsor:	Linda Hunter - Director of Planning and Performance Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Susy Cook – Chief People Officer/Director of Corporate Affairs Neil Atkinson- Managing Director									
Purpose	To provide an overview of performance and associated pressures 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	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Integrated Performance report outlines the Trust's compliance against key access standards in March 2023 including quality, workforce and finance, with a summary of outlined below: -</p> <ul style="list-style-type: none"> <li>• The Trust achieved six of the nine cancer standards in February 2023, however, did not achieve the recovery trajectory but continued to maintain a reduction in the number of patient's waiting longer than 62 days.</li> <li>• The number of patients waiting longer than 52 weeks at the end of March was 38.</li> <li>• The requests for mutual aid, diverts and deflections saw an increase, with the Trust receiving 41 patients (26 admitted), an increase from 22 patients (11 admitted) in February.</li> <li>• The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI (which have both seen a slight decrease in SHMI and a slight rise for HSMR) and infection control measures. From April 2023 the recommendation is that the Trust will no longer report HSMR.</li> </ul>										

- There was one Never event during March 2023 which was a retained foreign body post-surgery.
- During March the Trust had 5 cases of C. diff, taking the yearly total to 48 against a threshold of 54. There were 0 MRSA cases in March, however, the Trust exceeded the zero tolerance threshold in 2022-23 with 2 cases. There were 8 cases of E.coli in March 2023 resulting in a total for 2022-23 to 87, exceeding the threshold of 73 cases.
- Covid admissions to the Trust have unfortunately increased in March 2023.
- The Trust overall sickness has decreased in February from 5.86% to 5.80%, short Term staff sickness saw an increase, whilst long term sickness has seen a decrease, and these will be continuously monitored.
- Staff Turnover has seen a slight increase from the previous month, but still remains below the Trust 10% target.
- At Month 12, the Trust is reporting an in-month surplus of £0.050m against a planned deficit of £0.204m, which is £0.254m ahead of plan.
- The Trust is reporting a year-end surplus of £5.528m against the original plan of £4.353m, which is £1.175m ahead of plan.

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

Continuous and sustainable achievement of key standards across elective, emergency and cancer pathways

System pressures and financial constraints

Recovery

Staffing resource.

Associated risks are outlined within the Board Assurance Framework

Committees/groups where this item has been discussed	Executive Team Meeting Audit Committee Planning, Performance and Compliance Committee
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Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> <li>• The performance against the key operational, quality and workforce standards.</li> <li>• Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation</li> </ul>
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North Tees and Hartlepool  
NHS Foundation Trust

# Integrated Performance Report



April 2023





# Responsible Directors

**Linda Hunter**  
Director of Planning & Performance

Oversight  
Framework

Efficiency &  
Productivity

**Lindsey Robertson**  
Chief Nurse and Director of Patient  
Safety & Quality

Safety & Quality

**Susy Cook**  
Chief People Officer

Workforce

**Neil Atkinson**  
Managing Director/Director of Finance

Finance

# Introduction



Performance highlights against a range of indicators including the Oversight Framework (OF) and the Foundation Trust terms of licence remains. The report is for the month of March 2023 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance. To view the previous months position, please refer to the individual SPC charts.

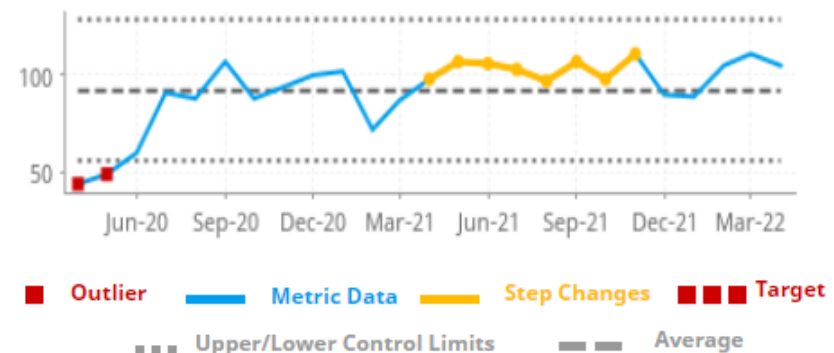
## Statistical Process Control (SPC) Charts

A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

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

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

*Standard deviation* tells you how spread out the data is. It is a measure of how far each observed value is from the *average*. In any distribution, about 95% of values will be within 2 standard deviations of the mean.



# Executive Summary



## Oversight Framework

and

## Efficiency & Productivity

## Safety & Quality

The Trust continues with an aspiration to deliver recovery against waiting list management and compliance against key standards within the constraints of workforce and financial pressures. Additional capacity continues to be delivered through a combination of insourcing, additional lists and clinics with a continued focus on clinical prioritisation within the elective programme.

The Trust achieved six out of the nine cancer standards in February; Breast Symptomatic two week rule, 28 day faster diagnosis standard, all three of the 31 day cancer standards and the consultant upgrade cancer standard.

The Trust continues to drive to reduce the number of long waiting patients with a focus on those patients waiting over 40 weeks and continues to have the lowest number across the North East and Yorkshire region.

The front of house attendances increased in March to 15,031 up 14.5% from February. With a slight increase in the number of admitted patients.

There was an increase in patients received into the Trust as a result of diverts and deflections from 22 in February, to 41 patients in March. 26 of these patients went on to be admitted with an average LOS of 7 days. Bed occupancy rates reduced to 90.29% in March impacting positively upon the waits in the Emergency Department. Also to note, the emergency length of stay have reduced.

A proposal for changes to the Integrated Performance Report is currently being developed along with a revised Operational, Planning and Performance Dashboard which is aligned to the 2023/24 Annual Operating Plan.

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

The latest HSMR value is currently reporting at 92.91 (February 2022 to January 2023), with the latest SHMI value is now 96.56 (November 2021 to October 2022) which remains within the control limits.

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

The number of complaints has increased in March 2023, compared with the previous month.

The number of high risks has decreased to the mean this month, this remains within the expected variance, demonstrating a dynamic risk management process.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

The overall sickness absence rate decreased from 5.86% in January to 5.80% in February 2023.

Stress/Anxiety/Depression (24.08%), Musculoskeletal (13.24%) as well as Chest / Respiratory (11.35%) related are the top three reasons for absence, collectively accounting for 48.67% of the overall absence. Covid absences saw a slight increase from 0.33% in January to 0.44% in February 2023. Long term sickness accounted for 3.16% of overall sickness with short term being 2.63%.

There has been a slight increase in turnover in March 2023 to 9.94% from 9.85% in February however, remains under the Trusts 10% target. Feedback from staff continues to be important in addressing retention issues, both during employment as well as from people considering leaving employment

The position for appraisal compliance from March 2023 Trust RAG report stands at 85.35%. This position is 1.89% more positive this year compared to March 2022. Significant work to improve/streamline the appraisal process aligned to 'scope for growth' is underway with continued engagement with all care groups.

Mandatory training overall compliance saw an increase of 0.88% to 86.90% in March 2023 compared to the February position. The Trust overall target is 90%. The Trust has 60 mandatory training modules with 58% of topics available via e-learning modules and therefore flexibility and accessibility can be achieved in consideration of shift and working patterns and pressures.

## Finance

At Month 10, the Trust amended its financial forecast from a surplus of £4.35m to £5.35m, an improvement of £1m. The surplus is retained by the Trust, but provides vital system support to deliver an overall balanced ICS financial position.

At Month 12, the Trust is reporting an in-month surplus of £0.050m against a planned deficit of £0.204m, which is £0.254m ahead of plan.

The Trust is reporting a year-end surplus of £5.528m against the original plan of £4.353m, which is £1.175m ahead of plan.

Within this reported position, the net contribution from Optimus is £0.285m against a plan of £0.163m (£0.122m ahead of plan) and the year to date net contribution from the LLP is £0.829m against a plan of £0.830m (which is essentially breakeven).

# Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
New Cancer Two Week Rule	Feb-23	90.35%	93.00%		<p><b>Cancer</b></p> <p>The latest validated position for February 2023 sees the Trust achieving six out of the nine cancer standards.</p> <p>The two-week rule standard compliance reported at 90.35% against the 93% target, placing the Trust fourth across the region. The regional average reported position of 88.38%, with only two Trusts achieved the standard,</p> <p>The continued achievement of the 28-day faster diagnosis standard reporting at 85.71% against the 75% target, placing the Trust first across the region and reporting above national averages.</p> <p>The Trust was the only regional organisation to reported 100% compliance against all three of the 31-day cancer standards, in February.</p> <p>The Trust reported an improved performance against the 62-day cancer standard at 64.15%, placing the Trust third across the region, noting that no regional Trust achieved the standard in February.</p> <p>As part of the approach to recovery, the Cancer Improvement plan covering all tumour sites responds to the identified areas of improvement through the clinically led Cancer Delivery Groups. Various areas of focus including changes to pathways and work with key stakeholders, with a real focus on urology pathways supported through additional capacity funding from the Cancer Alliance</p>
Breast Symptomatic Two Week Rule	Feb-23	93.60%	93.00%		
28-day Faster Diagnosis	Feb-23	85.71%	75.00%		
New Cancer 31 Days	Feb-23	100.00%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	Feb-23	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	Feb-23	100.00%	94.00%		
New Cancer 62 Days	Feb-23	64.15%	85.00%		
New Cancer 62 Days (Screening)	Feb-23	83.72%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	Feb-23	92.00%	85.00%		



# Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	Mar-23	75.54%	92.00%		<p><b>RTT</b> The Trust maintained its position with zero patients waiting longer than 78 and 104 weeks with the Trust continuing to report the lowest numbers of both 52 and 40 week waiters across the North East and Yorkshire region.</p> <p>The Trust reported at 75.54% against the RTT incomplete standard of 92% in March. Whilst the SPC demonstrates a downward trend, the latest benchmarking position being February, is reflective of a regional average at 68.3% and national reporting at 58.5%.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	Mar-23	30.00	28.00		<p>All long waiters are reviewed and validated to ensure pathways are progressed as quickly as possible by expediting appointments.</p> <p>The Trust reported 38 patients waiting over 52 weeks at the end of March, focussed and sustained work is taking place to ensure further reductions by the end of April with a clear split of avoidable and unavoidable factoring in patient choice. 25% of the over 52 week waiters have either been affected by patient choice cancellation or have not attended their appointment.</p>
Incomplete Pathways Wait (Median)	Mar-23	8.42	7.20		<p>Due to the Junior Doctor strike action in March 2023, there were 69 cancelled procedures, of these cancelled procedures only 5 were greater than 40 weeks on the waiting list.</p>
Incomplete Pathways Wait (>52 Week Wait)	Mar-23	38	0		<p><b>Diagnostics</b> Diagnostic performance has seen a steady increase over the past few months with March reporting at 75.04%. Non-Obstetric Ultrasound are now seeing continued reductions of patients waiting longer than 6 weeks reflecting the impact of the increased workforce in line with the planned trajectory.</p>
Diagnostic Waiting Times and Activity	Mar-23	75.04%	99.00%		<p>The latest benchmarking position shows national position (February) to be 74.90%, with the regional position 85.02%. Compliance across the region ranged from 73.17% to 98.68%.</p>

# Oversight Framework



## Statistical Process Control (SPC) Charts

### Cancer - 2 Week Rule

**Month**    *Performance*    *Standard*  
**Feb-23**    **90.35%**    **93.00%**



### Cancer - Breast Symptomatic

**Month**    *Performance*    *Standard*  
**Feb-23**    **93.60%**    **93.00%**



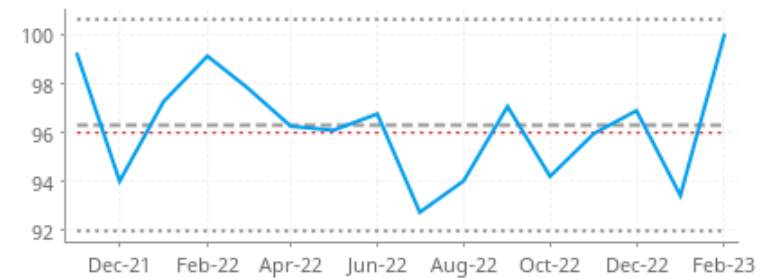
### Cancer - 28 day Faster Diagnosis

**Month**    *Performance*    *Standard*  
**Feb-23**    **85.71%**    **75.00%**



### Cancer - 31 days

**Month**    *Performance*    *Standard*  
**Feb-23**    **100.00%**    **96.00%**

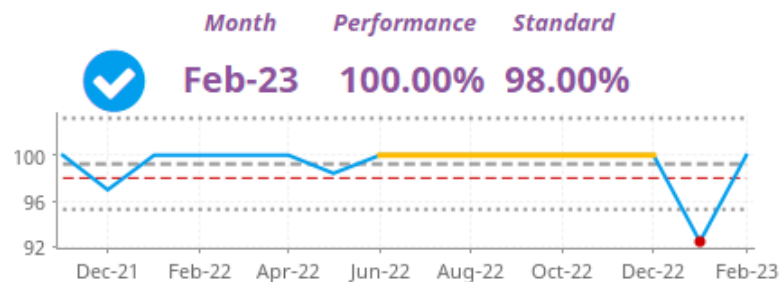


# Oversight Framework

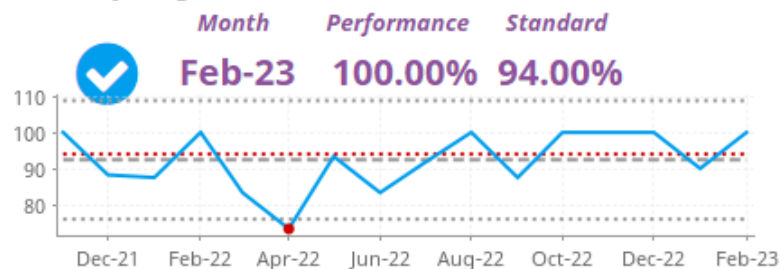


## Statistical Process Control (SPC) Charts

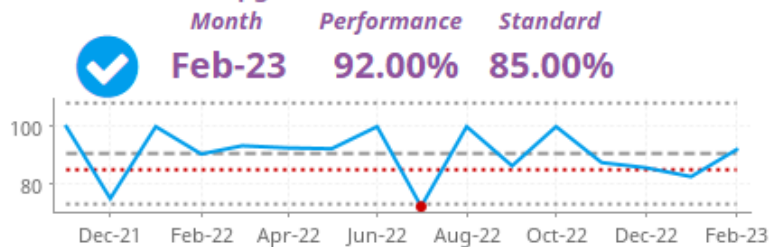
Cancer - 31 Day Drug Treatment



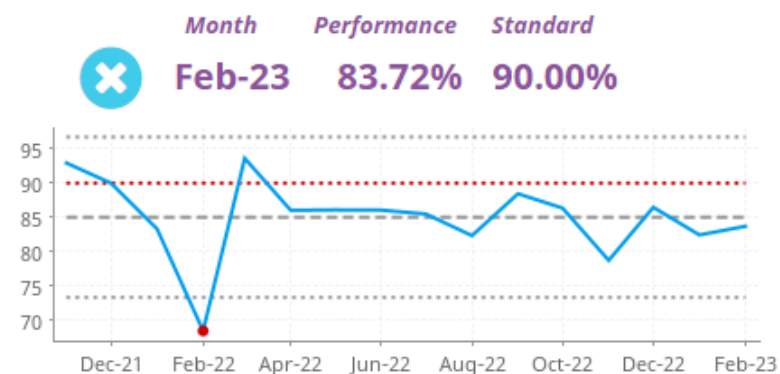
Cancer - 31 Day Surgical Treatment



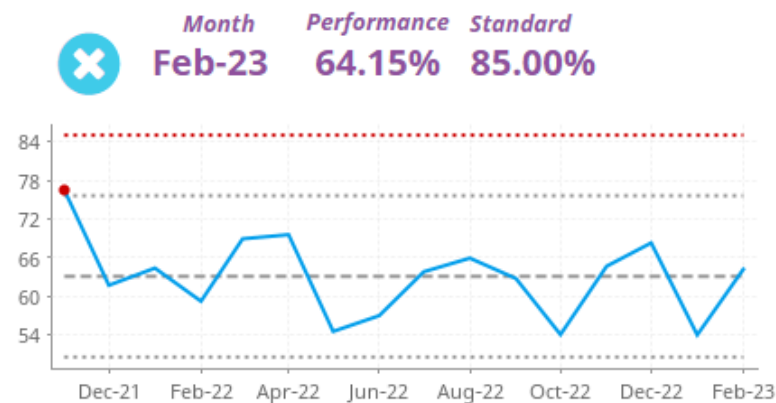
Cancer - 62 Consultant Upgrade



Cancer - 62 Days Screening



Cancer - 62 Days



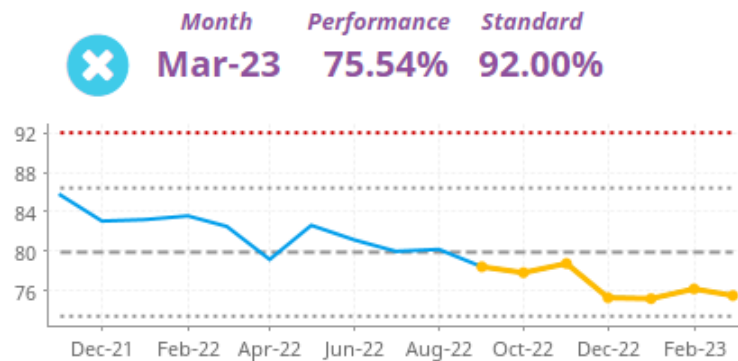


# Oversight Framework

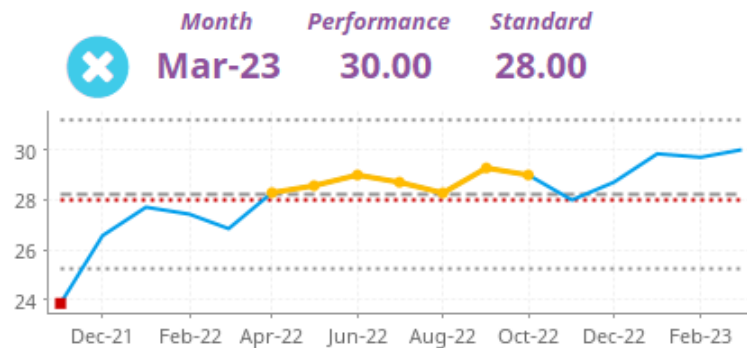


## Statistical Process Control (SPC) Charts

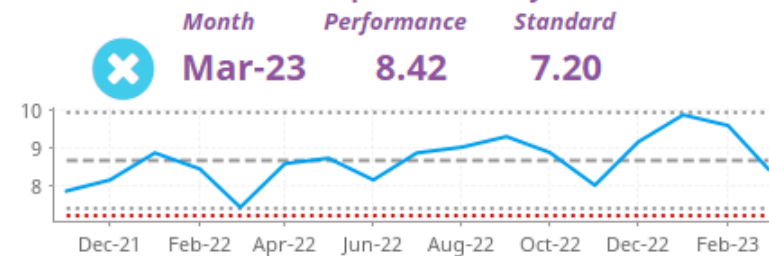
Referral To Treatment- Incomplete Pathways Wait (92%)



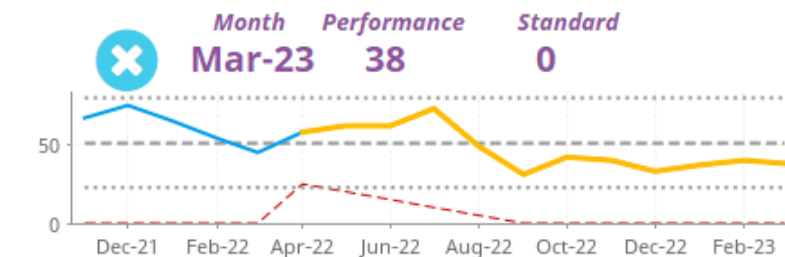
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)



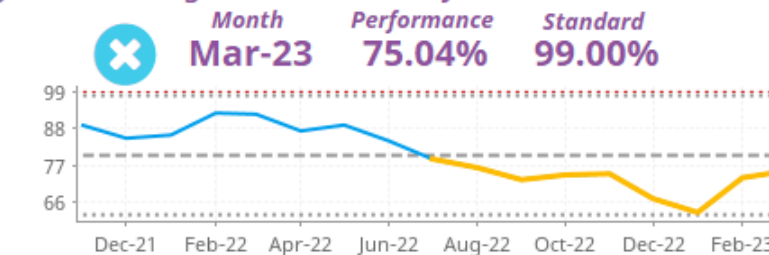
Referral To Treatment - Incomplete Pathways Wait (Median)



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



Diagnostic Waiting Times and Activity



# Efficiency & Productivity



Standard		Standard Achieved				Narrative
		Month	Performance	Standard	Trend	
Decision To Admit (DTA) (over 12 hrs)	✓	Mar-23	0	0		<p><b>Urgent and Emergency Care</b></p> <p>March 2023 period includes the industrial action by the junior doctors which took place for 72 hours (12 to 16 March 23). Urgent and Emergency Care Attendances saw a 14.5% increase compared to February with 84.26% of patients admitted, transferred or discharged within 4 hours. The revised standard for patients being seen and treated within ED will come become mandatory from 1<sup>st</sup> April 2023.</p> <p>There was an increase in patients received into the Trust as a result of divers and deflections from 22 in February, with 41 patients in March. 26 of these patients going on to be admitted as an inpatient with an average LOS of 7 days. The Trust did not make any mutual aid requests during this period.</p> <p>In regards to ambulance handovers, the Trust reported a mean turnaround time (arrival to clear) at 26 minutes, achieving the 30 minute standard, and below the regional average of 33 minutes (range 26 - 53mins).</p> <p>Patients waiting over 12 hours for a decision to admit decreased from 3 in February to 0 reported in March.</p> <p>The 2 hour Urgent Community Response reported 77.27% this period, against the required standard of 70%. 491 patients were seen within 2 hours out of 636 referrals received, with the majority of patients seen via District Nursing in Stockton. The hub continues to take referrals from the NEAS stack aiding in admission avoidance.</p>
Time to Initial Assessment (mean) Type 1 & 3	✓	Mar-23	12.43	15.00		
Number of Ambulance Handovers waiting more than 60 Mins	✗	Mar-23	3	0		
65% of Ambulance Handovers completed within 15 Mins	✗	Mar-23	35.81%	65.00%		
95% of Ambulance Handovers completed within 30 Mins	✗	Mar-23	71.63%	95.00%		
2 hour Urgent Community Response	✓	Feb-23	77.27%	70.00%		

# Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Outpatient Did Not Attend (Combined)	Mar-23	9.38%	9.20%		<p><b>Outpatients</b></p> <p>Patients who are unable to attend their appointment (Did not attend - DNA) reported a slight increase to 9.38% from 9.25% the previous month.</p> <p>Whilst the Trust recognises the positive impact the pilot has had on a number of patients who were contacted, work is ongoing via the DNA working group and the Trust health inequalities steering group to find a sustainable and scalable solution with system partners. This will ensure the personalised DNA avoidance offer can be offered to all patients across specialities as phase 2 of the project.</p> <p>The Trust is two months into a six month health inequalities project that sees patients in quintile one (most deprived) proactively contacted with upcoming appointments in gynaecology, obstetrics and paediatrics. These patients are asked if they are aware of and still attending their appointment, if not they are offered the chance to re-arrange the appointment and/or given the opportunity to discuss the reasons to be able to offer support where needed. There is an early indication of a reduction in DNA rate across all specialities involved in the pilot, with this personalised care approach of supporting patients and managing appointments.</p> <p>The Trust is linked into NENC ICS Outpatient transformation work via the regional group, whose purpose is to ensure that OPD leads are linked together for peer support and to ensure information from the centre is cascades through the chair, this ensures best practice and progress regionally is monitored. In February the Trust engaged in the GIRFT checklist across specialities to understand how we compare regionally with OPD transformation. The trust is still waiting feedback on this.</p> <p>Work continues with clinical teams to embed Patient Initiated Follow Ups (PIFU). A PIFU data pack has been produced by the Outpatient Recovery and Transformation Programme and shared with Trust's in April 2023. It provides a high level analysis, showing personalised opportunities for each trust in NENC for increasing PIFU utilisation across 17 major outpatient specialties.</p>
Reducing Reviews	Mar-23	109.24%	85.00%		
Patient Initiated Follow Up (PIFU)	Mar-23	1.21%	5.00%		
Advice and Guidance	Mar-23	12.89%	16.00%		
Diabetic Retinopathy Screening	Mar-23	98.47%	95.00%		

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

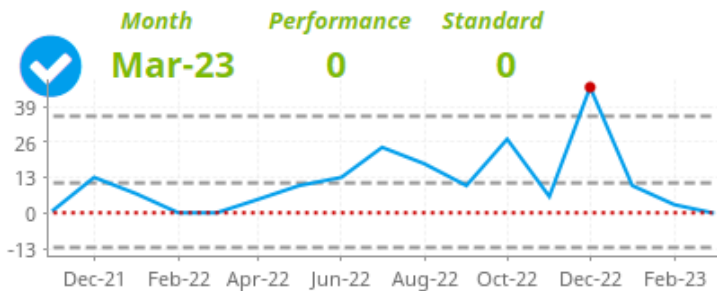
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Electronic Discharge Summaries	✘ Mar-23	89.56%	95.00%		<p><b>Super Stranded Patients</b></p> <p>March has seen an average decrease of 17 patients (66 to 49) for those who have been in hospital 21 days or more. The 74.47% of patients are from within Hartlepool &amp; Stockton, this is a decrease from the 83.67% in February. The Trust continues to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate.</p> <p><b>Length of Stay</b></p> <p>There has been a reduction to the patients' length of stay for emergency and a slight increase in the elective pathways for March, has helped to ease pressure on beds and aided flow. The elective length of stay increased to 1.84 from 1.70, with emergency increasing slightly to 2.97 from 2.94.</p> <p><b>Trust Occupancy</b></p> <p>Trust occupancy throughout March consistently reported slightly above 90% at an average of 90.29% (reduced from 90.99% in February). Surges in activity saw the Trust exceed 95% occupancy on 5 occasions despite all available surge and resilience beds being open. This has increased from 3 in February.</p> <p>Admissions for Covid increased in March to 142 (115 in February). There were 9 flu admissions in March, this has reduced from 28 admissions for in February, with 1 patient in the Trust being treated at the end of March.</p>
Super Stranded (average)	✘ Mar-23	49	43		
Average Depth of Coding	✔ Feb-23	6.59	3.01		
Length of Stay - Elective	✔ Mar-23	1.84	3.14		
Length of Stay - Emergency	✔ Mar-23	2.97	3.35		
Day Case Rate	✔ Mar-23	87.67%	75.00%		
Pre-op Stays	✔ Mar-23	3.37%	4.50%		
Trust Occupancy	✘ Mar-23	90.29%	90.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✘ Jan-23	8.73%	7.70%		
Not reappointed within 28 days	✘ Feb-23	5	0		

# Efficiency & Productivity

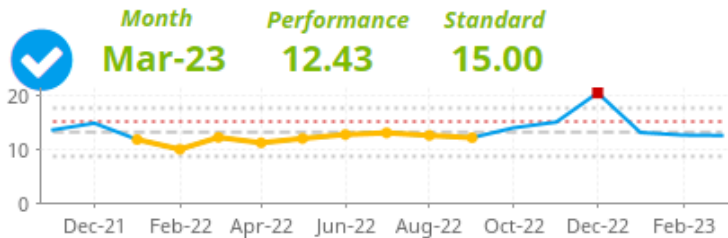


## Statistical Process Control (SPC) Charts

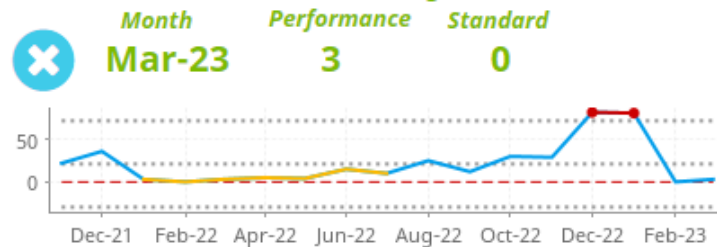
Decision to Admit (DTA) (Over 12 hours)



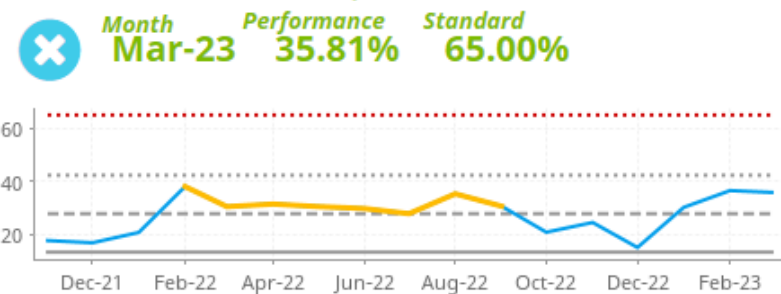
Time to Initial Assessment (mean) Type 1 & 3



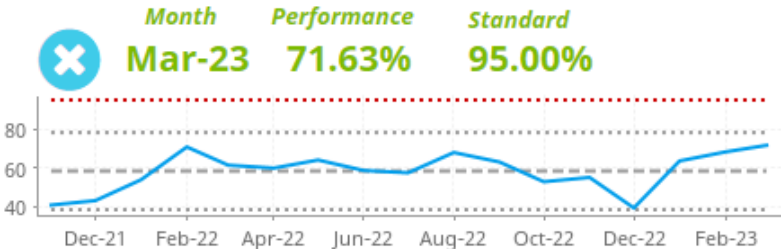
Number of Ambulance Handovers waiting more than 60 mins



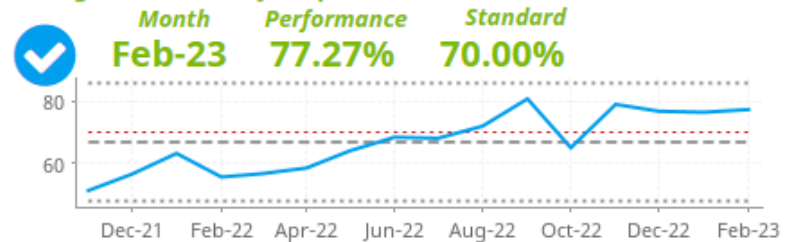
65% of Ambulance Handovers completed within 15 mins



95% of Ambulance Handovers completed within 30 mins



2 hour Urgent Community Response





# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

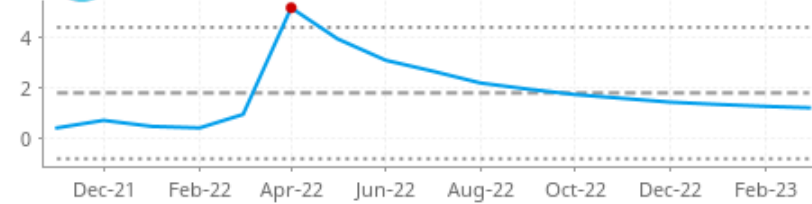
Outpatient Did not Attend

**Month** **Performance** **Standard**  
**Mar-23** **9.38%** **9.20%**



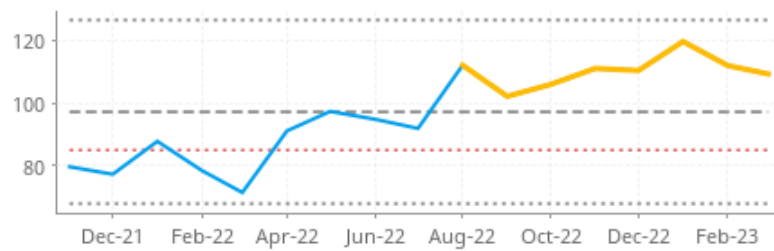
Patient Initiated Follow up

**Month** **Performance** **Standard**  
**Mar-23** **1.21%** **5.00%**



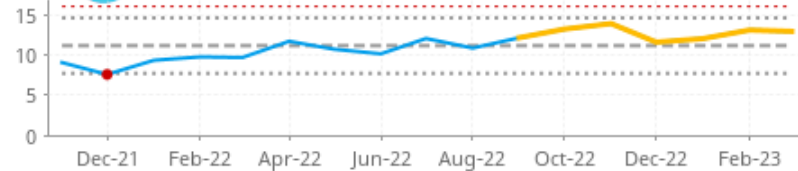
Reducing Reviews

**Month** **Performance** **Standard**  
**Mar-23** **109.24%** **85.00%**



Advice and Guidance

**Month** **Performance** **Standard**  
**Mar-23** **12.89%** **16.00%**



Diabetic Retinal Screening

**Month** **Performance** **Standard**  
**Mar-23** **98.47%** **95.00%**

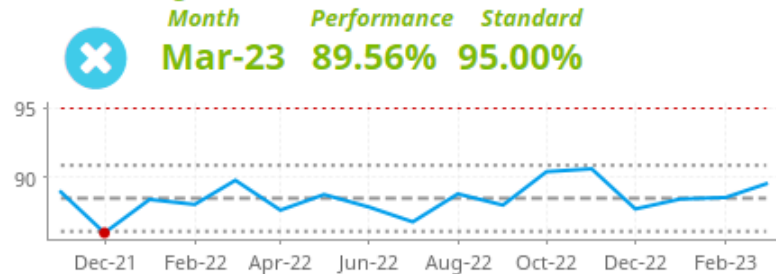


# Efficiency & Productivity

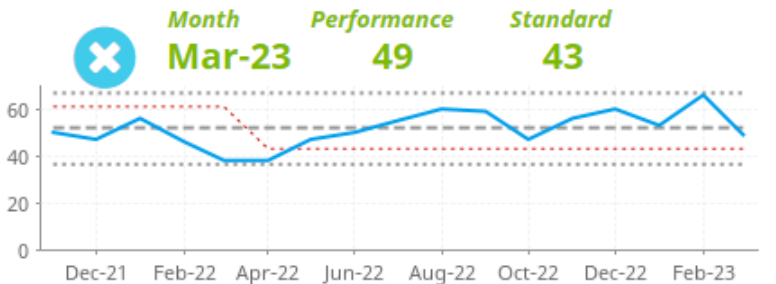


## Statistical Process Control (SPC) Charts

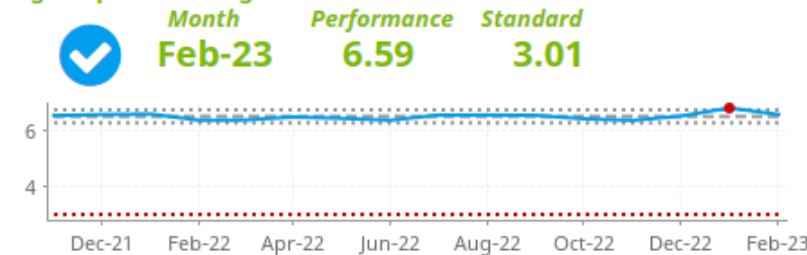
Electronic Discharge Summaries



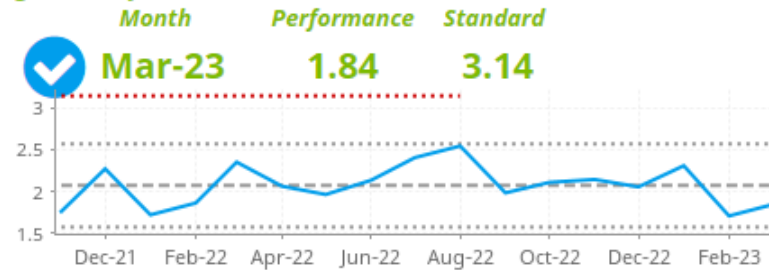
Super Stranded



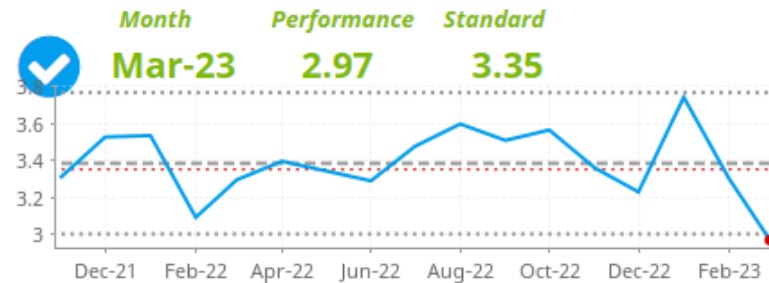
Average Depth of Coding



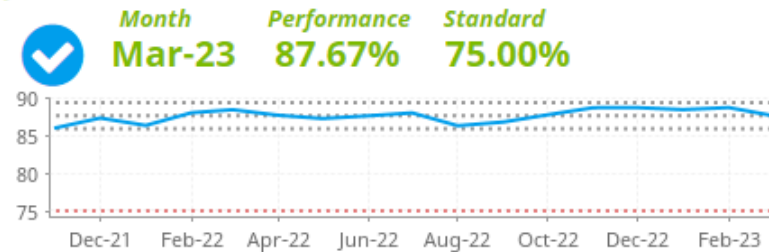
Length of Stay - Elective



Length of Stay - Emergency



Day Case Rate



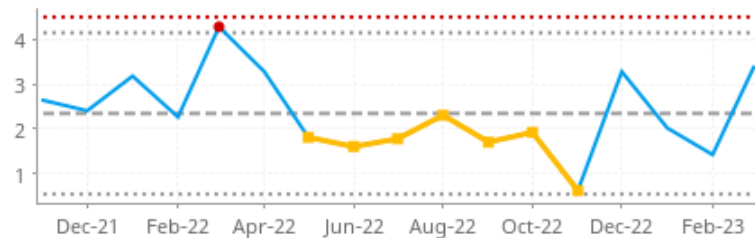
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

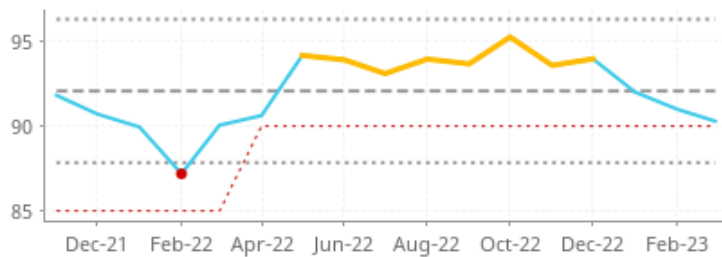
Pre-op Stays

✔
**Month** Mar-23   
 **Performance** 3.37%   
 **Standard** 4.50%



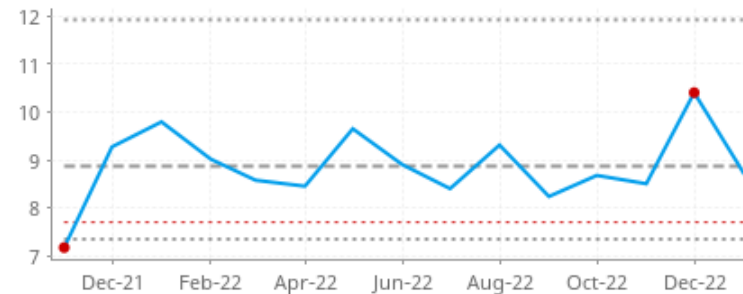
Trust Occupancy

✘
**Month** Mar-23   
 **Performance** 90.29%   
 **Standard** 90.00%



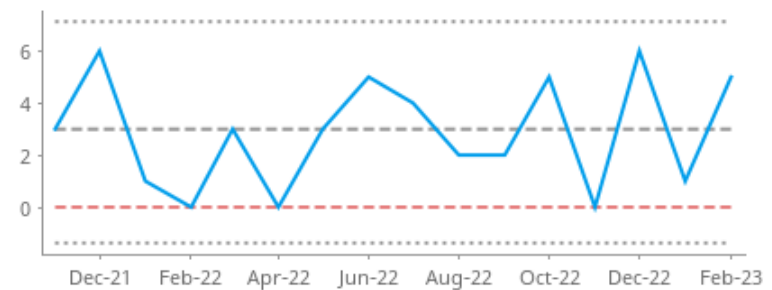
Re-admissions Rate 30 Days (Elective and Emergency Admission)

✘
**Month** Jan-23   
 **Performance** 8.73%   
 **Standard** 7.70%



Not Reappointed within 28 days

✘
**Month** Feb-23   
 **Performance** 5   
 **Standard** 0





# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative
	Month	Performance	Trend	
Hospital Standardised Mortality Ratio (HSMR)	✓ Feb 22 - Jan 23	92.91		<p><b>Mortality</b></p> <p>The latest HSMR value is currently reporting at 92.91 (February 2022 to January 2023), which has increased from the previous rebased value of 92.09 (January 2022 to December 2022). The latest SHMI value is now 96.56 (November 2021 to October 2022) which has decreased from the previous rebased value of 98.12 (October 2021 to September 2022).</p> <p>To note, from April 2023 the recommendation is that the Trust will no longer report HSMR.</p>
Summary Hospital-Level Mortality Indicator (SHMI)	✓ Nov 21 - Oct 22	96.56		<p><b>Complaints</b></p> <p>The number of complaints has increased to 124 in March compared with the previous month (114). The total number of Stage 1 complaints received in March is 112, which is an increase of 8 on the previous month, the number of Stage 2 complaints received is 7 which is an increase of 2 on the previous month and 5 Stage 3 complaints have been received which is the same as the previous month. The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings are in place to support this process.</p>
	Month	Performance	Standard	Trend
Stage 1 Complaint	✓ Mar-23	112	112	
Stage 2 Complaint	✗ Mar-23	7	6	
Stage 3 Complaint	✓ Mar-23	5	6	
Compliments	✓ Mar-23	449	286	
				<p>Increased analysis continues to be presented and discussed during the weekly Safety Panel meetings and in the monthly Patient Experience Report. Trend analysis is also addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.</p> <p>The Complaint Improvement Project is continuing, with an evaluation of the revised Stage 3 process underway. The Medical Examiner process has now been reviewed and the Project Group are currently finalising the review of the Stage 2 complaint process. Stage 1 review will commence in April 2023.</p>

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust









Standard	Standard Achieved				Trend	Narrative
	Month	Performance	Standard			
High Risks	Feb-23	5	4		<p><b>Never Events</b></p> <p>One Never event during March – a retained foreign body post-surgery.</p> <p><b>Falls</b></p> <p>There has been a total of 101 falls reported in March. This has increased by 4 when compared to the previous month. No harm falls continue to have the highest reported at 72 for the month, which is 9 below the standard. Low harm are reported as 27 against a standard of 19. Falls reported as moderate harm are reported as 2 against a standard of 1.</p> <p>The falls reported as moderate harm involved patients from ward 36 and Emergency Admissions unit, the injuries related to a shoulder injury and a fractured neck of femur, respectively. As with all falls the ward teams reviewed these two cases to identify the cause of the falls and also the overall compliance with the Falls Policy requirements. In both of the cases where moderate harm has occurred there was good compliance with the falls risk assessment and action planning; the falls leading to injury were as a result of a loss of balance whilst the patient was dressing and the other by the patient tripping over a chair behind a bed curtain. Both patients have recovered well from their injuries, and Duty of Candour has been completed for both.</p> <p>Clinical teams and departments continue to implement falls prevention strategies when required and that compliance with reporting falls remains at an excellent standard. It has been noted that the quality of information recorded on Datix following a fall has improved and assists in any subsequent investigation. The Trust Falls Group continue to utilise an Assurance Framework to support the management of specific areas of falls assessment, mitigation and prevention. The group has just updated and published the Trust Clinical Falls Policy; the changes support overall compliance with the NICE guidance around falls prevention</p>	
Never Events	Feb-23	1	0			
VTE %	Mar-23	95.80%	95.00%			
Fall No Harm	Mar-23	72	81			
Fall Low Harm	Mar-23	27	19			
Fall Moderate Harm	Mar-23	2	1			
Fall Severe Harm	Mar-23	0	0			

# Safety & Quality



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	 Feb-23	13	4		<p><b>Pressure Ulcers</b></p> <p>In the February 2023 reporting period, there were 13 Category one pressure ulcers validated, which is above our expected standard of 4. This is an increase from previous months and demonstrates early identification of damage. There have been 20 Category two pressure ulcers which is a decrease from the previous month and is in line with the accepted standard of 20 cases. There has been three Category three pressure ulcers identified in February 2023, which is an increase on the previous month. There have been zero Category four pressure ulcers reported.</p> <p>It is also noted that in February 2023 there were 23 Suspected Deep Tissue Injuries (SDTI) identified and 20 unstageable ulcers, both of which are a decrease on the previous month.</p> <p>Ongoing work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. A Skin Integrity Collaborative is underway on ward 36 and ward 41 with a focus on prevention, early identification and accurate categorisation. A focus on education of validating pressure ulcers and Purpose T risk assessment is also underway.</p>
Pressure Category 2 (inpatient)	 Feb-23	20	21		
Pressure Category 3 (inpatient)	 Feb-23	3	1		
Pressure Category 4 (inpatient)	 Feb-23	0	0		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	Mar-23	96%	95%		<p><b>Infections</b></p> <p>In March 2023, the Trust reported five cases of Clostridioides difficile infection, which is in line with the predicted trajectory of five cases. Our yearly threshold for 2022-23 is 54 cases of Clostridioides Difficile, with our current case figure of 48. The trust continue to perform well against our national threshold.</p> <p>The Trust has reported eight E-coli bacteraemia in March 2023, which is above our projected case rate of six. Our yearly threshold for E-coli bacteraemia for 2022-23 is 73, with 87 cases since the start of the financial year. Ongoing quality improvement work continues with a catheter care and prevalence.</p> <p>There has been zero trust attributable cases reported for Pseudomonas infections in March 2023. Our 2022-23 threshold is 12 cases, and we currently report 15 cases to date, with a decrease in cases over the previous quarter.</p> <p>The trust reported two cases of Klebsiella in March 2023, which is in line with this months predicted trajectory. Our yearly objective for Klebsiella species for 2022-23 is 21 cases, currently the trust stand at 28 cases.</p> <p>There has been ten healthcare-associated case of MSSA in March 2023, which is above our monthly projected trajectory of three cases. This is an unusually high number of cases and six are identified as having a source linked to an intravascular device. The trust is currently transitioning to new non-ported cannulas and blood culture sets. Increased training and education is underway as well as close monitoring of intravascular devices and audits. There is no national objective set for MSSA, but our own internal trust threshold for 2022-23 is 30 cases. The trust have had 47 cases in total for this financial year.</p> <p>For the month of March, 15 CAUTI cases were reported for the trust, which is an increase on the previous month but remains below our standard for the month of 17.</p> <p>The trust reports zero MRSA bacteraemia in March 2023. Our zero tolerance threshold has been breached by two cases for the period of 2022-23. Hand Hygiene compliance throughout the trust has increased to 96% above our standard. A focused HCAI meeting is being held to review hand hygiene and renew focus for national Hand Hygiene Day on the 5<sup>th</sup> of May.</p>
Clostridioides difficile (cdiff)	Mar-23	5	5		
MRSA	Mar-23	0	0		
MSSA	Mar-23	9	3		
Ecoli	Mar-23	7	6		
Klebsiella	Mar-23	2	2		
Pseudomonas	Mar-23	0	1		
CAUTI	Mar-23	15	17		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

## Standard

## Standard Achieved

	Month	Performance	Standard	Trend
Friends and Family Test (FFT) - Emergency	Mar-23	88.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	Mar-23	94.00%	75.00%	
Friends and Family Test (FFT) - Maternity	Mar-23	88.00%	75.00%	
UNIFY - RN Day	Mar-23	85.57%	>=80% and <=109.99%	
UNIFY - RN Night	Mar-23	96.82%	>=80% and <=109.99%	
UNIFY - HCA Day	Mar-23	87.53%	>=80% and <=109.99%	
UNIFY - HCA Night	Mar-23	123.73%	>=110% and <=125.99%	

## Friends & Family

For March 2023 the Trust received 1,687 FFT returns, this is a decrease on the previous months updated return of 1,874. The Very Good or Good responses returned for March 2023 is 93.95%.

All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.

## UNIFY

Nursing fill rates have maintained despite the recent financial incentive bonus scheme ending. The Registered Nursing vacancy position is continuing to improve month on month with a further improved position forecasted for the end Apr23. In wards and departments where there is a reduced RN fill there is clear utilisation of the Nursing Associate role within the workforce models and skill mix of staff and levels of experience are reviewed daily to ensure the right skills are in the right place to deliver the safest and most efficient care to patients at all times. The daily workforce planning decisions continue to be managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse.

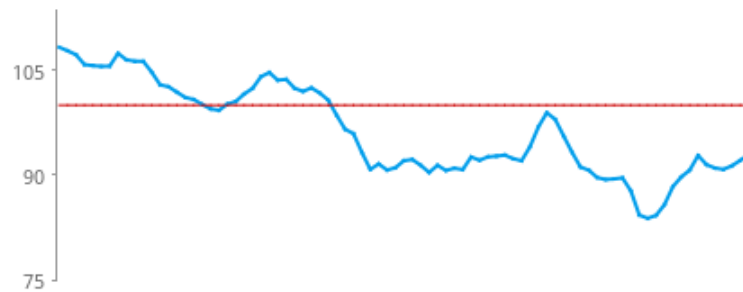
Monthly recruitment processes are on-going for both Registered and Unregistered Nurses and Midwives and cohort 4 of Team Support Workers have recently started work in the Trust. On-boarding work has commenced with our cohort of 3<sup>rd</sup> year nursing students who are due to qualify in September 2023 with 62 pre reg nurses expressing an interest to work at North Tees and Hartlepool. The international recruitment of nurses is currently underway with 60wte nurses deployed to the UK. To date 39 of these nurses are now registered with the NMC with the remaining 21 nurses due to sit their OSCE exams in the coming month. There has been a recent agreement to internationally recruit 5wte Registered Midwives and an additional 25wte Registered Nurses in 2023 which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level.



## Additional Detail Charts

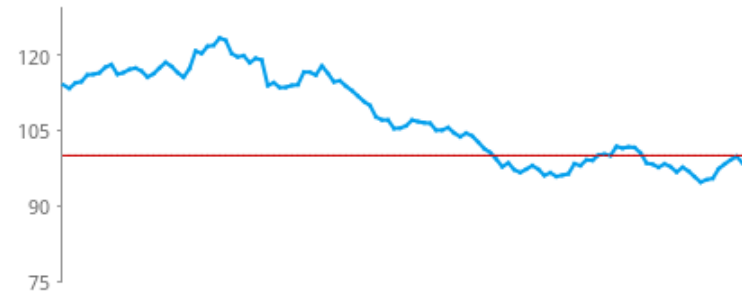
### Hospital Standardised Mortality Ratio

✓ *Month* Feb 22 - Jan 23 *Performance* 92.91



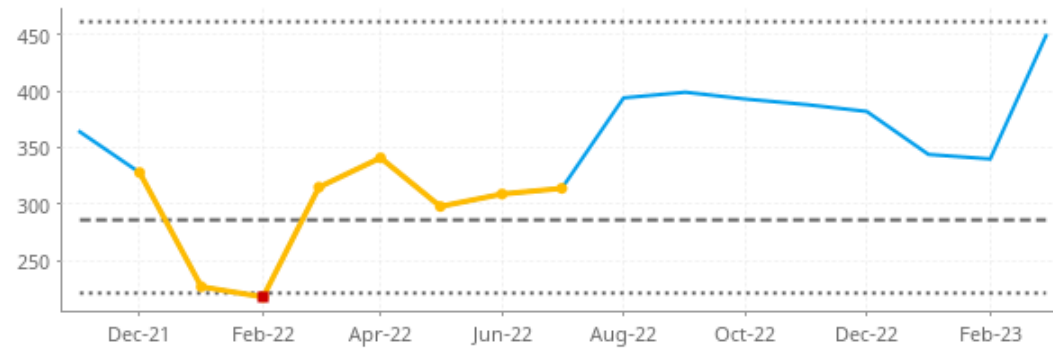
### Summary Hospital-Level Mortality Indicator

✓ *Month* Nov 21 - Oct 22 *Performance* 96.56



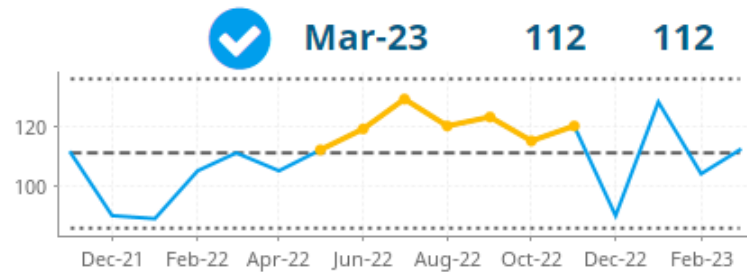
### Compliments

✓ *Month* Mar-23 *Performance* 449 *Standard* 286

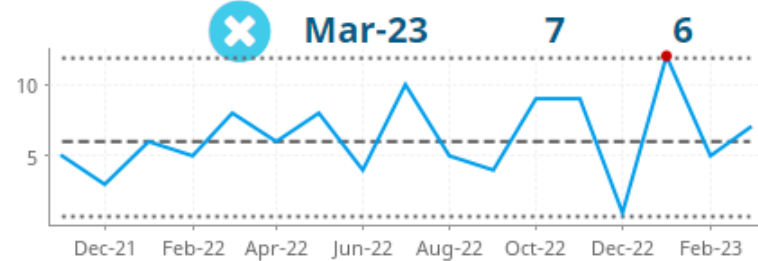


## Statistical Process Control (SPC) Charts

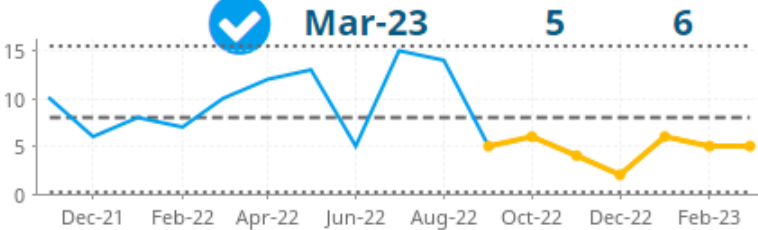
**Stage 1 - Informal**      Month      Performance      Standard



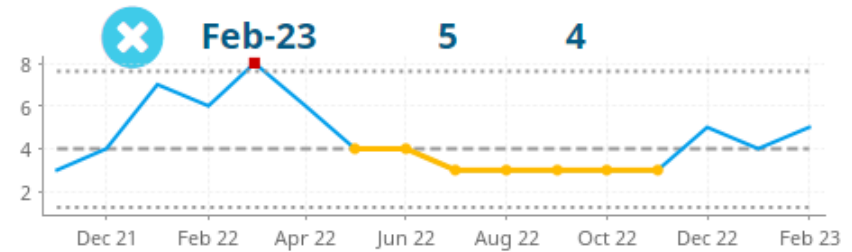
**Stage 2 - Meeting**      Month      Performance      Standard



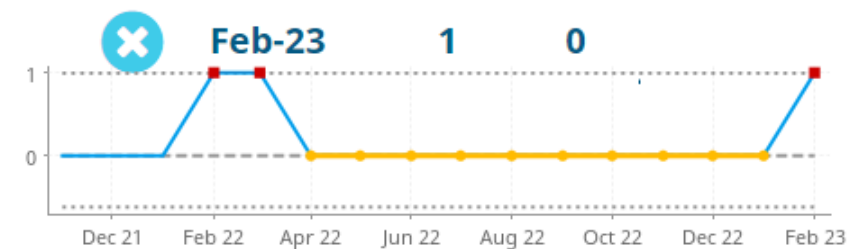
**Stage 3 - Formal**      Month      Performance      Standard



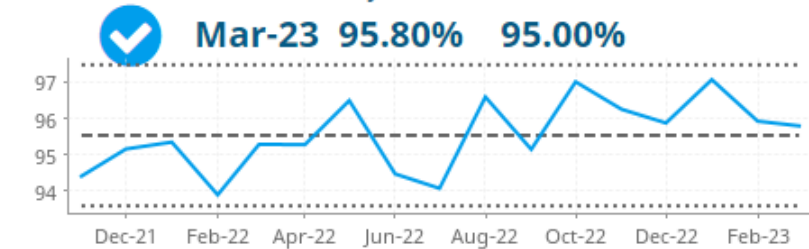
**Red Risks**      Month      Performance      Standard



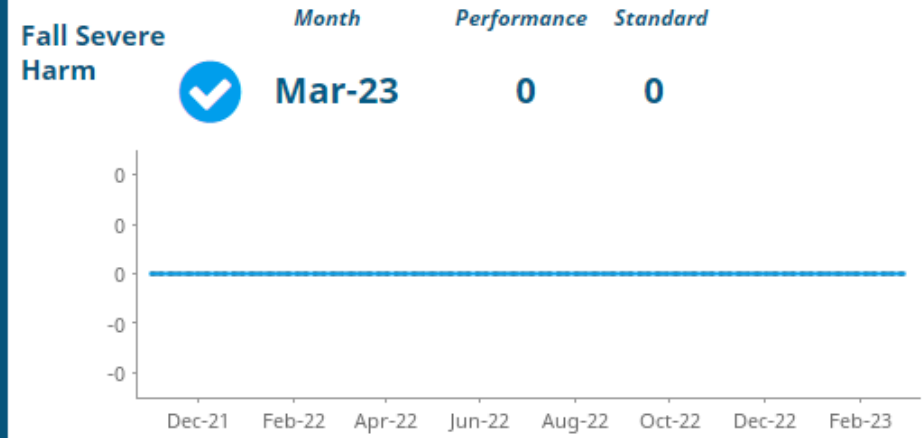
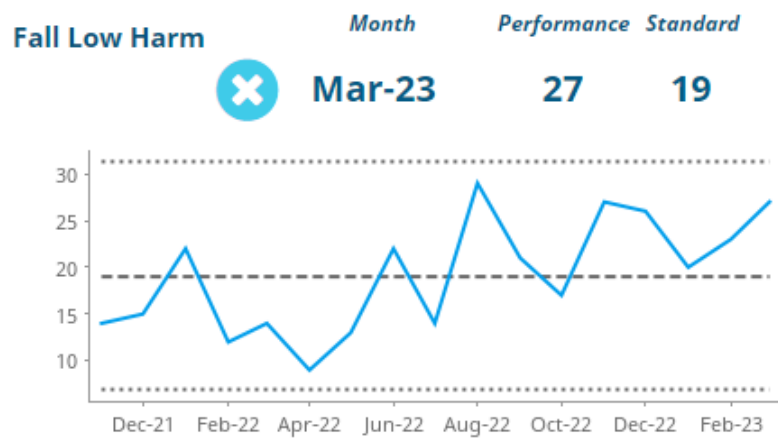
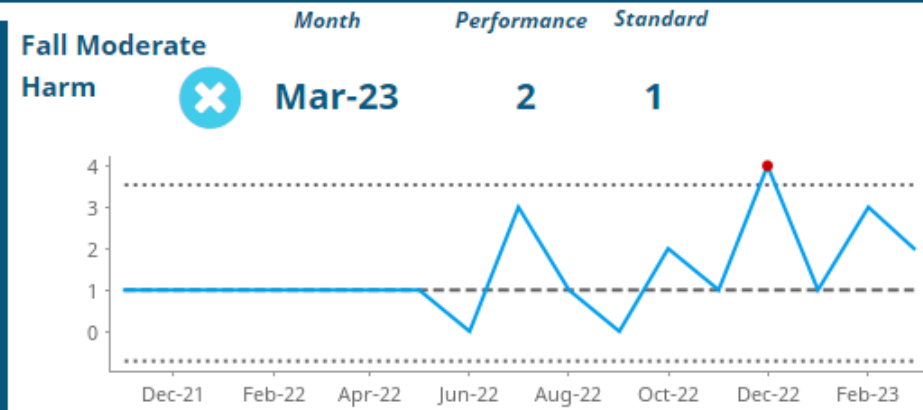
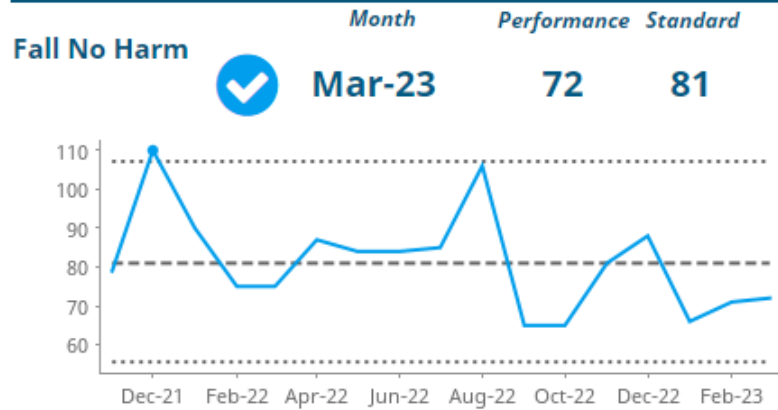
**Never Events**      Month      Performance      Standard



**VTE %**      Month      Performance      Standard

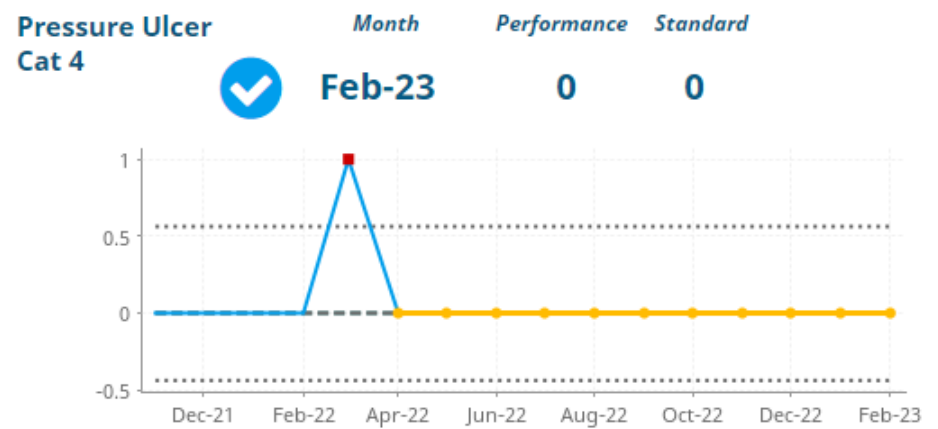
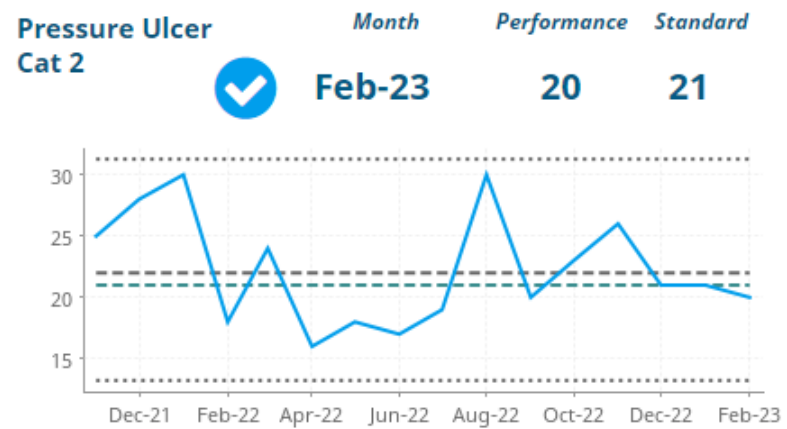
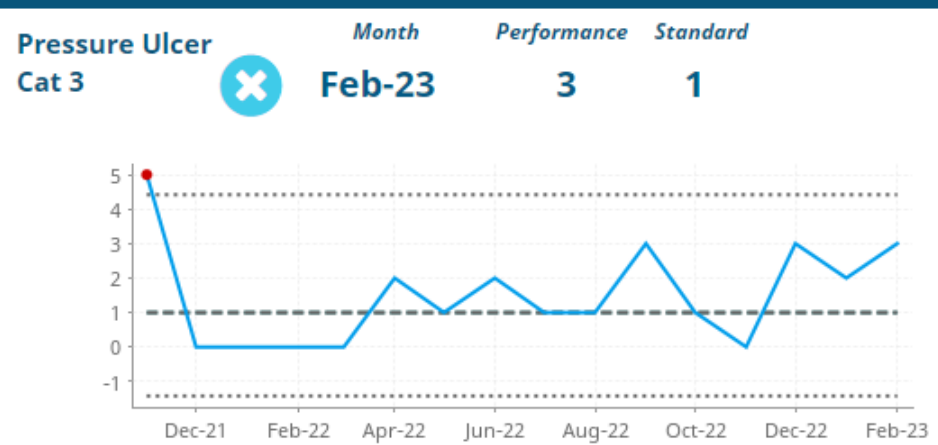
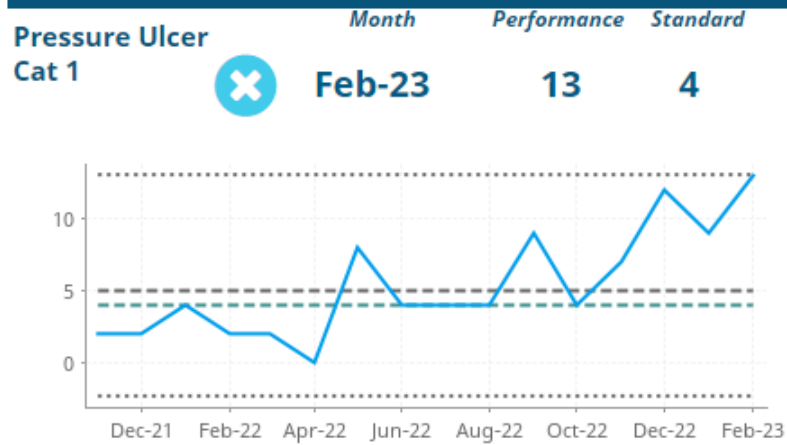


## Statistical Process Control (SPC) Charts

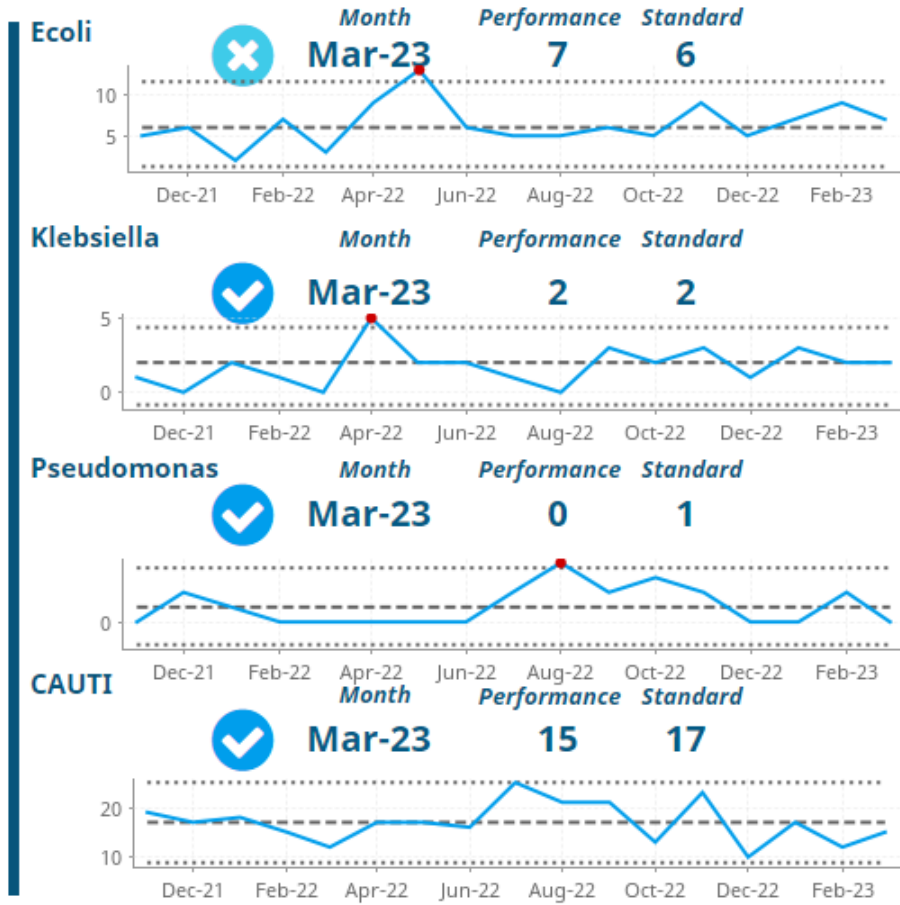
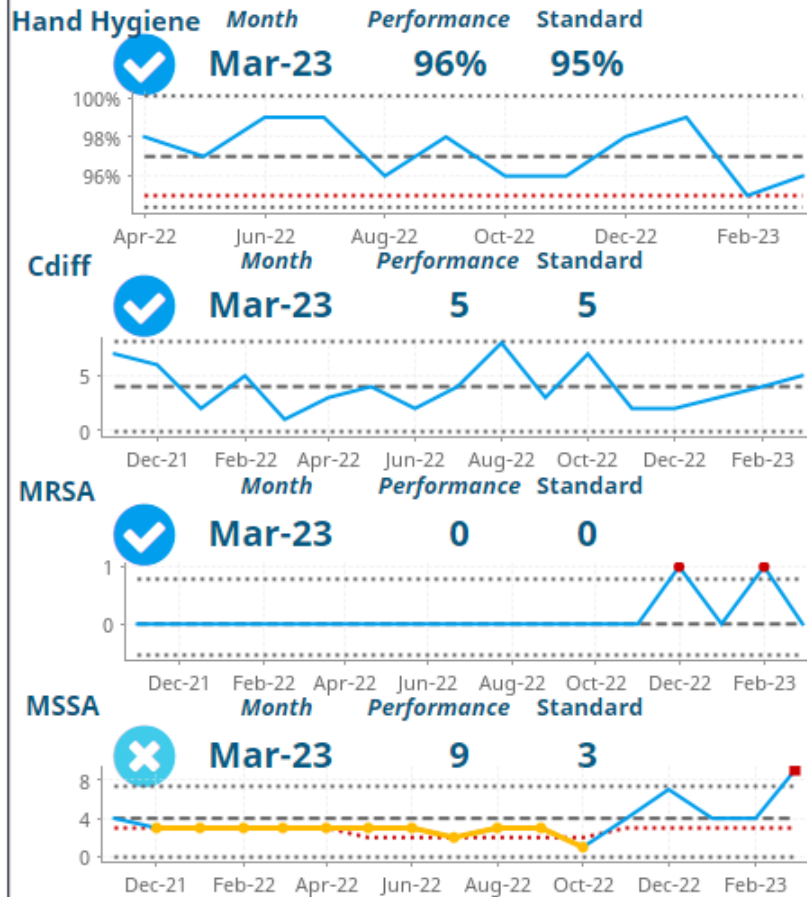




## Statistical Process Control (SPC) Charts



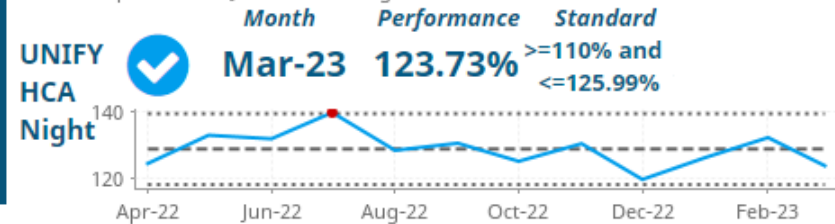
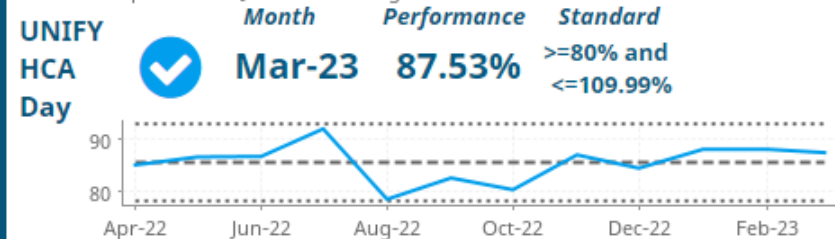
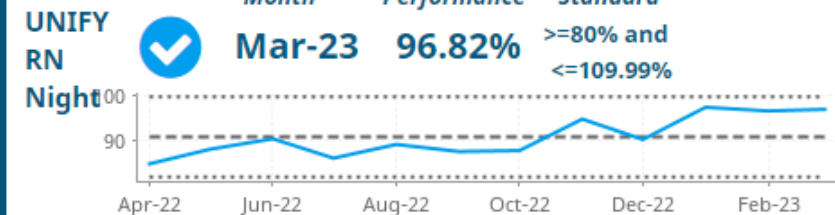
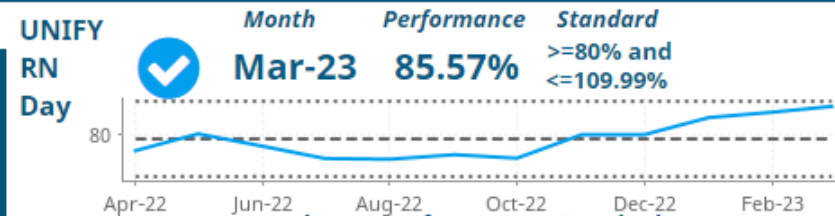
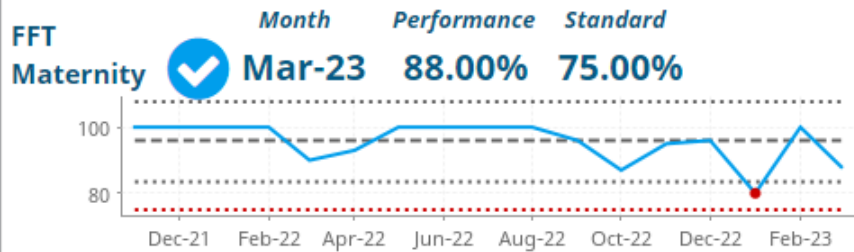
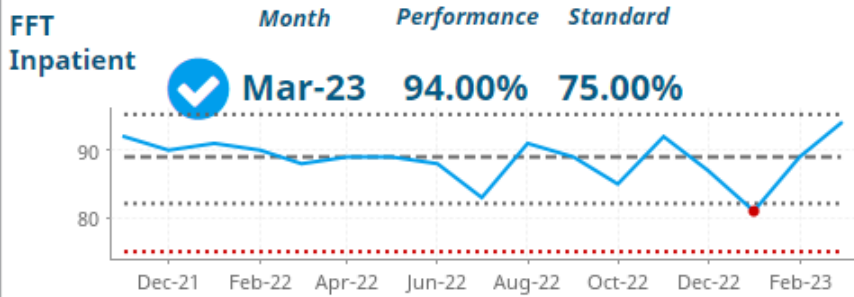
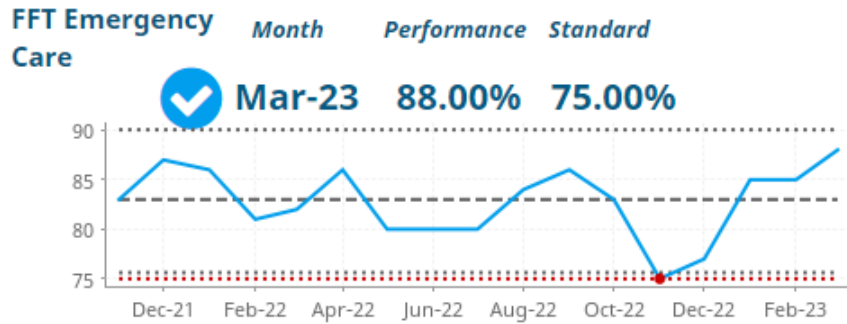
## Statistical Process Control (SPC) Charts



# Safety & Quality





## Statistical Process Control (SCP) Charts



# Workforce



Standard	Standard Achieved			Narrative
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	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>
<b>Sickness - Overall</b>				
	 Feb-23	5.80%	4.00%	
<b>Sickness Breakdown</b>				
Short Term	Feb-23	2.63%		
Long Term	Feb-23	3.16%		

The overall sickness absence rate decreased from 5.86% in January to 5.80% in February 2023.

Stress/Anxiety/Depression (24.08%), Musculoskeletal (13.24%) as well as Chest / Respiratory (11.35%) related are the top three reasons for absence, collectively accounting for 48.67% of the overall absence.

Covid absences saw a slight increase from 0.33% in January to 0.44% in February 2023. Long term sickness accounted for 3.16% of overall sickness with short term being 2.63%.

A working group has been established to undertake a full review and assessment of actions previously identified and undertaken in relation to sickness absence management, the outcome of the completion of these actions and the benefits realised.

The working group consists of HR, Occupational health professionals, management representatives, staff side colleagues and representations from employees in the Trust. The aim is to review holistically both the policy design and content, in addition to the application and consistency of this across the Trust. Importantly, gaining an understanding from those managing or subject to the policy application, on their experiences, ideas and suggestions for improvement and development. This will also incorporate and embed the current and future activities identified from the wellbeing strategic plan to ensure cohesive and aligned plans and activities.

# Workforce



North Tees and Hartlepool  
NHS Foundation Trust

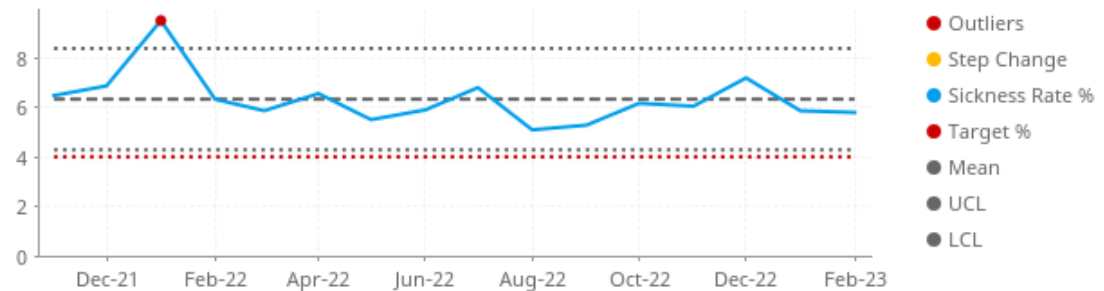
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
<b>Appraisals</b>	Mar-23	85.35%	95.00%		<p><b>Appraisals -</b> The position for appraisal compliance from March 2023 Trust RAG report stands at 85.35%. This position is 1.89% more positive this year compared to March 2022. Significant work to improve/streamline the appraisal process aligned to 'scope for growth' is underway with continued engagement with all care groups.</p>
<b>Turnover</b>	Mar-23	9.94%	10.00%		<p><b>Staff Turnover -</b> There has been a slight increase in turnover in March 2023 to 9.94% from 9.85% in February however, remains under the Trusts 10% target. Feedback from staff continues to be important in addressing retention issues, both during employment as well as from people considering leaving employment. Feedback from the 'our trust, our future', has provided valuable intelligence in relation to retention related issues.</p>
<b>Mandatory Training</b>	Mar-23	86.90%	90.00%		<p><b>Mandatory Training -</b> Mandatory training overall compliance saw an increase of 0.88% to 86.90% in March 2023 compared to the February position. The Trust overall target is 90%. The Trust has 60 mandatory training modules with 58% of topics available via e-learning modules and therefore flexibility and accessibility can be achieved in consideration of shift and working patterns and pressures.</p> <p>Compliance levels for all face to face training remain a challenge, specifically resuscitation topics. A review of training needs analysis for resuscitation topics is underway as is the introduction of e-ILS. Work continues to benchmark and learn lessons from exemplar organisations to improve our position.</p>

## Statistical Process Control (SPC) Charts

### Sickness - Overall

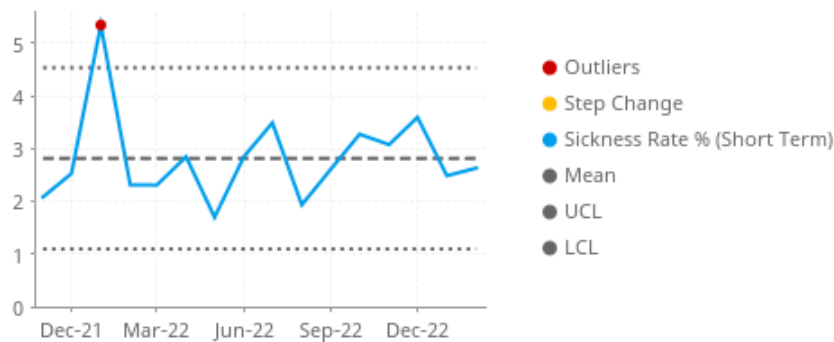
✘

Month	Performance	Standard
Feb-23	5.80%	4.00%



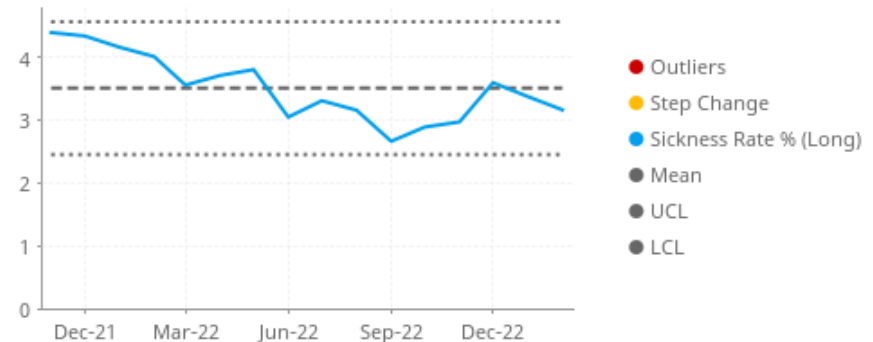
### Short Term

Month	Performance
Feb-23	2.63%



### Long Term

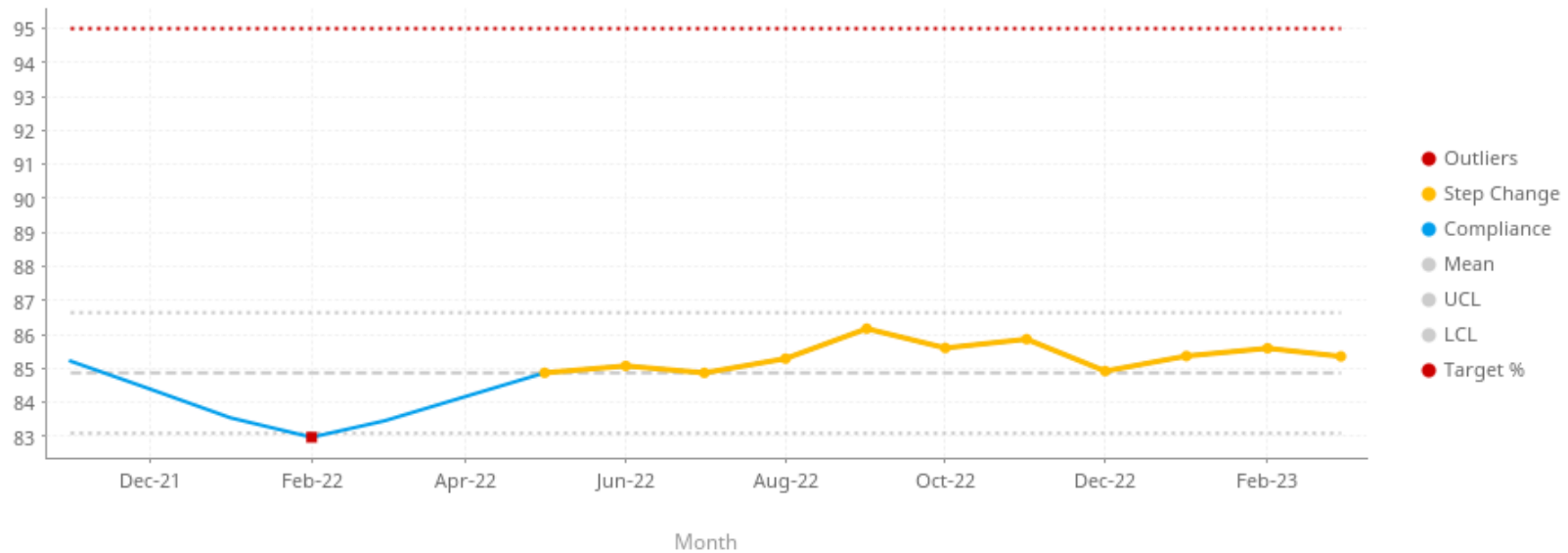
Month	Performance
Feb-23	3.16%



## Statistical Process Control (SPC) Charts

### Appraisal

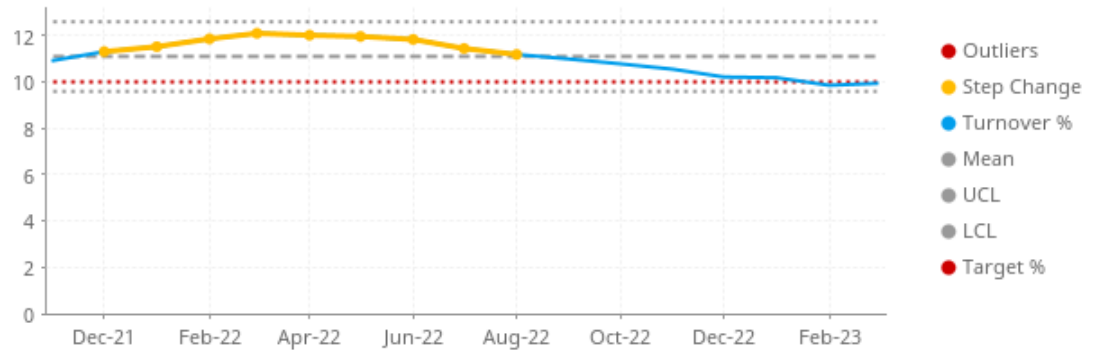
Month	Performance	Standard
Mar-23	85.35%	95.00%



## Statistical Process Control (SPC) Charts

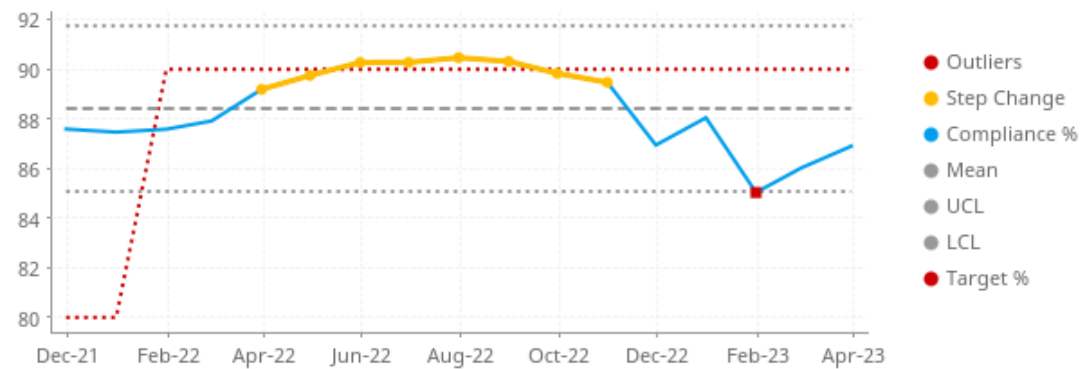
### Turnover

Month	Performance	Standard
✓ Mar-23	9.94%	10.00%



### Mandatory Training

Month	Performance	Standard
✗ Mar-23	86.90%	90.00%





# Finance



North Tees and Hartlepool  
NHS Foundation Trust



## Finance Overview - Month 12

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>(204)</b>	<b>50</b>	
<b>Year End Position</b>	<b>4,353</b>	<b>5,528</b>	

	£m
<b>Balance Sheet</b>	
<b>Cash Actual</b>	<b>72.0</b>
<b>Cash Plan</b>	<b>62.4</b>

### Capital (\*)

	Plan (£m)	Actual (£m)	
<b>Year End Position</b>	<b>23,110</b>	<b>21,694</b>	

### NHS Oversight Framework (Issued 27 June 2022)

<i>Financial Efficiency - Variance from Efficiency Plan</i>		<i>Achievement of Mental Health Investment Standard</i>	
<i>Financial Stability - Variance from Break-even</i>		<i>Agency Spending</i>	

\* £1m underspend against CDEL



# Appendix 1

## RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT - February 23</b>										
Incomplete Pathways waiting < 18 weeks	58.5%		76.2%	74.5%	60.2%	70.5%	67.6%	80.1%	66.8%	57.5%
Half of incomplete patients wait less than	15		9	9	14	11	12	10	12	15
Half of admitted patients wait less than	13		9	17	24	14	12	14	9	23
19 out of 20 admitted patients wait less than	72		39	45	65	49	68	48	57	73
Half of Non admitted Pathways waited less than	9		5	8	13	5	7	7	5	10
19 out of 20 non admitted patients wait less than	61		32	35	50	35	46	38	34	56
Incomplete Pathways waiting > 52 weeks	362498		40	202	705	70	3896	51	1266	1544

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2w/w Referrals	95.76 (1377/1438)	90.48 (1179/1303)	82.13 (947/1153)	87.2 (1764/2023)	97.08 (1563/1610)	81.64 (1441/1765)	90.35 (1142/1264)	84.36 (1753/2078)	88.38 (11166/12634)
Breast Symptomatic Referrals	0 (0/0)	90.77 (59/65)	100 (26/26)	34.75 (41/118)	96.69 (117/121)	94.74 (18/19)	93.6 (161/172)	76.24 (154/202)	79.67 (576/723)
31Day First Treatments	98.03 (199/203)	89.11 (90/101)	99.25 (132/133)	86.29 (428/496)	99.23 (129/130)	95.24 (220/231)	100 (97/97)	94.84 (147/155)	93.27 (1442/1546)
31Day Subsequent Treatments - Drugs	100 (99/99)	0 (0/0)	100 (61/61)	97.68 (253/259)	100 (19/19)	93.75 (75/80)	100 (65/65)	100 (10/10)	98.15 (582/593)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	100 (1/1)	98.43 (375/381)	0 (0/0)	92.73 (153/165)	0 (0/0)	0 (0/0)	96.71 (529/547)
31Day Subsequent Treatments - Surgery	90.91 (10/11)	100 (12/12)	100 (17/17)	63.48 (73/115)	100 (5/5)	80 (12/15)	100 (15/15)	77.27 (17/22)	75.94 (161/212)
62 Day Target - 2w/w	57.76 (67/116)	56.18 (50/89)	62.14 (43.5/70)	58.67 (123.5/210.5)	70.35 (70/99.5)	51.88 (76/146.5)	64.15 (34/53)	66.4 (82/123.5)	60.13 (546/908)
62 Day Target - Screening	60 (1.5/2.5)	27.27 (1.5/5.5)	93.22 (27.5/29.5)	74.36 (29/39)	100 (2.5/2.5)	87.5 (3.5/4)	83.72 (18/21.5)	100 (2/2)	80.28 (85.5/106.5)
62 Day Target - Upgrade	82.61 (28.5/34.5)	65.38 (8.5/13)	50 (1/2)	38.2 (17/44.5)	72.73 (8/11)	64.71 (22/34)	92 (11.5/12.5)	84.62 (5.5/6.5)	64.56 (102/158)
28 Day Target - 2w/w	81.75 (990/1211)	76.3 (866/1135)	77.96 (877/1125)	84.9 (1529/1801)	80.44 (1123/1396)	79.33 (1067/1345)	85.02 (863/1015)	85.18 (1448/1700)	81.68 (8763/10728)
28 Day Target - Breast Symptomatic	0 (0/0)	92.54 (62/67)	96 (24/25)	83.33 (90/108)	95.76 (113/118)	100 (18/18)	99.41 (168/169)	92.35 (169/183)	93.6 (644/688)
28 Day Target - Screening	80 (4/5)	0 (0/1)	69.83 (81/116)	75 (93/124)	82.54 (52/63)	69.57 (16/23)	77.72 (157/202)	51.56 (33/64)	72.91 (436/598)
28 Day Target - Overall	81.74 (994/1216)	77.14 (928/1203)	77.57 (982/1266)	84.21 (1712/2033)	81.67 (1288/1577)	79.44 (1101/1386)	85.71 (1188/1386)	84.75 (1650/1947)	81.93 (9843/12014)

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking <span>📌</span>		Position <span>📌</span> <span>👁️</span>	
Indicator		Current	Previous	Change	Peer	National		
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		8.45% <small>(Jan 2022 - Dec 2022)</small>	8.43% <small>(Dec 2021 - Nov 2022)</small>	0.02 <span>↑</span> <span>📈</span>	7.80%	7.14%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		1.87% <small>(Jan 2022 - Dec 2022)</small>	1.87% <small>(Dec 2021 - Nov 2022)</small>	No Change <span>📈</span>	2.46%	1.91%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		4.42% <small>(Jan 2022 - Dec 2022)</small>	4.39% <small>(Dec 2021 - Nov 2022)</small>	0.03 <span>↑</span> <span>📈</span>	5.26%	4.12%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		6.73% <small>(Jan 2022 - Dec 2022)</small>	6.72% <small>(Dec 2021 - Nov 2022)</small>	0.01 <span>↑</span> <span>📈</span>	7.44%	5.83%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		9.66% <small>(Jan 2022 - Dec 2022)</small>	9.63% <small>(Dec 2021 - Nov 2022)</small>	0.03 <span>↑</span> <span>📈</span>	10.04%	7.90%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		8.62% <small>(Feb 2022 - Jan 2023)</small>	8.58% <small>(Jan 2022 - Dec 2022)</small>	0.04 <span>↑</span> <span>📈</span>	8.68%	7.83%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		2.52 <small>(Feb 2022 - Jan 2023)</small>	2.53 <small>(Jan 2022 - Dec 2022)</small>	-0.01 <span>↓</span> <span>📈</span>	2.34	2.13		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		0.00% <small>(Feb 2022 - Jan 2023)</small>	0.00% <small>(Jan 2022 - Dec 2022)</small>	No Change <span>📈</span>	9.14%	9.70%		
Rate of telephone or Telemedicine consultations (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		19.86% <small>(Feb 2022 - Jan 2023)</small>	20.35% <small>(Jan 2022 - Dec 2022)</small>	-0.49 <span>↓</span> <span>📈</span>	18.39%	19.88%		
Rate of telephone or Telemedicine consultations for followup consultation (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		20.81% <small>(Feb 2022 - Jan 2023)</small>	21.33% <small>(Jan 2022 - Dec 2022)</small>	-0.52 <span>↓</span> <span>📈</span>	19.95%	22.37%		
Rate of telephone or Telemedicine consultations for first consultation (12 mth rolling) HES Outpatients (Mar 2023) <span>📌</span>		17.47% <small>(Feb 2022 - Jan 2023)</small>	17.88% <small>(Jan 2022 - Dec 2022)</small>	-0.41 <span>↓</span> <span>📈</span>	14.75%	14.68%		
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Mar 2023) <span>📌</span>		87.46% <small>(Feb 2022 - Jan 2023)</small>	87.02% <small>(Jan 2022 - Dec 2022)</small>	0.44 <span>↑</span> <span>📈</span>	79.36%	78.29%		
Cancer waiting times - 28-day Faster Diagnosis Standard (12 mth rolling) Cancer Waiting Times (Mar 2023) <span>📌</span>		80.79% <small>(Feb 2022 - Jan 2023)</small>	80.42% <small>(Jan 2022 - Dec 2022)</small>	0.37 <span>↑</span> <span>📈</span>	77.14%	70.20%		
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Mar 2023) <span>📌</span>		95.85% <small>(Feb 2022 - Jan 2023)</small>	96.20% <small>(Jan 2022 - Dec 2022)</small>	-0.35 <span>↓</span> <span>📈</span>	89.99%	91.98%		
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Mar 2023) <span>📌</span>		61.66% <small>(Feb 2022 - Jan 2023)</small>	62.57% <small>(Jan 2022 - Dec 2022)</small>	-0.91 <span>↓</span> <span>📈</span>	62.66%	61.41%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Mar 2023) <span>📌</span>		74.79% <small>(Feb 2022 - Jan 2023)</small>	75.05% <small>(Jan 2022 - Dec 2022)</small>	-0.26 <span>↓</span> <span>📈</span>	65.01%	60.35%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Mar 2023) <span>📌</span>		81.11% <small>(Feb 2022 - Jan 2023)</small>	81.61% <small>(Jan 2022 - Dec 2022)</small>	-0.50 <span>↓</span> <span>📈</span>	81.19%	71.66%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Mar 2023) <span>📌</span>		79.50% <small>(Feb 2022 - Jan 2023)</small>	80.13% <small>(Jan 2022 - Dec 2022)</small>	-0.63 <span>↓</span> <span>📈</span>	70.83%	58.09%		
Day case realisation rate (12 mth rolling) HES Inpatients (Mar 2023) <span>📌</span>		97.22% <small>(Feb 2022 - Jan 2023)</small>	97.16% <small>(Jan 2022 - Dec 2022)</small>	0.06 <span>↑</span> <span>📈</span>	96.80%	96.74%		



Day case rate (12 mth rolling) HES Inpatients (Mar 2023)	85.69% (Feb 2022 - Jan 2023)	85.60% (Jan 2022 - Dec 2022)	0.09 ↑ 	87.10%	73.44%	
Average excess length of stay (12 mth rolling) HES Inpatients (Mar 2023)	0.13 (Feb 2022 - Jan 2023)	0.12 (Jan 2022 - Dec 2022)	0.01 ↑ 	0.47	0.68	
Average length of stay (12 mth rolling) HES Inpatients (Mar 2023)	3.27 (Feb 2022 - Jan 2023)	3.27 (Jan 2022 - Dec 2022)	No Change 	4.04	4.88	
Average elective length of stay (12 mth rolling) HES Inpatients (Mar 2023)	1.84 (Feb 2022 - Jan 2023)	1.84 (Jan 2022 - Dec 2022)	No Change 	3.54	4.41	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Mar 2023)	3.42 (Feb 2022 - Jan 2023)	3.42 (Jan 2022 - Dec 2022)	No Change 	4.10	4.92	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	0.34 (Feb 2022 - Jan 2023)	0.34 (Jan 2022 - Dec 2022)	No Change 	0.38	0.41	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	0.01 (Feb 2022 - Jan 2023)	0.01 (Jan 2022 - Dec 2022)	No Change 	0.05	0.05	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	0.58 (Feb 2022 - Jan 2023)	0.59 (Jan 2022 - Dec 2022)	-0.01 ↓ 	0.69	0.85	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	1.12 (Feb 2022 - Jan 2023)	1.13 (Jan 2022 - Dec 2022)	-0.01 ↓ 	1.35	1.30	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	0.24 (Feb 2022 - Jan 2023)	0.24 (Jan 2022 - Dec 2022)	No Change 	0.37	0.33	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Mar 2023)	1.80 (Feb 2022 - Jan 2023)	1.81 (Jan 2022 - Dec 2022)	-0.01 ↓ 	2.30	2.51	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Mar 2023)	36.28% (Feb 2022 - Jan 2023)	36.29% (Jan 2022 - Dec 2022)	-0.01 ↓ 	42.00%	35.09%	
Elective stranded rate (7+ days LOS) (12 mth rolling) HES Inpatients (Mar 2023)	5.32% (Feb 2022 - Jan 2023)	5.23% (Jan 2022 - Dec 2022)	0.09 ↑ 	12.05%	12.36%	
Emergency stranded rate (7+ days LOS) (12 mth rolling) HES Inpatients (Mar 2023)	16.95% (Feb 2022 - Jan 2023)	16.98% (Jan 2022 - Dec 2022)	-0.03 ↓ 	18.05%	21.92%	
Elective super-stranded rate (21+ days LOS) (12 mth rolling) HES Inpatients (Mar 2023)	0.55% (Feb 2022 - Jan 2023)	0.55% (Jan 2022 - Dec 2022)	No Change 	2.29%	3.14%	
Emergency super-stranded rate (21+ days LOS) (12 mth rolling) HES Inpatients (Mar 2023)	3.11% (Feb 2022 - Jan 2023)	3.13% (Jan 2022 - Dec 2022)	-0.02 ↓ 	5.04%	6.35%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Mar 2023)	90.32% (Feb 2022 - Jan 2023)	90.57% (Jan 2022 - Dec 2022)	-0.25 ↓ 	75.08%	76.60%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Mar 2023)	0.73% (Feb 2022 - Jan 2023)	0.70% (Jan 2022 - Dec 2022)	0.03 ↑ 	2.10%	1.93%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Mar 2023)	82.04 (Feb 2022 - Jan 2023)	82.40 (Jan 2022 - Dec 2022)	-0.36 ↓ 	99.88	101.05	

## Board of Directors

	Capital Programme Performance Q4 – 2022/23									
Date:	27 <sup>th</sup> April 2023									
Prepared by:	Steven Taylor, Assistant Director of Estates and Capital NT&HS LLP									
Executive sponsor:	Neil Atkinson, Managing Director									
Purpose of the report	The purpose of this report is to provide the Board of Directors with an update on the delivery of the capital programme for 2022/23.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services		X	Health and Wellbeing		
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X

### Executive Summary and the key issues for consideration/ decision:

#### Capital Programme Delivery 2022/23

- The Trust's overall original capital programme plan is £21.983m and is broken down as follows;
  - CDEL is £21.584m (this includes internally funded schemes, IFRS16 new leases and PDC expected in year), and;
  - Donated / grant funded assets are £0.399m.
- As at Month 12, the Trust has spent £21.7m on capital spend (excluding donated assets) and there is a loss on disposal of £61k, taking total capital spend against CDEL to £21.6m.
- This is positive news and evidences that the Trust has maximised the benefit from the capital programme to invest in its estates and services.

#### **Estates Backlog Maintenance/Infrastructure (key areas)**

- **Roofing Repairs UHH:** Phase 2 works planned for FY22/23 have now been completed. Roofing repairs will remain a feature of the backlog capital 5 year programme over the remaining years programme.
- **Intrusive Structural Surveys – UHNT:** In response to concerns raised by Faithful and Gould/WS Atkins in the 6 Facet Survey further more detailed intrusive surveys were carried out to assess the extent of any additional remedial works to ensure the building remains safe and operational for the remainder of its 9 year life.
- **Fire Door Replacement UHNT / UHH:** The fire door replacement programme is ongoing with fire doors being repaired / replaced / upgraded due to operational damage and change of use over the life of the buildings. Fire doors have been replaced for high risk areas including main staircase and the main circulation corridors around the lower ground floor and ground floor.
- **West Wing Fire Precautions:** Initial remedial works were carried out and the alignment of the fire compartmentation started mid July 2022 on the first floor and within the roof space. A lift has been upgraded to a patient evacuation lift by Kone. The estates work in the roof void have been

completed and the Fire Officer has inspected and is satisfied. The changes to the fire strategy have been approved and implemented. Additional works are planned for FY23/24 but are subject to a ward decant (planned for spring/summer 23).

- **Community Diagnostic Hubs:** Collaborative planning continues to deliver the Tees Valley element of the national plan to develop hub and spoke arrangements for diagnostic facilities outside of acute settings and within the community. Plans have been developed for the spokes at UHH, Stockton (Lawson Street) and Redcar (South Tees). The spoke delivering additional MRI scanning capability became operational on the UHH site at the end of September with Respiratory and CT scanning services operational in Q1 FY2022/23. Works associated with Cardiology services at Lawson Street were completed by the end of March 2022 and the site is due to become operational in Q1 23/24.
- **Pathology Collaboration:** The project team has been established and external design team appointed. Work to develop the 1:100 drawing for the new cellular pathology has been agreed and signed off by pathology stakeholders from North Tees and South Tees. The overall estate plan was for microbiology to be vacated and works to commence in November with completion by Q1 of 23/24. This was delayed due to the appropriate staff consultation process but works commenced early March 23.
- **Training Academy (Ward 10 UHH):** Hartlepool Borough Council were successful in securing a £25million pound bid from the Towns Fund. This included a £1.2 million pound project to develop a medical training academy on Ward 10 at UHH. The funding is via Hartlepool Borough Council, however, the Trust agreed to fund the first £50,000 for the initial design in FY21/22 which has now been fully expended.
- **Theatre Footprint:** Forming part of the wider clinical strategy, split over two key phases, for the development of perioperative services over the coming years. The purpose of this perioperative services strategy is to support the delivery of the Trust's business and dovetail the South ICP clinical services strategy. Phase 1 additional (larger) theatre to facilitate robotic surgery in location of current storage and changing facilities. Relocation of displaced storage and changing facilities. Refurbishment and structural upgrade to theatre 1 and transformation into an integrated theatre. Phase 2 of the theatre estate development plan concentrates on theatres 9 & 10, and the potential for development steered by the needs of the ICS. The Trust has approved the development of the Theatre estates footprint.
- **Strategic Outline Case:** in support of the New Hospital Build, the SOC has been completed and was presented to the Transformation Committee in August 2022 and Trust Board Seminar in February 2023. This will be taken forward in 2023/24.

### Medical Equipment Replacement (MER)

- Total expenditure on Medical Equipment schemes is £3.8m at the end of March 2023. Full details are provided in the report and this includes purchases of capital equipment relating to essential patient monitoring equipment and operating tables.

### Digital

- Significant work remains ongoing relating to digital, with an ongoing scheme relating to network and hardware infrastructure and digital strategies.
- **CareScan+** CareScan+ BAU Business Case presented to the Executive Team on 7th February 2022. Acknowledgment that CareScan+ is delivering benefits to the organisation and that a transition to BAU should be the future aim; however, no decision on further funding was agreed, as further analysis of the commercial opportunities is still required. New functionality provided to support secure user logons, plus environment hosting and generic Medical Device Information System (MDIS) data capture and submission went live in March 23, this new software release represents a significant step forward in the local product value and external market potential.

- TrakCare Upgrade v2022** – an exception report presented to DPSG in March agreed the SEPSIS hospital wide dashboard was a pre requisite to the system upgrade. The development of which has not been complete in time to be included in the necessary patch and therefore a delay is necessary. The testing (cycle 2) has been complete; some final PDS testing needed however put on hold until after the new authentication method is available to test. The supplier have advised they also need to apply a Security Vulnerability release as part of the upgrade, a risk assessment has been carried-out and this has been deemed low risk. With the additional ad-hocs required, this moves the Go Live date out to 25<sup>th</sup> April 2023, providing no further issues are encountered.

**Full details of the capital programme delivery is contained in the attached report.**

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	N/A
Recommendation	The Trust Board is asked to; <ul style="list-style-type: none"> <li>Note the contents of the report;</li> <li>As at Month 12, the Trust has spent £21.7m on capital spend (excluding donated assets) and there is a loss on disposal of £61k, taking total capital spend against CDEL to £21.6m.</li> </ul>



# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27th April 2023

### Capital Programme Performance Q4 2022/23

#### Report of the Managing Director

#### Strategic Aim

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

Transforming our Services

#### 1. Introduction / Background

1.1 The purpose of this paper is to provide an update as of 31 March 2023 (Quarter 4) on the progress of delivering the 2022/23 capital programme and also provide an update on any recent changes that have been announced nationally and regionally that will impact on the Trust's capital programme.

#### 2. Main content of report

2.1 The Trust's overall original capital programme plan is £21.983m and is broken down as follows;

- CDEL is £21.584m (this includes internally funded schemes, IFRS16 new leases and PDC expected in year), and;
- Donated/grant funded assets are £0.399m

The plan demonstrates a continued commitment and investment to reducing the estates backlog, medical equipment, IT developments and supporting the Tees Valley pathology collaboration. There was also a prudent contingency of £1.5m for emerging capital issues and business cases.

The annual capital plan for 2022/23 (detailed by scheme) was presented and approved at Capital and Revenue Management Group on 29<sup>th</sup> July 2022.

As at Month 12, the capital plan increased by additional PDC funds £1.127m.

This includes:

	£m
<b>Original Capital Programme</b>	<b>21.983</b>
Community Diagnostic Hub	0.720
Digital Diagnostics	0.417
Cyber	0.078
TIF digital	0.050
Endoscopy Diagnostic Equipment	0.196
Imaging & Endoscopy Academy Funding	0.016
(Less) withdrawn tech capital funding	(0.350)
<b>TOTAL OVERALL CAPITAL</b>	<b>23.110</b>

As at Month 12, the Trust has spent £21.7m on capital spend (excluding donated assets) and there is a loss on disposal of £61k, taking total capital spend against CDEL to £21.6m.



## 2.2 Estates

Total expenditure on Estates schemes is £14.3m at the end of March 2023 against an annual plan of £13.8m, so ahead of plan by £0.5m. Estates schemes include backlog, new hospital OBC, robot enabling works and the Tees Valley pathology collaboration.

## 2.3 Medical Equipment

Total expenditure on Medical Equipment schemes is £3.8m at the end of March 2023 against an annual plan of £3.3m, so ahead of plan by £0.4m.

## 2.4 Information and Technology Services and Digital Strategy

Total expenditure on IT&S schemes is £1.7m at the end of March 2023 against an annual plan of £1.7m, so on plan.

## 2.5 Contingency

Total expenditure on contingency schemes is £0.4m at the end of March 2023 against an annual plan of £2.3m so behind plan by £1.9m. The reason for the reduction in spend is delays in the Tees Valley pathology collaboration and robot enabling works.

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

2.8 The overall financial summary for the period to 31 March 2023 is presented at **Appendix 2**.

## 3. Recommendation

3.1 The Board is requested to receive this report and note the position on capital schemes up to 31 March 2023.

**Neil Atkinson**  
**Managing Director**

**Gillian Colquhoun**  
**Interim Chief Information and Technology Officer/SIRO**

## Appendix 1 - Work Stream Reports

### 1. Estates Backlog Maintenance Programme

The 2022/23 backlog maintenance capital allocation was broken down into categories and specific projects to target high and significant risk backlog issues. CIR is currently £19.6m out of overall Trust backlog of £49.2m. An overall programme covering all backlog projects was developed and project managers assigned for each project.

A detailed spend profile project by project was developed and allows for monthly reporting against time and cost for the overall programme (as required by NHSI). £12.372m has been allocated to backlog maintenance which includes £1,657,658 of pre commitments carried forward from FY2021/22. In FY22/23 inflation continues to be a financial pressure on all projects and ongoing reviews of costs are being undertaken.

**DDA Audit:** Final report has been submitted. Any high risk items identified will be taken forward in FY23/24. The full report will be shared with CRMG and H&S Committee once reviewed.

**Roofing Repairs UHH:** Phase 2 works planned for FY22/23 have now been completed. Roofing repairs will remain a feature of the backlog capital 5 year programme over the remaining years programme.

**Intrusive Structural Surveys – UHNT:** In response to concerns raised by Faithful and Gould/WS Atkins in the 6 Facet Survey further more detailed intrusive surveys were carried out to assess the extent of any additional remedial works to ensure the building remains safe and operational for the remainder of its 9 year life.

The works have now been fully costed and commenced on the 10<sup>th</sup> October 2022 for 26 weeks.

#### South Wing

The removal and replacement of all the existing mastic to prevent any further corrosion and carry out local repairs as needed. Some panels have significant cracks and need to be replaced. Mullions on the South Wing have previously been covered with sheeting without any remedial work being carried out and this is being rectified now.

#### Tower Block

Above ground level there is evidence of cavity wall ties installed both during construction and also retrospectively. The outer and inner leaves are not cross bonded and there is no significant cavity between the two leaves. The retrospective ties are M10 Stainless Steel rod drilled and resin anchored into the ring beam and outer leaf (inner leaf is built from the top of the ring beam).

Works to Tower Block commenced at the end of October and includes additional wall ties and pigeon spikes.

#### Hospital Streets

There is evidence of the primary support steelwork starting to fail due to water ingress. There is also signs of corrosion to the primary pipework in the locations of the supports.

Work fully completed and involved removal of the redundant gas pipe and fitting of additional support brackets.

NTH Solutions are conducting significant engagement with the services in the impacted areas to minimise disruption.

**Fire Door Replacement UHNT / UHH:** The fire door replacement programme is ongoing with fire doors being repaired / replaced / upgraded due to operational damage and change of use over the

life of the buildings. Fire doors have been replaced for high risk areas including main staircase and the main circulation corridors around the lower ground floor and ground floor.

The replacement works will continue on both main sites into FY23/24. West Wing remains a high priority for FY23/24.

**West Wing Fire Precautions:** Initial remedial works were carried out and the alignment of the fire compartmentation started mid July 2022 on the first floor and within the roof space. A lift has been upgraded to a patient evacuation lift by Kone. The estates work in the roof void have been completed and the Fire Officer has inspected and is satisfied. The changes to the fire strategy have been approved and implemented. Additional works are planned for FY23/24 but are subject to a ward decant (planned for spring/summer 23).

**Fire Alarm Replacement UHH:** The business case was approved in May 2020. Following an OJEU procurement tender, the project was awarded to TFS. The overall project cost is £1m, with £50K of spend in FY20/21 and the remaining spend in FY21/22. The installation is now complete and system is fully operational. The project team has consistently worked closely with the clinical teams to arrange access to clinical areas and using installation methods agreed with Infection Prevention and Control.

**Replacement of the Combined Heat and Power Unit (CHP) UHH:** Work has been undertaken to scope and size the replacement of the end of life CHP unit on the UHH site.

The CHP generates the electricity for the site and the waste heat from the engine is used to heat the hot water and heating requirement for site whilst reducing the energy bill for the Trust. As the challenge to achieve net zero carbon gathers pace, the unit will be designed to use a blend of hydrogen and natural gas to reduce carbon emissions when the gas network is capable of a blended supply. The plant will also form the resilient backup and provide flexibility to support future renewable energy plant, such as solar PV and ground source heat pumps (which cannot provide consistent energy 24/7).

The new CHP will ensure energy is provided consistently when required on site. The CHP will be a part of the sites future energy mix to deliver net zero carbon. The cost of the replacement CHP was £640K and is planned to payback in energy cost savings to the Trust in 4-5 years. The plant has a 10 year lifespan and was operational by the end March 23.

## 2. Other Estates Capital Developments

**Community Diagnostic Hubs:** Collaborative planning continues to deliver the Tees Valley element of the national plan to develop hub and spoke arrangements for diagnostic facilities outside of acute settings and within the community. Plans have been developed for the spokes at UHH, Stockton (Lawson Street) and Redcar (South Tees). The spoke delivering additional MRI scanning capability became operational on the UHH site at the end of September with Respiratory and CT scanning services operational in Q1 FY2022/23. Works associated with Cardiology services at Lawson Street were completed by the end of March 2022 and the site is due to become operational in Q1 23/24.

An independent option appraisal was carried out by P+HS Architects to determine the location of the main hub (Stockton or Middlesbrough). The Waterfront development in Stockton was the recommended location and this fed into the business case seeking capital funding approval. The CDC Estates Project Group, which includes representatives from North Tees, CCG, NHS PS and South Tees supported the recommendation.

PA Consulting were appointed to support development of the 2022/23 business case for design and development of the main hub. £24.19M funding has been approved for the development of the hub and the formal funding approval letter received. Kier have been appointed as main contractor. 1:100 drawings have been signed off and the clinical and estates and design team are currently reviewing the 1:50 plans.

**Tees Valley Pathology Collaboration:** The project team has been established and external design team appointed. Work to develop the 1:100 drawing for the new cellular pathology has been agreed and signed off by pathology stakeholders from North Tees and South Tees. The overall estate plan was for microbiology to be vacated and works to commence in November with completion by Q1 of 23/24. This was delayed due to the appropriate staff consultation process but works commenced early March 23.

**Training Academy (Ward 10 UHH):** Hartlepool Borough Council were successful in securing a £25million pound bid from the Towns Fund. This included a £1.2 million pound project to develop a medical training academy on Ward 10 at UHH. The funding is via Hartlepool Borough Council, however, the Trust agreed to fund the first £50,000 for the initial design in FY21/22 which has now been fully expended.

**Theatre Robots:** Forming part of the wider clinical strategy, split over two key phases, for the development of perioperative services over the coming years. The purpose of this perioperative services strategy is to support the delivery of the Trusts business and dovetail the south ICP clinical services strategy.

Phase 1 additional (larger) theatre to facilitate robotic surgery in location of current storage and changing facilities. Relocation of displaced storage and changing facilities. Refurbishment and structural upgrade to theatre 1 and transformation into an integrated theatre.

Phase 2 of the theatre estate development plan concentrates on theatres 9 & 10, and the potential for development steered by the needs of the ICS.

Trust has approved the Theatre Robot project can proceed. Design will progress until end of FY22/23.

**Strategic Outline Case:** The SOC has been completed and went to Transformation Committee in August 2022 and Trust Board Seminar in February 2023.

**Carbon Reduction UHNT:** The advice received from our external advisors (Veolia) is that the North Tees site is unlikely to receive grant funding due to the new energy centre development. The schemes being proposed for North Tees therefore requested internal capital funding (£1.4m FY22/23).

The following investment was approved at CRMG in July:-

- £1.1m - Solar PV: A proposal has been made for 480kWp -600kWp of solar arrays for the roof spaces (avoiding roofs with 10 year life spans). Based on Capital investment of £1.1M, and newer technology would suggest a ROI of nearer 5-6 years. Potential savings of £150,000 to £200,000 per year (225TonnesCO<sub>2</sub>e).
- LED Lighting: 70% of existing lights within the Trust are now LED. A value of £150,000 this FY would be a significant step towards 100% LED lighting. From previous LED lighting schemes, we can evidence that ROI in 2-3 years is reasonable, so saving of £50,000 to £75,000 per year (125TonnesCO<sub>2</sub>e) are realistic. An order has been raised with Northern Power Grid (NPG) to enable them to commence their capacity study. NPG confirmed no solar PV can be added to UHNT until the capacity study is completed.

**Carbon Reduction UHH:** We have applied for grant funding for UHH, which satisfies the qualifying requirements of the government's Public Service De-carbonisation Scheme (PSDS) funding. The grant funding application process (controlled by Salix) went live on 12th October 2022 and organisations are required to fund 12% of the overall cost over the next 2 financial years. The bid is for £14.1m so requires Trust funding for circa £2.2m.

At Capital Revenue Management Group on 26<sup>th</sup> August 2022 approval was received for NTH Solutions to submit the bid on behalf of the Trust. We were unsuccessful in securing Salix funding but the next round is in October 2023.

We are seeking feedback on our proposal to improve our chances.

An order has been raised with Veolia to advance the design for the ground source heat pump at UHH.

**Bedstacker:** To mitigate the lack of storage at UHNT for “ready to go” patient beds, an innovative solution was identified as being used in another Trust. The bedstacker will be installed in space vacated by Substation 3, which is no longer in use. The space is located on lower ground floor and can hold 20 stacked “ready to go” beds.

### 3. Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme was prioritised against an initial allocation of £2.65m and an additional allocation of £1.118m, a total of £3.768m. Of this, £3,544,176.87 has been ordered and receipted to date.

There is a pre-commitment for next year of £138,115 resulting from five outstanding orders that were unable to be delivered or vested prior to 31st March 2023.

The largest part of the pre-commitment (£120,303) has resulted from two orders. Enabling works for X-Ray at One Life Hartlepool (£78,116) and a Mindray monitor order (£42,187).

Since the last report the Trust has taken delivery of:

- **Glidescope monitors** – handheld video laryngoscopes for airway visualisation
- **Patient Vital signs monitors** – with network interface for reporting Early warning scores
- **Diagnostic Ultrasound scanners** – used to image organs inside the body.
- **Insufflators** – to aid the detection of colon cancer during the diagnosis procedure called computed tomography (CT) performed for colon cancer patients.
- **Resuscitaires** – Used during labour and delivery procedures to combine an effective warming therapy platform and support needed for clinical emergency and resuscitation.
- **ECG Recorder** – records heart electrical activity through ten electrodes placed across the patient’s body. Each lead captures the activity and outputs it as a waveform on a screen or piece of paper.
- **Operating tables** – to replace obsolete units
- **Blood fridges** – for safe and convenient storage of whole blood, blood components (e.g., blood cells, plasma), and reagents. Blood bank refrigerators ensure freshness and integrity of blood and blood components
- **Lead Aprons** – protective clothing that acts as a radiation shield. It is constructed of a thin rubber exterior and an interior of lead in the shape a hospital apron.
- **Diathermy** – Electro surgical machines
- **Orthopaedic X Ray** – For Room 1 North Tees and Fluoroscopy X Ray for room 8 at North Tees
- Assorted surgical tools and patient trollies

### 4. Information and Technology Services (I&TS)

The current I&TS capital plan incorporates elements of the Trust’s Information and Communications Technology (ICT) and broader Digital Programmes capital projects.

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

## Networking Hardware / Infrastructure

- **Firewall Switch replacement** - Kit delivered but work still to be scheduled, as this will require downtime for VPN remote access. Site upgrades needs carried out separately to minimise disruption and provide failover. Scheme can be marked as complete as all received within this capital year but will not be operational until Q1 23/24.
- **Hartlepool Network Core Network** – Network to be upgraded from 4Tbps (Terabits per second) backbone speed to 12Tbps with supervisor 6T cards as per previous upgrade at North Tees. Work planning and preparation has been ongoing since January 2023 with the upgrade expected to take place in May / July. Due to winter pressures and industrial action it has not been possible to schedule a complete outage of an entire network over the previous three months.

## Servers & Storage

- Additional Dell Blade Centre to be installed in the A&E server room in order to provide resilience for existing virtual environment (currently in lower ground server room). Solution will provide resilience and allow us to relocate duplicate servers (where they exist) which will allow us to maintain service during any future outages. Outstanding hardware has now arrived on site and work is currently being scheduled with Dell. Anticipated implementation start date end of April / early May.
- **Service Now**
  - ICT Change Management module now operational within Service Now. Work to migrate from manual to digital process completed on the 31<sup>st</sup> March. All request for change are now managed via Service Now as from the 1<sup>st</sup> April 2023. This now gives a full audit trail for all requests, approvals, and implantation tasks from start to finish.
- **SharePoint 2019**
  - The upgrade of SharePoint 2010 to 2019 began in November and has been progressing steadily over the last few months. All existing data has been transferred across and Clinical Effectiveness identified as a pilot site, which is currently undergoing testing. Following this, a wider testing plan will be developed and communication made to all site owners to begin their testing of their own sites. In addition a new landing page has been developed that is currently undergoing assessment / review. Further work is required to load balance the new Web servers to give additional resilience which will be complete by the end of April. The wider migration should be complete by the end of May, depending on the outcomes of testing.

## Telecomms

- **VC expansion** – Additional video conference facilities to support both Microsoft Teams and CMS (Cisco Meeting Service) collaboration. Expected completion Q3.

## 5. Digital Strategy – Progress on developments

FY 2022/23 capital funding allocation is £0.805m, this enabled the Trust to digitise all nursing admission documentation (NAD) into TrakCare EPR and also enable the full potential of an integrated patient record to be fully realised within Critical Care.

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

**TrakCare Upgrade v2022.** An exception report presented to DPSG in March agreed the SEPSIS hospital wide dashboard was a pre requisite to the system upgrade. The development of which has not been complete in time to be included in the necessary patch and therefore a delay is necessary. The testing (cycle 2) has been complete; some final PDS testing needed however put on hold until after the new authentication method is available to test. The supplier have advised they also need to apply a Security Vulnerability release as part of the upgrade, a risk assessment has been carried-out and this has been deemed low risk. With the additional ad-hocs required, this moves the Go Live date out to 25<sup>th</sup> April 2023, providing no further issues are encountered.

**Nurse Admission Documentation (NAD)** – Weekly clinical "show & tell" validation sessions demonstrating Care Plans and Assessments to Matrons have now been completed and any actions coming out of those sessions have either been completed locally or are being followed up with the supplier as post go-live changes. Full user acceptance testing is now complete and analysis of any issues to be discussed with the project's clinical team to identify any 'show stoppers'. Training to 'Super users' and all users from 1st March until go-live with a number of slots already booked. Training will take a 'belt & braces' approach with 'classroom' training provided by the digital team throughout March supported by a sufficient number of available 'Super users' providing support to users leading up to go-live. Training materials on SharePoint and e-learning media will also support the rollout programme. Training elements of the project are critically dependent on the availability of service users along with the delivery of milestones within the TrakCare Upgrade plan.

**ITU TrakCare + Hardware** - The PID/Plan, Stakeholder Analysis and Terms of Reference presented to the ITU Project Board on 21st February. The order raised for 17 Parity Medical slim line carts. A review of the EPMA ICU Specific Drug Catalogue took place on 27th February with the new ICU Pharmacist to ensure all times and doses are correct. This document can then support the design for the order favourites for one touch prescribing and order set lists. Weekly meetings are in place to monitor configuration progress and order set build. E-Observations – the flowsheet configuration is well underway with ISC for design to ensure this mirrors the specification needed for the interface to Mindray for continuous and spot observations as well as ventilator and cardiac output devices.

ICU and Estates are working on the logistics to install 17 network points in the unit with minimal impact on the service. Castle Construction have provided assurance that this will be completed prior to go-live.

**The Great North Care Record (GNCR) HIE** - Providing health and social care professionals across North East and North Cumbria with secure access to view an individual's extended health and social care information electronically. The HIE was made live 9 March 20 with data being shared from GPs and Community units in the North East and North Cumbria. A number of Trusts (North Tees included) are contributing data to the HIE for sharing purposes. Progress with the remaining Trusts is taking place with South Tees in-contextual viewer now embedded within Alcidion (clinical wrap around) 16th February 23 but data sharing postponed until after their system upgrade, scheduled for Q1 23/24. Northumbria Trust live in February with patient demographics and TEWV integration is in currently in development with Cerner. BadgerNet integration is in development; however, setup within CleverMeds sandpit delayed and now scheduled to be complete end of May 23. Social Care deployments: Gateshead Council – Data sharing connection go live scheduled for June 23, South Tyneside Council – In-contextual viewer go live postponed until after the upgrade, now scheduled Dec 23. Newcastle Council: Development of the data sharing connection is complete and on track for go live in June 23. An external audit undertaken on the infrastructure and System Management with substantial assurance given.

**My 'GNCR' PEP (Patient Engagement Platform)** – As part of the national NHS Wayfinder programme, foundation trusts are encouraged to work with PEP providers to deliver a national connection between hospitals and patients through the NHS app. With the NHS App already used by over 50% of the population across England, creating a "ready to go" functional solution for patients to manage their hospital appointments and correspondence items means the benefits realized should be faster and more effective than a "ground-up" solution.

The integration with the NHS App will provide a consistent patient user experience across all available pathways. In the first phase of rollout, patients will be able to use their NHS App to:

1. View secondary care appointments in a single place
2. Access to relevant, locally curated information for appointments
3. View a single point of contact within their secondary care organisation
4. Book, change and cancel secondary care appointments (where functionality is already in place)

North Tees and Hartlepool NHS Foundation Trust along with 4 other Trusts have signed up to using My GNCR PEP in line with the Trust's Digital strategy, the first 2 years is being funded by the ICB to enable Trusts to start achieving benefits that can then offset costs associated with the platform. The Business Case and associated contract approved in readiness for the implementation to commence. It is anticipated two specialities will be live by Q1 23/24.

**BadgerNet** - The newly established Board has met and agreed the PID and Plan which proposed a go live Q2 23/24. The order raised for the hardware to support the implementation of BadgerNet. All maternity areas (with exception of community) will receive iPads (1 per midwife or nurse) on shift. The current 'As Is' processes has been progressing, albeit slow start due to the lack of resource on the project but are now 83% complete. The mapping of future 'to be' state processes commenced 20th March and is expected to take around ten weeks with the additional clinical resource. System Configuration in BadgerNet will work in parallel with the future process mapping.

A list of Super Users have been identified and all invited to 'Train the Trainer' (TtT) sessions, planned for 24/25 April. The Project Manager and Digital Midwife have been visited the QE in Gateshead, CDDFT and the RVI in Newcastle and have found the exercise extremely useful. All trusts have offered lessons learnt which the team would pull together into a functional document for trust use. The team visited South Tees in March, ahead of their planned go-live in April/May. All Digital Midwives from the sites visited have offered support to NTH go-live.

**EDM2** – MediViewer and the day forward scanning service development now formally handed over to the Health Records Team as an operational service for continued rollout to the Trust, in line with the agreed scope. Final technical actions were complete mid-February 2023, enabling the Health Records Team to take down NHTop and decommission the end of life servers upon which it sits. A closure report presented to the EDM2 Project Board in February outlining lessons learned during the deployment and pilot in O&G and set the scope for EDM2 Phase 2. This included the final clinical safety report and sign off from the CSO. The remaining areas will be rolled out on a clinic by clinic basis by the health records team from March 2023; supported with four dedicated floorwalkers from the HR department who will be working alongside IMMJ Systems trainers. Pre go live planning has commenced in paediatrics to complete rollout in WCS.

**Imprivata phase 2** – the roll out of Imprivata (tap on tap off) to minimise the number of logins required has been rolled out across all ward areas.

**CareScan+** CareScan+ BAU Business Case presented to the Executive Team on 7th February 2022. Acknowledgment that CareScan+ is delivering benefits to the organisation and that a transition to BAU should be the future aim; however, no decision on further funding was agreed, as further analysis of the commercial opportunities is still required. New functionality provided to support secure user logons, plus environment hosting and generic Medical Device Information System (MDIS) data capture and submission went live in March 23, this new software release represents a significant step forward in the local product value and external market potential.

Endoscopy (UHNT) successfully went Live in February. They are scanning all procedures capturing all implantable medical devices and medical consumables, staff and patient details as well as CSSD procedure trays and any medical asset e.g. scopes used as part of the procedure. It is still early days in the adoption but initial feedback has been positive.

Derby and Burton NHS Foundation Trust have confirmed their senior team has approved the CareScan+ proof of concept within their Renal Unit and are now wishing to progress this subject to confirmation by each of our project Boards. The team are currently working with Scan4Safety colleagues at Derby to develop the project plan and agree timescales, success criteria etc.



## Appendix 2 – Capital Programme Financial Position as at 31<sup>st</sup> March 2023

### Capital Plan, Actual and Commitments

Reporting period: 1st April 2022 to 31st March 2023

	Annual Plan £'000's	YTD Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Commitments 2022/23 £'000
<b>CAPITAL PROGRAMME</b>					
<b>Internally Funded Schemes</b>					
<b>Estates Backlog</b>					
Building Sub Structure	1,989	1,989	2,869	(880)	82
Compliance	3,327	3,327	5,561	(2,234)	450
Energy Conservation	745	745	818	(73)	64
Patient Environment	850	850	2,977	(2,127)	155
Service Developments	5,461	5,461	366	5,095	35
<b>Estates Backlog Total</b>	<b>12,372</b>	<b>12,372</b>	<b>12,591</b>	<b>(219)</b>	<b>786</b>
<b>New Hospital support</b>					
New Hospital Support	150	150	187	(37)	2
<b>New Hospital Support Total</b>	<b>150</b>	<b>150</b>	<b>187</b>	<b>(37)</b>	<b>2</b>
<b>Robot Enabling Works</b>					
Robot Enabling Works	250	250	107	143	189
<b>Robot Enabling Works Total</b>	<b>250</b>	<b>250</b>	<b>107</b>	<b>143</b>	<b>189</b>
<b>Pathology Callaboration</b>					
Pathology Callaboration	1,000	1,000	1,376	(376)	1,154
<b>Pathology Callaboration Total</b>	<b>1,000</b>	<b>1,000</b>	<b>1,376</b>	<b>(376)</b>	<b>1,154</b>
<b>Medical Equipment</b>					
Medical Equipment	3,326	3,326	3,763	(437)	120
<b>Medical Equipment Total</b>	<b>3,326</b>	<b>3,326</b>	<b>3,763</b>	<b>(437)</b>	<b>120</b>
<b>IT</b>					
ICT	1,650	1,650	1,700	(50)	360
<b>IT Total</b>	<b>1,650</b>	<b>1,650</b>	<b>1,700</b>	<b>(50)</b>	<b>360</b>
<b>Service Developments</b>					
Contingency	1,525	1,525	(310)	1,835	0
Nurse Admission Hardware	141	141	146	(5)	16
TrakCare ITU Module	644	644	541	103	80
<b>Service Developments Total</b>	<b>2,310</b>	<b>2,310</b>	<b>377</b>	<b>1,933</b>	<b>96</b>
<b>Internally Funded Schemes Total</b>	<b>21,058</b>	<b>21,058</b>	<b>20,101</b>	<b>957</b>	<b>2,707</b>
<b>PDC Funded Schemes</b>					
<b>Community Diagnostic Centre</b>					
Community Diagnostic Centre	720	720	707	13	31
<b>Community Diagnostic Centre Funding</b>	<b>720</b>	<b>720</b>	<b>707</b>	<b>13</b>	<b>31</b>
<b>Digital Diagnostic Funding</b>					
Digital Radiology 22/23	209	209	254	(45)	0
Digital Pathology 22/23	208	208	151	57	0
<b>Digital Diagnostic Funding Total</b>	<b>417</b>	<b>417</b>	<b>405</b>	<b>12</b>	<b>0</b>
<b>Endoscopy Capital Investment</b>					
Endoscopy Capital Investment	196	196	182	14	0
<b>Endoscopy Capital Investment Total</b>	<b>196</b>	<b>196</b>	<b>182</b>	<b>14</b>	<b>0</b>
<b>TIF - Digital</b>					
TIF - Digital	50	50	0	50	0
<b>TIF - Digital Total</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>50</b>	<b>0</b>
<b>Cyber</b>					
Cyber Security	78	78	65	13	0
<b>Cyber Total</b>	<b>78</b>	<b>78</b>	<b>65</b>	<b>13</b>	<b>0</b>
<b>Endoscopy Academy Funding</b>					
Endoscopy Academy Funding	16	16	11	5	0
<b>Endoscopy Academy Funding Total</b>	<b>16</b>	<b>16</b>	<b>11</b>	<b>5</b>	<b>0</b>
<b>PDC Funded Schemes Total</b>	<b>1,477</b>	<b>1,477</b>	<b>1,370</b>	<b>107</b>	<b>31</b>
<b>IFRS16</b>					
IFRS16	176	176	226	(50)	0
<b>IFRS16 Total</b>	<b>176</b>	<b>176</b>	<b>226</b>	<b>(50)</b>	<b>0</b>
<b>CDEL TOTAL</b>	<b>22,711</b>	<b>22,711</b>	<b>21,697</b>	<b>1,014</b>	<b>2,738</b>
<b>CDEL TOTAL</b>	<b>22,711</b>	<b>22,711</b>	<b>21,697</b>	<b>1,014</b>	<b>2,738</b>
<b>DONATED ASSETS</b>					
<b>Donated</b>					
Donated	399	399	109	290	135
<b>Donated Total</b>	<b>399</b>	<b>399</b>	<b>109</b>	<b>290</b>	<b>135</b>
<b>Digital Pathology</b>					
Digital Pathology	0	0	(51)	51	0
<b>Digital Pathology Total</b>	<b>0</b>	<b>0</b>	<b>(51)</b>	<b>51</b>	<b>0</b>
<b>DONATED ASSETS TOTAL</b>	<b>399</b>	<b>399</b>	<b>58</b>	<b>341</b>	<b>135</b>
<b>GRAND TOTAL</b>	<b>23,110</b>	<b>23,110</b>	<b>21,755</b>	<b>1,355</b>	<b>2,873</b>

# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors - Public

Title:	2023/24 priorities and operational planning guidance									
Date:	27 April 2023									
Prepared by:	Lindsey Wallace – Deputy Director of Planning and Performance									
Executive Sponsor:	Linda Hunter - Director of Planning and Performance									
Purpose	The purpose of this report is to update the Board of Directors on the recovery plan element of the annual submission in response to the 2023/24 priorities and operational planning guidance.									
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	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The purpose of this report is to update the Board of Directors on the recovery plan element of the annual submission made in response to the 2023/24 priorities and operational planning guidance.</p> <p>A submission was required from each Trust in regard to finance, recovery and workforce, responding to both a draft submission in February and a final submission on 22nd March 2023. All submissions were made in line with the prescribed deadline.</p> <p>The 2023/24 priorities and operational planning guidance was published on 23<sup>rd</sup> December 2022, various additional documents were published through the course planning round that supported both the draft and final plan.</p> <p>There are three key tasks for delivery in 2023/24;</p> <ul style="list-style-type: none"> <li>• Recover our core services and productivity</li> <li>• Make progress in delivering the key ambitions in the Long Term Plan</li> <li>• Continuing to transform the NHS for the future.</li> </ul> <p>The submission made on the 4-hour standard is reflective of an improved position reporting at 82%, shifting to a 90% compliance by March 2024. Trust occupancy is required to be an average of 92% across the year.</p> <p>The requirement of the organisation this year is to deliver activity at 111% in support of a system delivery at 109%.</p> <p>The impact upon cancer pathways has also seen some significant demand with specialities seeing over a 30% increase in demand for the service. The organisation continues to drive to achieve the national standards and is currently reporting achievement of 6 out of the 9 standards (as at February 2023). The back log continues to report in line with the national requirements to remain below 10%.</p> <p>Diagnostics compliance continues to improve with a requirement within the guidance to achieve 95% of patients receiving their diagnostic within 6 weeks.</p>										

Outpatients continues to be a focus in regard to the reduction of review appointments through the principles of patient initiated follow ups together with the development of a potentially more productive delivery model through the use of virtual clinic. The Trust submission was to reduce by 15% rather than the 25% given the demand on service. We are in line with the rest of the region in regard to this aspect.

A request has been made for a further submission to made by 4<sup>th</sup> May, further information is awaited in regard to requirements, which are expected to be outlined in a regional call on 21<sup>st</sup> April.

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

Strategic financial risks have been reported to the Planning, Performance & Compliance Committee on a monthly basis during 2022/23 along with the associated mitigating actions.

The four strategic risks are identified below and will be reconsidered as part of a refreshed BAF for 2022/23.

- Recover compliance and performance
- Risk of delays to patients waiting from referral to treatment and not recovering against plan
- Risk of delays to patients on a cancer pathway and not recovering against plan
- Risk of delays to patients waiting for Diagnostic tests and not recovering against plan

Committees/groups where this item has been discussed

N/A

Recommendation

The Board of Directors is asked to:

- Note the content of the report;
- Acknowledge the trajectories submitted as part of the plan
- Acknowledge the requirement for a further submission in May 2023.

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27<sup>th</sup> April 2023

### 2023/24 priorities and operational planning guidance

#### Report of the Director of Planning & Performance

#### 1.0 Introduction

- 1.1 The purpose of this report is to update the Board of Directors on the recovery plan element of the annual submission made in response to the 2023/24 priorities and operational planning guidance.
- 1.2 A submission was required from each Trust in regard to finance, recovery and workforce, responding to both a draft submission in February and a final submission on 22<sup>nd</sup> March 2023. All submissions were made in line with the prescribed deadline.
- 1.3 The finance plan is outlined in a separate paper presented to Board of Directors as part of the agenda.

#### 2.0 National Objectives for 2023/24

##### Background & Context

- 2.1 The 2023/24 priorities and operational planning guidance was published on 23<sup>rd</sup> December 2022, various additional documents were published through the course planning round that supported both the draft and final plan.
- 2.2 There are three key tasks for delivery in 2023/24;
  - Recover our core services and productivity;
  - Make progress in delivering the key ambitions in the Long Term Plan; and
  - Continuing to transform the NHS for the future.
- 2.3 The guidance also outlines the delivery of the goals of the NHS Long Term plan as our 'North Star'. The transformation approach focuses on the effective management of long term conditions to improve population health with the publication of a NHS Long Term workforce plan due Spring time. The digital first approach fundamentally underpins the continuous improvement approach.
- 2.4 Recovering our core services and productivity continues to be the theme outlined in the new guidance building on the foundations outlined in the previous guidance from 2022/23, with the focus split over three key areas:-

##### To improve patient safety, outcomes and experience we must: -

- Improve ambulance response times
- Improve A&E waiting times
- Reduce elective long waits
- Reduce Cancer backlogs
- Improve performance against core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice

**Our people are key to delivering these objectives by: -**

- Improving staff retention
- Improving staff attendance
- Systematic focus on the NHS People Promise

**Narrow health inequalities in: -**

- Access including access to services for children and young people
- Outcomes
- Experience
- Maintain quality and safety especially in Midwifery

**3.0 Response to recovery**

3.1 A draft plan with supporting narrative was submitted in February with the final submission on 22nd March.

3.2 The final recovery submission responded to all the specific requirements and metrics outlined in our core services and productivity in regard to acute and community delivery.

**3.3 Patient flow and experience**

3.3.1 Following a number of years of being part of the field test, not requiring reporting on the 4-hour standard, the organisation is now required to reinstate reporting against the 4-hour standard with the national achievement of 76%. We are currently achieving this standard.

3.3.2 Trust occupancy is required to be an average of 92% across the year supporting improved patients flow throughout the organisation and of course support an improvement of the 4-hour standard. Further work aligned to the operating model is underway to ensure the delivery of this target

**3.4 Elective recovery**

3.4.1 The continued need to increase levels of activity continues in order to address the backlog and increased demand seen across the organisation for our services.

3.4.2 The organisation has seen activity into the organisation on average at 110% of the 2019/20 levels, with a continued delivery of elective activity over the required 104% for 2022/23. The requirement of the organisation this year is to delivery activity at 111% in support of a system delivery at 109%.

3.4.3 The elimination long waiters continue from 2022/23, with the requirement to eliminate over 78 week waiters, shifting 65 weeks in 2023/24. The Trust currently has no patients waiting over 78 weeks and has a trajectory of no patients waiting over 65 weeks by March 2024.

**3.5 Cancer**

3.5.1 The impact upon cancer pathways has also seen some significant demand with specialities seeing over a 30% increase in demand for the service. The organisation continues to drive to achieve the national standards and is currently reporting achievement of 6 out of the 9 standards (as at February 2023). The backlog continues to report in line with the national requirements to remain below 10%.

**3.6 Diagnostics**

3.6.1 Diagnostics compliance continues to improve with a requirement within the guidance to achieve 95% of patients receiving their diagnostic within 6 weeks. The support of additional activity through the Community Diagnostic Centres, additional Endoscopy sessions together with an improved trajectory in regard to Non obstetric Ultrasound ensures the delivery of these targets.

### **3.7 Outpatients**

3.7.1 Outpatients continues to be a real focus in regard to the reduction of review appointments, requiring a reduction of 25%, through the principles of patient initiated follows up together with the development of a potentially more productive delivery model through the use of virtual clinic, whether this be phone or video appointments. The Trust submission was to reduce by 15% rather than the 25% given the demand on service. We are in line with the rest of the region in regard to this aspect.

### **4.0 Further Submission**

4.1 A request has been made for a further submission to be made by the system by 4<sup>th</sup> May, with provider submissions by 26<sup>th</sup> April, further details of requirements are expected to be outlined in a regional call on 21<sup>st</sup> April.

### **5.0 Risk**

5.1 Strategic financial risks have been reported to the Planning, Performance & Compliance Committee on a monthly basis during 2022/23 along with the associated mitigating actions.

5.2 The four strategic risks are identified below and will be reconsidered as part of a refreshed BAF for 2022/23.

- Recover compliance and performance
- Risk of delays to patients waiting from referral to treatment and not recovering against plan
- Risk of delays to patients on a cancer pathway and not recovering against plan
- Risk of delays to patients waiting for Diagnostic tests and not recovering against plan

5.3 A full review of the Board Assurance Framework will be undertaken for 2023/24 to ensure causes of risk are identified that may prevent the Trust from delivering its strategic objectives.

5.4 The plan does reflect the impact of any industrial action that has or will take place during this financial year.

### **6.0 Conclusion**

6.1 The Trust has submitted a plan that addresses the ask with the exception of the outpatient review appointment decrease.

6.2 A further submission is to be made by 26<sup>th</sup> April to support regional submission on 4<sup>th</sup> May, which is being collated and worked through now triangulating with the finance and workforce submissions.

### **7.0 Recommendation**

7.1 The Board of Directors is asked to;

- Note the content of the report;
- Acknowledge the requirement for a further submission in May 2023

## Board of Directors – Public

Title	Revenue & Capital Budget Setting Paper – 2023/24								
Date	27 April 2023								
Prepared by	Stuart Irvine, Deputy Director of Finance								
Executive Sponsor	Neil Atkinson, Managing Director								
Purpose of the report	The purpose of this report is to update the Board of Directors on the proposed financial arrangements and the progress of the budget setting arrangements for 2023/24.								
Action required	Approve	X	Assurance	X	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	X	Responsive		Well Led

### Executive Summary and the key issues for consideration/ decision

**Background**

The content of this report is consistent with the detail contained in the financial plan that was presented to the Finance Committee on 24<sup>th</sup> April 2023 and sets out progress to date, key issues and proposed actions.

The Trust has undertaken a robust budget setting exercise, which followed the NHS finance and operational planning guidance for 2023/24. The process for 2023/24 was consistent with 2022/23, which was a transition from national interim financial arrangements, back to fair share allocations. The impact of which is the continuation of a significant reduction in non-recurrent funding.

The system financial envelope has been set at an ICB level for 2023/24 and in accordance with the Health & Care Act 2022, the ICB is legally required to achieve overall financial balance at the end of each financial year.

**Financial Plan 2023/24**

The Trust has submitted a number of versions of a draft financial plan for 2023/24 as the ICB aims to reduce the overall deficit in the system. The Trust submitted a final version of the financial plan on 30<sup>th</sup> March 2023 to deliver a deficit of £4.381m. The deficit is primarily as a result of inflationary pressures relating to utility costs (energy). This position has now improved to an overall breakeven position due to assumptions in respect of additional excess inflation income and an increased savings requirement.

**CIP**

Across the ICB, there was a requirement to apply a CIP target of 4%, which equated to £16.7m. This will be a significant challenge to deliver but must be delivered to support the delivery of the planned deficit in 2023/24 and to support limited internal service developments in 2023/24. Due to the move to a breakeven plan, this has now increased to £20.7m or 5.3%.

## Capital Programme

The Trust has an overall capital plan of £41.7m (which reflects the Board approved Estate Strategy) and includes capital for the Community Diagnostic Centre, IFRS16 and Donated Assets.

The Trust's agreed ICB CDEL limit for 2023/24 is £17.315m and does not include national PDC in respect of the Community Diagnostic Centre.

## Risks

From a strategic perspective, the key risks are as follows and will be fully considered as part of the Board Assurance Framework refresh for 2023/24.

- Wider Health Economy Issues (ICP/ICS);
- Contract Performance (operating under block arrangements);
- Cost containment (control total);
- Delivery of savings (CIP);
- Trust subsidiaries (operation and separate legal entities); and
- Trust's Ageing Estate

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

- The key risks set out in this paper are covered by the risks set out in the Board Assurance Framework (section 3C). This will be updated as part of the refreshed for 2023/24.

Committees/groups where this item has been discussed

The report has been presented to the Executive Team and Finance Committee.

Recommendation

The Trust Board are asked to;

- Note the content of the report;
- Approve the draft capital and revenue budgets for 2023/24;
- Approve the breakeven plan for the Trust in 2023/24;
- Support the Trust in working with the ICB Executive Director of Finance to work as a collective system with a view to achieving a breakeven position across the ICS.

Next steps for presentation e.g. Board Committee/Board meeting

N/A.



# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27 April 2023

### 2023/2024 Capital & Revenue Budgets

#### Report of the Managing Director

#### 1.0 Introduction

- 1.1 The purpose of this report is to update the Board of Directors on the proposed financial arrangements and the progress of the budget setting arrangements for 2023/24.
- 1.2 The content of this report is consistent with the detail contained in the Financial Plan that was presented to the Finance Committee (24<sup>th</sup> April 2023) and sets out progress to date, key issues and proposed actions.
- 1.3 The report provides an update on the planning guidance and financial envelopes for 2023/24 and presents the latest Trust financial plan and requests both approval and submission of the final plan to NHSE.
- 1.4 The Trust remains committed to ensuring the organisation continues the journey towards being financially stable and sustainable in the long term, as well as continuing to support the wider system financial position.

#### 2.0 Financial Arrangements for 2023/24

##### Background & Context

- 2.1 The NHS finance and operational planning guidance for 2023/24 was published on 23<sup>rd</sup> December 2022, which was subsequently followed by a number of iterations and resulted in variations of financial plans being submitted during February and March 2023, with the final plan being submitted on 30<sup>th</sup> March 2023.
- 2.2 The planning assumptions set out in the guidance were based on the new ways of working, as set out in the NHS Operating Framework and the acknowledgement of the continuing complexity and pressure the NHS is facing. Following approval Health & Care Act 2022, this also requires the Integrated Care System (ICS) to deliver a balanced financial position at the end of the financial year, which is a legal duty and an individual and collective responsibility.
- 2.3 There are three key tasks for delivery in 2023/24;
  - Recover our core services and productivity;
  - Make progress in delivering the key ambitions in the Long Term Plan, and;
  - Continuing to transform the NHS for the future.
- 2.4 These tasks are set, based on 3 principles;
  - That we will set a smaller number of focused national targets.
  - That we will develop a new local / national partnership with more empowered and accountable systems; and
  - That NHSE will shift away from focusing on the 'how', to the 'why' and 'what'.
- 2.5 The financial funding and planning framework is as follows;
  - The Autumn Statement 2022 announced an extra £3.3bn in 2023/24 and 2024/25, for the NHS to respond to the significant pressure it is facing.

- NHS England issued two-year funding allocations for 2023/24 and 2024/25.
- In 2022/23, a three-year capital allocation was issued (2022/23 to 2024/25) and capital planning is based on the 2023/24 capital allocation (which remains unchanged). An additional £300m of capital allocations will be made available in 2023/24, with funding prioritised to systems that deliver on agreed budgets for 2022/23.
- The new NHS Standard Contracts were reintroduced in 2023/24 and agreed income between providers and the Integrated Care Board, were underpinned by a contract mandate, which is now included in the contracts, which were required to be signed by 31<sup>st</sup> March 2023.
- To simplify the approach to previous financial frameworks by allocating Financial Recovery Funding (FRF) to Integrated Care Boards (ICB) system allocations and through the implementation of a single convergence approach for both commissioners and providers. The later effectively merges Trust Financial Improvement Trajectories (FIT) and CCG Distance from Target (DfT) approaches;
  - To move Integrated Care Boards back towards a fair distribution of resource i.e. a pre-pandemic allocation approach.
  - For system envelopes to continue to be the key unit for financial planning purposes with collaboration across Foundation Trusts, and the wider ICB. It is important to note, that system envelopes have been set at an ICB level and disaggregated.
  - The South ICP encompasses the following organisations:
    - North Tees & Hartlepool FT;
    - South Tees FT;
    - Tees, Esk & Wear Valley FT, and;
- The key financial duty is for the system to break-even across the North East & North Cumbria ICB, under the Health & Care Act 2022.

### **3.0 NENC ICB Principles for Financial Planning**

3.1 As part of the planning process for 2023/24, the ICS Directors of Finance agreed a number of financial planning principles;

- Ensure that the best outcomes for the patient are at the heart of all decision making, encompassing all issues re patient safety, prevention, population health and improving health outcomes, and reducing health inequalities
- Keep it simple – retain the benefits from the pandemic arising from block arrangements and ICP system relationships.
- Collective responsibility to improving relationships at all times, holding each other to account and maintaining respectful behaviours.
- Maintaining finance and service stability.
- Truly open and transparent approach, being clear of funding streams and assuming only one funding stream.
- Collectively together, we can do more for patients but not holding back where we can go further faster.
- Management of system control totals during the 2023/24 planning process to be based around ICP structures to make use of existing well-established relationships, and provide stability.

- Organisations should ensure that financial risks are identified at the earliest opportunity and the detail shared amongst all partners to ensure risks are fully understood and managed collaboratively.
- To support this, organisations will commit to full disclosure of finance and activity information in an open and transparent manner.
- Keeping it affordable and not committing or investing funds we have not got to ensure system remains in balance.

#### 4.0 Inflation

- 4.1 The cost uplift factor used in the allocations and tariff prices was based on the published estimate of the 2023/24 GDP deflator, published at the end of December 2022.
- 4.2 Since the calculation and publication of the planning guidance there has been further economic and political events that have significantly impacted on inflation expectations.
- 4.3 The impact of inflation (specifically, utility costs) has had a significant impact on the Trust's financial plan and is the key driver of the original deficit plan.

#### 5.0 Financial Planning – 2023/24

- 5.1 Draft financial plans were required to be submitted to NHSE during February and March 2023, with the final version of the plan being submitted on 30<sup>th</sup> March 2023.
- 5.2 The Trust has submitted its final plan in accordance with the NE&NC timescales.

#### 6.0 Medium Term Financial Plan

- 6.1 The Trust previously had a medium term financial plan that covered the period 2018/19 to 2022/23. This was significantly impacted by the Covid-19 pandemic and the national funding arrangements. Following the revenue allocation for 2023/24 and 2024/25, this is an area of focus for the Trust and also the wider ICS.
- 6.2 Financial planning typically starts in August and the rationale for the early start to planning would be two-fold:
- Firstly, by starting in August it allows the Care Group and Corporate Directorates 'Control Totals' to be incorporated into the Trust's annual business planning process and the system wide long-term plan submission, and;
  - Secondly, and early start date would allow for any issues to have a timely resolution.
- 6.3 In recent years, the Trust has significantly improved its financial trajectory. The financial plan for 2023/24 demonstrates how the Trust will continue to deliver on the following principles:

Principle	Aim
Stability	Despite the planned deficit, strive to deliver ahead of plan in 2023/24 to improve the underlying position and deliver cash for continued capital renewal and re-investment.
Sustainability	Return the Trust to a recurrent surplus position.
Use of Resources	Achieve an overall improved risk rating for Use of Resources (good).
Service Investment	Continue to fund the financial implications of the capital plan.
Risk Management	Effectively manage any downside risk.
System Working	Continue to positively contribute to the ICB, like we did in

Principle	Aim
	2022/23.

- 6.4 The Trust has prepared a draft financial plan which is consistent with current financial performance and run rate expenditure, with a significant CIP challenge in 2023/24 and this will require a robust plan for delivery and commitment from care groups and corporate areas in order to deliver the financial plan.
- 6.5 This plan is in keeping with the Trust's ambition to return to breakeven with the Trust aiming to reinforce its commitment to returning to recurrent financial balance.
- 6.6 Like most health economies, significant financial challenges are faced by the local NHS. The Commissioner and Trusts within the ICP have agreed to work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2023/24. The Trust is confident that it can support the system in this manner and continue to subscribe to its financial plan for 2023/24.
- 6.7 A summary of the Trust's financial plan for 2023/24 is shown below in Figure 1:

Figure 1: *Summary Income & Expenditure Position (2023/24):*

North Tees & Hartlepool NHS FT (submitted April 2022)	£m
Income from patient care activities	360,184
Other operating income	27,802
<b>Total Income</b>	<b>387,986</b>
Pay Expenditure	262,057
Non-pay Expenditure	123,772
<b>Total Operating Expenditure</b>	<b>385,829</b>
Operating Surplus	2,157
Post EBITDA items	-2,157
<b>Breakeven</b>	<b>0</b>

## 7.0 ICB Capital

- 7.1 The ICB has been allocated a three year CDEL capital allocation for 2022/23 through to 2024/25. The ICB capital allocation for 2023/24 is £198.4m.

## 8.0 Trust Capital Programme 2023/24

- 8.1 The Trust has an overall capital plan of £41.7m (which reflects the approved Estate Strategy).
- 8.2 The Trust's ICB CDEL allocation is £17.315m and excludes capital for CDC, IFRS16 and Donated Assets. The plan continues to include planning for a new hospital re-development via an OBC.
- 8.3 The capital programme is funded through a combination of internally generated depreciation, cash carried forward from 2022/23 and external funding associated with specific programmes of work.

## 9.0 Risk

- 9.1 Strategic financial risks have been reported to the Finance Committee on a monthly basis during 2022/23 along with the associated mitigating actions.

9.2 The six strategic risks are identified below and will be reconsidered as part of a refreshed BAF for 2022/23.

- Wider Health Economy Issues (ICP/ICS);
- Contract Performance (operating under block arrangements);
- Cost containment (control total);
- Delivery of savings (CIP), and;
- Trust subsidiaries (operation and separate legal entities)
- Trust's Ageing Estate

9.3 A full review of the Board Assurance Framework will be undertaken for 2023/24 to ensure causes of risk are identified that may prevent the Trust from delivering its strategic objectives. It is likely that the red risks relating to Delivery of Savings and Trust' Ageing Estate will continue in to 2023/24.

## **10.0 Conclusion**

10.1 The Trust is planning to deliver an overall breakeven position in 2023/24.

10.3 Revenue budgets by Care Group and Corporate Directorate have been produced.

10.4 Capital Budgets have been produced.

10.5 The Board of Directors is asked to note the contents of the paper and approve the Care Group and Corporate Directorate Control Totals which are based on a break-even position.

## **11.0 Recommendation**

11.1 The Board of Directors is asked to;

- Note the content of the report;
- Approve the breakeven plan for the Trust in 2023/24;
- Approve the draft capital and revenue budgets for 2023/24;
- Support the Trust in working with the ICB Executive Director of Finance to develop a plan to achieve breakeven across the ICS.

# North Tees and Hartlepool NHS Foundation Trust

## Board of Directors

Title of report:	Data Protection and Cyber Assurance - <b>Interim Position Report</b>										
Date:	27/04/2023										
Prepared by:	Neil Dobinson, Data Protection Officer (DPO)										
Executive Sponsor:	Gillian Colquhoun, Chief Information Technology Officer/SIRO										
Purpose of the report	The purpose of this report is to provide an interim update to the Trust Board of Directors relating to the range of Information Governance (IG) and cyber security activities within the Trust.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported	Putting Patients First	X	Valuing our People		Transforming our Services		Health and Wellbeing				
CQC Standards	Safe	X	Caring		Effective	X	Responsive	X	Well Led		X
Executive Summary and the key issues for consideration/ decision:											
<p>The purpose of this report is to provide the board of directors with a mid-year update on Trusts Data Protection (IG) and Cyber Security agenda and to provide assurance to the on-going and planned activities within the Trust in regards to its Data Security Protection Toolkit (DSPT) readiness which underpins these activities in advance of the 30<sup>th</sup> June 2023 DSPT submission deadline.</p> <p><b>Baseline Assurance Position 2022/23</b> - The Trust this year were mandated to submit a DSPT baseline position to NHSE by the 28<sup>th</sup> February 2023 – the Trusts submission showed that the Trust had submitted completed evidence for 102 of the 113 mandatory evidence items or 90% complete at the midpoint.</p> <p>This is an increase on last year’s baseline submission position of 78%, this reflects the embedded processes that the Trust has already implemented to continue to ensure that data protection and cyber security remain a day-to-day operational priority.</p> <p>The current position at the time of this report is that 109 of the 113 evidence items are complete (96.4%), therefore based on this baseline submission and the current position, the Trust remains on plan to complete the full assurance submission by 30 June 2023, subject to the following identified DSPT risks:</p> <ul style="list-style-type: none"> <li>• <b>DSPT Risk 1:</b> Non-compliance with the minimum 95% completion by staff of the Data Security Mandatory Training within the year (See Datix Risk ID 5818 – High).</li> <li>• <b>DSPT Risk 2:</b> Risk the independent audit report scheduled in May 2023 may highlight actions that are not able to be completed by the DSPT submission date of the 30<sup>th</sup> June 2023.</li> </ul> <p><b>Data Protection Risks</b> Risks are managed via the Datix risk register and are reported into, and reviewed by, the Information Management and Information Governance (IMIG) Committee. These risks are reviewed, analysed/themed and where appropriate, corrective actions agreed and implemented.</p> <p>Top 3 Key IG risk themes:</p> <ul style="list-style-type: none"> <li>• Compliance with data security training (High)</li> <li>• Paper correspondence and records</li> <li>• Compliance with policy and procedure</li> </ul>											

# North Tees and Hartlepool NHS Foundation Trust

## Incident reporting

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

Incidents deemed to be of a high risk are reportable to the Information Commissioners Office (ICO) via the Data Security Protection Toolkit within 72 hours of being reported to the Trust.

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy. To date the Trust has reported three incidents to the ICO during the 2022/23 DSPT reporting period, a reduction from the previous year of one. All reported incidents have since been closed by the ICO with no further action.

## Cyber Security Update

In light of recent global events and in line with National Cyber Security Centre advice the NHS focus on Cyber security and threats has rightly been shifted back up the agenda. The Trust continues to provide assurance on the key items highlighted as priority for NHS organisations in the *NHS Operational Instructions & Advice on Improving cyber security resilience*:

- **Patching** – The Trust has provided assurance in DSPT assertion 8.3.2
- **Access control** - The Trust has provided assurance in DSPT assertion 4.5.3
- **Monitoring** - The Trust has provided assurance in DSPT assertion 8.3.5
- **Backups** - The Trust has provided assurance in DSPT assertion 7.3.5
- **Incident response and Business continuity planning** - The Trust has provided assurance in DSPT assertion 7.2.1 and further testing is scheduled
- **Awareness** - The Trust has provided assurance in DSPT assertion 3.3.1 and further activities are planned

## Cyber Security Risks

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

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

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

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

Provides an interim assurance position as to the compliance of data protection and information security frameworks to which the Trust operates.

Committees/groups where this item has been discussed

- Information Management and Information Governance Committee (IMIG)
- Digital strategy Group (DSG)

Recommendation

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

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27 April 2023

### Data Protection and Cyber Assurance Interim Position Report 2022/23

#### Mid-year report of the Senior Information Risk Owner (SIRO) & Data Protection Officer (DPO)

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

Maintain compliance and performance  
Putting Patients First / Patient Safety

#### **Strategic Objective** (*The full set of Trust Objectives can be found at the beginning of the Board Reports*)

Maintain Compliance and Performance  
Putting Patients First / Patient Safety

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

The purpose of this report is to provide the board of directors with a mid-year update on Trusts Data Protection (IG) and Cyber Security agenda and to provide assurance to the on-going and planned activities within the Trust in regards to its Data Security Protection Toolkit (DSPT) readiness which underpins these activities in advance of the 30<sup>th</sup> June 2023 DSPT submission deadline.

An independent audit of the DSPT is currently underway and the draft report is due for publication in early May 2023 in advance of the June final submission. Consequently, the SIRO and DPO are not yet in a position to offer the board a completed assurance position for 2022/23, however, it is expected that following the submission of the DSPT in June 2023 a full SIRO and DPO report will be commissioned and presented to the board for full assurance purposes.

#### **2. Current Assurance Position (DSPT 2021/22)**

As a reminder of the Trusts current state we can offer assurance on the Trusts position as at the last submission which was made on the 23rd June 2022.

The Trust submitted its DSPT submission on the 23 June 2022. The Trust has self-assessed compliance with all 10 standards and all 110 mandatory evidence items were evidenced, meeting all mandatory assertions; therefore, the Trust scored as all 'Standards Met' for the 2022 DSPT.



# North Tees and Hartlepool NHS Foundation Trust

The 2022 DSPT was also subject to external audit, a sample of thirteen of the mandatory assertions taken across the ten standards were audited by External Audit (Audit One) during May 2022 prior to the DSPT submission. The Trusts overall assessment scored as '**Substantial**' across all 10 National Data Guardian Standards and against the criteria for independent veracity of the Trusts self-assessment. The Trust received no recommendations or actions as a result of the independent audit.

## 3. Baseline Assurance Position 2022/23

The Trust this year were mandated to submit a DSPT baseline position to NHSE by the 28<sup>th</sup> February 2023 – the Trusts submission showed that the Trust had submitted completed evidence for 102 of the 113 mandatory evidence items or 90% complete at the midpoint.

This is an increase on last year's baseline submission position of 78%, this reflects the embedded processes that the Trust has already implemented to continue to ensure that data protection and cyber security remain a day-to-day operational priority.

The current position at the time of this report is that 109 of the 113 evidence items are complete (96.4%), therefore based on this baseline submission and the current position, the Trust remains on plan to complete the full assurance submission by 30 June 2023, subject to the following identified DSPT risks:

- **DSPT Risk 1:** Non-compliance with the minimum 95% completion by staff of the Data Security Mandatory Training within the year (See Datix Risk ID 5818 – High)
  - **Consequence:** Without compliance the Trust is unable to submit a fully compliant DSPT submission for 2022/23
  - **Current Position:** As at 31 March 2023 the Trust is at 88% compliance which is a lower position than previous years at this point.
  - **Action:** The Trust must achieve 95% by 30 May 2023 in advance of June submission, board support for this mandatory training activity is requested in order to ensure that this target is achieved.
  
- **DSPT Risk 2:** Risk that the independent audit report scheduled in May 2023 may highlight actions that are not able to be completed by the DSPT submission date of the 30<sup>th</sup> June 2023.
  - **Consequence:** Without compliance the Trust is unable to submit a fully compliant DSPT submission for 2022/23
  - **Current Position:** All evidence submitted to audit and awaiting draft audit report

# North Tees and Hartlepool NHS Foundation Trust

## 4. Data Protection Risks

Risks are managed via the Datix risk register and are reported into, and reviewed by, the Information Management and Information Governance (IMIG) Committee. These risks are reviewed, analysed/themed and where appropriate, corrective actions agreed and implemented.

Risk Rating	April 2023
High	1
Moderate	6
Low	7
Very Low	2
<b>TOTAL</b>	<b>16</b>

Top 3 Key IG risk themes:

- Compliance with data security training (High)
- Paper correspondence and records
- Compliance with policy and procedure

## 5. Data Protection by Design

The Trust continues to see a strong compliance and 'buy-in' from within Care Groups with 'Data protection by design' principles, this is reflected in the number of new Data Protection Impact Assessments (DPIA's) which have been submitted since the last report for projects meeting the mandatory criteria.

At the time of this report the Trust IG team currently has seven DPIA's either under review with IG and or pending approval from the DPO.

## 6. Incident reporting

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

All incidents are graded using the NHS Digital breach assessment criteria and the Trust risk assessment tool according to the significance of the breach and the likelihood of those serious consequences occurring. The incidents are also graded according to the impact on the individual or groups of individuals rather than the on the Trust. Those incidents deemed to be of a high risk are reportable to the Information Commissioners Office (ICO) via the Data Security Protection Toolkit within 72 hours of being reported to the Trust.

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy. To date the Trust has reported three incidents to the ICO during the 2022/23 DSPT

## North Tees and Hartlepool NHS Foundation Trust

reporting period a reduction from the previous year of one. All reported incidents have since been closed by the ICO with no further action.

Incident ID	Reported Date	Brief Description	Outcome
31558	09/03/2023	Disclosure of personal data in error caused by non-compliance with Trust policy – Impact on one data subject	<ul style="list-style-type: none"> <li>• Incident closed by ICO</li> <li>• Additional staff training given / procedures reviewed</li> <li>• Low risk of harm</li> </ul>
31203	09/02/2023	Physical theft of personal data (paper) from secure Trust premises with potential for disclosure of limited personal data - Impact on up to 18 data subjects	<ul style="list-style-type: none"> <li>• Incident Closed by ICO</li> <li>• Security procedures reviewed</li> <li>• Data subjects informed</li> <li>• Low risk of harm</li> </ul>
29111	17/08/2022	Unauthorised sharing of data by staff member. Non-compliance with Trust policy – Impact on one data subject	<ul style="list-style-type: none"> <li>• Incident Closed by ICO</li> <li>• HR disciplinary actions as per policy</li> <li>• Additional staff training given</li> <li>• Low risk of harm</li> </ul>

In order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred key actions have been undertaken, a summary of which will be provided in the full final assurance report.

### 7. Cyber Security Update

In light of recent global events and in line with National Cyber Security Centre advice the NHS focus on Cyber security and threats has rightly been shifted back up the agenda. The Trust continues to provide assurance on the key items highlighted as priority for NHS organisations in the *NHS Operational Instructions & Advice on Improving cyber security resilience*:

- **Patching** – The Trust has provided assurance in DSPT assertion 8.3.2
- **Access control** - The Trust has provided assurance in DSPT assertion 4.5.3
- **Monitoring** - The Trust has provided assurance in DSPT assertion 8.3.5
- **Backups** - The Trust has provided assurance in DSPT assertion 7.3.5
- **Incident response and Business continuity planning** - The Trust has provided assurance in DSPT assertion 7.2.1 and further testing is scheduled
- **Awareness** - The Trust has provided assurance in DSPT assertion 3.3.1 and further activities are planned

# North Tees and Hartlepool NHS Foundation Trust

The SIRO will provide a further update including actions and requirements derived from the planned cyber security test exercises in the full SIRO report.

## 7.1 Cyber Security Risks

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

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

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

**Gillian Colquhoun**  
**Chief Information and Technology Officer/SIRO**

**Neil Dobinson**  
**Data Protection Officer (DPO)**

## Board of Directors

Title of report:	NHS Staff Survey North East and Yorkshire 2022											
Date:	27 April 2023											
Prepared by:	Louise Samuel, People Development Lead											
Executive sponsor:	Susy Cook, Chief People Officer / Director of Corporate Affairs											
Purpose of the report	This report provides an overview of the North East and Yorkshire comparative data for the NHS Staff Survey providing a further benchmarking opportunity and highlights the Trust successes.											
Action required:	Approve			Assurance			Discuss		x	Information		x
Strategic Objectives supported by this paper:	Putting our Population First			Valuing People		x	Transforming our Services			Health and Wellbeing		x
Which CQC Standards apply to this report	Safe	x	Caring		Effective		Responsive	x	Well Led		x	
Executive Summary and the key issues for consideration/ decision:												
<p>The report provides an overview of the NHS Staff Survey for all Trusts which are part of the North East and Yorkshire this includes acute and acute and community, Ambulance Trusts, community Trusts and mental health and learning disability Trusts. In the North East and Yorkshire there are 33 Trusts are the report updates on the average scores along with our trust position in relation to all of the Trusts.</p> <p>Of the nine staff survey themes we are above the regional average for all themes. For eight of these themes we are in the top five of our comparative group which is acute and acute and community Trusts. Out of the thirty three Trusts included we are in the top ten for eight out of nine themes. Areas to celebrate are Staff Morale within the overall grouping we were in the top five of all Trusts against a backdrop of continued pressure. Another area is We are safe and healthy which the trust was sixth demonstrating the continued focus on supporting staff health and wellbeing.</p>												
How this report impacts on current risks or highlights new risks:												
5573 – Not having appropriate levels of staff with the right skills to deliver safe services												
Committees/groups where this item has been discussed												
Recommendation	The Board are requested to acknowledge the contents of this paper as presented.											

## Meeting of the Board of Directors

27 April 2023

### NHS Staff Survey North East and Yorkshire 2022

#### 1. Introduction/Background

1.1 Participation in the annual NHS Staff Survey is a mandatory requirement for all NHS organisations. NHS England sets the framework and questions for the survey and we commission a provider to manage the survey for us. The survey was issued to staff substantively employed by North Tees and Hartlepool using a full electronic method of delivery. The survey was open from September to November 2022.

1.2 The 2022 survey asked 88 questions which were categorised into the People Promise themes. This report sets out our organisation results compared to organisations within the North East and Yorkshire and compares our results to acute and acute community combined trusts. The report provides a different lens with which to view the data obtained from Staff Survey, it expands the comparative Trusts to twenty two acute and acute and community combined trusts which is our comparative grouping. The report also provides an overview for community, mental health and learning disability, and ambulance Trusts.

#### 2. Main content of report

2.1 The report highlights the regional response rate declined by 3.1% with average response rate 45.2%, we achieved 50%.

2.2 Table 1 provides an overview of the People Promise elements with regional average, the highest score, Trust score and the ranking out of twenty two acute and acute and community combined Trusts which is our comparative grouping. It is positive to note that in all nine themes we are above the regional average. For eight of the nine themes we are in the top five for the comparative grouping. Within the report there are thirty three organisations included which are acute and acute and community Trusts. Ambulance Trusts, community Trusts and mental health and learning disability Trusts. Of these thirty three Trusts we are in the top ten for eight out of the nine themes. Our position within the North East and Yorkshire demonstrates the hard work and committed of teams across the Trust to ensure we are a great place to work.

**Table 1: North East and Yorkshire theme overview**

People Promise Theme	Regional average	Regional Highest	NTH	Comparative Ranking
We are compassionate and inclusive	7.3 -	7.7	7.5 ↑	4 <sup>th</sup>
We are recognised and rewarded	5.8 ↓	6.2	6.1 ↑	3 <sup>rd</sup>
We each have a voice that counts	6.7 -	7.1	6.9 -	4 <sup>th</sup>
We are safe and healthy	6.0 -	6.4	6.2 ↑	2 <sup>nd</sup>
We are always learning	5.4 ↑	5.8	5.6 ↑	7 <sup>th</sup>
We work flexibly	6.1 ↑	6.6	6.2 ↑	4 <sup>th</sup>
We are a team	6.7 ↑	7.1	6.9 ↑	2 <sup>nd</sup>

Staff Engagement	6.8 -	7.2	7.0 -	3 <sup>rd</sup>
Morale	5.8 -	6.3	6.1 ↑	3 <sup>rd</sup>

2.3 The next sections will provide an overview of our Trust position in comparison to our comparative group along with the overall trend of the theme for the collective grouping. The detail contained within the report is included within Appendix 1.

**2.4 We are compassionate and inclusive**

Within the theme *we are compassionate and inclusive* as a Trust we were 4<sup>th</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twenty one trusts saw a positive improvement, two stayed the same and ten saw a decline in the theme score. Out of the thirty three Trusts we ranked 9<sup>th</sup>.

**2.5 We are recognised and rewarded**

Within the theme *we are recognised and rewarded* as a Trust we were 3<sup>rd</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twelve Trusts saw a positive improvement, one stayed the same and twenty saw a decline in the theme score. Out of the thirty three Trusts we ranked 10<sup>th</sup>.

**2.6 We each have a voice that counts**

Within the theme *we each have a voice that counts* as a Trust we were 4<sup>th</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping eighteen Trusts saw a positive improvement, and fifteen saw a decline in the theme score. Out of the thirty three Trusts we ranked 11<sup>th</sup>.

**2.7 We are safe and healthy**

Within the theme *we are safe and healthy* as a Trust we were 2<sup>nd</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twenty Trusts saw a positive improvement, one stayed the same and twelve saw a decline in the theme score. Out of the thirty three Trusts we ranked 6<sup>th</sup>.

**2.8 We are always learning**

Within the theme *we are always learning* as a Trust we were 7<sup>th</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twenty seven Trusts saw a positive improvement, one stayed the same and five saw a decline in the theme score. Out of the thirty three Trusts we ranked 9<sup>th</sup>.

**2.9 We work flexibly**

Within the theme *we work flexibly* as a Trust we were 4<sup>th</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twenty five Trusts saw a positive improvement, one stayed the same and seven saw a decline in the theme score. Out of the thirty three Trusts we ranked 11<sup>th</sup>.

**2.10 We are a team**

Within the theme *we are a team* as a Trust we were 2<sup>nd</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping twenty seven Trusts saw a positive

improvement, and six saw a decline in the theme score. Out of the thirty three Trusts we ranked 10<sup>th</sup>.

## 2.11 Staff Engagement

Within the *Staff Engagement* as a Trust we were 3<sup>rd</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping nineteen Trusts saw a positive improvement, one stayed the same and thirteen saw a decline in the theme score. Out of the thirty three Trusts we ranked 9<sup>th</sup>.

## 2.12 Staff Morale

Within the *Staff Morale* as a Trust we were 3<sup>rd</sup> in our comparative grouping. We saw a positive improvement in this theme. Within the overall grouping nineteen Trusts saw a positive improvement, one stayed the same and thirteen saw a decline in the theme score. Out of the thirty three Trusts we ranked 5<sup>th</sup>.

## 3. Conclusion/Summary

3.1 The report highlights the areas of success that the organisation has achieved within staff survey, it is acknowledge that a lot of engagement and commitment has gone into our continued approach to support staff across the Trust. The main areas to celebrate in the relation to the thirty three trusts are *Staff Morale* we were in the top five of all Trusts against a backdrop of continued pressure. Another area is *we are safe and healthy* which the trust was sixth demonstrating the continued focus on supporting staff health and wellbeing. Within our comparative grouping being in the top five for eight of nine themes is a positive result also being second in two of the themes; *we are safe and healthy* and *we are a team* is a great achievement for the Trust.

3.2 Whilst it is right for us to celebrate the achievements of the trust results from a North East and Yorkshire perspective we must always maintain a continuous improvement approach to ensuring that we sustain our areas of strength and focus on areas for development. Staff Survey feedback has been provided for each of the Care Group and Corporate areas with further action planning sessions taking place with department leads to ensure that each Care Group and Corporate area are able to provide clear and measurable action plans using their data which will support the business plans. The Organisation Development (OD) team are supporting delivery of these sessions and are working with the Care Group Senior Management Team to highlight any OD interventions which may be required. Engagement from all areas has been high this year with areas enthusiastic about sharing results and building on their successes.

Work is taking place within the OD team to develop the organisation action plan which will focus on five key areas:

- Staff morale: resources
- We are safe and healthy: burnout
- We are always learning: appraisals
- We are recognised and rewarded
- Staff engagement: advocacy

The data from Staff Survey will be triangulated with 'Our Trust, Our Future' to ensure the common themes are identified and action plans are connected to reduce duplication. Working groups will be created for each of the areas of focus which include staff from across the organisation to ensure staff voices are included.



#### **4. Recommendation**

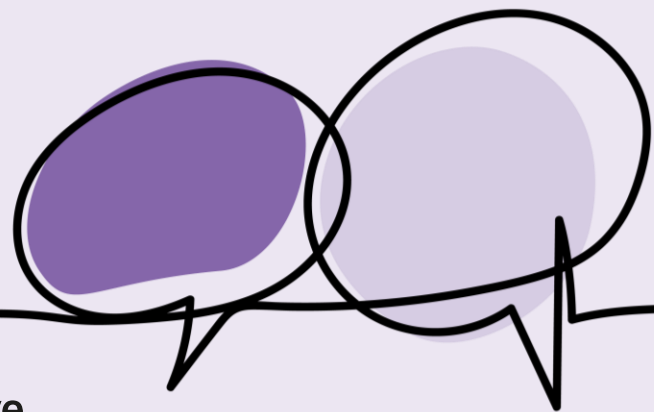
4.1 The Board are requested to note the content of this paper; noting in particular the positive regional and ICS position of the Trust.

**Louise Samuel**  
**People Development Lead**

# Appendix 1

## 2022 NHS Staff Survey

### North East and Yorkshire



We each have  
**a voice that  
counts**

*People Promise*

# 2022 NHS Staff Survey Regional and ICS results



1. Introduction
2. Survey information
3. Participation
4. Results – including Exec summary

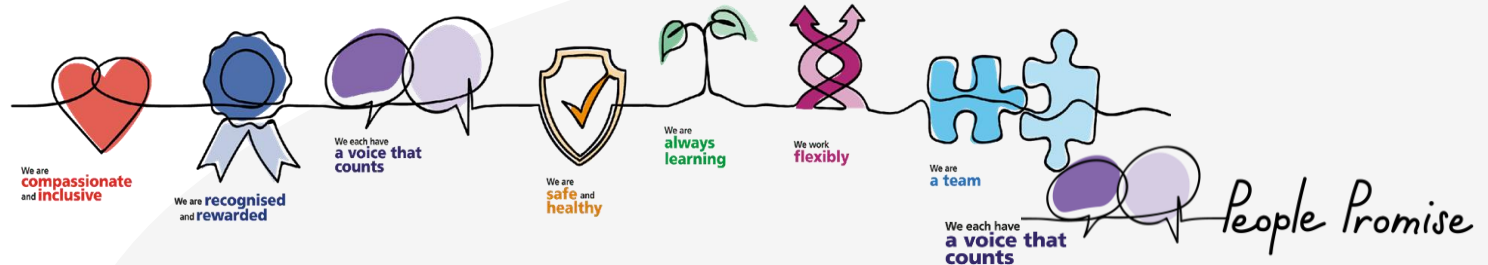
# 2022 NHS Staff Survey Regional and ICS results



- The NHS Staff Survey is an official statistic run to the highest standards of quality and accuracy. It is one of the world's largest workforce surveys – 636,348 staff responded nationally in the 2022 survey. 593,977 responded via online survey and 42,371 responded by paper survey. This response rate is 12,246 less than last year which saw 648,594 members respond.
- This is the first year all Trusts conducted a full census approach.
- Each region saw a decline in response rate in the 2022 survey compared to 2021.
- In NEY the response rate was 45.2%, a 3.1% decrease since 2021 which was 48.3%. There were 95,899 responses, 2,406 less than 2021 which was 98,305.
- The results were published on the [National Survey Website](#) on 9 March 2022.
- From 2021 the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of our NHS people, the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job. The People Promise is made up of seven elements:



[2022 Core Questionnaire](#)



# 2022 NHS Staff Survey Regional and ICS results



## Survey information – points to consider

- ✓ There have been several changes to the questionnaire since 2021. A summary of these changes is available [here](#).
- ✓ Region to region, system to system, regional to national or system to national comparisons can be made with consideration, due to the way the data is aggregated and weighted to account for sampling and response bias.
- ✗ Please note that comparing individual **organisations scores against region or system scores** should not be done given the high variation in the number of organisational types that make up the aggregated scores. Additionally, **organisational 'ranking' is not recommended**.
- ✓ Organisational scores should only be measured against their respective benchmark average.

## Useful tips



- Context is important, especially through the lens of improvement. Use trend data where available to provide important context to scores and results.
- The data contained within the survey results is vast and rich. Use the data to ask questions and engage further with organisations and systems.
- Better understanding of the data promotes more effective action planning and engagement.
- Do not 'read-across' top level element, theme or sub-scores as these are not directly comparable. e.g. do not directly compare the score for **We are safe & healthy** against the score for **We are flexible** and assume a higher score in one is 'better' than the other. Elements and themes are made up of lots of different questions that all have varying evaluative context – this is why benchmarking values and trend data is important.

# 2022 NHS Staff Survey Regional and ICS results



**Setting the scene** – the data can tell different stories depending on how it is viewed. Here are some examples that highlight the importance of looking at the whole picture:



A Mental Health and Learning Disability Trust scores below benchmark average across all 7 Promise elements and 2 themes...



... but had significantly improved in the majority of questions relating to 7 elements and also in 2 themes compared to 2020.



One Acute and Acute Community Trust scored above the benchmarking average across all 7 Promise elements themes.



... however, their Staff Engagement and Morale theme scores deteriorated significantly compared to 2020.



A regions **aggregated** score for **We are compassionate and inclusive** was higher than all other regions .



... however, demographic results showed that the experiences of BAME colleagues regarding career progression was significantly worse than that of white colleagues.



# 2022 NHS Staff Survey Regional/System results



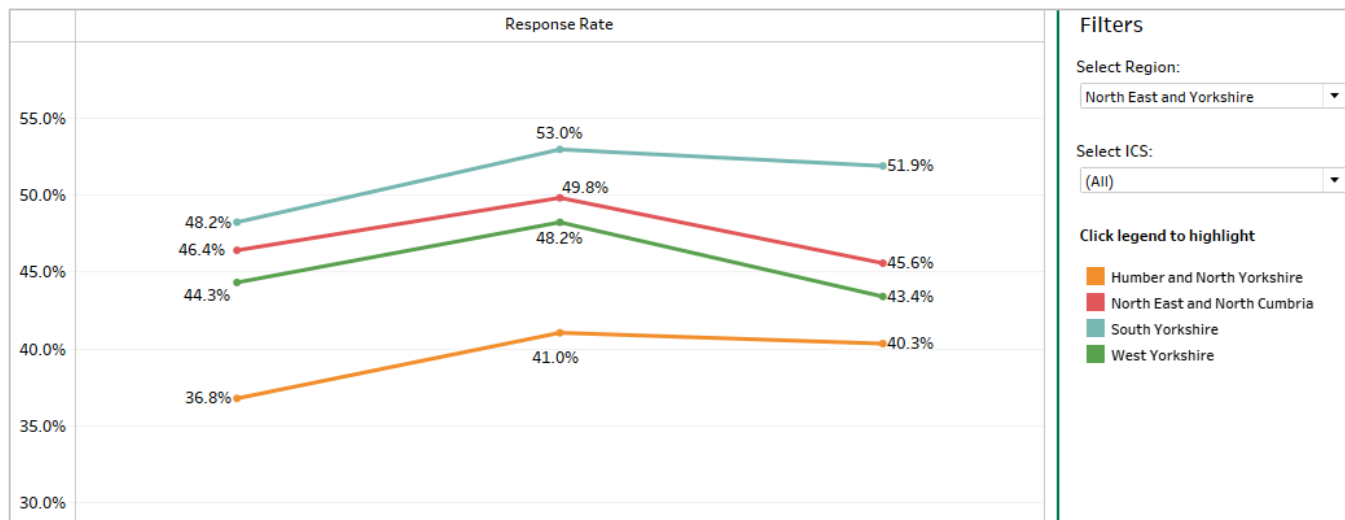
## North East and Yorkshire

Participation  
**45.2%**

**95,899**  
responses

ICS response  
rate range was  
**40.3% to**  
**51.9%**

The **North East and Yorkshire** overall response rate for 2022 was **45.2%**, a reduction from 48.3% in the 2021 NHS Staff Survey, though up from 44.4% for the 2020 NHS Staff Survey. This is the **second lowest** of the seven regions, with other response rates between 43.4% and 53.9%.



Data for organisations that complete the survey voluntarily (ICBs, CSUs, other non-trust organisations) are not included in the data presented on this page as not all of these organisations participate and therefore we do not have representative data for these organisation types. **Ambulance trusts are excluded from this slide.**



# 2022 NHS Staff Survey Executive Summary



This slide deck gives an overview of the NEY National Staff Survey 2022 results. Since 2021 the questions have been aligned with the People Promise while maintaining two original “themes”, Staff Engagement and Morale.



The NHS National Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. During the 2022 staff survey, over 1.3 million NHS employees were invited (either online or via paper survey) to take part between September and December 2022. 264 NHS organisations took part, including 215 Trusts in England. There were 636,348 responses (46% response rate) in total; less than the previous year which saw 648,594 responses (48% response rate). This is the first year that it was mandatory for all Trusts to do a full census approach. Participation is mandatory for Trusts and voluntary for non-Trust organisations (ICBs, CSUs, social enterprises). The survey does not cover primary care staff.

In NEY the response rate was 45.2%, a 3.1% decrease from 2021 which was 48.3%. There were 95,899 responses, 2,406 less than 2021 which was 98,305. NEY saw an improvement in two of the elements since the 2021 survey, “We Work **Flexibly**” and “We are **a Team**” . The region declines in one element, “We are **Recognised and Rewarded**”, and the other six elements remained steady. Compared to the National average, NEY were either on par or scored higher in each element.

Staff Experience and Morale remained the same in NEY from 2021 to 2022, Staff Experience scoring 6.8 again and Morale 5.8. Staff Experience is on par with the National Average however Morale was 0.1 higher than National which was 5.7.

(Continued on next slide)





# 2022 NHS Staff Survey Executive Summary



Comparing Acute Trusts across the region, Northumbria Healthcare NHS Foundation Trust scored the highest within region in five out of the seven promises, We are **Compassionate and Inclusive**, We are **Recognised and Rewarded**, We Each have **a Voice the Counts**, We are **Safe and Healthy**, and We are **Always Learning**, Barnsley Hospital Foundation Trust scored highest in two which are, We **Work Flexibly** and We are **a Team**. Northumbria Healthcare also scored the highest in region for Staff Engagement and Morale.

Northern Lincolnshire and Goole NHS Foundation Trust scored the lowest within region in three of the People Promise elements which are, We are **Compassionate and Inclusive**, We Each have **a Voice the Counts** and We **Work Flexibly**. Hull University Teaching Hospitals NHS Foundation Trust also scored the lowest in three, We are **Recognised and Rewarded**, We are **Safe and Healthy**, and We are **a Team**. Hull University Teaching Hospitals scored the lowest within region in both Staff Engagement and Morale, and Northern Lincolnshire and Goole scored second lowest for both elements.

Comparing Mental Health Trusts across the region, Rotherham, Doncaster and South Humber NHS Foundation Trust scored highest in six out of the seven People Promise elements which are, We are **Compassionate and Inclusive**, We are **Recognised and Rewarded**, We Each have **a Voice the Counts**, We are **Safe and Healthy**, We **Work Flexibly** and We are **a Team**. Humber Teaching NHS Foundation Trust scored highest in one, We are **Always Learning**. Rotherham Doncaster and South Humber also scored highest for Staff Engagement and Morale.

Sheffield Health and Social Care NHS Foundation Trust scored the lowest within the region in six out of the seven People Promise elements, We are **Compassionate and Inclusive**, We are **Recognised and Rewarded**, We Each have **a Voice the Counts**, We are **Safe and Healthy**, and We are **Always Learning** and We **Work Flexibly**. Tees Esk and Wear Valleys NHS Foundation Trust scored the lowest in one, We are **a Team**. Sheffield Health and Social also scored the lowest for Staff Engagement and Morale within the region.

Following this slide deck, an ICS breakdown of the North East and Yorkshire region will be developed which will allow us to observe the region by system and look for areas of good practice and/or areas where support may be required.



## We are **compassionate and inclusive**

We do not tolerate any form of discrimination, bullying or violence. We are open and inclusive. We make the NHS a place where we all feel we belong.

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion



We are  
**compassionate**  
and **inclusive**

*People Promise*

# We are **compassionate and inclusive**

Overall score for region (2022): **7.3**

Overall score for region (2021): **7.3**

## Compassionate culture (7.0)

**74.3%**



Say that care of patients/service users is their organisations top priority

- This has declined since 2021 where 75.5% "strongly agreed/agreed" this was their organisations top priority.
- Four regions scored lower than NEY in this sub-theme, two scored higher with London scoring the highest with 77.7%

## Compassionate leadership (6.9)

**69.6%**



Said that their immediate manager cares about their concerns.

- The 2022 results show an increase in score compared to the 2021 results (67.7%) for this sub-theme.
- All regions improved in their scores from 2021 in this sub-theme, but NEY improved most with their score increasing by 1.9.
- The highest scoring region is South East

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Diversity and equality (8.3)

**71.1%**



Said that their organisation respects individual differences. (Cultures/working styles/ideas etc.)

- NEY saw an increase from the 2021 results which were 69.7%.
- NEY scored the second highest in this sub-theme regionally, South East scored highest with 71.3%.

## Inclusion (6.9)

**69.5%**



Say that they feel valued by their team.

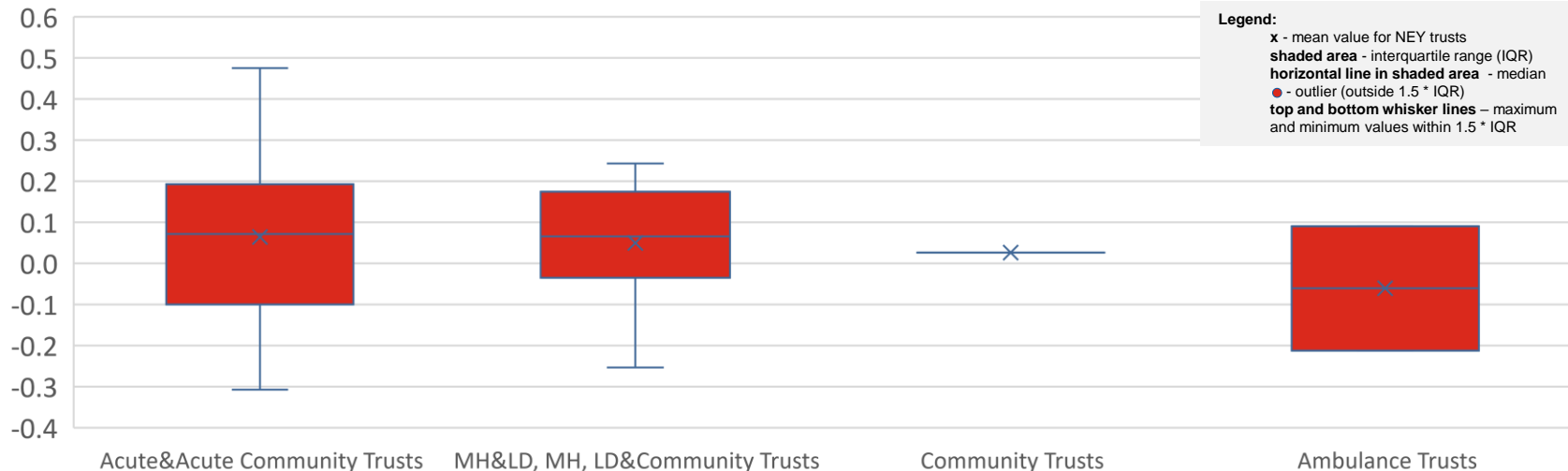
- There has been a 1.5% increase in scores since 2021 (68%).
- NEY scores higher than three others and lower than three others for this question (the highest is South West with 71.4%)

# We are compassionate and inclusive

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

### Compassionate and inclusive score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Compassionate and inclusive Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	7.7	7.2	7.7	6.8
Sheffield Children's NHS Foundation Trust	7.6	7.2	7.7	6.8
Barnsley Hospital NHS Foundation Trust	7.5	7.2	7.7	6.8

## We are **compassionate and inclusive**

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Compassionate and inclusive Score	Benchmark average	Benchmark highest	Benchmark lowest
Gateshead Health NHS Foundation Trust	7.5	7.2	7.7	6.8
North Tees and Hartlepool NHS Foundation Trust	7.5	7.2	7.7	6.8
Harrogate and District NHS Foundation Trust	7.4	7.2	7.7	6.8
The Rotherham NHS Foundation Trust	7.4	7.2	7.7	6.8
Airedale NHS Foundation Trust	7.3	7.2	7.7	6.8
Bradford Teaching Hospitals NHS Foundation Trust	7.3	7.2	7.7	6.8
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	7.3	7.2	7.7	6.8
Leeds Teaching Hospitals NHS Trust	7.3	7.2	7.7	6.8
South Tees Hospitals NHS Foundation Trust	7.3	7.2	7.7	6.8
The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.3	7.2	7.7	6.8
Calderdale and Huddersfield NHS Foundation Trust	7.2	7.2	7.7	6.8
Sheffield Teaching Hospitals NHS Foundation Trust	7.2	7.2	7.7	6.8
South Tyneside and Sunderland NHS Foundation Trust	7.2	7.2	7.7	6.8
County Durham and Darlington NHS Foundation Trust	7.1	7.2	7.7	6.8
Hull University Teaching Hospitals NHS Trust	7	7.2	7.7	6.8
Mid Yorkshire Hospitals NHS Trust	7	7.2	7.7	6.8
York and Scarborough Teaching Hospitals NHS Foundation Trust	7	7.2	7.7	6.8
North Cumbria Integrated Care NHS Foundation Trust	6.9	7.2	7.7	6.8
Northern Lincolnshire and Goole NHS Foundation Trust	6.9	7.2	7.7	6.8

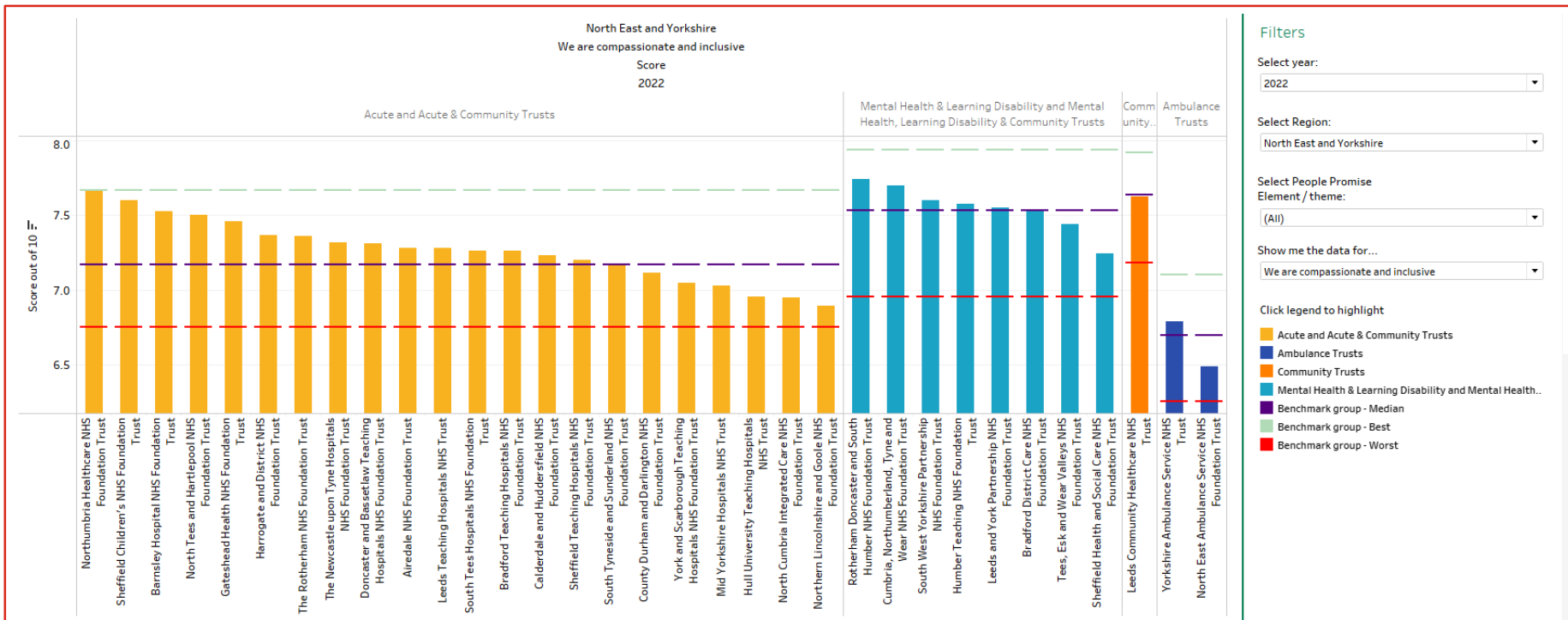
## We are **compassionate and inclusive**

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Compassionate and inclusive Score	Benchmark average	Benchmark highest	Benchmark lowest
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.7	7.5	7.9	7
Rotherham Doncaster and South Humber NHS Foundation Trust	7.7	7.5	7.9	7
Humber Teaching NHS Foundation Trust	7.6	7.5	7.9	7
Leeds and York Partnership NHS Foundation Trust	7.6	7.5	7.9	7
South West Yorkshire Partnership NHS Foundation Trust	7.6	7.5	7.9	7
Bradford District Care NHS Foundation Trust	7.5	7.5	7.9	7
Tees, Esk and Wear Valleys NHS Foundation Trust	7.4	7.5	7.9	7
Sheffield Health and Social Care NHS Foundation Trust	7.2	7.5	7.9	7

Organisation (Community Trusts, in order of score from highest to lowest)	Compassionate and inclusive Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	7.6	7.6	7.9	7.2

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Compassionate and inclusive Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	6.8	6.7	7.1	6.3
North East Ambulance Service NHS Foundation Trust	6.5	6.7	7.1	6.3

# We are compassionate and inclusive



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# We are compassionate and inclusive (2021 - 2022 comparison)

Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	7.5	7.3	-0.19
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	7.4	7.5	0.10
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	7.1	7.3	0.13
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	7.2	7.2	0.04
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	7.2	7.1	-0.05
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	7.2	7.3	0.10
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	7.4	7.5	0.09
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	7.2	7.4	0.15
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	7.1	7.0	-0.16
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	7.4	7.3	-0.07
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	6.9	6.9	0.02
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	7.4	7.5	0.10
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	6.9	6.9	0.03
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	7.8	7.7	-0.10
	South Yorkshire	Sheffield Children's NHS Foundation Trust	7.5	7.6	0.09
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	7.2	7.2	-0.02
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	7.3	7.3	-0.05
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	7.1	7.2	0.06
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	7.1	7.0	-0.10
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.3	7.3	0.00
South Yorkshire	The Rotherham NHS Foundation Trust	7.2	7.4	0.13	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	7.1	7.0	-0.02	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	6.6	6.5	-0.10
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	6.5	6.8	0.25
Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	7.5	7.6	0.08
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	7.5	7.5	0.00
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.7	7.7	0.04
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	7.5	7.6	0.06
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	7.5	7.6	0.06
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	7.7	7.7	0.07
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	7.1	7.2	0.14
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	7.6	7.6	0.04
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	7.4	7.4	0.07	

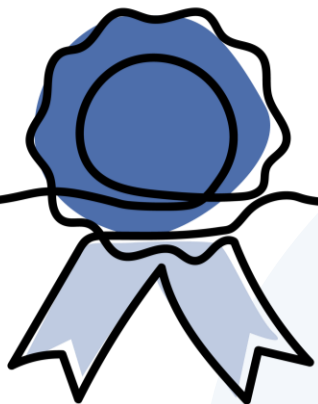
Please note that the colour scale on the 21-22 'Score Diff.' column shows marginal differences.



# We are recognised and rewarded

A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution.

(no sub-scores)



We are **recognised**  
and **rewarded**

*People Promise*

# We are recognised and rewarded

**Overall score for region/ICS (2022): 5.8**

Overall score for region/ICS (2021): 5.9

## No sub scores, Individual questions

**28.3%**

Of staff in NEY selected that they were "satisfied/very satisfied" with their level of pay.



- The scores for this question have declined from 35.2% in 2021 and 39.8% in 2020.
- NEY was the highest scoring region; London scored the lowest with 23.1%.

**52.5%**

Of staff are "satisfied/very satisfied" with the recognition they get for good work.



- This score has increased from 51.5% in 2021 but still lower than the 2020 result (56.6%).
- NEY scored higher than three regions and lower than three regions.
- The highest scoring region is South East (54.4%) and the lowest scoring region is East (50.2%)

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

**42.1%**

NEY staff said they were "satisfied/very satisfied" with the extent that their organisation values their work.



- This has improved from 41.4% in the 2021 results but is still significantly lower than the 2020 results (47.3%).
- NEY had the third highest score across the regions, South East (44.1%) and London (43.7%) both scored higher but both scores were decreases from the 2021 results.

**71.3%**

Feel that their immediate manager values their work.



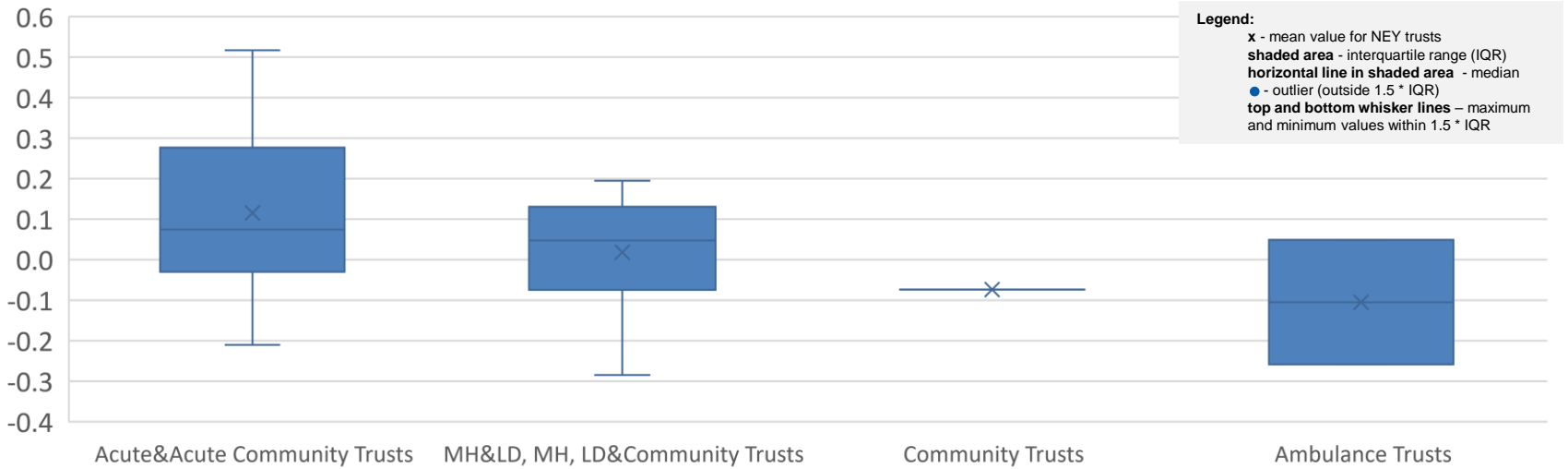
- An increase from 69.7% in 2021.
- All regions saw an increase in score since 2021.
- NEY had the biggest increase of 1.6% since 2021.

# We are recognised and rewarded

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

Recognised and rewarded score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Recognised and rewarded Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	6.2	5.7	6.4	5.2
Barnsley Hospital NHS Foundation Trust	6.1	5.7	6.4	5.2
North Tees and Hartlepool NHS Foundation Trust	6.1	5.7	6.4	5.2

## We are recognised and rewarded

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Recognised and rewarded Score	Benchmark average	Benchmark highest	Benchmark lowest
Harrogate and District NHS Foundation Trust	6	5.7	6.4	5.2
Sheffield Children's NHS Foundation Trust	6	5.7	6.4	5.2
The Rotherham NHS Foundation Trust	6	5.7	6.4	5.2
Airedale NHS Foundation Trust	5.9	5.7	6.4	5.2
Bradford Teaching Hospitals NHS Foundation Trust	5.9	5.7	6.4	5.2
Gateshead Health NHS Foundation Trust	5.9	5.7	6.4	5.2
Calderdale and Huddersfield NHS Foundation Trust	5.8	5.7	6.4	5.2
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.8	5.7	6.4	5.2
Leeds Teaching Hospitals NHS Trust	5.8	5.7	6.4	5.2
County Durham and Darlington NHS Foundation Trust	5.7	5.7	6.4	5.2
Mid Yorkshire Hospitals NHS Trust	5.7	5.7	6.4	5.2
Sheffield Teaching Hospitals NHS Foundation Trust	5.7	5.7	6.4	5.2
South Tees Hospitals NHS Foundation Trust	5.7	5.7	6.4	5.2
South Tyneside and Sunderland NHS Foundation Trust	5.7	5.7	6.4	5.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.7	5.7	6.4	5.2
York and Scarborough Teaching Hospitals NHS Foundation Trust	5.7	5.7	6.4	5.2
North Cumbria Integrated Care NHS Foundation Trust	5.6	5.7	6.4	5.2
Hull University Teaching Hospitals NHS Trust	5.5	5.7	6.4	5.2
Northern Lincolnshire and Goole NHS Foundation Trust	5.5	5.7	6.4	5.2

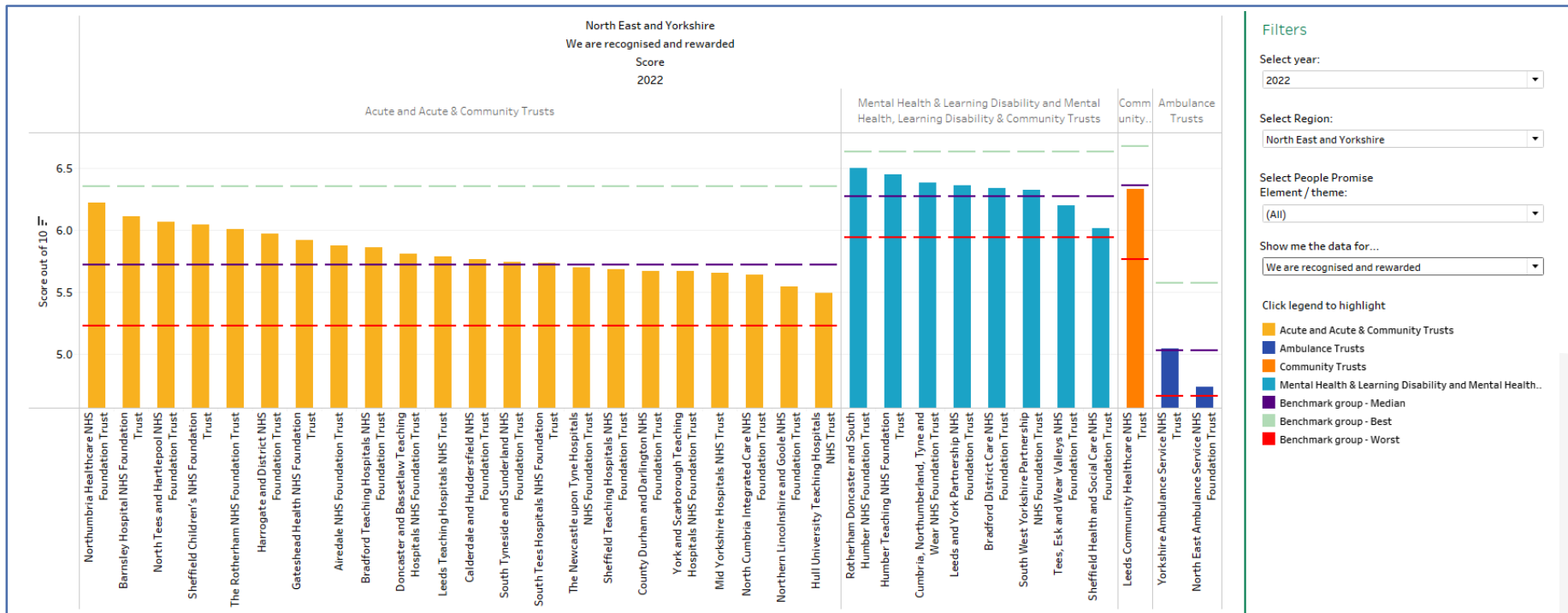
# We are recognised and rewarded

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Recognised and rewarded Score	Benchmark average	Benchmark highest	Benchmark lowest
Rotherham Doncaster and South Humber NHS Foundation Trust	6.5	6.3	6.6	5.9
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.4	6.3	6.6	5.9
Humber Teaching NHS Foundation Trust	6.4	6.3	6.6	5.9
Leeds and York Partnership NHS Foundation Trust	6.4	6.3	6.6	5.9
Bradford District Care NHS Foundation Trust	6.3	6.3	6.6	5.9
South West Yorkshire Partnership NHS Foundation Trust	6.3	6.3	6.6	5.9
Tees, Esk and Wear Valleys NHS Foundation Trust	6.2	6.3	6.6	5.9
Sheffield Health and Social Care NHS Foundation Trust	6	6.3	6.6	5.9

Organisation (Community Trusts, in order of score from highest to lowest)	Recognised and rewarded Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	6.3	6.4	6.7	5.8

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Recognised and rewarded Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	5	5	5.6	4.7
North East Ambulance Service NHS Foundation Trust	4.7	5	5.6	4.7

# We are recognised and rewarded



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# We are recognised and rewarded (2021 - 2022 comparison)

Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	6.1	5.9	-0.25
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.1	6.1	-0.02
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	5.8	5.9	0.08
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	5.7	5.8	0.06
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	5.7	5.7	-0.02
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.7	5.8	0.07
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	5.9	5.9	-0.03
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	5.9	6.0	0.12
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	5.7	5.5	-0.24
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	5.9	5.8	-0.13
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	5.7	5.6	-0.06
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	6.0	6.1	0.02
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	5.6	5.5	-0.03
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	6.4	6.2	-0.16
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.1	6.0	-0.03
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	5.8	5.7	-0.14
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	5.9	5.7	-0.15
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	5.7	5.7	0.08
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	5.8	5.7	-0.18
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.8	5.7	-0.08
South Yorkshire	The Rotherham NHS Foundation Trust	5.9	6.0	0.08	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	5.7	5.7	-0.06	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	4.8	4.7	-0.08
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	4.9	5.0	0.17
Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	6.3	6.3	0.00
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	6.4	6.3	-0.09
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.5	6.4	-0.09
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	6.4	6.4	0.01
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	6.4	6.4	-0.07
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	6.5	6.5	0.03
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.0	6.0	0.01
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	6.4	6.3	-0.05
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.2	6.2	0.02	

Please note that the colour scale on the 21-22 'Score Diff.' column shows marginal differences.

## We each have a voice that counts

We all feel safe and confident to speak up. And we take the time to really listen – to understand the hopes and fears that lie behind the words.

- Autonomy and control
- Raising concerns



We each have  
**a voice that  
counts**

*People Promise*



# We each have a voice that counts

Overall score for region/ICS (2022): 6.7

Overall score for region/ICS (2021): 6.7

## Autonomy and control (6.9)

90.4%



Of staff say they are trusted to do their jobs.

- Down from 90.7 in 2021.
- NEY also scored 90.4% in 2020.
- This is the third highest score regionally, South East (90.5%) and South West (90.9%) are above.

53.5%



Agree that they are able to make improvements happen in their area of work.

- NEY has improved since 2021 (51.6%).
- Each region saw an increase in scores since 2021.
- London had the highest score of 57.1%
- NEY had the third lowest score out of the regions.

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Raising concerns (6.5)

XX.X%



Sub scores  
not available

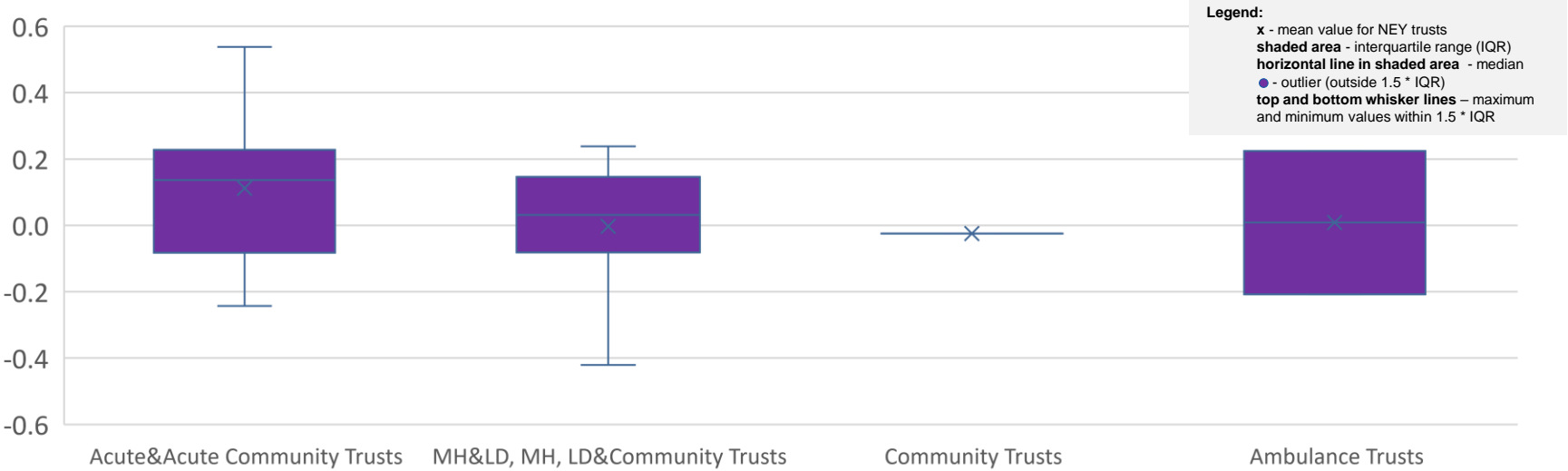
XX.X%

# We each have a voice that counts

## Focus on scores for each organisations vs benchmark

### We each have a voice that counts score by organisation

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Voice that counts Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	7.1	6.6	7.1	6.2
Barnsley Hospital NHS Foundation Trust	7	6.6	7.1	6.2
Sheffield Children's NHS Foundation Trust	7	6.6	7.1	6.2

# We each have a voice that counts

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Voice that counts Score	Benchmark average	Benchmark highest	Benchmark lowest
North Tees and Hartlepool NHS Foundation Trust	6.9	6.6	7.1	6.2
Airedale NHS Foundation Trust	6.8	6.6	7.1	6.2
Bradford Teaching Hospitals NHS Foundation Trust	6.8	6.6	7.1	6.2
Gateshead Health NHS Foundation Trust	6.8	6.6	7.1	6.2
Harrogate and District NHS Foundation Trust	6.8	6.6	7.1	6.2
Leeds Teaching Hospitals NHS Trust	6.8	6.6	7.1	6.2
The Rotherham NHS Foundation Trust	6.8	6.6	7.1	6.2
Calderdale and Huddersfield NHS Foundation Trust	6.7	6.6	7.1	6.2
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.7	6.6	7.1	6.2
South Tees Hospitals NHS Foundation Trust	6.7	6.6	7.1	6.2
South Tyneside and Sunderland NHS Foundation Trust	6.7	6.6	7.1	6.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.7	6.6	7.1	6.2
Sheffield Teaching Hospitals NHS Foundation Trust	6.6	6.6	7.1	6.2
County Durham and Darlington NHS Foundation Trust	6.5	6.6	7.1	6.2
Mid Yorkshire Hospitals NHS Trust	6.5	6.6	7.1	6.2
York and Scarborough Teaching Hospitals NHS Foundation Trust	6.5	6.6	7.1	6.2
Hull University Teaching Hospitals NHS Trust	6.4	6.6	7.1	6.2
North Cumbria Integrated Care NHS Foundation Trust	6.4	6.6	7.1	6.2
Northern Lincolnshire and Goole NHS Foundation Trust	6.4	6.6	7.1	6.2

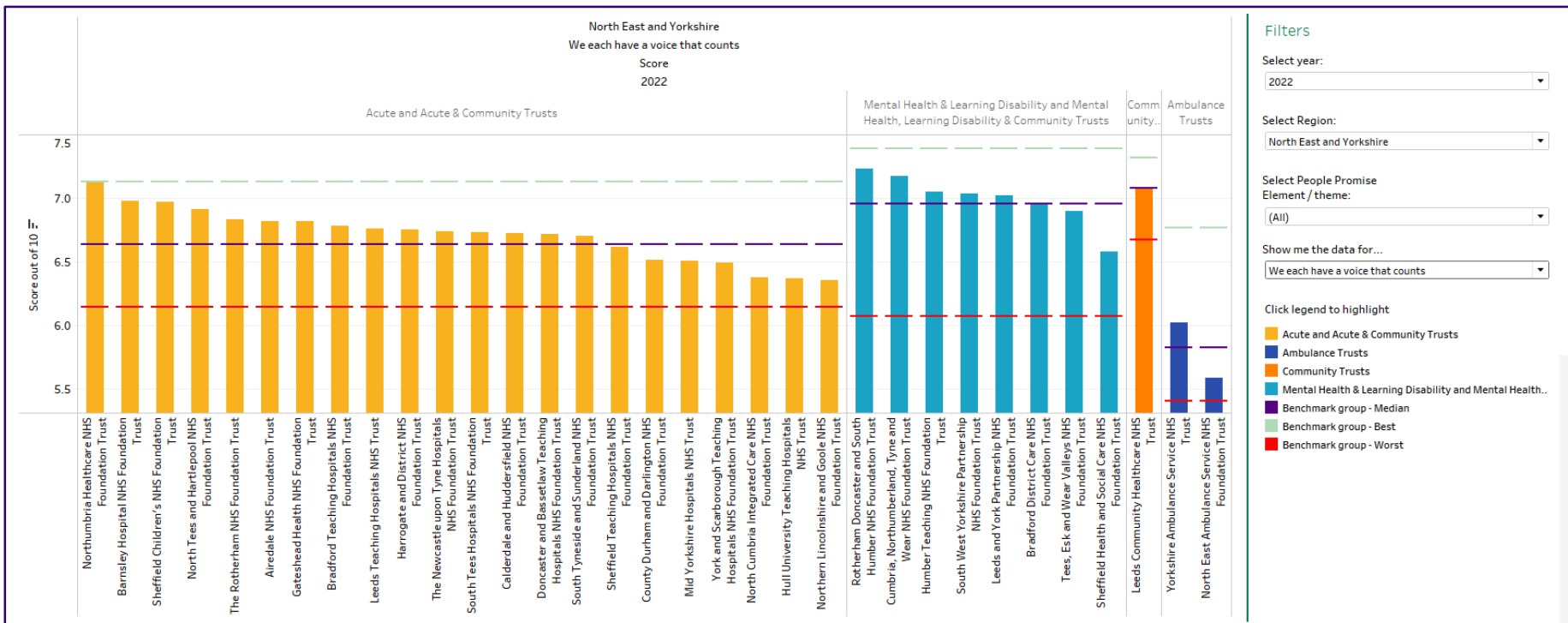
# We each have a voice that counts

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Voice that counts Score	Benchmark average	Benchmark highest	Benchmark lowest
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.2	7	7.4	6.1
Rotherham Doncaster and South Humber NHS Foundation Trust	7.2	7	7.4	6.1
Humber Teaching NHS Foundation Trust	7.1	7	7.4	6.1
Bradford District Care NHS Foundation Trust	7	7	7.4	6.1
Leeds and York Partnership NHS Foundation Trust	7	7	7.4	6.1
South West Yorkshire Partnership NHS Foundation Trust	7	7	7.4	6.1
Tees, Esk and Wear Valleys NHS Foundation Trust	6.9	7	7.4	6.1
Sheffield Health and Social Care NHS Foundation Trust	6.6	7	7.4	6.1

Organisation (Community Trusts, in order of score from highest to lowest)	Voice that counts Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	7.1	7.1	7.3	6.7

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Voice that counts Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	6	5.8	6.8	5.4
North East Ambulance Service NHS Foundation Trust	5.6	5.8	6.8	5.4

# We each have a voice that counts



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# We have a voice that counts (2021 - 2022 comparison)

Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	7.0	6.8	-0.18
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.9	7.0	0.05
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	6.7	6.8	0.11
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	6.7	6.7	0.05
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	6.6	6.5	-0.06
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.7	6.7	0.05
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	6.9	6.8	-0.04
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	6.6	6.8	0.17
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	6.6	6.4	-0.24
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	6.8	6.8	-0.07
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	6.4	6.4	-0.02
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	6.9	6.9	0.06
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	6.4	6.4	-0.03
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	7.3	7.1	-0.17
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.9	7.0	0.04
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	6.7	6.6	-0.05
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	6.8	6.7	-0.10
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	6.7	6.7	0.04
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	6.6	6.5	-0.08
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.8	6.7	-0.02
South Yorkshire	The Rotherham NHS Foundation Trust	6.7	6.8	0.12	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	6.5	6.5	-0.04	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	5.7	5.6	-0.14
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	5.9	6.0	0.17
Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	7.0	7.1	0.04
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	7.0	7.0	-0.08
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.1	7.2	0.06
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	7.0	7.1	0.06
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	7.0	7.0	0.02
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	7.1	7.2	0.11
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.5	6.6	0.03
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	7.0	7.0	0.04
	North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.9	6.9	0.05

Please note that the colour scale on the 21-22 'Score Diff.' column shows marginal differences.

## We are **safe and healthy**

We look after ourselves and each other. Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need. We have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.

- Health and safety climate
- Burnout
- Negative experiences



We are  
**safe** and  
**healthy**

*People Promise*

# We are safe and healthy

Overall score for region/ICS (2022): 6.0

Overall score for region/ICS (2021): 6.0

## Health and safety climate (5.3)

26.4%



Of NEY staff agree or strongly agree that there are enough staff at their organisation for them to do their job properly.

- This is down from 26.6% in 2021 and a sharp decrease from 2020 (38.6).
- All regions apart from North West (increase of 0.2%) saw a decline in this question

## Burnout (4.9)

36.6%



Said that they "often" or "always" find their work emotionally exhausting.

- In 2021, 37.9% of staff in NEY said they "often" or "always" found their work emotionally exhausting.
- The scores for this question range from 35.9% in the North West to 39.2% in the East of England.
- Each region's scores declined for this question in 2022.

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Negative experiences (7.8)

56.2%



Of staff responded "Yes" to the question: "In the last three months, have you ever come to work despite not feeling well enough to perform your duties?"

- This has increased from 54.6% who responded "yes" in 2021 and from 45.5% responding "yes" in 2020.
- All regions saw an increase in answering "yes" to this question in 2022.

43.8%

Of staff said in that in the last 12 months they have felt unwell as a result of work-related stress.

- This figure has decreased in NEY since the 2021 results (46.7%).
- All regions saw less staff feeling unwell as a result of work-related stress in 2022.

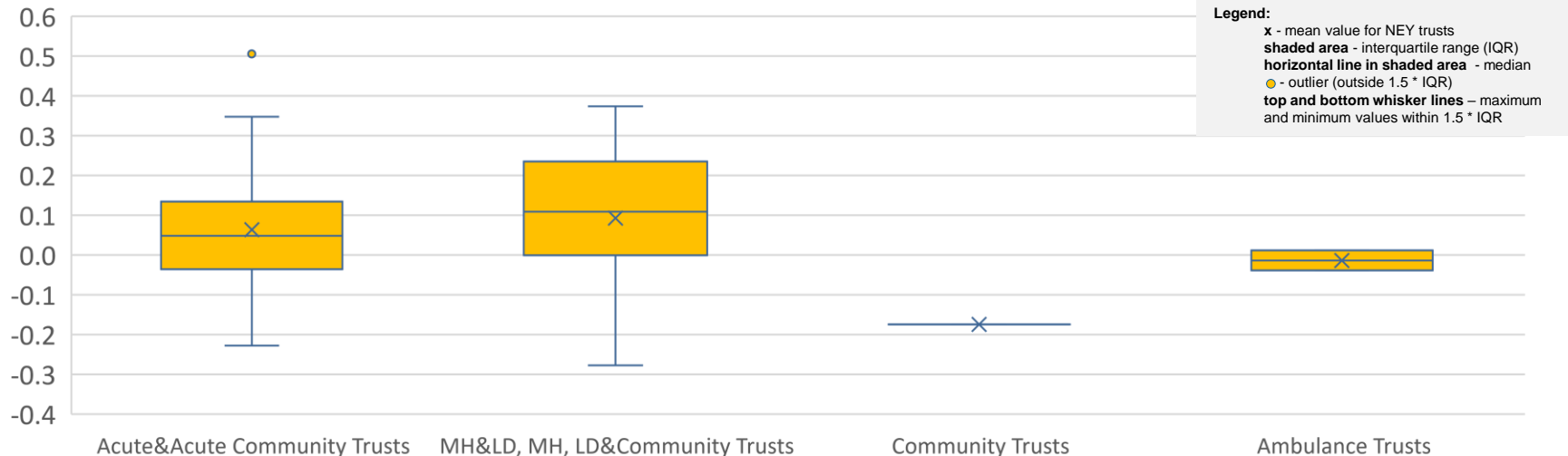


# We are safe and healthy

## Focus on scores for each organisations vs benchmark

### Safe and healthy score by organisation

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Safe and healthy Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	6.4	5.9	6.4	5.4
Barnsley Hospital NHS Foundation Trust	6.2	5.9	6.4	5.4
North Tees and Hartlepool NHS Foundation Trust	6.2	5.9	6.4	5.4

## We are safe and healthy

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Safe and healthy Score	Benchmark average	Benchmark highest	Benchmark lowest
Sheffield Children's NHS Foundation Trust	6.1	5.9	6.4	5.4
The Rotherham NHS Foundation Trust	6.1	5.9	6.4	5.4
Airedale NHS Foundation Trust	6	5.9	6.4	5.4
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6	5.9	6.4	5.4
Gateshead Health NHS Foundation Trust	6	5.9	6.4	5.4
Harrogate and District NHS Foundation Trust	6	5.9	6.4	5.4
South Tyneside and Sunderland NHS Foundation Trust	6	5.9	6.4	5.4
The Newcastle upon Tyne Hospitals NHS Foundation Trust	6	5.9	6.4	5.4
Bradford Teaching Hospitals NHS Foundation Trust	5.9	5.9	6.4	5.4
Calderdale and Huddersfield NHS Foundation Trust	5.9	5.9	6.4	5.4
Leeds Teaching Hospitals NHS Trust	5.9	5.9	6.4	5.4
Mid Yorkshire Hospitals NHS Trust	5.9	5.9	6.4	5.4
North Cumbria Integrated Care NHS Foundation Trust	5.9	5.9	6.4	5.4
Sheffield Teaching Hospitals NHS Foundation Trust	5.9	5.9	6.4	5.4
County Durham and Darlington NHS Foundation Trust	5.8	5.9	6.4	5.4
South Tees Hospitals NHS Foundation Trust	5.8	5.9	6.4	5.4
York and Scarborough Teaching Hospitals NHS Foundation Trust	5.8	5.9	6.4	5.4
Hull University Teaching Hospitals NHS Trust	5.7	5.9	6.4	5.4
Northern Lincolnshire and Goole NHS Foundation Trust	5.7	5.9	6.4	5.4

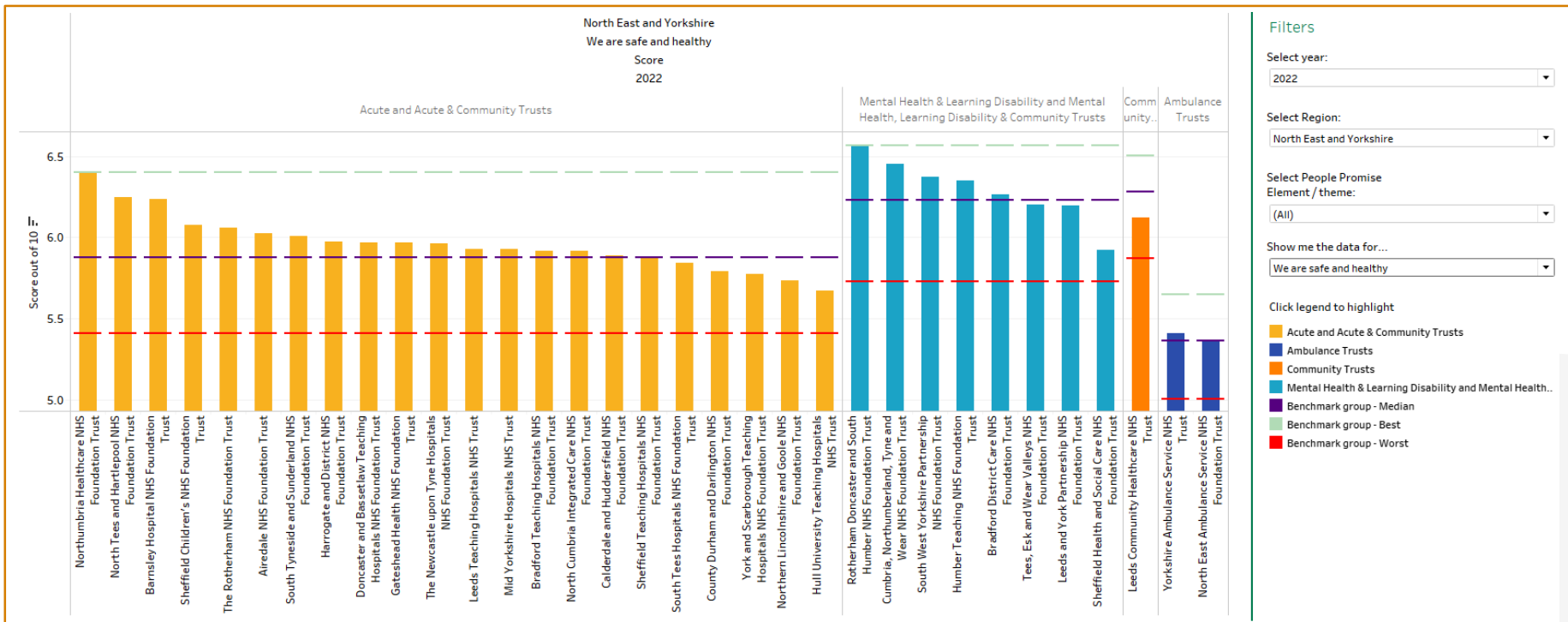
# We are safe and healthy

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Safe and healthy Score	Benchmark average	Benchmark highest	Benchmark lowest
Rotherham Doncaster and South Humber NHS Foundation Trust	6.6	6.2	6.6	5.7
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.5	6.2	6.6	5.7
Humber Teaching NHS Foundation Trust	6.4	6.2	6.6	5.7
South West Yorkshire Partnership NHS Foundation Trust	6.4	6.2	6.6	5.7
Bradford District Care NHS Foundation Trust	6.3	6.2	6.6	5.7
Leeds and York Partnership NHS Foundation Trust	6.2	6.2	6.6	5.7
Tees, Esk and Wear Valleys NHS Foundation Trust	6.2	6.2	6.6	5.7
Sheffield Health and Social Care NHS Foundation Trust	5.9	6.2	6.6	5.7

Organisation (Community Trusts, in order of score from highest to lowest)	Safe and healthy Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	6.1	6.3	6.5	5.9

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Safe and healthy Score	Benchmark average	Benchmark highest	Benchmark lowest
North East Ambulance Service NHS Foundation Trust	5.4	5.4	5.7	5
Yorkshire Ambulance Service NHS Trust	5.4	5.4	5.7	5

# We are safe and healthy



Please note: all of the data on this page is WEIGHTED by occupational group. Further information is available in the Technical document available at [www.nhsstaffsurveys.com/survey-documents](http://www.nhsstaffsurveys.com/survey-documents)

# We are safe and healthy (2021 - 2022 comparison)


Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	6.2	6.0	-0.13
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.2	6.2	0.07
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	5.8	5.9	0.09
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	5.8	5.9	0.11
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	5.8	5.8	0.03
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.9	6.0	0.09
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	6.0	6.0	-0.04
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	5.7	6.0	0.24
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	5.8	5.7	-0.17
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	6.0	5.9	-0.08
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	5.9	5.9	0.03
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	6.1	6.2	0.11
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	5.8	5.7	-0.02
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	6.5	6.4	-0.07
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.0	6.1	0.03
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	5.9	5.9	-0.06
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	5.9	5.8	-0.05
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	5.9	6.0	0.07
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	6.0	5.9	-0.03
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.0	6.0	0.00
South Yorkshire	The Rotherham NHS Foundation Trust	6.0	6.1	0.10	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	5.8	5.8	-0.04	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	5.2	5.4	0.12
Community Trusts	West Yorkshire	Yorkshire Ambulance Service NHS Trust	5.3	5.4	0.09
	West Yorkshire	Leeds Community Healthcare NHS Trust	5.9	6.1	0.20
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	6.2	6.3	0.04
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.4	6.5	0.08
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	6.2	6.4	0.13
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	6.3	6.2	-0.07
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	6.4	6.6	0.12
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	5.9	5.9	0.03
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	6.4	6.4	-0.01
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.2	6.2	0.04	

Please note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

## We are **always learning**

Opportunities to learn and develop are plentiful, and we are all supported to reach our potential. We have equal access to opportunities. We attract, develop and retain talented people from all backgrounds.

- Development
- Appraisals



We are  
**always  
learning**

*People Promise*

# We are always learning

**Overall score for region/ICS (2022): 5.4**

Overall score for region/ICS (2021): 5.3

## Development (6.4)

**55.6%**



Of staff feel supported to develop their potential.

- This figure has increased in NEY from 52.5% in 2021.
- NEY had the second highest score, after South East with 56.6%.
- All regions saw a rise in scores.

**70.0%**

Of staff say "agree" or "strongly agree" that they have opportunities to improve their knowledge and skills.

- This is an increase from 2021 where 67.3% of staff agreed or strongly agreed with the statement.
- All regions saw an increase, NEY had the second highest score following South East with 70.7%.
- NEY had the biggest improvement in scores from 2021 to 2022 (2.7%).

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Appraisals (4.4)

**84.4%**

Of staff answered "yes" to the question, "in the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?"

- This figure has gone up from 82.4% in 2021.
- All regions saw an increase.

**19.7%**



Of NEY staff who responded "yes, definitely" to the statement "it, [e.g., appraisal] helped me to improve how I do my job."

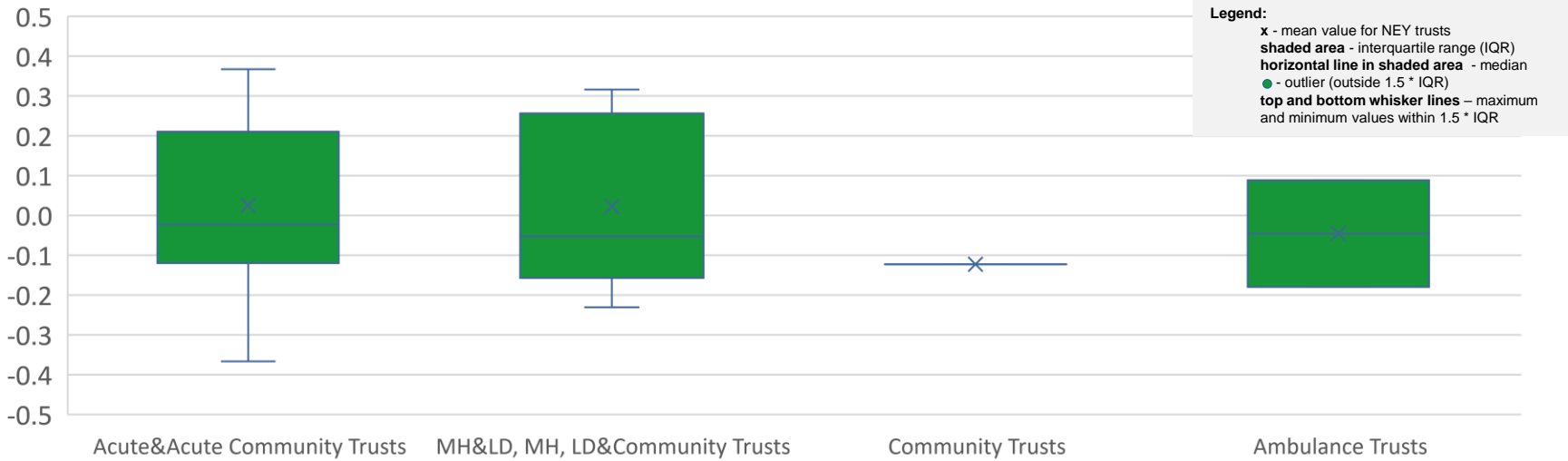
- An improvement from last year's score (18.1%).
- 80,182 members of staff in NEY answered this statement, 15,795 said that appraisals have helped improve how they do their job.

# We are always learning

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

Always learning score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Always learning Score	Benchmark average	Benchmark highest	Benchmark lowest
Barnsley Hospital NHS Foundation Trust	5.8	5.4	5.9	4.4
Northumbria Healthcare NHS Foundation Trust	5.8	5.4	5.9	4.4
Sheffield Children's NHS Foundation Trust	5.7	5.4	5.9	4.4



# We are always learning

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Always learning Score	Benchmark average	Benchmark highest	Benchmark lowest
Bradford Teaching Hospitals NHS Foundation Trust	5.6	5.4	5.9	4.4
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.6	5.4	5.9	4.4
Leeds Teaching Hospitals NHS Trust	5.6	5.4	5.9	4.4
North Tees and Hartlepool NHS Foundation Trust	5.6	5.4	5.9	4.4
The Rotherham NHS Foundation Trust	5.6	5.4	5.9	4.4
Gateshead Health NHS Foundation Trust	5.5	5.4	5.9	4.4
Calderdale and Huddersfield NHS Foundation Trust	5.4	5.4	5.9	4.4
Harrogate and District NHS Foundation Trust	5.4	5.4	5.9	4.4
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.4	5.4	5.9	4.4
York and Scarborough Teaching Hospitals NHS Foundation Trust	5.4	5.4	5.9	4.4
Airedale NHS Foundation Trust	5.3	5.4	5.9	4.4
Mid Yorkshire Hospitals NHS Trust	5.3	5.4	5.9	4.4
Sheffield Teaching Hospitals NHS Foundation Trust	5.3	5.4	5.9	4.4
South Tees Hospitals NHS Foundation Trust	5.3	5.4	5.9	4.4
South Tyneside and Sunderland NHS Foundation Trust	5.3	5.4	5.9	4.4
County Durham and Darlington NHS Foundation Trust	5.2	5.4	5.9	4.4
Hull University Teaching Hospitals NHS Trust	5.2	5.4	5.9	4.4
Northern Lincolnshire and Goole NHS Foundation Trust	5.1	5.4	5.9	4.4
North Cumbria Integrated Care NHS Foundation Trust	5	5.4	5.9	4.4

# We are always learning

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Always learning Score	Benchmark average	Benchmark highest	Benchmark lowest
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6	5.7	6.1	4.6
Humber Teaching NHS Foundation Trust	6	5.7	6.1	4.6
Rotherham Doncaster and South Humber NHS Foundation Trust	5.9	5.7	6.1	4.6
Bradford District Care NHS Foundation Trust	5.7	5.7	6.1	4.6
South West Yorkshire Partnership NHS Foundation Trust	5.6	5.7	6.1	4.6
Tees, Esk and Wear Valleys NHS Foundation Trust	5.6	5.7	6.1	4.6
Leeds and York Partnership NHS Foundation Trust	5.5	5.7	6.1	4.6
Sheffield Health and Social Care NHS Foundation Trust	5.5	5.7	6.1	4.6

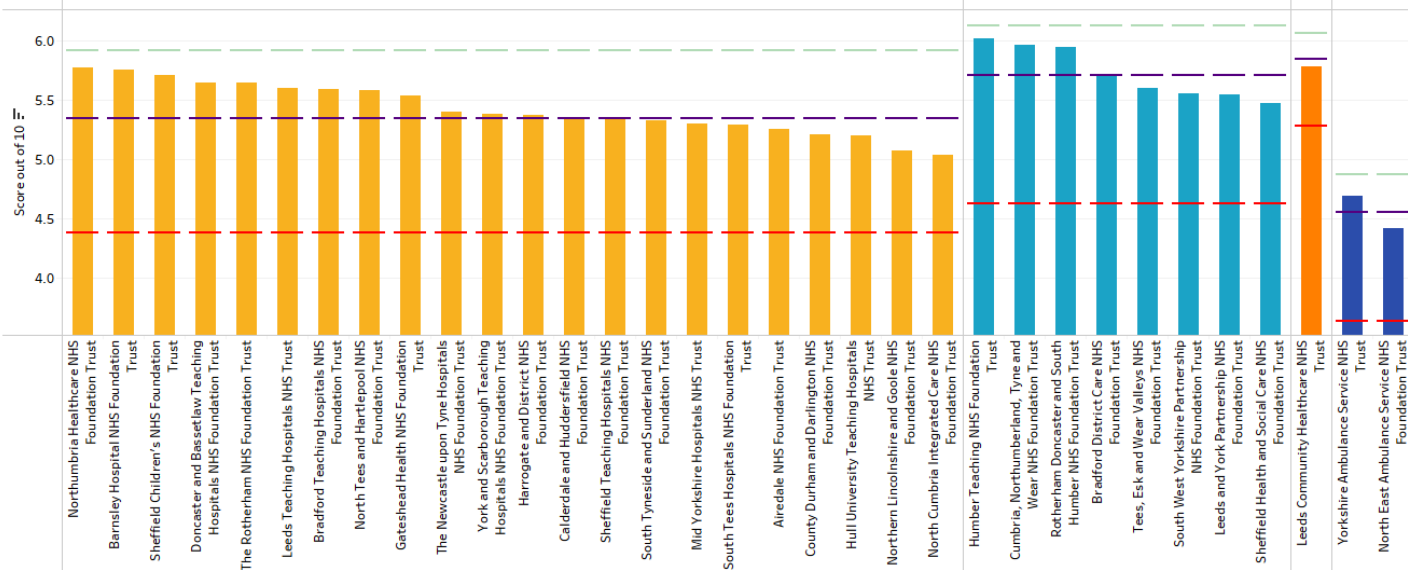
Organisation (Community Trusts, in order of score from highest to lowest)	Always learning Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	5.8	5.9	6.1	5.3

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Always learning Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	4.7	4.6	4.9	3.6
North East Ambulance Service NHS Foundation Trust	4.4	4.6	4.9	3.6

# We are always learning

North East and Yorkshire  
We are always learning  
Score  
2022

Acute and Acute & Community Trusts



## Filters

Select year:

2022

Select Region:

North East and Yorkshire

Select People Promise Element / theme:

(All)

Show me the data for...

We are always learning

Click legend to highlight

- Acute and Acute & Community Trusts
- Ambulance Trusts
- Community Trusts
- Mental Health & Learning Disability and Mental Health...
- Benchmark group - Median
- Benchmark group - Best
- Benchmark group - Worst

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# We are always learning (2021 - 2022 comparison)

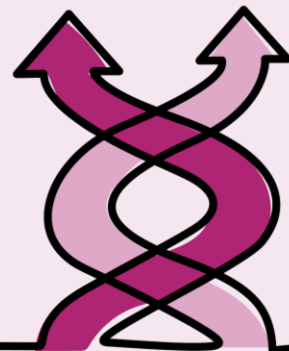
Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	5.3	5.3	-0.08
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	5.5	5.8	0.24
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	5.3	5.6	0.26
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	5.1	5.4	0.28
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	5.0	5.2	0.18
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.2	5.6	0.48
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	5.1	5.5	0.41
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	4.8	5.4	0.53
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	5.2	5.2	-0.04
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	5.6	5.6	-0.04
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	4.9	5.0	0.16
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	5.3	5.6	0.28
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	4.9	5.1	0.14
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	5.9	5.8	-0.13
	South Yorkshire	Sheffield Children's NHS Foundation Trust	5.4	5.7	0.30
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	5.2	5.3	0.10
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	5.1	5.3	0.18
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	5.1	5.3	0.20
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	5.3	5.3	0.02
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.2	5.4	0.19
South Yorkshire	The Rotherham NHS Foundation Trust	5.3	5.6	0.31	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	5.2	5.4	0.16	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	4.4	4.4	0.01
Community Trusts	West Yorkshire	Yorkshire Ambulance Service NHS Trust	4.1	4.7	0.57
	West Yorkshire	Leeds Community Healthcare NHS Trust	5.6	5.8	0.18
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	5.7	5.7	-0.03
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	5.9	6.0	0.06
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	5.8	6.0	0.19
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	5.5	5.5	0.00
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	5.8	5.9	0.10
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	5.4	5.5	0.12
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	5.4	5.6	0.13
	North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	5.4	5.6	0.23

Please note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

## We work flexibly

We do not have to sacrifice our family, our friends or our interests for work. We have predictable and flexible working patterns – and, if we do need to take time off, we are supported to do so.

- Support for work-life balance
- Flexible working



We work  
**flexibly**

*People Promise*

# We work flexibly

Overall score for region/ICS (2022): 6.1

Overall score for region/ICS (2021): 6.0

## Support for work life balance (6.1)

45.1%



Of staff "agree" or "strongly agree" to the statement: "My organisation is committed to helping me balance my work and home life."

- NEY saw an increase from 43.2% in 2021 to 45.1% in 2022.
- NEY had the second lowest score across all regions, East of England had a score of 44.6%.
- The highest score was 48.1% in South East.

68.0%

"Agreed" or "strongly agreed" to the statement: "I can approach my immediate manager to talk openly about flexible working."

- This figure has increased from 65.7% in 2021 for NEY.
- NEY and South West both had an increase of 2.3% since 2021, Midlands had an increase of 2.7%.

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Flexible working (6.0)

53.5%



Of staff are "satisfied" or "very satisfied" with the opportunities for flexible working patterns.

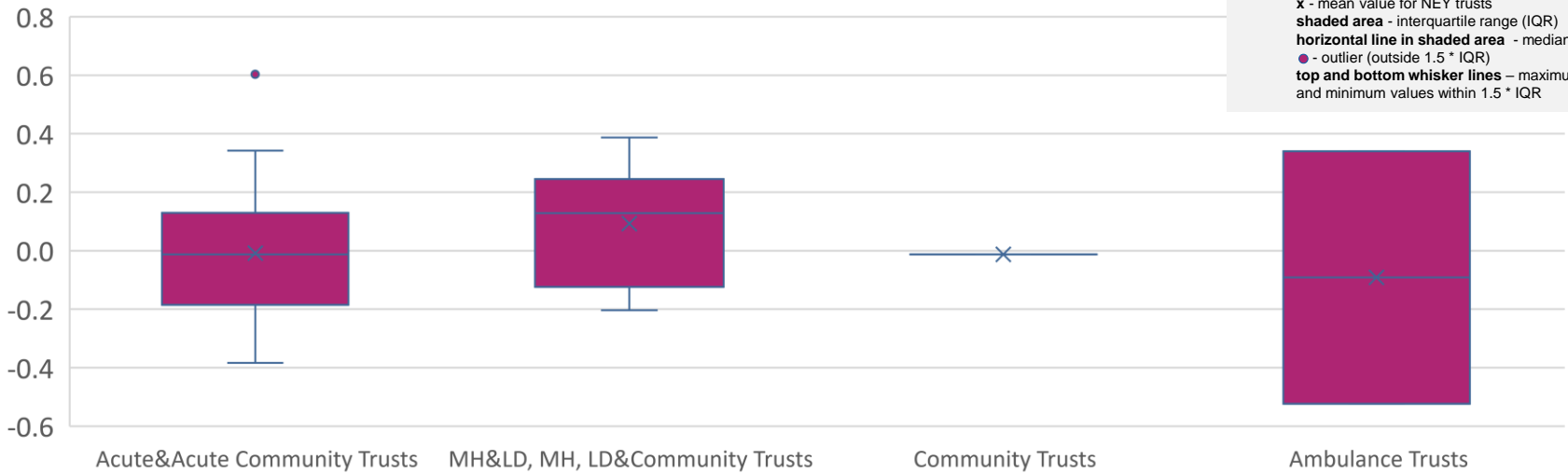
- This is an increase from 52.5% in 2021.

# We work flexibly

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

We work flexibly score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Work flexibly Score	Benchmark average	Benchmark highest	Benchmark lowest
Barnsley Hospital NHS Foundation Trust	6.6	6	6.6	5.6
Sheffield Children's NHS Foundation Trust	6.3	6	6.6	5.6
Harrogate and District NHS Foundation Trust	6.2	6	6.6	5.6

# We work flexibly

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Work flexibly Score	Benchmark average	Benchmark highest	Benchmark lowest
North Tees and Hartlepool NHS Foundation Trust	6.2	6	6.6	5.6
The Rotherham NHS Foundation Trust	6.2	6	6.6	5.6
Airedale NHS Foundation Trust	6.1	6	6.6	5.6
Bradford Teaching Hospitals NHS Foundation Trust	6.1	6	6.6	5.6
Gateshead Health NHS Foundation Trust	6.1	6	6.6	5.6
Leeds Teaching Hospitals NHS Trust	6.1	6	6.6	5.6
York and Scarborough Teaching Hospitals NHS Foundation Trust	6.1	6	6.6	5.6
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6	6	6.6	5.6
Northumbria Healthcare NHS Foundation Trust	6	6	6.6	5.6
Calderdale and Huddersfield NHS Foundation Trust	5.9	6	6.6	5.6
North Cumbria Integrated Care NHS Foundation Trust	5.9	6	6.6	5.6
South Tyneside and Sunderland NHS Foundation Trust	5.9	6	6.6	5.6
County Durham and Darlington NHS Foundation Trust	5.8	6	6.6	5.6
Mid Yorkshire Hospitals NHS Trust	5.8	6	6.6	5.6
Sheffield Teaching Hospitals NHS Foundation Trust	5.8	6	6.6	5.6
South Tees Hospitals NHS Foundation Trust	5.8	6	6.6	5.6
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.7	6	6.6	5.6
Hull University Teaching Hospitals NHS Trust	5.6	6	6.6	5.6
Northern Lincolnshire and Goole NHS Foundation Trust	5.6	6	6.6	5.6



## We work flexibly

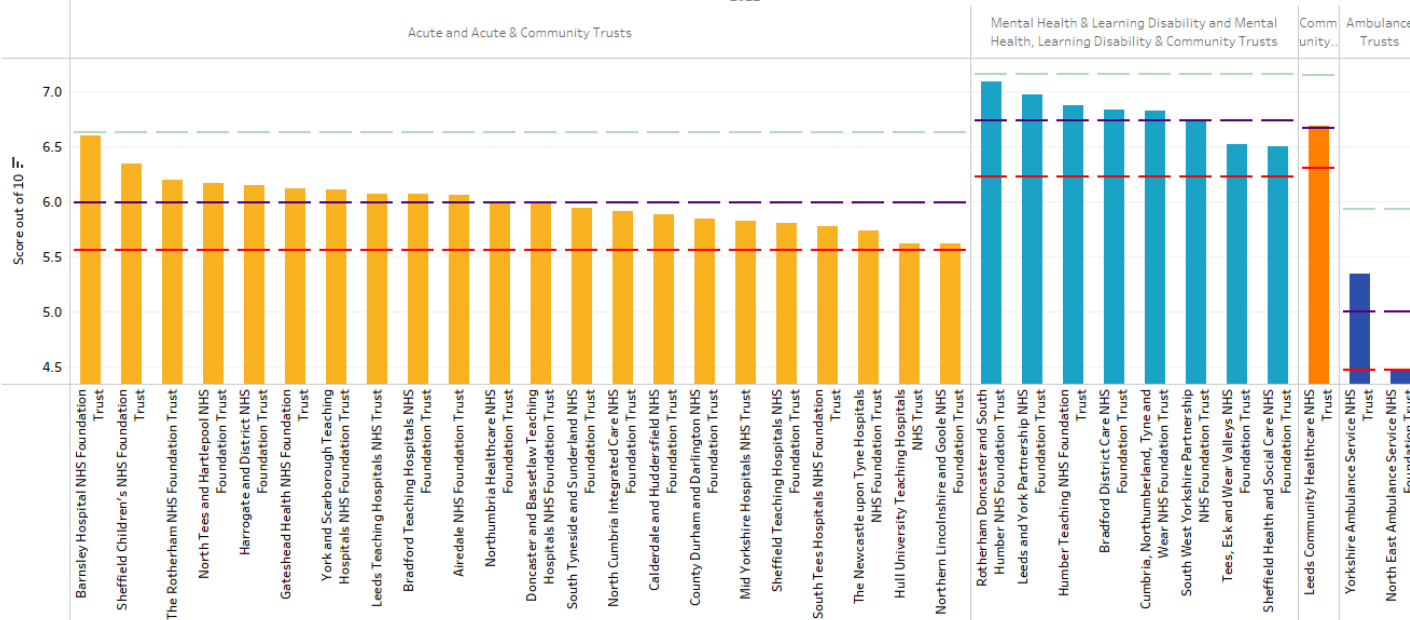
Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Work flexibly Score	Benchmark average	Benchmark highest	Benchmark lowest
Rotherham Doncaster and South Humber NHS Foundation Trust	7.1	6.7	7.2	6.2
Leeds and York Partnership NHS Foundation Trust	7	6.7	7.2	6.2
Humber Teaching NHS Foundation Trust	6.9	6.7	7.2	6.2
Bradford District Care NHS Foundation Trust	6.8	6.7	7.2	6.2
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.8	6.7	7.2	6.2
South West Yorkshire Partnership NHS Foundation Trust	6.7	6.7	7.2	6.2
Sheffield Health and Social Care NHS Foundation Trust	6.5	6.7	7.2	6.2
Tees, Esk and Wear Valleys NHS Foundation Trust	6.5	6.7	7.2	6.2

Organisation (Community Trusts, in order of score from highest to lowest)	Work flexibly Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	6.7	6.7	7.2	6.3

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Work flexibly Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	5.3	5	5.9	4.5
North East Ambulance Service NHS Foundation Trust	4.5	5	5.9	4.5

# We work flexibly

North East and Yorkshire  
We work flexibly  
Score  
2022



## Filters

Select year:

2022

Select Region:

North East and Yorkshire

Select People Promise Element / theme:

(All)

Show me the data for...

We work flexibly

Click legend to highlight

- Acute and Acute & Community Trusts
- Ambulance Trusts
- Community Trusts
- Mental Health & Learning Disability and Mental Health..
- Benchmark group - Median
- Benchmark group - Best
- Benchmark group - Worst

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# We work flexibly (2021 - 2022 comparison)

Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	6.2	6.1	-0.10
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.5	6.6	0.13
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	5.8	6.1	0.26
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	5.8	5.9	0.08
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	5.7	5.8	0.15
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.8	6.0	0.16
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	6.0	6.1	0.16
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	6.0	6.2	0.18
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	5.8	5.6	-0.17
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	6.0	6.1	0.03
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	5.7	5.9	0.25
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	5.9	6.2	0.25
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	5.6	5.6	0.05
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	6.1	6.0	-0.12
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.2	6.3	0.13
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	5.8	5.8	-0.02
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	5.8	5.8	-0.04
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	5.9	5.9	0.09
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	5.8	5.8	0.00
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.6	5.7	0.10
Ambulance Trusts	South Yorkshire	The Rotherham NHS Foundation Trust	6.0	6.2	0.18
	Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	6.0	6.1	0.06
Community Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	4.4	4.5	0.07
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	5.2	5.3	0.12
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	6.4	6.7	0.27
	West Yorkshire	Bradford District Care NHS Foundation Trust	6.9	6.8	-0.05
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.8	6.8	0.06
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	6.8	6.9	0.08
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	6.9	7.0	0.10
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	6.9	7.1	0.14
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.5	6.5	-0.03
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	6.7	6.7	0.03
	North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.3	6.5	0.19

Please note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

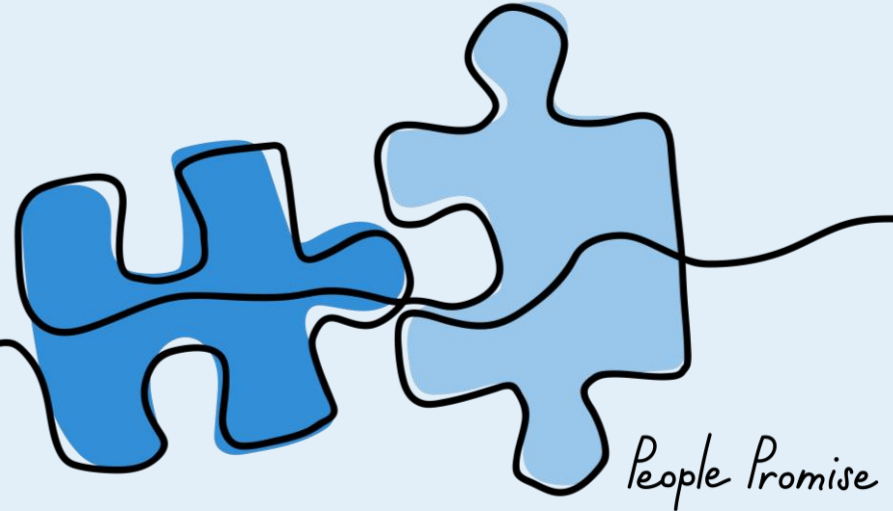
## We are a team

First and foremost, we are one huge, diverse and growing team, united by a desire to provide the very best care.

We learn from each other, support each other and take time to celebrate successes.

- Team working
- Line management

We are  
**a team**



# We are a team

Overall score for region/ICS (2022): 6.7

Overall score for region/ICS (2021): 6.6

## Team working (6.6)

82.2%



Of staff said that they "agree" or "strongly agree" with the statement; "I enjoy working with the colleagues in my team."

- This score has improved from 81.6% in 2021.
- All regions, except London, improved on this score by a similar amount.

71.1%

Of colleagues "agree" or "strongly agree" that they receive the respect they deserve from their colleagues at work.

- This has improved from 70.2% in NEY.
- All regions had a similar rise in scores.

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021.

## Line management (X.X)

XX.X%



Sub scores not available

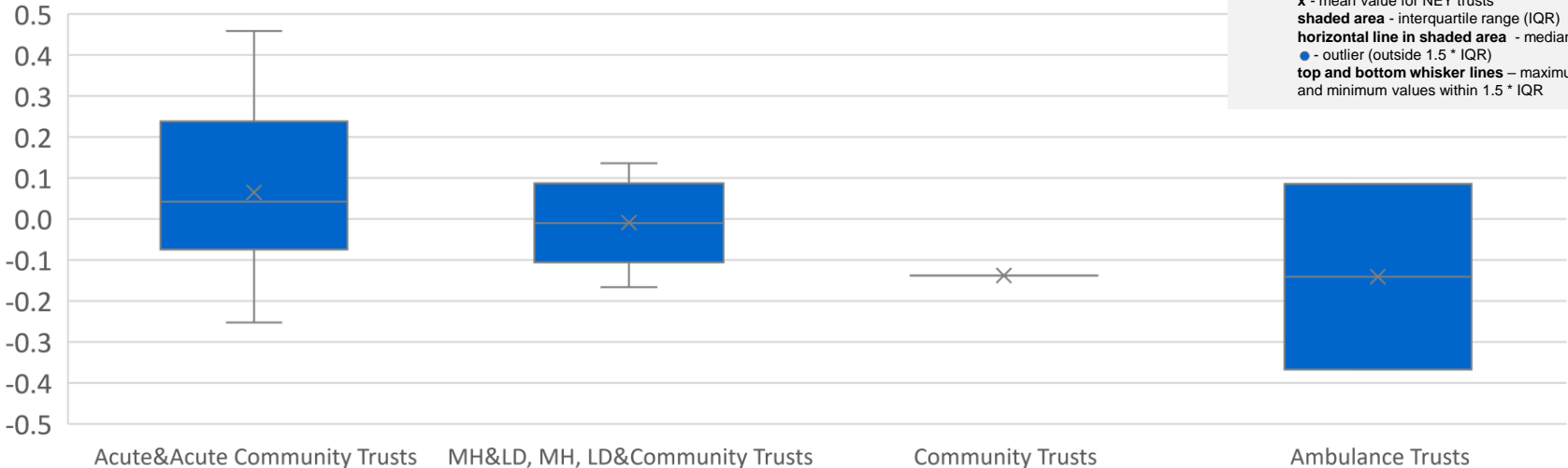
XX.X%

# We are a team

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

### We are a team score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	We are a team Score	Benchmark average	Benchmark highest	Benchmark lowest
Barnsley Hospital NHS Foundation Trust	7.1	6.6	7.1	6.3
North Tees and Hartlepool NHS Foundation Trust	6.9	6.6	7.1	6.3
Northumbria Healthcare NHS Foundation Trust	6.9	6.6	7.1	6.3

# We are a team

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	We are a team Score	Benchmark average	Benchmark highest	Benchmark lowest
Sheffield Children's NHS Foundation Trust	6.9	6.6	7.1	6.3
The Rotherham NHS Foundation Trust	6.9	6.6	7.1	6.3
Gateshead Health NHS Foundation Trust	6.8	6.6	7.1	6.3
Harrogate and District NHS Foundation Trust	6.8	6.6	7.1	6.3
Bradford Teaching Hospitals NHS Foundation Trust	6.7	6.6	7.1	6.3
Leeds Teaching Hospitals NHS Trust	6.7	6.6	7.1	6.3
South Tees Hospitals NHS Foundation Trust	6.7	6.6	7.1	6.3
Airedale NHS Foundation Trust	6.6	6.6	7.1	6.3
Calderdale and Huddersfield NHS Foundation Trust	6.6	6.6	7.1	6.3
County Durham and Darlington NHS Foundation Trust	6.6	6.6	7.1	6.3
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.6	6.6	7.1	6.3
York and Scarborough Teaching Hospitals NHS Foundation Trust	6.6	6.6	7.1	6.3
Mid Yorkshire Hospitals NHS Trust	6.5	6.6	7.1	6.3
North Cumbria Integrated Care NHS Foundation Trust	6.5	6.6	7.1	6.3
Sheffield Teaching Hospitals NHS Foundation Trust	6.5	6.6	7.1	6.3
South Tyneside and Sunderland NHS Foundation Trust	6.5	6.6	7.1	6.3
The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.5	6.6	7.1	6.3
Northern Lincolnshire and Goole NHS Foundation Trust	6.4	6.6	7.1	6.3
Hull University Teaching Hospitals NHS Trust	6.3	6.6	7.1	6.3

# We are a team

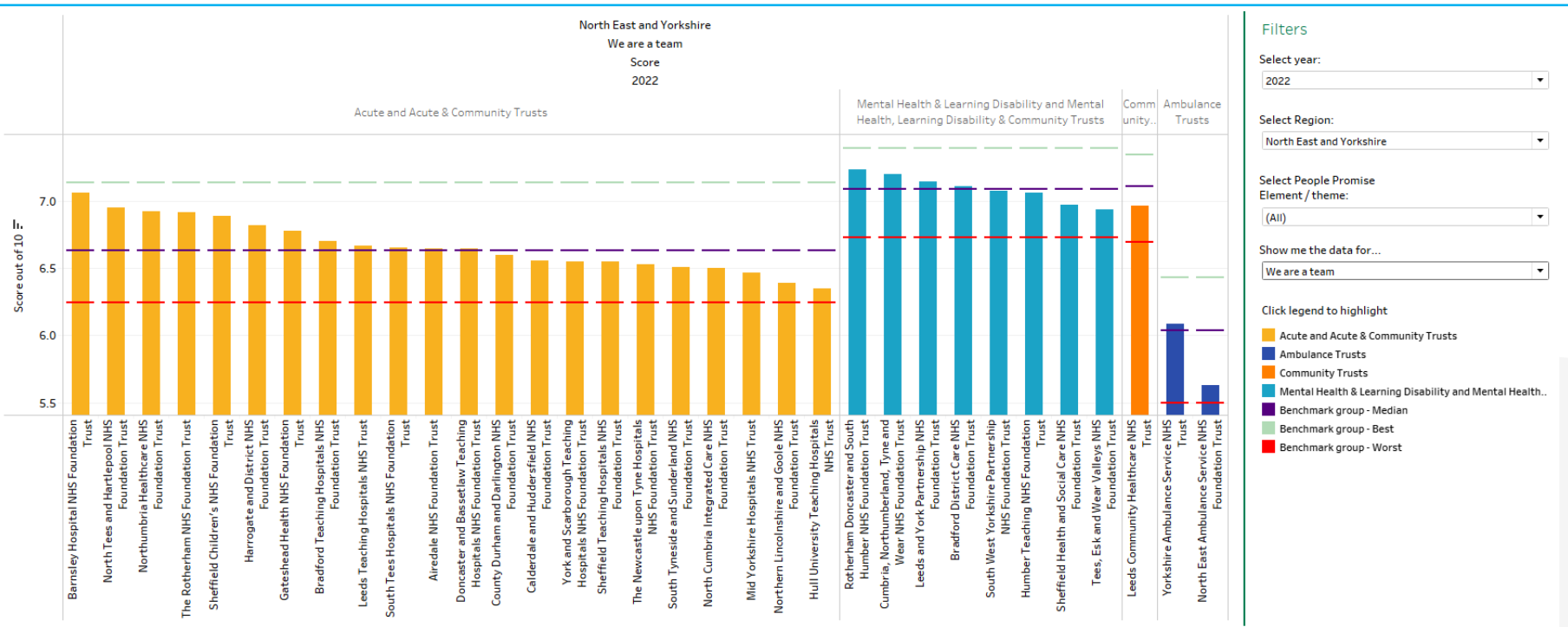
Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	We are a team Score	Benchmark average	Benchmark highest	Benchmark lowest
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.2	7.1	7.4	6.7
Rotherham Doncaster and South Humber NHS Foundation Trust	7.2	7.1	7.4	6.7
Bradford District Care NHS Foundation Trust	7.1	7.1	7.4	6.7
Humber Teaching NHS Foundation Trust	7.1	7.1	7.4	6.7
Leeds and York Partnership NHS Foundation Trust	7.1	7.1	7.4	6.7
South West Yorkshire Partnership NHS Foundation Trust	7.1	7.1	7.4	6.7
Sheffield Health and Social Care NHS Foundation Trust	7	7.1	7.4	6.7
Tees, Esk and Wear Valleys NHS Foundation Trust	6.9	7.1	7.4	6.7

Organisation (Community Trusts, in order of score from highest to lowest)	We are a team Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	7	7.1	7.4	6.7

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	We are a team Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	6.1	6	6.4	5.5
North East Ambulance Service NHS Foundation Trust	5.6	6	6.4	5.5



# We are a team



Please note: all of the data on this page is WEIGHTED by occupational group. Further information is available in the Technical document available at [www.nhsstaffsurveys.com/survey-documents](http://www.nhsstaffsurveys.com/survey-documents)

We are  
a team



# We are a Team (2021 - 2022 comparison)

Trust Type	System	Trust Name	2021 Score	2022 Score	21-22 Score Diff.
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	6.8	6.6	-0.12
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.9	7.1	0.14
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	6.4	6.7	0.27
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	6.5	6.6	0.07
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	6.5	6.6	0.06
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.4	6.6	0.24
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	6.6	6.8	0.18
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	6.6	6.8	0.23
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	6.4	6.3	-0.09
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	6.6	6.7	0.02
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	6.4	6.5	0.07
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	6.7	6.9	0.20
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	6.3	6.4	0.10
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	7.0	6.9	-0.04
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.7	6.9	0.15
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	6.5	6.5	0.08
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	6.7	6.7	-0.03
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	6.4	6.5	0.15
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	6.5	6.5	-0.04
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.4	6.5	0.08
South Yorkshire	The Rotherham NHS Foundation Trust	6.7	6.9	0.24	
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	6.5	6.6	0.10	
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	5.8	5.6	-0.15
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	5.6	6.1	0.47
Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	6.8	7.0	0.13
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	7.1	7.1	0.01
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.2	7.2	0.03
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	7.0	7.1	0.03
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	7.1	7.1	0.08
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	7.2	7.2	0.06
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.8	7.0	0.14
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	7.0	7.1	0.06
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.9	6.9	0.07	

Please note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

## Staff Engagement

Engaged staff think and act in a positive way about work and the organisation that they work in; leading to improved individual and organisational performance. Staff engagement is essential for a healthy workforce and can positively affect retention.

- Motivation
- Involvement
- Advocacy

# Staff Engagement

Overall score for region/ICS (2022): 6.8

Overall score for region/ICS (2021):

## Motivation (6.9)

Motivation has stayed the same since the 2021 survey results.

**51.0%** Said they often or always look forward to going to work.

- This has increased from 50.1% in 2021.

**66.9%** Said they are often or always enthusiastic about their job.

- This has stayed consistent since 2021.

**71.9%** Said time often or always passes quickly when they are working.

- This has decreased since 2021 (72%)

## Involvement (6.8)

Involvement saw an increase from 6.7 to 6.8 in 2022.

**72.6%** said they have frequent opportunities to show initiative in their role.

- This has increased from 71.8% in 2021.

**71.0%** Said they are able to make suggestions to improve the work of their team / department.

- This has increased from 69.6% in 2021.

**53.5%** said they are able to make improvements happen in their area of work.

- This has increased from 51.6% in 2021.

## Advocacy (6.7)

Advocacy has been declining from 7.2 in 2020, to 6.8 in 2021 and to 6.7 in 2022.

**74.3%** said they would recommend their organisation as a place to work.

- This is a decrease since 2021 which had a score of 75.5%

**57.9%** said they would be happy with the standard of care provided by their organisation for a friend or relative needing treatment.

- This measure has decreased from 58.9% since 2021.

**63.1%** Said that if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation.

- This has decreased for the last two years, in 2020 74.1% said they would be happy, in 2021 67.7% said they would be happy.

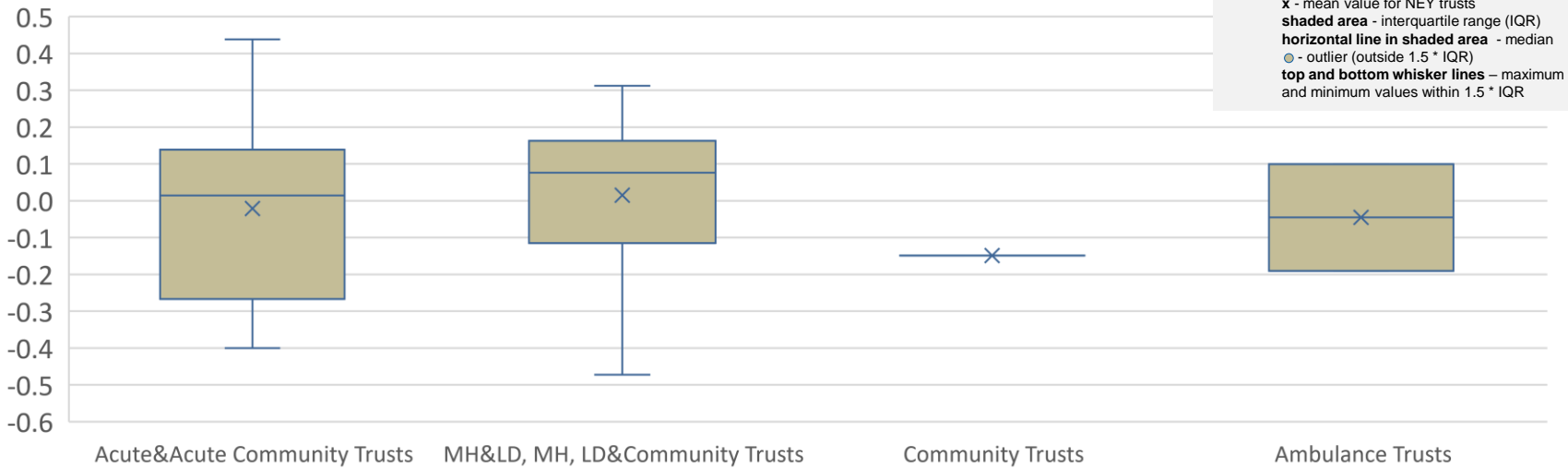
Figures in red show decrease in scores from 2021, figures in blue show an increase in scores since 2021, green shows the score stayed the same.

# Staff Engagement

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

Staff engagement score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Staff engagement Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	7.2	6.8	7.3	6.1
Sheffield Children's NHS Foundation Trust	7.1	6.8	7.3	6.1
Barnsley Hospital NHS Foundation Trust	7	6.8	7.3	6.1

# Staff Engagement

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Staff engagement Score	Benchmark average	Benchmark highest	Benchmark lowest
North Tees and Hartlepool NHS Foundation Trust	7	6.8	7.3	6.1
Airedale NHS Foundation Trust	6.9	6.8	7.3	6.1
Bradford Teaching Hospitals NHS Foundation Trust	6.9	6.8	7.3	6.1
Gateshead Health NHS Foundation Trust	6.9	6.8	7.3	6.1
The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.9	6.8	7.3	6.1
Calderdale and Huddersfield NHS Foundation Trust	6.8	6.8	7.3	6.1
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.8	6.8	7.3	6.1
Harrogate and District NHS Foundation Trust	6.8	6.8	7.3	6.1
Leeds Teaching Hospitals NHS Trust	6.8	6.8	7.3	6.1
South Tees Hospitals NHS Foundation Trust	6.8	6.8	7.3	6.1
Sheffield Teaching Hospitals NHS Foundation Trust	6.7	6.8	7.3	6.1
South Tyneside and Sunderland NHS Foundation Trust	6.7	6.8	7.3	6.1
The Rotherham NHS Foundation Trust	6.7	6.8	7.3	6.1
County Durham and Darlington NHS Foundation Trust	6.5	6.8	7.3	6.1
Mid Yorkshire Hospitals NHS Trust	6.5	6.8	7.3	6.1
North Cumbria Integrated Care NHS Foundation Trust	6.5	6.8	7.3	6.1
York and Scarborough Teaching Hospitals NHS Foundation Trust	6.5	6.8	7.3	6.1
Hull University Teaching Hospitals NHS Trust	6.4	6.8	7.3	6.1
Northern Lincolnshire and Goole NHS Foundation Trust	6.4	6.8	7.3	6.1

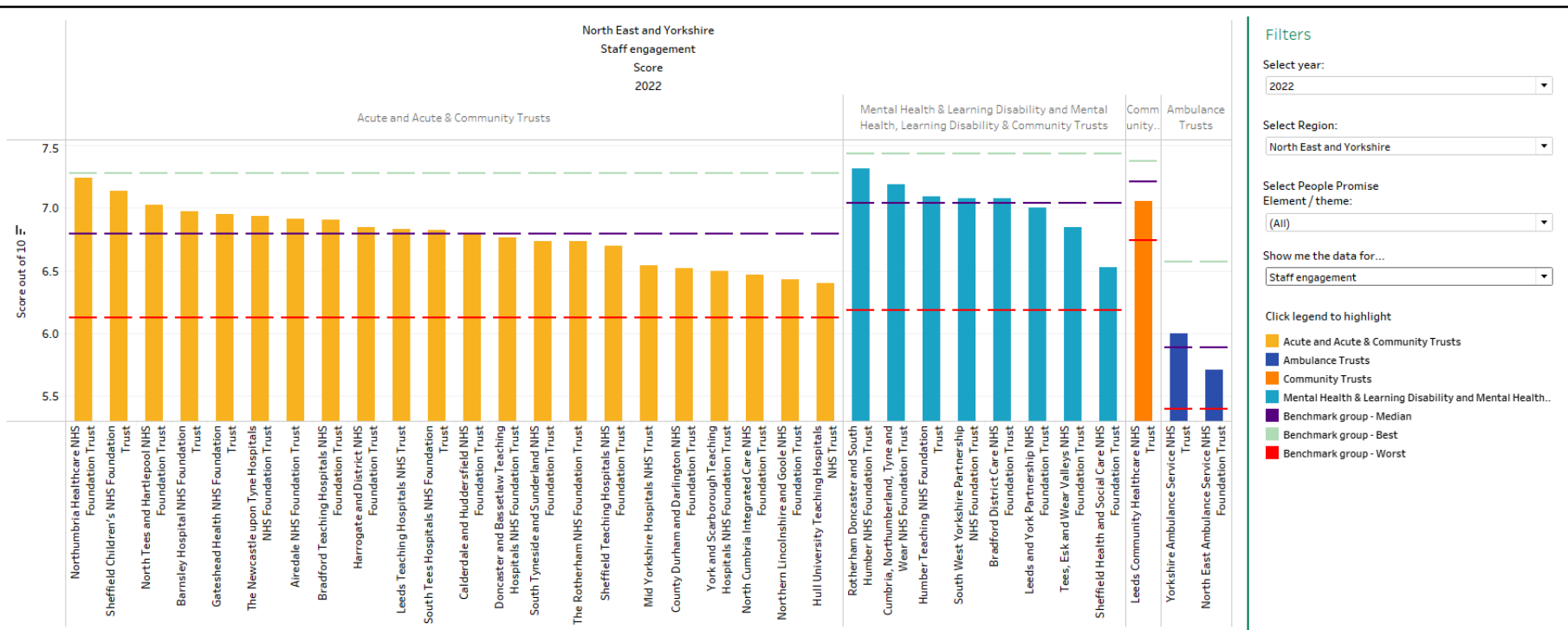
# Staff Engagement

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Staff engagement Score	Benchmark average	Benchmark highest	Benchmark lowest
Rotherham Doncaster and South Humber NHS Foundation Trust	7.3	7	7.4	6.2
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.2	7	7.4	6.2
Bradford District Care NHS Foundation Trust	7.1	7	7.4	6.2
Humber Teaching NHS Foundation Trust	7.1	7	7.4	6.2
South West Yorkshire Partnership NHS Foundation Trust	7.1	7	7.4	6.2
Leeds and York Partnership NHS Foundation Trust	7	7	7.4	6.2
Tees, Esk and Wear Valleys NHS Foundation Trust	6.8	7	7.4	6.2
Sheffield Health and Social Care NHS Foundation Trust	6.5	7	7.4	6.2

Organisation (Community Trusts, in order of score from highest to lowest)	Staff engagement Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	7.1	7.2	7.4	6.7

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Staff engagement Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	6	5.9	6.6	5.4
North East Ambulance Service NHS Foundation Trust	5.7	5.9	6.6	5.4

# Staff engagement



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# Staff engagement (2020, 2021 & 2022 comparison)

Trust Type	System	Trust Name	2020 Score	2021 Score	2022 Score	21-22 Score Diff.	YoY Trend
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	7.3	7.1	6.9	-0.18	
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	7.1	7.0	7.0	-0.01	
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	7.1	6.8	6.9	0.11	
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	6.9	6.7	6.8	0.08	
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	6.9	6.6	6.5	-0.12	
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.9	6.7	6.8	0.03	
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	7.1	6.9	6.9	0.03	
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	6.9	6.7	6.8	0.12	
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	7.1	6.7	6.4	-0.33	
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	7.1	6.9	6.8	-0.11	
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	6.6	6.5	6.5	-0.01	
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	7.2	7.0	7.0	0.07	
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	6.6	6.4	6.4	0.02	
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	7.6	7.4	7.2	-0.19	
	South Yorkshire	Sheffield Children's NHS Foundation Trust	7.3	7.1	7.1	0.05	
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	7.0	6.8	6.7	-0.05	
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	6.9	6.9	6.8	-0.09	
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	6.9	6.7	6.7	0.06	
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	6.6	6.6	6.5	-0.07	
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.3	7.0	6.9	-0.01	
South Yorkshire	The Rotherham NHS Foundation Trust	6.9	6.7	6.7	0.08		
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	6.9	6.6	6.5	-0.11		
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	6.3	5.7	5.7	0.03	
	West Yorkshire	Yorkshire Ambulance Service NHS Trust	6.5	5.9	6.0	0.09	
Community Trusts	West Yorkshire	Leeds Community Healthcare NHS Trust	7.1	7.0	7.1	0.10	
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	7.1	7.1	7.1	0.00	
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	7.3	7.1	7.2	0.08	
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	7.1	7.0	7.1	0.08	
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	7.2	7.0	7.0	-0.01	
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	7.2	7.2	7.3	0.14	
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.6	6.5	6.5	0.07	
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	7.1	7.1	7.1	0.01	
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	7.1	6.8	6.9	0.06		

The Year on Year (YoY) trend column shows 3 points in time: 2020, 2021 and 2022. The lowest score across the three years is marked with a red dot. Please also note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

## Morale

Along with engagement, good morale is essential for a healthy workforce and can positively affect retention and patient outcomes.

- Thinking about leaving
- Work pressure
- Stressors

# Morale

Overall score for region/ICS (2022): 5.8

Overall score for region/ICS (2021): 5.8

## Thinking about leaving (6.0)

## Stressors (6.3)

Thinking about leaving has declined from 6.1 in 2021. All regions declined in this sub-score.

Stressors overall score has stayed the same since 2021. All regions stayed the same in 2022 except South East and South West who both improved by 0.1.

xx.x% **Sub scores not available**

xx.x%

xx.x%

## Work pressure (5.0)

This sub-score has decreased from 5.1 in 2021. All regions saw a decline or the same score compared to 2021.

xx.x%

xx.x% **Sub scores not available**

xx.x%

xx.x%

**25.0%**

Of staff said they "never" or "rarely" have unrealistic time pressures.

- This figure has improved since 2021 (24.8%)

**85.3%**

Said that they always know what their responsibilities are.

- This is a decrease from the 2021 score of 85.6%, but the same as what the region scored in 2020.

**46.0%**

Said that relationships at work are strained.

- This is an improvement of 2.1% since (43.9%).

Figures in red show decrease in scores from 2021, figures in green show an increase in scores since 2021, blue shows the score stayed the same.

# Morale

## Focus on scores for each organisations vs benchmark

The following chart shows the **distribution of score differences** for NEY trusts by sector **compared to the national benchmark averages**. The highest point on a whisker is the highest figure in the data set, the lowest point on a whisker is the lowest point in the data set. They stick out as a whisker to show the range of the data points, despite the majority being within the shaded area. Within the distribution of the shaded area is where most of the scores sit. The 'x' is the mean (the average) data point.

### Morale score by organisation



Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Morale Score	Benchmark average	Benchmark highest	Benchmark lowest
Northumbria Healthcare NHS Foundation Trust	6.3	5.7	6.3	5.2
Barnsley Hospital NHS Foundation Trust	6.1	5.7	6.3	5.2
North Tees and Hartlepool NHS Foundation Trust	6.1	5.7	6.3	5.2

# Morale

Organisation (Acute & Acute and Community, in order of score from highest to lowest)	Morale Score	Benchmark average	Benchmark highest	Benchmark lowest
Sheffield Children's NHS Foundation Trust	5.9	5.7	6.3	5.2
The Rotherham NHS Foundation Trust	5.9	5.7	6.3	5.2
Airedale NHS Foundation Trust	5.8	5.7	6.3	5.2
Bradford Teaching Hospitals NHS Foundation Trust	5.8	5.7	6.3	5.2
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.8	5.7	6.3	5.2
Gateshead Health NHS Foundation Trust	5.8	5.7	6.3	5.2
South Tyneside and Sunderland NHS Foundation Trust	5.8	5.7	6.3	5.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.8	5.7	6.3	5.2
Calderdale and Huddersfield NHS Foundation Trust	5.7	5.7	6.3	5.2
Harrogate and District NHS Foundation Trust	5.7	5.7	6.3	5.2
Leeds Teaching Hospitals NHS Trust	5.7	5.7	6.3	5.2
Mid Yorkshire Hospitals NHS Trust	5.7	5.7	6.3	5.2
Sheffield Teaching Hospitals NHS Foundation Trust	5.7	5.7	6.3	5.2
South Tees Hospitals NHS Foundation Trust	5.7	5.7	6.3	5.2
North Cumbria Integrated Care NHS Foundation Trust	5.6	5.7	6.3	5.2
County Durham and Darlington NHS Foundation Trust	5.5	5.7	6.3	5.2
Hull University Teaching Hospitals NHS Trust	5.5	5.7	6.3	5.2
Northern Lincolnshire and Goole NHS Foundation Trust	5.5	5.7	6.3	5.2
York and Scarborough Teaching Hospitals NHS Foundation Trust	5.5	5.7	6.3	5.2

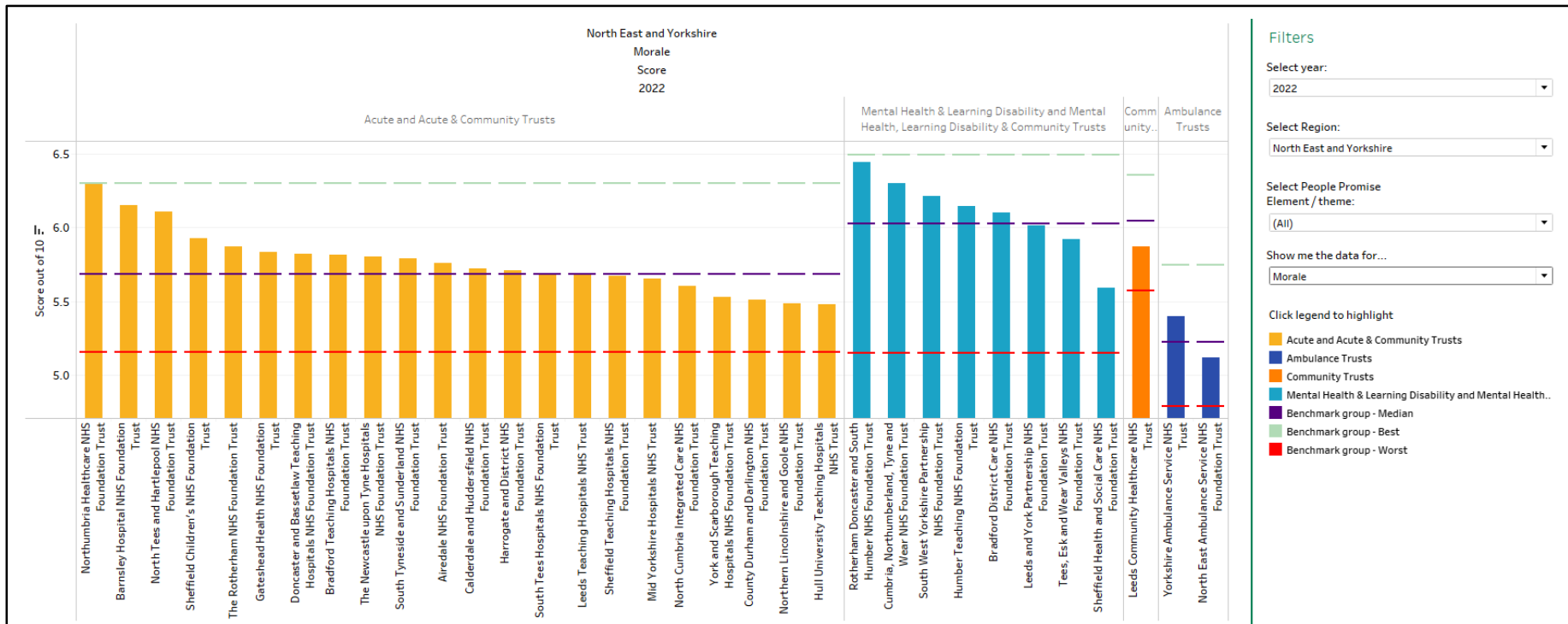
# Morale

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Morale Score	Benchmark average	Benchmark highest	Benchmark lowest
Rotherham Doncaster and South Humber NHS Foundation Trust	6.4	6	6.5	5.2
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.3	6	6.5	5.2
South West Yorkshire Partnership NHS Foundation Trust	6.2	6	6.5	5.2
Bradford District Care NHS Foundation Trust	6.1	6	6.5	5.2
Humber Teaching NHS Foundation Trust	6.1	6	6.5	5.2
Leeds and York Partnership NHS Foundation Trust	6	6	6.5	5.2
Tees, Esk and Wear Valleys NHS Foundation Trust	5.9	6	6.5	5.2
Sheffield Health and Social Care NHS Foundation Trust	5.6	6	6.5	5.2

Organisation (Community Trusts, in order of score from highest to lowest)	Morale Score	Benchmark average	Benchmark highest	Benchmark lowest
Leeds Community Healthcare NHS Trust	5.9	6.1	6.4	5.6

Organisation (MH & LD and MH, LD & Community Trusts, in order of score from highest to lowest)	Morale Score	Benchmark average	Benchmark highest	Benchmark lowest
Yorkshire Ambulance Service NHS Trust	5.4	5.2	5.8	4.8
North East Ambulance Service NHS Foundation Trust	5.1	5.2	5.8	4.8

# Morale



Please note: all of the data on this page is WEIGHTED by occupational group. Further information is available in the Technical document available at [www.nhsstaffsurveys.com/survey-documents](http://www.nhsstaffsurveys.com/survey-documents)

# Morale (2020, 2021 & 2022 comparison)

Trust Type	System	Trust Name	2020 Score	2021 Score	2022 Score	21-22 Score Diff.	YoY Trend
Acute and Acute & Community Trusts	West Yorkshire	Airedale NHS Foundation Trust	6.5	5.9	5.8	-0.18	
	South Yorkshire	Barnsley Hospital NHS Foundation Trust	6.4	6.1	6.1	0.08	
	West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	6.3	5.7	5.8	0.12	
	West Yorkshire	Calderdale and Huddersfield NHS Foundation Trust	6.1	5.6	5.7	0.08	
	North East and North Cumbria	County Durham and Darlington NHS Foundation Trust	6.0	5.6	5.5	-0.05	
	South Yorkshire	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	6.2	5.7	5.8	0.15	
	North East and North Cumbria	Gateshead Health NHS Foundation Trust	6.3	5.9	5.8	-0.02	
	Humber and North Yorkshire	Harrogate and District NHS Foundation Trust	6.1	5.5	5.7	0.21	
	Humber and North Yorkshire	Hull University Teaching Hospitals NHS Trust	6.4	5.8	5.5	-0.30	
	West Yorkshire	Leeds Teaching Hospitals NHS Trust	6.3	5.9	5.7	-0.17	
	North East and North Cumbria	North Cumbria Integrated Care NHS Foundation Trust	6.0	5.6	5.6	0.02	
	North East and North Cumbria	North Tees and Hartlepool NHS Foundation Trust	6.4	5.9	6.1	0.17	
	Humber and North Yorkshire	Northern Lincolnshire and Goole NHS Foundation Trust	5.9	5.5	5.5	-0.01	
	North East and North Cumbria	Northumbria Healthcare NHS Foundation Trust	6.9	6.5	6.3	-0.15	
	South Yorkshire	Sheffield Children's NHS Foundation Trust	6.5	5.9	5.9	0.08	
	South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	6.4	5.8	5.7	-0.14	
	North East and North Cumbria	South Tees Hospitals NHS Foundation Trust	6.1	5.8	5.7	-0.08	
	North East and North Cumbria	South Tyneside and Sunderland NHS Foundation Trust	6.2	5.7	5.8	0.08	
	West Yorkshire	The Mid Yorkshire Hospitals NHS Trust	6.0	5.8	5.7	-0.10	
	North East and North Cumbria	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.5	5.9	5.8	-0.05	
South Yorkshire	The Rotherham NHS Foundation Trust	6.3	5.8	5.9	0.09		
Humber and North Yorkshire	York Teaching Hospital NHS Foundation Trust	6.2	5.6	5.5	-0.06		
Ambulance Trusts	North East and North Cumbria	North East Ambulance Service NHS Foundation Trust	5.8	5.0	5.1	0.12	
Community Trusts	West Yorkshire	Yorkshire Ambulance Service NHS Trust	6.0	5.3	5.4	0.11	
	West Yorkshire	Leeds Community Healthcare NHS Trust	6.3	5.8	5.9	0.09	
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	West Yorkshire	Bradford District Care NHS Foundation Trust	6.4	6.1	6.1	0.02	
	North East and North Cumbria	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	6.7	6.3	6.3	0.04	
	Humber and North Yorkshire	Humber Teaching NHS Foundation Trust	6.4	6.1	6.1	0.06	
	West Yorkshire	Leeds and York Partnership NHS Foundation Trust	6.6	6.1	6.0	-0.06	
	South Yorkshire	Rotherham Doncaster and South Humber NHS Foundation Trust	6.6	6.3	6.4	0.11	
	South Yorkshire	Sheffield Health and Social Care NHS Foundation Trust	6.1	5.6	5.6	0.01	
	West Yorkshire	South West Yorkshire Partnership NHS Foundation Trust	6.5	6.2	6.2	0.00	
North East and North Cumbria	Tees, Esk and Wear Valleys NHS Foundation Trust	6.4	5.9	5.9	0.02		

The Year on Year (YoY) trend column shows 3 points in time: 2020, 2021 and 2022. The lowest score across the three years is marked with a red dot. Please also note that the colour scale on the 21-22 Score Diff. column shows marginal differences.

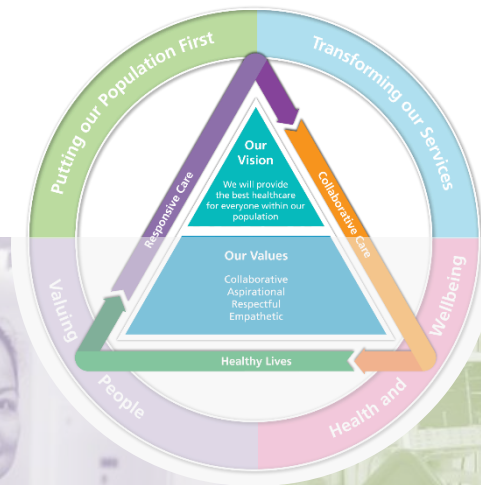


## Board of Directors

Title of report:	Maternity Board Report Q4								
Date:	27 April 2023								
Prepared by:	Stephanie Worn, AD of Midwifery/Angela Storr, Patient Safety Quality and Governance Lead								
Executive sponsor:	Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality								
Purpose of the report	<p>The purpose of the report is to inform the Board of Directors of Quarter 4 position within Maternity services including:</p> <p>Maternity Incentive Scheme – final compliance declaration          Serious Incidents (HSIB)          Maternity Dashboard          Quarterly Reports          Perinatal Mortality Review Tool (PMRT)          Staffing          Training</p>								
Action required:	Approve		Assurance	x	Discuss	x	Information	x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led
Executive Summary and the key issues for consideration/ decision:									
<p>The report demonstrates significant work undertaken to ensure safety, the highest quality of care continues to be delivered, and opportunities for learning and improvement embedded.</p> <p><b>The report identifies</b> progress against CNST MIS actions, with plans in place to ensure compliance with all measures</p> <p><b>The report provides assurance that there is</b> ongoing learning and improvement across areas within maternity.</p>									
How this report impacts on current risks or highlights new risks:									
Identify link to BAF									
Committees/groups where this item has been discussed	PS & QS								
Recommendation	<p>The Board of Directors are asked to note the significant work and improvements to ensure the Trust achieves full compliance against the recommendations from the key national enquiries and reports.</p> <p>The Board of Directors are asked to note the significant work being undertaken in relation to learning and improvement across all areas of the service and the plans in place to maintain stability ensuring quality is at the centre of care delivery.</p>								

# Maternity Board Report Quarter 4

April 2023



# Summary of Contents

- Maternity Incentive Scheme
- Learning from Safety Incidents
- Maternity Dashboard
- Quarterly Reports
- Perinatal Mortality Review Tool
- Staffing
- Training

## Maternity Incentive Scheme (MIS)

### Awaiting release for year MIS 5

- A work plan has been developed in anticipation of MIS Year 5 , aligned to Ockenden report
- Individual work plan for each safety action with identified leads
- Meetings organised for review of evidence on a monthly basis

### Progress with improvement plans for Safety Actions in MIS Year 4

- **Safety Action 1** – Full compliance with timely submission of national registration tool required pregnancy losses
- **Safety Action 6** – Patient now undergo uterine Doppler assessment at 24 weeks. A project is underway to support with smoking cessation and carbon monoxide monitoring in pregnancy
- **Safety Action 8** –Partial compliance . MDT training planned and a monitoring and compliance dashboard is being developed.
- **Safety Action 9** – Partial compliance. Mat-neo-champions meetings are scheduled for the year. Scheduling of Monthly Board Champion WalkABOUTs and improvement plan for completion of a tool which ensures feedback is provided to staff with regards actions taken following feedback from staff.

# Incidents reported to Healthcare Safety Investigation Branch (HSIB)

HSIB undertakes case reviews for learning in the following categories; term stillbirth, early neonatal death or potentially severe brain injury

## 2 Incidents submitted to HSIB :

- Baby requiring therapeutic cooling /suspected Hypoxic-ischaemic encephalopathy (HIE) ( Both cases were reported under this category )

## Rapid review to support learning

- Area of good practice: Duty of candour undertaken with the families within the correct timeframes
- Coincidental finding: staff unaware of the use of new theatres beds. This did not contribute to the overall outcome
- Coincidental finding: inconsistent documentation of care plans discussed with women. This did not contribute to the overall outcome

# Patient Safety Events

## 4 events have been reported:

- 1 Unit closure to new admissions for 9.5hrs
- 1 Psychological harm
- 1 Intra uterine death with maternal admission to intensive care .
- 1 postpartum haemorrhage of 3.2 litres requiring admission to intensive care .

## Initial Lessons learned

- Area of good practice: Duty of candour undertaken with the families within the correct timeframe
- Review local escalation plans

# Service Improvements

Project	Progress	Objectives
Management of post partum blood loss.	Implemented delivery suite / Theatre / community – next step data collection	Reduce the risk of maternal death from postpartum haemorrhage
Each baby counts support and learn; escalation and communication tools	Establishing a work group	Enhance communication process Timely recognition and response to clinical concerns
Reduce smoking in pregnancy	Developing resources and champions across maternity	Train all staff Offer nicotine replacement therapy Reduction in rates of smoking in pregnancy Promote health and wellbeing
Aqua culture work	Established working groups based on key themes	Enhance a positive, safe and transparent culture within maternity and obstetrics
UNICEF BFI accreditation	Project plan commenced	Optimise outcomes for babies and families

# Q4 Maternity dashboard

March 2023

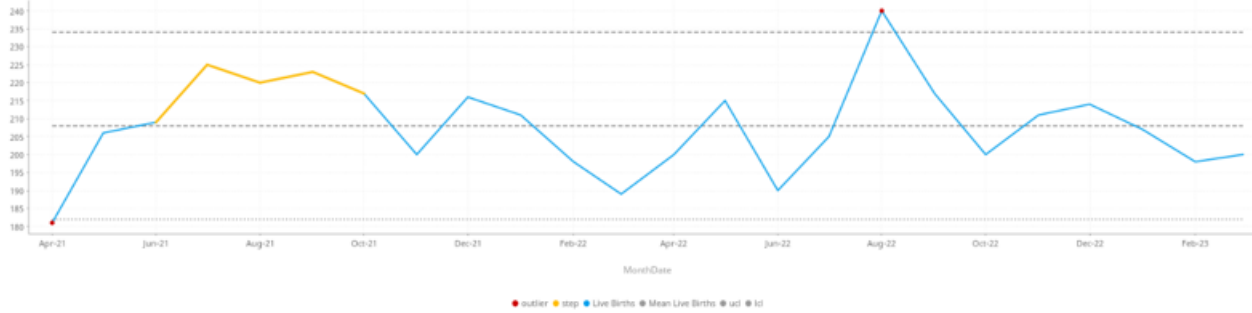
## Maternity Perinatal Quality Surveillance Report

KPI	Latest value against a target of		Narrative
Number of Births	201		<p>1:1 Care in labour has improved this month. Despite the staffing pressure which are currently being experienced in Maternity. Daily staffing huddles continue to take place and daily regional SitRep. Staff are encouraged to Datix when staff are escalated from non-clinical roles. Currently there is staffing vacancies and number of midwives who on mentorship programme.</p> <p>It has been agreed the scales used for weighing babies can also be used for measurement of blood loss in the event of post-partum haemorrhage .Currently each delivery room has a set of scales to accommodate this.</p> <p>An ATAIN ( Avoiding term admissions to neonatal units ) audit has continued to be undertaken at part of the requirement for CNST. Actions taken are implementation of the BAPM Hypoglycaemia pathway in term babies, update of the hypothermia guideline and ATAIN action plan shared at the Maternity Neonatal Champion meeting. There is a focus on pre optimisation pathway to ensure term babies are identified who require steroids .</p>
1:1 Care in labour	95.63%		
3rd / 4th Degree Tear Rate	1.53%		
Obstetric Haemorrhage >1.5L	5.10%		
Still Birth Rate	0.50% / 0.45%		
Breastfeeding at first feed	48.76% / 74.4%		
Smoking at Booking	12.24% / 11.00%		
Smoking at Delivery	12.76% / 11.00%		
Right place of Birth	98.98% / 100%		
Venous Thromboembolism (VTE)	89.00% / 95.0%		
Induction of Labour	40.82% / 46.9%		
Preterm Births (<30 weeks)	2		
FFT Response % Good or Very	96.15% / 90.0%		

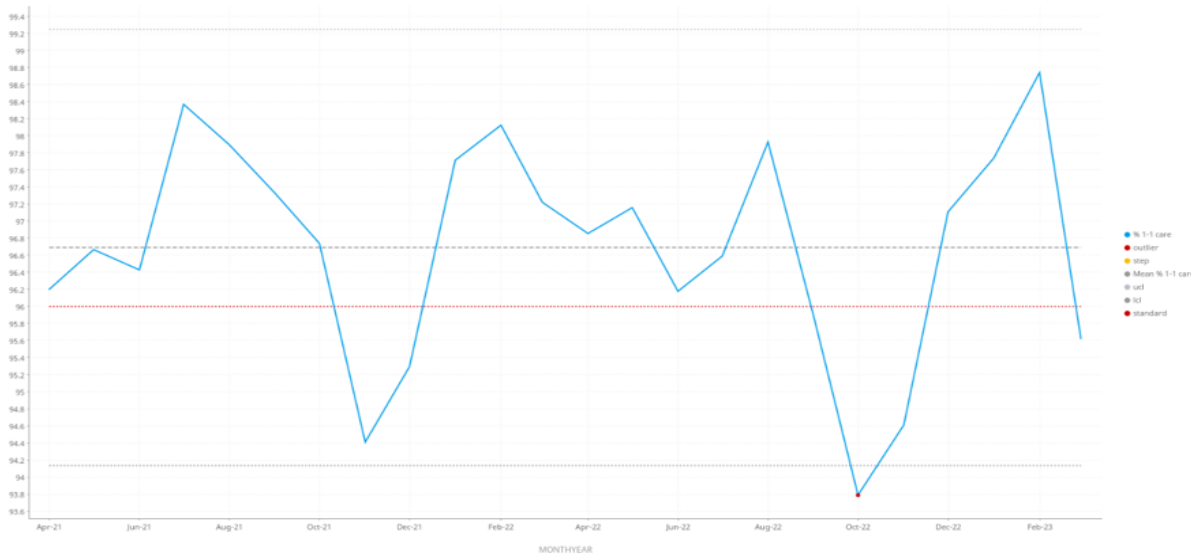


# Q4 Maternity dashboard

## Total births

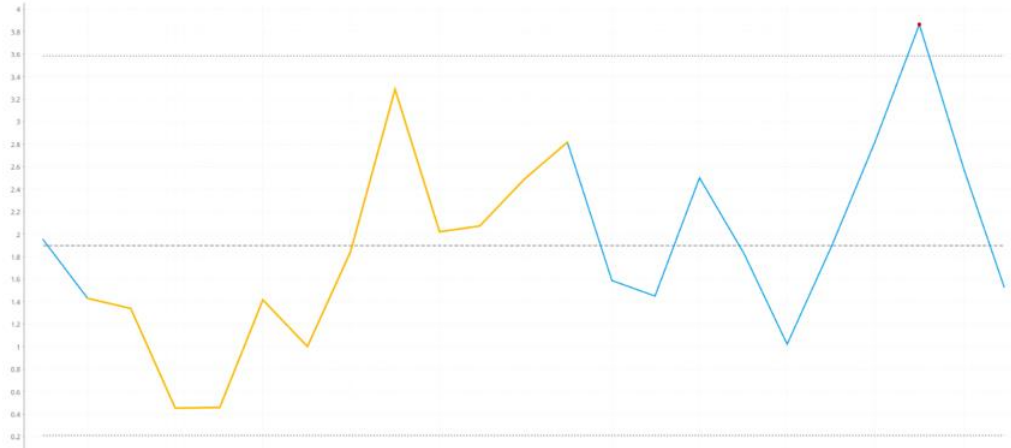


## 1:1 care in established labour

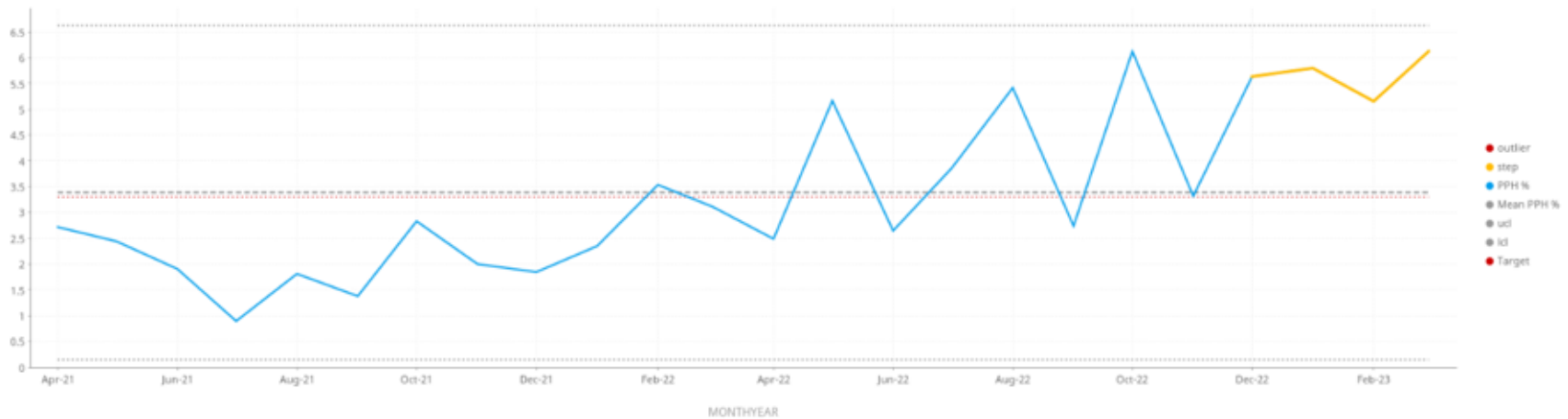


# O4 Maternity dashboard

3<sup>rd</sup> and 4<sup>th</sup> Degree Tears

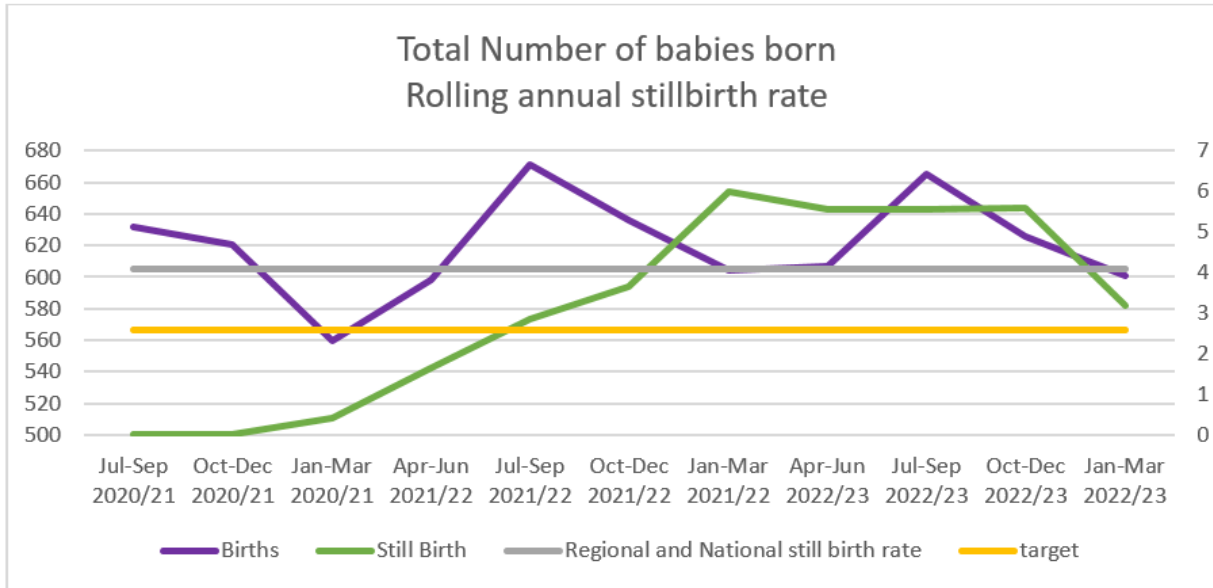


Post partum haemorrhage over 1.5l

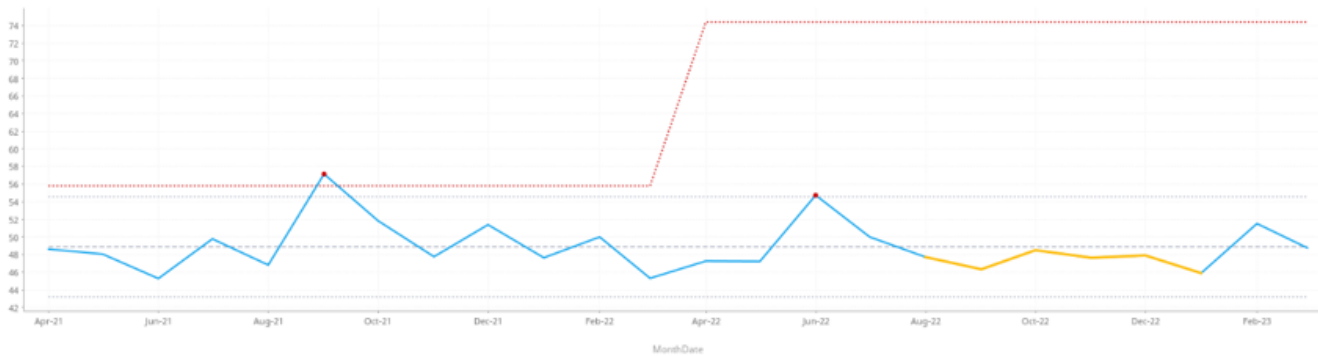


# Q4 Maternity dashboard

## Rolling annual Still birth rate



## Breast feeding at delivery

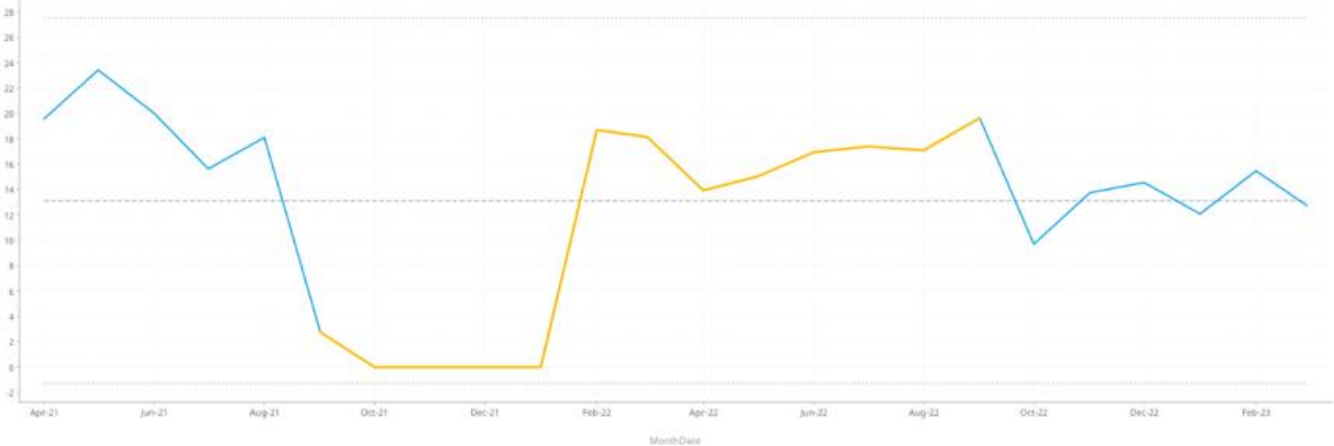


# Q4 Maternity dashboard

## Smoking at booking



## Smoking delivery



# Additional Information

## Learning from PMRT:

- No common themes have been identified; the reason for deaths were extreme prematurity, premature rupture of membranes ,fetal growth restriction and infection.
- Maternity voices partnership are currently reviewing information provided to women following pregnancy to provide support so parents know what happens following their loss.

## 16 complaints have been received

- Common themes identified related to communication. Some concerns have been raised related to staff attitude, namely around support during pregnancy . This is being addressed through mandatory training

# Maternity Workforce

Registered staff	Sum of WTE Budget	Sum of WTE Variance	Vacancy Rate	
B5 & B6 Midwives	106.76	-20.63	-19.32%	
B7 Midwives	20.27	4.74	23.38%	
<b>Grand Total</b>	<b>127.03</b>	<b>-15.89</b>	<b>-12.51%</b>	

Unregistered staff	Sum of WTE Budget	Sum of WTE Variance	Vacancy Rate	
B2	23.43	0.52	2.22%	
B3	7.55	0.24	3.18%	
B4	9.75	-0.20	-2.05%	
<b>Grand Total</b>	<b>40.73</b>	<b>0.56</b>	<b>1.37%</b>	

- Developing a recruitment process to ensure efficient and timely processes are in place throughout the year
- Scoping alternative routes into the midwifery profession
- R&R lead midwife collaborating with NEY leads to develop local retention plans
- Monitoring compliance with BR+ acuity to inform future recruitment plans and local escalation plans

# Special Care Staffing

- The Neonatal medical workforce achieves the required standards for a Special Care Unit.
- Nurse staffing is based on the British Association of Perinatal Standards (BAPM) at an 80% occupancy level, one nurse to four babies within the unit.
- The 'Dinning Tool' is used to support workforce planning reviewed as part of the workforce reviews every 6 months.
- There is monitoring of the staffing through the ODN with quarterly reports published - discussed with the Board Safety Champions at the MatNeo Safety Champions meetings.

	Oct-22		Nov-22		Dec-22		Q3 22-23		% Days that met BAPM
RVI	14	17	17	13	19	12	50	42	45.7%
James Cook	9	32	9	21	17	14	35	67	72.8%
Sunderland	18	13	9	21	10	21	37	55	59.8%
North Tees	8	23	2	28	5	26	15	77	83.7%
Cramlington	16	15	9	21	0	31	25	67	72.8%
North Durham*	2	23	0	22	2	25	4	70	76.1%
Darlington	1	30	2	28	0	31	3	89	96.7%
Carlisle	1	30	11	19	5	26	17	75	81.5%
Gateshead	1	30	1	29	2	29	4	88	95.7%
West Cumberland	1	30	6	24	0	31	7	85	92.4%

Number of days that did not meet BAPM  
Number of days that did meet BAPM



\* data incomplete

# Improvements & Developments

## On going work

- Maternity Safety Support Programme – advice and guidance
- Working groups have been set up to develop the requirements for Badgernet
- Further Recruitment events are being held to recruit to Band 5s midwives
- Work ongoing towards compliance to the requirements of Ockenden
- Review of the 3 year delivery plan for maternity and neonatal services by the Maternity Quality and Safety Group



## Board of Directors

Title of report:	Learning from Deaths Report, Quarter 4, 2022-23									
Date:	27 <sup>th</sup> April 2023									
Prepared by:	Dr Julie Christie and Dr Katie Elmer. Trust Leads for Mortality and Learning from Deaths.									
Executive sponsor:	Medical Director									
Purpose of the report	To provide an overview of the learning obtained through the review of deaths that occur within the organisation. Also, to provide details from the clinical teams around actions that have been implemented as a result of the overall learning and, where available, to provide an evaluation of the impact of these.									
Action required:	Approve	X	Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<ul style="list-style-type: none"> <li>The latest HSMR value is now <b>92.91</b>, a slight increase from the previous rebased value of 92.09 (December 2021 to Nov 2022). The latest SHMI value is now <b>96.56</b> from the previous rebased value of <b>98.12</b> (Oct 2021 to Nov 2022). Both values remain in the 'as expected' range.</li> <li>The limitations of using HSMR for assessment and comparison of quality of care are increasingly recognised. Going forward we will use best practice guidance.</li> <li>The report summarises the improvements over the past year to improve the care of patients who die in the Trust.</li> <li>The Trust Mortality Leads are developing an over-arching Learning from Deaths Strategy. The planned changes will include a Learning from Deaths Steering Group to oversee implementation of the strategy. There will be a focus on increasing the number of Structured Judgement Reviews in line with national recommendations, alongside a review of Mortality and Morbidity Meetings. A core aim will be to support quality improvement work across all specialties.</li> <li>To date in 2022-23, there are nine cases that have been investigated as Serious Incidents, five of these are still being investigated and 3 are with the Coroner. Further information will be provided in future reports.</li> </ul>										
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	
Recommendation	<ul style="list-style-type: none"><li>• The Board of Directors is asked to note the content of this report and the information provided in relation to how we learn from deaths within the Trust.</li><li>• The Board are asked to note the on-going work programme to promote learning and quality improvements resulting from reviews of deaths, adhering to NHSE best practice guidance. <a href="#">Best Practice Guidance</a></li><li>• The Trust Board are asked to support the current business case to facilitate a robust Learning from Deaths process including timely Structured Judgement Reviews, structured and systematic sharing of finding and linking to quality improvement.</li></ul>

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Board of Directors

27<sup>th</sup> April 2023

### Learning from Deaths Report, Q4, 2022-23

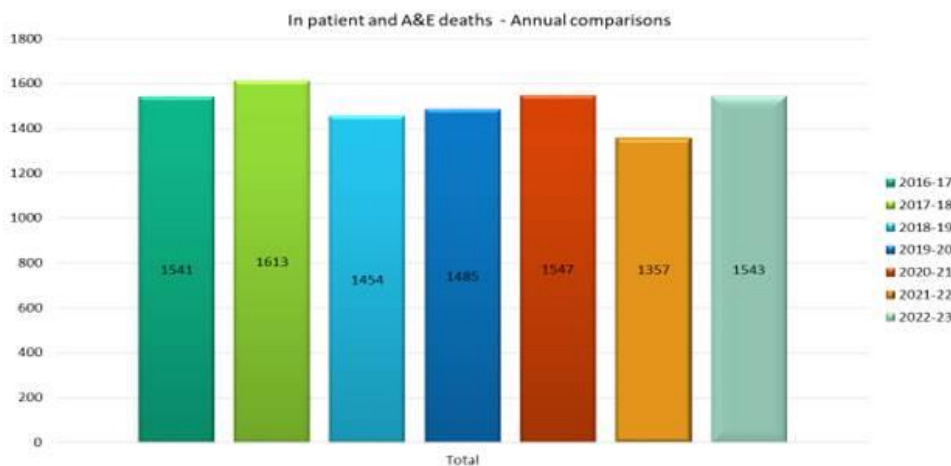
#### Report of the Medical Director

## 1. Introduction/Background

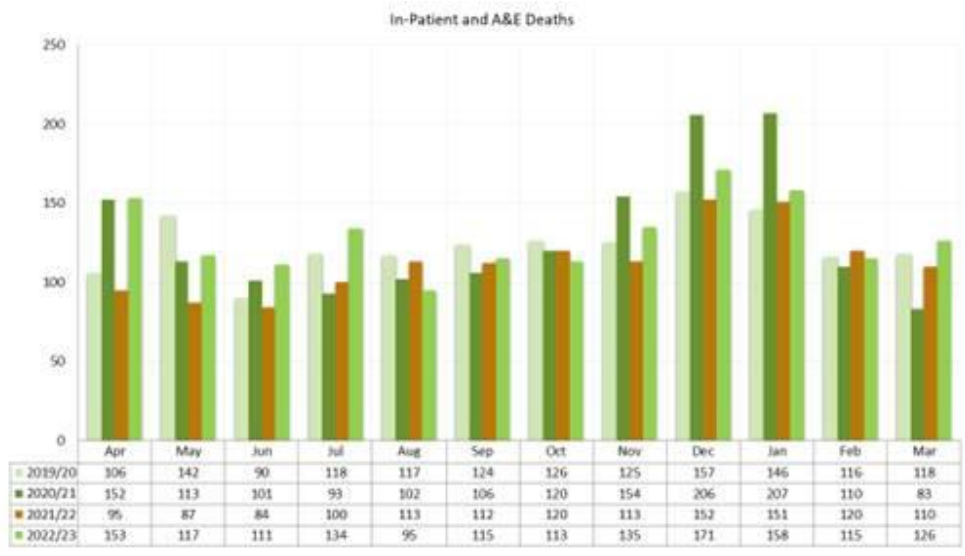
- 1.1 In March 2017, the National Quality Board (NQB) published [“Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care”](#), including stipulations for the Quality Account. The report sets out the requirements necessary for a focused approach to learning from deaths of patients under our care.
- 1.2 Through identifying and understanding issues related to the provision of safe, effective and quality care, learning can be shared and improvements made.
- 1.3 This report to date has presented both quantitative and qualitative data about the number of deaths and the care received by those patients. A key source of information is from mortality reviews and the number completed has been significantly reduced since the Covid-19 Pandemic.
- 1.4 This Q4 report will introduce the plans for a new Learning from Deaths process.

## 2. Mortality Data

2.1 There were 1543 inpatient and ED deaths in the 22-23 financial year as seen in the chart below

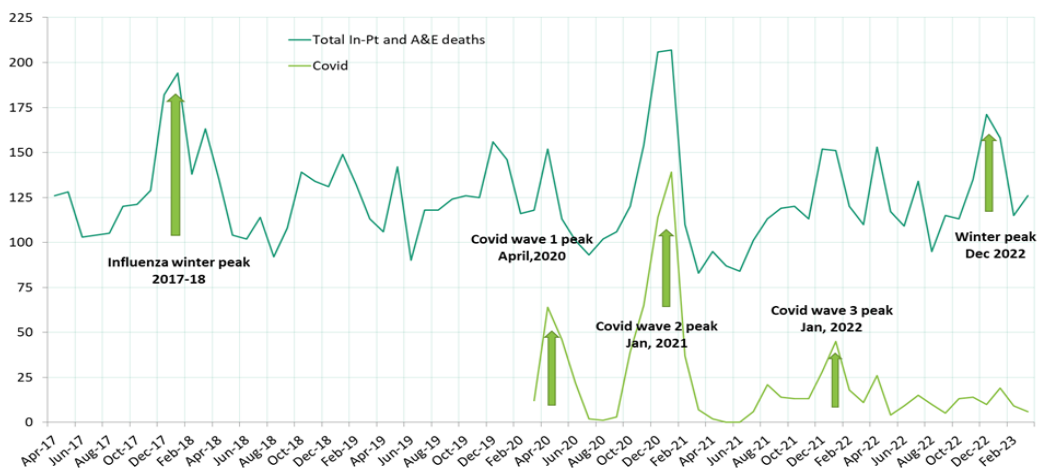


2.2 The chart below shows this by calendar month



2.3 We also continue to measure the proportion of deaths from Covid. This number has plateaued since the 3<sup>rd</sup> wave in Jan 2022.

Total Mortality (in-Patient & A&E) Trend since April 2017

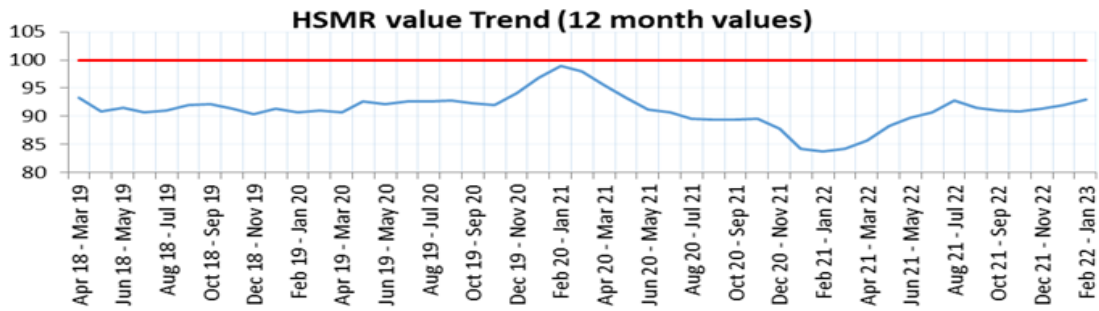


2.4 The Trust supplies data to the national system where all Hospital Episode Statistics (HES Data) is collated. There are two measures presented in this report – **The Hospital Standardised Mortality Ratio (HSMR)** and the **The Summary Hospital-level Mortality Indicator (SHMI)**. These measures form an important part of the picture along with other measures such as Structured Judgement Reviews (SJR).

2.5 **The HSMR** examines information covering the 56 diagnostic groups identified as accounting for 80% of hospital deaths.

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.

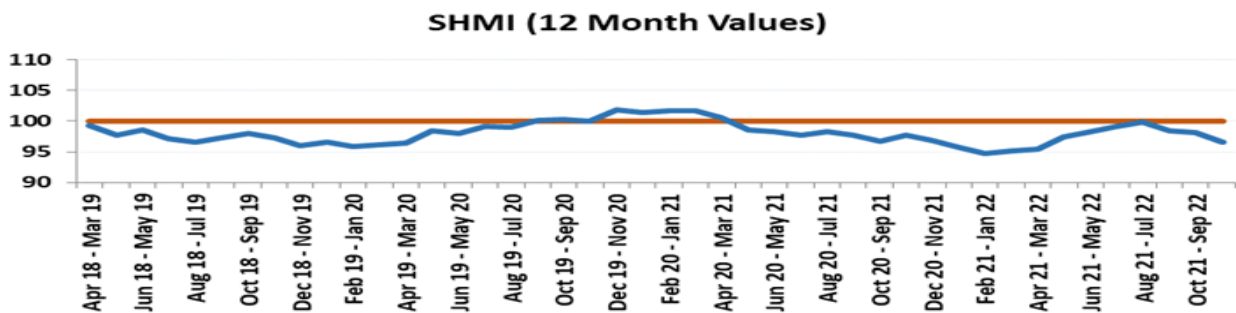
2.6 The latest HSMR value is now **92.91**, a slight increase from the previous rebased value of 92.09 (December 2021 to Nov 2022). The chart below shows the 12-month rolling HSMR trends from April 2018 to January 2023



The value of **92.91** continues to remain inside the 'as expected' range.

2.7 The **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.

2.9 The latest SHMI value is now **96.56** from the previous rebased value of **98.12** (Oct 2021 to Nov 2022). The value continues to remain inside the 'as expected' range. The graph below shows the 12 month rolling SHMI from April 2018 to July Sept:

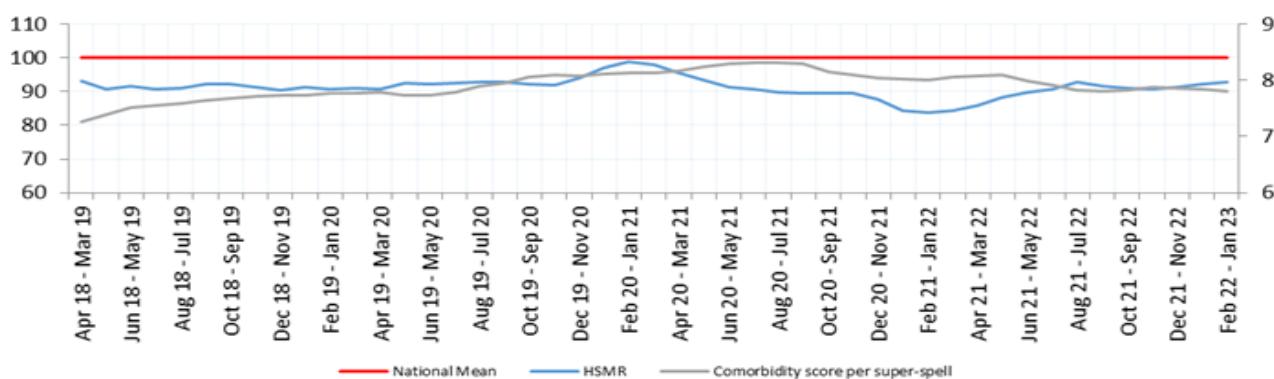


2.10 The regional position sees the Trust 4th lowest of the 8 regional Trusts with 99.19, (range is 111. to 91.49) in the previous quarter.

2.11 There is an ongoing focus on accurate documentation of the patient’s diagnosis and co-morbidities. This level of coding will more accurately reflect overall health problems and deprivation within the local population. Maintaining this level of detail ensures quality of clinical documentation and also the quality of the clinical coding activity within the organisation.

The chart below shows the depth of coding against the HSMR value

**Coding depth vs HSMR value Trend (12 month values)**



2.8 Limitations of using HSMR for assessment and comparison of quality of care are being increasingly recognised. Going forward we will follow Best Practice guidance [Best Practice in use of mortality metrics](#)

### 3. Mortality reviews

3.1 All patient deaths are scrutinised by the Medical Examiner (ME) team. This involves limited examination of the case notes, a conversation with the medical team and a conversation with the patient’s family or carers. This provides the opportunity for families/carers to discuss the cause of death, any issues requiring coroner involvement and to raise any concerns they might have about the care received.

3.2 Further reviews are mandated in the following cases as part of national programmes

- All deaths where a patient has a registered Learning Disability (LD) or Autism – 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, this may also link into Perinatal Mortality or LeDeR reviews.
- All stillbirths – in conjunction with nationally agreed Perinatal Mortality Review tool; (these figures are not included within overall mortality data provided in the tables above).

3.3 A further review (‘Structured Judgement Review, SJR) can also be requested in the following circumstances and the initiation of this process is currently in progress, and will be adjusted when PSIRFs is established to minimise duplication :

- Deaths where the bereaved or staff raise significant concerns about the care.
- Deaths in a specialty, diagnosis or treatment group where an ‘alarm’ has been raised (for example, an elevated mortality rate, concerns from audit, CQC concerns).
- Deaths where the patient was not expected to die e.g., elective procedures.
- Deaths where learning will inform the providers quality improvement work.

3.4 In the future randomly selected deaths will also have SJR’s completed in each quarter. The actual number will be dependent on the quantity of compulsory cases required with a view

to achieving a review of at least 10-15% of all deaths. The random selection will enable us to capture instances of good practice as well as areas that require improvement that have not previously triggered a review. It should be recognised that local CQC assessors have suggested up to 25% of deaths should have SJR undertaken.

3.5 The Trust is currently reviewing the process for mortality case reviews, as part of an overall review of the Learning from Deaths strategy. These changes are based around the national “**Better Tomorrow Programme: learning from deaths, learning for lives**”; which provides support and tools for Trusts to use. Further detail is provided below and as the work develops more detail will be provided in future reports.

3.6 The following table provides a summary of the data for 2022-23. All deaths in the last year have undergone scrutiny by the ME team. The ME team will refer any cases into the overall mortality review system for further interrogation of clinical care or if necessary, into the established governance structures. The numbers recommended for SJR in the last year are included in the table below.

3.7 To date in 2022-23, there are nine cases that have been investigated as Serious Incidents, five of these have been investigated and it is possible in four of these that the overall outcome may have been different with different care provision. There are a further four cases still being investigated, and the outcome of this investigation will be reported in future reports.

In addition to the mandatory reviews required the deaths in compulsory criteria also currently includes critical care deaths, ME recommended SJR’s and SI’s where mortality is involved.

The majority of outstanding compulsory reviews are SJR’s.

<b>2022-23</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Total deaths in scope	388	349	412	455	<b>1550</b>
Deaths in compulsory criteria	49	51	37	51	<b>188</b>
Compulsory case reviews completed (no.)	27	32	9	28	<b>96</b>
Compulsory case reviews completed (%)	55%	63%	24%	51%	<b>51%</b>
Compulsory reviews pending	22	19	28	23	<b>92</b>
ME scrutiny recommending SJR	19	18	18	24	<b>79</b>
Reviewed Deaths considered avoidable (no.)	2	2	0	0	<b>4</b>
Reviewed Deaths considered avoidable (%)	0.1%	0.1%	0%	0%	<b>0.1%</b>

3.8 Where a patient’s death immediately raises concern, this is reported, and then escalated through the Trusts incident reporting and investigation process, implementing Duty of Candour procedures as required. The details of the case will then be considered in line with the national Serious Incident framework to ensure any lessons learned are identified and reported to the

Trusts commissioners. A case record review is completed as part of the investigation process. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

3.9 The Trusts Safety Panel receives summary reports giving details of thematic learning from the following groups:

- Cardiac arrest reviews
- Intensive Care deaths
- Medical Examiner scrutiny
- Emergency Department deaths

These areas provide a monthly summary providing details of the number of cases reviewed; these provide information to help identify trends in “real time” so that actions and improvements are generated and initiated promptly.

#### **4. Learning from Deaths – review of last 12 months**

Below is a summary of the mortality and quality improvement work over the past year.

##### **4.1 Deteriorating Patient**

The Deteriorating Patient Group meets monthly and is a multidisciplinary group looking at all issues relating to the deteriorating patient. The group maintains a dashboard of KPIs, mandatory training and relevant risks/incidents. It runs in association with the Regional Deteriorating Patient Group. It reports to the Patient Safety and Quality Group. Key areas of work are summarised below:

- Updated sepsis screening tool to UK Sepsis Trust standards
- Employed deteriorating patient nurses
- Delivered Additional NEWs training, training in sepsis recognition, blood cultures.
- Review of Critical Care handover process
- Introduction of E-observations to allow remote identification of deteriorating patient
- Opening of Respiratory Support Unit
- W31 now have a Band 6 senior nurse on each shift with critical care rotation..
- Training for HCA in the early recognition and escalation of deteriorating pt.
- AKI subgroup, AKI pocket cards
- NIV monthly audit
- Regional transfer training for ITU, Emergency Department and Stroke Service
- Neurological Fast Response Team.
- Introduction of ‘Stop the clock’ to allow timely assessment of a patient who is deteriorating
- ‘Soft signs’ training for staff looking after patients in the community.



- Critical care at EAU huddle
- Deteriorating Patient Training Days

#### 4.2 **Critical Care**

- Internal Mortality review of all patients who die on the unit.
- Pre operative discussions re emergency laparotomies between consultant anaesthetist and surgeon.
- Process for CCOT to refer into Critical Care.

#### 4.3 **Surgery**

- M+M review of all mortalities
- Shared governance meetings with other specialties
- Return to theatre reviews
- The trust was recognised to be an outlier with regard to NELA (National Emergency Laparotomy audit) in that patient who have a NELA score of >5% should be admitted to a level 2 facility >85% of the time. A collaborative approach between surgery and anaesthetics have seen significant improvements and have consistently demonstrated >95% compliance

#### 4.4 **Specialist Palliative Care**

- Patients who have died are regularly discussed at the weekly MDT
- Annual NACEL (National Audit of Care at the End of Life) benchmarks end of life care in the Trust against others. Results show we perform well.
- The End of Life Steering Group (EOLSG) has brought together the key stakeholders in end of life care.
- Audits of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Emergency Health Care Plans (EHCP) have identified areas for improvement and training such as expanding training for nurses in completing DNACPR and supporting community matrons with completing EHCPs
- The appointment of an End of Life facilitator has allowed ward based education around the care of the dying patient and improved our use of the Caring for the Dying Patient Document.
- An order set for the commonly used 'Anticipatory' medication at end of life has led to more accurate, efficient and safer prescribing of these drugs.

#### 4.5 **Paediatrics**

- All deaths are reviewed in depth in house and through the CDOP (Child Death Overview Panel) process
- The reviews prompt examination of the clinical guidance, policies and procedures in place.
- Improved recognition of acute illness – now using regional PEWS
- Children and Young People Emergency Department (CYPED) is running effectively
- Move to electronic records
- Biannual meetings with NECTAR
- Review of all transfers over past 2 years. – identified good practice and learning

#### 4.5 **Maternity**

- All MBBRACE/CDOP/HSIB protocols followed
- Identified smoking as an area of concern – maternity smoking cessation work ongoing
- QI work around reduced foetal movements undertaken.

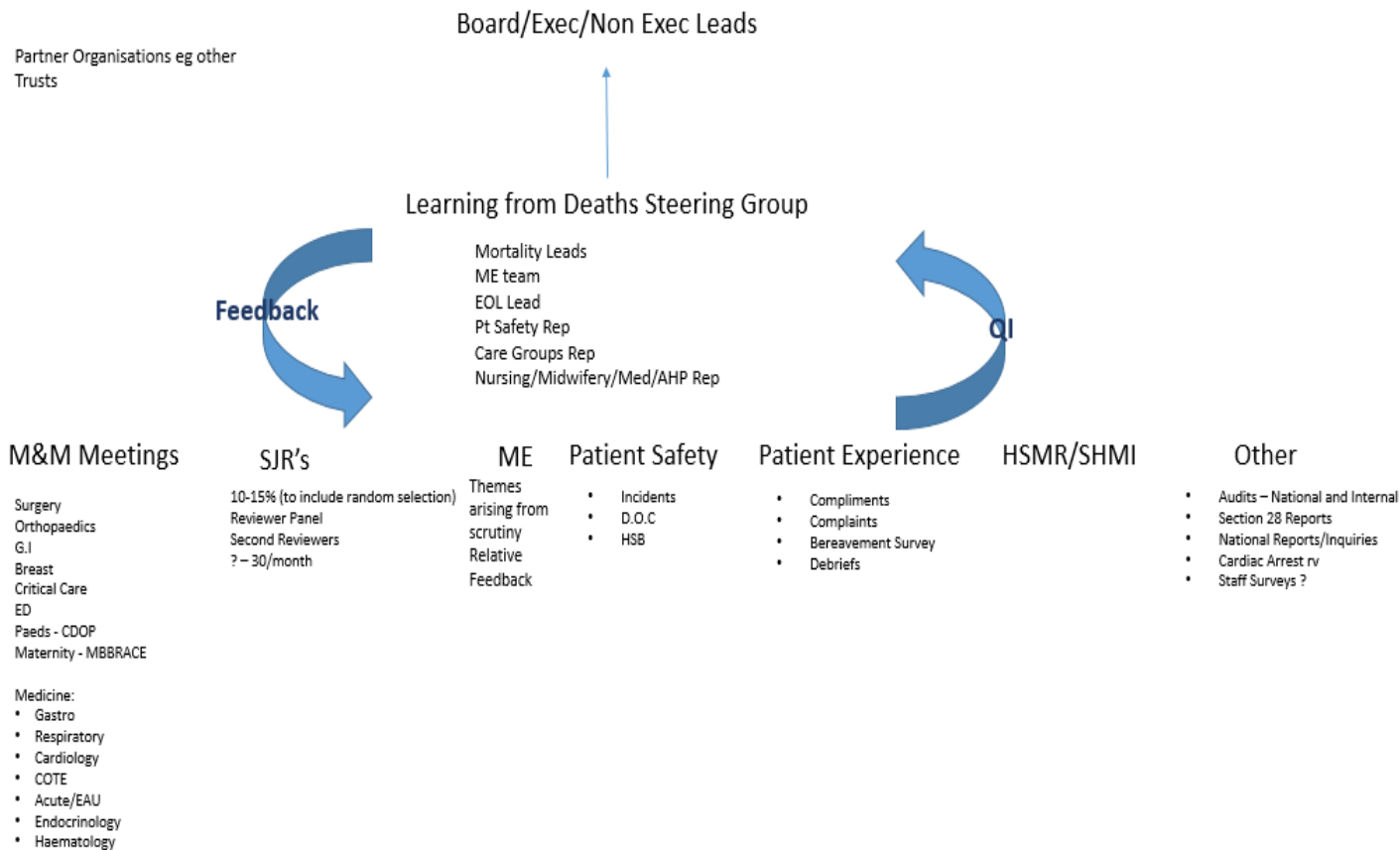
#### 4.5 **ME Themes**

- Most feedback from relatives is positive about the care provided
- Identified delays in verification of death and mortuary transfer – led to further roll out of Nurse Verification of Death and the inclusion of clear standards in Care after Death policy.
- Recognition that provision of good mouth care is not consistent – this fed back to wards and to EOL facilitator

### 5. **New Learning from Deaths Process**

5.1 Two Mortality Leads appointed Nov 2022, Dr Katie Elmer and Dr Julie Christie

5.2 Work ongoing to establish robust Learning from Deaths process:



Mortality Steering Group – Membership and Terms of Reference to be established.

Learning from Deaths Policy review underway

Working with NHSE Better Tomorrow team we have signed up to use SJRplus Mortality Review system and dashboard.

We now have approximately 15 trained mortality reviewers from a range of professional groups (medical/nursing/AHP). Most are from Medicine – reviewers from other specialties are being actively recruited.

### 5.3 Next steps include:

Strengthening the Learning from Deaths team with administrative support and involvement of performance and business intelligence.

Address practicalities of review process – IT support, available space, suitable remuneration/adjustment of job plans to allow reviewers to participate.

Begin the process for the completion of reviews by the SJRplus process.

SJRPlus on NHSE Applications includes standard reporting (already in use by neighbouring Acute Trusts with plans for use in Mental Health)

SJRplus Dashboard to be linked to PowerBI to allow performance data and reports to be generated for review of progress.

#### 5.4 Future opportunities:

Tees Valley and Regional Collaboration – sharing of learning  
Collaboration with Mental Health Trust/NEAS  
Community Mortality Review Process.

## 6 Conclusion/Summary

- 6.1 The Trust HSMR value is **92.91** a slight increase from the previous value of 92.09 (December 2021 to Nov 2022). The latest SHMI value is now **96.56** from the previous rebased value of **98.12** (Oct 2021 to Nov 2022). Both statistics remain “within expected” ranges.
- 6.2 The report summarises actions over the past year to improve the care of patients who may deteriorate and die in the Trust.
- 6.3 The Trust Mortality Leads are developing an over-arching Learning from Deaths Strategy. The planned changes will include a Learning from Deaths Steering Group to oversee implementation of the strategy. There will be a focus on increasing the number of Structured Judgement Reviews in line with national recommendations, alongside a review of Mortality and Morbidity Meetings. A core aim will be to support quality improvement work across all specialties.
- 6.4 To date in 2022-23 there are nine cases that have been investigated as Serious Incidents, five are still under investigation and three are with the Coroner. Further information will be included in future reports.

## 6. Recommendations

- 6.1 The Board of Directors is asked to note the content of this report and the information provided in relation to how we learn from deaths within the Trust.
- 6.2 The Board are asked to note the on-going work programme to promote learning and quality improvements resulting from reviews of deaths, adhering to NHSE best practice guidance. [Best Practice Guidance](#)
- 6.3 The Trust Board are asked to support the current business case to facilitate a robust Learning from Deaths process including timely Structured Judgement Reviews, structured and systematic sharing of finding and linking to quality improvement.

**Dr D Dwarakanath**

**Medical Director / Deputy Chief Executive**