



Board of Directors Meeting

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

**Lecture Theatre, Middlefield Centre
University Hospital of North Tees**



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20 July 2023

Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 27 July 2023 at 10.00am** in the **Lecture Theatre, 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	L Robertson
4. (10.15am)	Minutes of the meeting held on, 25 May 2023 (enclosed)	Chair
5. (10.20am)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

6. (10.25am)	Report of the Joint Chair (enclosed)	Chair
7. (10.35am)	Joint Partnership Board Update (enclosed)	A Baxter
8. (10.45am)	Report of the Managing Director (enclosed)	N Atkinson

Performance Management

9. (10.55am)	Board Assurance Framework Quarter 1: 2023/24 (enclosed)	S Irvine
10. (11.05am)	Integrated Performance Report (enclosed)	L Hunter, L Robertson, K Halliday-Hudson, G Wright

Professor Derek Bell OBE
Chair

Julie Gillon
Chief Executive

Quality

11. (11.20pm) Nursing and Midwifery Bi-Annual Workforce Review (**enclosed**) L Robertson
12. (11.30pm) Maternity Board Report Quarter 1: 2023/24 (**enclosed**) E Gouk/ S Worn

Items to Receive

13. (11.40pm) Director of Infection, Prevention and Control Annual Report 2022/23 (**enclosed**) L Robertson
14. Equality, Diversity & Inclusion Annual Report 2022/23 (**enclosed**) G Wright
15. Report of Quality Assurance Committee (**enclosed**) A Baxter/F Scullion
16. Report of People Committee (**enclosed**) A Baxter
17. Report of Performance, Planning and Compliance Committee (**enclosed**) A Baxter/
F Scullion
18. Report of Audit Committee (**enclosed**) C Macklin/A Fellows
19. Report of Finance Committee (**enclosed**) C Macklin
20. Risk Management Group Report (**enclosed**) N Atkinson
21. (11.55am) Any Other Business

Date of next meeting

(Thursday, 28 September 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

DRAFT Minutes of a meeting of the Board of Directors held on Thursday, 25 May 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/Non-Executive Director*	AB
Chris Macklin, Non-Executive Director*	CM
Professor Liz Barnes, Non-Executive Director*	EB
James Bromiley, Non-Executive Director*	JB
Alison Fellows, Non-Executive Director*	AF
Neil Atkinson, Managing Director*	MD
Dr Deepak Dwarakanath, Chief Medical Officer/Deputy Chief Executive*	MeD/DCE
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Gillian Colquhoun, Interim Chief Information and Technology Officer	ICI&TO
Linda Hunter, Director of Performance and Planning	DoP&P
Dr Susy Cook, Chief People Officer/Director of Corporate Affairs	CPO/DoCA
Stuart Irvine, Deputy Director of Finance	DDoF
Rowena Dean, Acting Chief Operating Officer	ACOO
Elaine Jeffers, Deputy Director of Governance, Corporate Affairs and Strategy	DDoGCA&S
Ruth Dalton, Associate Director of Communications & Marketing	ADoC&M

In Attendance:

Heidi Holliday, Secretary to the Trust Board [note taker]
Kate Hudson-Halliday, Director of Finance – Central NE&NC ICB
Gareth Lightfoot, The Gazette
Gary Wright, Deputy Chief People Officer

Via video link

Angela Warnes, Out of Area Elected Governor / Lead Governor
Alan Smith, Hartlepool Elected Governor
Dan Ridsdale, Enterprise Account Executive – Service Now

BoD/5081 Apologies for Absence / Welcome

The Board welcomed Kate Hudson-Halliday to the meeting, who was currently the Director of Finance with the Central North East and North Cumbria (NE&NC) Integrated Care Board (ICB). It was anticipated that Kate Hudson-Halliday would be joining the Trust in June to undertake the Acting Director of Finance role and would bring with her a wealth of knowledge and experience.

Apologies for absence were noted from Fay Scullion, Non-Executive Director.

BoD/5082 Declaration of Interests

Declarations of interest were noted from the MD for his role as a member of the LLP Management Board and the DDoF for his role as Chair of Hartlepool College of Further Education.

BoD/5083 Staff Story

The CN/DoPS&Q shared a story from a patient's daughter following a stage 2 complaint that had been received in to the Trust.

The patient's daughter wanted to share her experience with the Board around the care that her late father had received on a medical ward before he passed away. The daughter felt her father had been

* voting member

discharged home too early following a procedure to insert a stent as he was unwell upon discharge. The patient was readmitted two days later following an onset of infection and the daughter was informed that her father was very poorly with sepsis.

During the patient's stay on the ward the daughter expressed a number of concerns with staff including the attitude of one particular nurse, a consultant that lacked compassion and empathy, miscommunication and the lack of patient centre care, which at times felt to be 'unsafe'.

Following the issues raised by the family an improvement plan had been developed which included the Trust commissioning SAGE & THYME®, which was a model to enable health and social care professionals to listen to concerned or distressed people and to respond in a way that would empower the distressed person. An overview of the model was provided in the report. The Trust currently had five trained Sage and Thyme facilitators and training for 12 new Trust facilitators had been booked for July. The plan was for each Care Group to nominate three facilitators to participate with the rolling out of monthly training sessions to 30 staff each month, with each facilitator supporting three to four sessions per year, which would maintain their skills.

Following a member's query the CPO/DoCA confirmed that the training was to be included in management and leadership training and would also be weaved into the work being undertaken around OD interventions. The CPO/DoCA also reported that those members of staff involved in the patient story helped commission the training and would be undertaking the training themselves.

The CMO/DCE reported that discussions were undertaken amongst peer groups regarding patients who had been in hospital for long periods of time to refresh the care plan, to ensure the care provided was still relevant and to then liaise with family members.

The full patient story was accessible via the following YouTube link <https://youtu.be/xOqONk6t68c> and all were encouraged to watch it.

The Board of Directors thanked the patient's family for sharing their story.

Resolved: that, the patient story be noted.

BoD/5084 Minutes of the meeting held on, Thursday, 27 April 2023

It was noted that, from April 2023 the job title for the Medical Director/Deputy Chief Executive had been changed to Chief Medical Officer/Deputy Chief Executive.

It was noted that the wording within the BoD/5049 Integrated Performance Report section was incorrect and should read as follows:

Finance:

- The Trust was reporting a year-end surplus of £5.528m against a *revised forecast of £5.363m*, which was *£0.165m* ahead of plan.

Resolved: that, the minutes of the meeting held on, Thursday, 27 April 2023 be confirmed as an accurate record with the above amendments.

BoD/5085 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/5086 Report of the Joint Chair

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

- On behalf of the Trust Board the Joint Chair congratulated South Tees Hospitals NHS Foundation Trust on their significant achievement in being awarded 'Good' following the latest CQC Inspection.
- The MD, CN/DoPS&Q and CPO/DoCA provided a presentation on the Improvement Programme Update to the Joint Council of Governors meeting held on Tuesday, 16 May, which was very clear and well received by the Governors.
- The Joint Chair reported on the positive year-end financial position of the Trust and thanked the Finance Team for their hard work.
- The Joint Chair reported on a productive visit to the One Life, Hartlepool on Wednesday, 10 May where he visited the iMSK Surgical Services, iMSK Extended Scope Practitioners/First Contact Practitioners, Podiatry, Community Dental and Audiology.
- Following the visit to Teesside University held on Monday, 15 May 2023, a further visit had been scheduled for August to view the new Health Life Science building.
- Non-Executive Director colleagues from South Tees Hospitals NHS Foundation Trust visited North Tees Hospital for a site walkabout to Endoscopy, Respiratory and Gastroenterology, which had been very positive. A joint meeting followed and discussions took place around clinical priorities and strategy, organisational development and culture enabling services.
- A joint Council of Governors meeting between North Tees and South Tees was held on Tuesday, 16 May 2023 where an update was provided on joint working arrangements. Further joint meetings had been scheduled for September and December and would be part of a rolling programme.
- A Joint Membership and Constitution Review meeting had been scheduled for Wednesday, 7 June 2023 and a Member Event had been scheduled for Saturday, 17 June 2023 to attract new members and to showcase the work that was being undertaken.

A member reported on the visit to the Gastroenterology department and the enthusiasm shown by Dr Vikram Mitra, Consultant Gastroenterologist. It was agreed that the Trust did not advertise enough the services that it offered and in particular that the Trust was only one of two centres in England that provided the hands on skills course in Endoscopic Retrograde Cholangio Pancreatography (ERCP).

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

BoD/5087 Joint Partnership Board Update

The Vice Chair presented the Joint Partnership Board (JPB) Update Report and highlighted the key issues.

- The development of the Group Model was now being supported by Dame Alwen Williams, former Group Chief Executive, Barts Health NHS Trust who would be providing strategic advice and support to the JPB.
- The JPB had not met in its traditional format in May however, two executive/director teams held a joint session on Wednesday, 17 May 2023, which Dame Alwen Williams facilitated, where the joint direction of travel and high-level programme plan had been developed.
- Non-executive Directors from both organisations met to continue their joint discussions in order to identify opportunities emerging from the development of the Group Model.
- Visits across the four major sites had taken place and had been very positive.
- The Vice Chairs of both organisations provided a presentation to the Joint Council of Governors meeting held on Tuesday, 16 May 2023 on the work carried out to date across the JPB, followed by an open discussion of the achievements, challenges and opportunities ahead which had been well received.
- A written update was to be provided at each JPB meeting so there was a record of developments going forward.

It was noted that the Communications, Marketing and Engagement Team were developing a cycle of communications going forward.

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

BoD/5088 Report of the Managing Director

The MD presented the Report of the Managing Director and highlighted key points.

- The MD reported on the recent CQC rating at South Tees Hospitals NHS Foundation Trust (South Tees), where they received a 'Good' rating across all five domains, which was great news for the Trust and the Tees Valley and North Yorkshire. The MD had written to South Tees to congratulate them. It was hoped that this would be emulated at the Trust and that the Group Model would provide opportunities to learn from one another.
- Chief Executives from across the North East and North Cumbria continued to meet with the Integrated Care Board (ICB) Executive Team which was positive and provided an opportunity to feedback issues on health inequalities, the people agenda and to come together as a unified team.
- Operational pressures remained similar however, the Trust's occupancy throughout April reported below 92%, at an average of 90.86% although there were some surges in activity which resulted in the Trust exceeding the 92% standard on 12 occasions.
- In accordance with the new 'Priorities and Operational Planning Guidance 2023/24', the metrics for patients waiting over 12 hours within the A&E department had changed. The metric was now based on the patients waiting 12 hours in the department rather than decision to admit. For April, the Trust had 101 greater than 12 hour waits in the department, which was above the Trust standard of zero. Of the 101 patients, 43.6% were waiting for admission onto a ward or for a transfer and 35.6% of the waits occurred between 3 and 5 April when the Trust's occupancy was at 97%.
- Following NHS England's Planning Guidance 2023/24, all Trusts were required to ensure that 76% of patients were seen within four hours by March 2024. The Trust began reporting against the four hour standard from 1 May and shadow monitoring for April 2023 demonstrated that 81.26% of patients were admitted, transferred or discharged within four hours. A trajectory to exceed the national target of 76% was in place and a focussed transformation programme was being developed to support this.
- The period of industrial action in April had impacted the levels of activity, with the Trust reporting 33 patients waiting over 52 weeks at the end of April. Focussed and sustained work was taking place to ensure further reductions were seen by the end of May 2023. However, the Trust continued to remain the best provider in the North East and North Yorkshire for over 52 week waits and continued to focus on maximising the elective hub on the Hartlepool site.
- All staff were commended for their contributions towards the detailed planning and response to managing the recent industrial action taken between 11 and 15 April. Many groups of staff worked flexibly to cover the junior doctors during the industrial action offsetting the impact. Although the Trust had not been directly impacted by the recent RCN industrial action, the plans put into place had helped to minimise the impact of the junior doctor strike.
- Following the two conversations held as part of the culture programme 'Our Trust, Our Future', working groups were being established to ensure the feedback and actions were taken forward and triangulated with the staff survey work to reduce any potential areas of duplication.
- There had been positive uptake of the Leadership Development Programmes and action plans were being put in place to take the work forward.
- Patient recruitment into research studies had begun and a high number of patients had been noted for the first month of the year with 127 studies currently open across 20 clinical specialties.
- Synexus had formally given notice via their agents and the Research Team were liaising with the LLP to agree a final surrender value for the early termination of contract. Future Meds were keen to take over as successor and a paper outlining the Trust's recommendations was to be submitted that week.
- A further submission for all three components of the planning round had been undertaken with a final position submitted to the ICB on 26 April 2023, which supported the national submission on 4 May 2023. The Integrated Performance Report (IPR) would reflect the requirements of the annual planning round and would provide an overview of compliance against the requirements to the Board of Directors.
- The ICB were currently awaiting further guidance with regard to the next steps in delivering the

joint NHS, Department of Health and Social Care Delivery Plan for Recovering Access to Primary Care, which had been published in early May, as well as awaiting the publication of the NHS Workforce Plan.

- The North East and North Cumbria Provider Collaborative were holding a Clinical Summit on Friday, 26 May 2023, which the Trust would be appropriately represented at and an update from the Summit would be provided at the next Board of Directors meeting.
- Following the Board Seminar meeting held on Thursday, 13 April 2023 approval was given to proceed with the development of the New Hospital Outline Business Case (OBC). Discussions were currently being progressed with South Tees regarding a joint approach to the OBC as part of the Group Model. The existing risk identified within the Board Assurance Framework (BAF) was being managed and mitigated through the backlog maintenance element of the capital programme.
- North Tees and Hartlepool Solutions LLP and the Community Diagnostic Centre (CDC) continued to work in collaboration with Stockton Borough Council (SBC) with the programme plan progressing at pace. Clearance of the former Castlegate Shopping Centre was underway and a detailed planning application was submitted to SBC on 17 May 2023 with a building design utilising 70% modern methods of construction and would be net carbon zero in operation. All clinical teams were developing diagnostic requirements and workforce plans also continued to be implemented with a focus on apprenticeship training programmes, international recruitment and university graduates. Further updates and plans were to be brought to a future Board meeting.
- The NHS Staff Survey data had been analysed at a North East and Yorkshire level, which included 33 organisations. For eight of the nine People Promise themes the Trust were in the top five performing Trusts, which was a positive result. Work continued to support progression of the results and working groups had been pulling together key areas of work.
- Plans continued to develop a Health and Social Care Academy in partnership with Hartlepool College of Further Education and Hartlepool Borough Council (HBC).
- In addition to the staff pay award in autumn 2022, agreement had been reached for an extra one-off lump sum commencing at £1.655 for the lowest paid staff which would rise in value up the pay bands, alongside a permanent 5% pay increase on all pay points for the 2023/24 financial year.
- The Trust's Communications, Marketing and Engagement Team formally launched the Trust's new and improved website in April 2023, which featured a much improved search function and public health advice which would improve patient experience.
- Two international days had recently been recognised and celebrated which were; the International Day of the Midwife on Friday, 5 May 2023 and the International Nurses Day on Friday, 12 May 2023.

Following a member's query the MD reported on the timescales of the CDC plan, the risks involved and in particular the regional power grid issues. Assuming plans stayed on track it was expected that the majority of the building was expected to be up and running by the end of the year and fully completed by summer 2024.

The CPO/DoCA reported that AQUA were undertaking a joint piece of work with South Tees from an organisational development perspective, which was being funded by the ICB.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, an update on the North East and North Cumbria Provider Collaborative Clinical Summit be included in the next report; and
 - (iii) that, further updates and plans regarding the CDC to be brought to a future meeting.

BoD/5089 Board Assurance Framework Report Month 1: 2023/24

The DDoF presented the Board Assurance Framework (BAF) Report for Month 1, 2023/24 and highlighted the key issues.

The BAF and broader governance processes were under independent review by the Good Governance

Institute (GGI) following the findings of the CQC report in September 2022. The review was based around the Trust's responsibility for maintaining a sound system of internal control and governance that would support the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives and that the systems remained fit for purpose.

The BAF had 12 risk domains associated with the delivery of the four strategic objectives. There were currently two principal risks identified with a High Risk rating, which were:

- Delivery of Savings – 6188
- Ageing Estate – 6581

An overview of both principal risks was provided within the report. It was noted that PA Consulting would be utilised to support the work around the ageing estate and another key area of focus had been utilising the Hartlepool Hospital site as part of the elective hub. Following discussions at the Finance Committee meeting it was agreed that the principal risks would remain as high risks going forward.

A full update of the BAF review was to be provided at the Board meeting scheduled for Thursday, 27 July 2023.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, a full update of the BAF review to be provided at the Board meeting scheduled for Thursday, 27 July 2023.

BoD/5090 Integrated Performance Report

The DoP&P presented the newly revised Integrated Performance Report (IPR) for 2023/24 and highlighted the key points.

Safe:

- Zero never events.
- Zero falls with severe harm.
- Six cases of clostridium difficile (c.diff), which was above the trajectory of five cases.
- Two serious incidents reported around delay in recognition of possible tumours and a medical error.
- Maternity services were working towards the UNICEF Breast Feeding Initiative (BFI) accreditation with the aim to improve feeding rates at birth and 6 weeks of age. The first meeting with the national team was due to be held that week to take forward the two year programme.
- To aid the reduction of smoking during pregnancy the Trust had started a number of quality improvement projects, one of which was a community led initiative to embed a 12 week quit programme in Hartlepool and Peterlee and another was to increase the number of referrals into the tobacco dependency treatment service from the acute setting.

Effective:

- The latest SHMI value was 97.76, which was a decrease from the previous rebased value of 97.88 with the Trust reporting the fourth lowest in the region.
- Re-admissions had decreased to the pre-December peak, which was in line with the previous trend. Work undertaken across the Care Groups contributed to the improved position.

Caring:

- The Trust was exceeding the 76% Very Good/Good standard for all six of the Friends and Family Test (FFT) metrics.

Responsive:

- The Trust had seen a significant reduction in reviews in April 2023, which was partly due to the Junior Doctors strikes and Bank Holidays. Work was being undertaken to understand the acuity of patients admitted and throughout the major pathways.
- The two-week rule cancer standard compliance reported at 88.4% against the 93% target and

the 62 days to treatment standard was reporting at 59.17%. Urology continued to be an area of pressure and focussed capacity and demand work was being undertaken. It was noted that timescales would be included in the next report regarding the work being undertaken around cancer performance.

- The number of patients waiting longer than 52 weeks at the end of April was 33, of which 2 were waiting over 65 weeks.
- Diagnostic performance for April was 73.33%, remaining above trajectory.

People:

- The Trust's overall sickness absence had decreased in March from 5.80% to 5.70%. Short term sickness also saw a decrease whilst long term sickness had seen an increase, which continued to be monitored.
- Mandatory training had seen a continued increase reporting at 88.67%, which was marginally below the standard of 90.00%.

Finance:

- The DDoF provided a verbal update on the financial Month 1 position, reporting a surplus of £0.5m which was behind plan however, was mainly due to the unavoidable costs involved in the Junior Doctor strikes, which had been experienced regionally and nationally. Discussions were ongoing at ICB level with regards to this and a lot of work was ongoing to identify additional CIP.

NHS England's publication 'NHS Allocations 2023-24' was discussed at the Finance Committee meeting held on Tuesday, 23 May 2023, which included powerful information with regards to health inequalities and deprivation. It highlighted that the Tees Valley had the highest rates of health inequalities and deprivation in the North East and North Cumbria area. Detailed work was to be undertaken with regards to the information included in the report and appendices and how it could be used to demonstrate and influence future funding opportunities through the Integrated Care System (ICS). It was agreed that the health inequalities data would also be useful to support change programmes.

Following a member's comment regarding incorrect wording with regards to staff turnover, it was agreed that this would be corrected in future reports.

It was agreed that further discussions regarding long term sickness would take place at a People Committee meeting, including the work being undertaken to map different pathways and job roles for staff returning to work.

The CMO/DCE highlighted that the health and wellbeing of our staff was as important as that of our patients and the promotion of adopting a healthier lifestyle was an area of future focus.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, timescales around cancer performance be included in the next report; and
 - (iii) that, updated information regarding staff turnover be included in future reports.

BoD/5091 NHS Workforce Race Equality Standard (WRES) 2023

The DCPO presented the NHS Workforce Race Equality Standard (WRES) 2023 report and highlighted the key issues.

The report fulfilled the Trust's contractual requirements and set out the work that was being undertaken to improve workforce equality and staff experience across the range of WRES metrics. The Trust was reporting an improvement in many of the metrics for 2023, which was a direct reflection of the Equality Diversity Inclusion (EDI) programme of work and the significant investment made in terms of data analysis and focused interventions to improve staff experience across the range of protected characteristics. Key points to note from the data were highlighted within the report.

NHS England had introduced two new reports for 2023 and NHS Trusts were required to gather data and publish a Medical Workforce Race Equality Standard (MWRES) and a Bank Workforce Race Equality Standard (Bank WRES). The reporting templates had been issued to the Trust on 28 April 2023 with a data collection period of 1 – 30 June 2023, therefore a further update was to be provided to the Executive Team on Tuesday, 6 June 2023.

It was noted that the timescales for WRES 2023 had been amended and brought forward at a national level to allow information to be submitted in a timelier manner and to allow NHS England to publish the national WRES report within the current reporting cycle 2023/24. The cycle was as follows:

- Data Collection period: 1 – 31 May 2023
- Engagement with stakeholders to discuss findings and agree meaningful actions: 1 June – 31 October 2023
- Publication of the Trust's WRES Annual Report: by 31 October 2023
- Ongoing review of actions: 1 November 2023 – 31 March 2024

Following a member's query it was noted that work was being undertaken to look into opportunities for career progression and promotion as the reporting data had significantly dropped from 2018 to date regarding BME staff. It was also noted that work was being undertaken with managers to encourage staff to undertake training courses and to provide coaching for applying for jobs and interviews.

Discussion ensued regarding the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, public and staff. The staff survey undertaken in 2018 highlighted the major issue with regards to this and a lot of successful campaigns had been implemented, which were going to be resumed. The CN/DoPS&Q highlighted that there were a high number of patients with delirium and dementia included in the figures reported and support was being put in place for staff within those areas. Assurance was provided that the data was reviewed and reported on a weekly basis with information on how it was being managed.

The CPO/DoCA confirmed following a query raised, that when moving to the next cohort of the 100 Leaders Programme work could be undertaken to analyse the mix of staff undertaking the programme to highlight areas of development to ensure the right opportunities for all staff. The work of the staff networks and the appointment of the EDI Lead would be very useful for this.

NHS Providers had provided feedback on the Trust's action plans and the Trust received a rating of 2.4 out of 3, equalling a 'Good' rating. The CPO/DoCA reported that the Trust was the only organisation to receive a 'Good' rating and that a number of organisations had contacted the Trust to request that obtain the work plans as learning.

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

BoD/5092 NHS Workforce Disability Equality Standard (WDES) 2023

The DCPO presented the NHS Workforce Disability Equality Standard (WDES) 2023 report and highlighted the key issues.

The report fulfilled the Trust's contractual requirements and set out the work that was being undertaken to improve workforce equality and staff experience across the range of WDES metrics. The Trust was reporting an improvement in many of the metrics for 2023, which was a direct reflection of the EDI programme of work and the significant investment made in terms of data analysis and focused interventions to improve staff experience across the range of protected characteristics. Key points to note from the data were highlighted within the report.

The timescales for the WDES had also been amended and brought forward and the cycle was the same as the WRES cycle highlighted above.

The number of staff that disclosed their disability status had increased by 1% however, was still low

and work was underway to encourage more staff to do so. AF advised that she had attempted to update her disability status however, she was unable to do so as she was asked for information she did not know. It was agreed that work should be undertaken to identify the barriers staff may experience when updating their status and what support could be put in place.

A campaign was being undertaken within the workforce department to promote ESR, to re-educate staff on the importance of the system and to ensure they regularly update their information. It was noted that there was a national issue with regards to the ESR system, which was being looked in to.

Business partners were holding small learning sessions with managers on how to manage sickness absence on a group basis rather than on a broader approach, which was working very well. Business partners were also integrated within each of the Care Groups and were undertaking work around the employee experience of working within the Trust.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, work be undertaken to identify barriers staff may experience when updating their disability status and what support could be put in place.

BoD/5093 Utilisation of the University of Hartlepool Elective Hub

The ACOO presented the Utilisation of the University of Hartlepool Elective Hub report and highlighted the key issues.

The University of Hartlepool had been an elective hub for a number of years and had impacted positively on the Trust's performance and its success.

There were three types of elective surgical hubs, integrated hubs, stand-alone hubs and ring fenced hubs and Hartlepool was a stand-alone hub. One of the principles of the hub was that it exclusively performed planned surgery with a high volume of low complexity cases. The current physical utilisation of the theatre capacity was 65% however, perimeters were being reviewed to facilitate more work to take place there. The elective hub now had its own dashboard included on Yellowfin to analyse and monitor the activity.

The Trust exceeded the 2022/23 national target of 104% activity against the 2019/20 baseline with an actual delivery of 106%, which Hartlepool's elective hub had successfully contributed to that. The agreed annual activity target for 2023/24 was 111% of the 2019/20 baseline.

In addition to the patients treated at Hartlepool's elective hub, partnership working with South Tees was supporting capacity for elective recovery with a regular spinal list being carried out by a South Tees clinician and regular foot and ankle sessions were commencing in June 2023. Further opportunities and pathway developments continued to be explored.

The Get It Right First Time (GIRFT) team in NHS England piloted an Elective Hub Accreditation Scheme during the second half of 2022/23 and the Trust had been selected to be formally assessed within Cohort 1 of the roll-out of the scheme. Teams were currently working through the standards and preparing for a visit scheduled to take place on Friday, 23 June 2023.

There were a number of future opportunities that could be explored if capital funding became available including the ability to refurbish, redesign and grow the theatre estate provision.

The Trust continued to work collaboratively with South Tees as they commenced the development of the elective hub at the Friarage Hospital in Northallerton, exploring opportunities for the sharing of pathways into the hubs and development of streamlined processes such as the Gall Bladder pathway that was currently being developed.

Following a member's query regarding capital prioritisation and when it would be considered, the MD confirmed that work was being undertaken with partners to develop options and would be reviewed when looking at costs.

Scheduling of activity was key however, a query was raised around workforce and whether it was sufficient to deliver the activity. It was reported that recruitment was currently underway in India and that resilience was also being built into workforce in terms of training staff for specialised areas. It was noted that if staff were recruited on a permanent sustainable basis then productivity would increase.

The ACOO agreed to identify any areas of support that the Board of Directors could provide for the visit scheduled for Friday, 23 June 2023.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, the ACOO identify areas of support that could be provided for the planned visit on Friday, 23 June 2023.

BoD/5094 Draft Annual Report and Accounts 2022/23

The DDoF and DDoGCA&S presented the Draft Annual Report and Accounts 2022/23 report and highlighted the key issues.

The Trust had a statutory requirement to produce an annual report and accounts, which was required to be in the format as laid down within the NHS Foundation Trust Annual Reporting Manual 2022/23 (FT ARM). In addition, trusts were required to follow the Department of Health and Social Care Group Accounting Manual 2022/23 for detailed requirements for their accounts.

The timetable for the annual reporting process for NHS Foundation Trusts was published in February 2023 and the annual report, including the financial accounts, must be uploaded to the NHS England portal by Friday, 30 June 2023 prior to the full and finalised annual report and full statutory accounts being laid before Parliament, although a date was still to be confirmed.

The draft document was circulated to members for their comments, at present was not to be shared publically. The annual report and accounts were also being reviewed by the Trust's external auditors, Deloitte prior to presentation of the final documents to the Audit Committee on Monday, 19 June 2023.

Once the annual report and accounts had been laid before Parliament they would be made publicly available on the Trust's website and would also be presented to the Council of Governors and at the Annual General Meeting on Thursday, 7 September 2023.

As there was no Board meeting scheduled prior to the submission date required by NHS England, the Board of Directors approved delegated authority for the approval of the final report and accounts to the Audit Committee at their meeting on Monday, 19 June 2023.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, delegated authority for the approval of the final report and accounts to the Audit Committee.

BoD/5095 Annual Self-Certifications

The DDoGCA&S presented the Annual Self-Certifications report and highlighted the key issues.

The Trust's final Annual Operating Plan was submitted on Wednesday, 22 March 2023 with a further submission being made on Wednesday, 26 April 2023. Due consideration had been given against each of the self-certifications based on the 2022/23 performance and forecast pressures for 2023/24. The individual self-certifications had been completed to declare compliance against them all for 2022/23 and 2023/24. Assurance was provided that the figures quoted in the self-certification correlated with those reported in the IPR.

An overview of the following three self-certification sections was provided, confirming compliance against the conditions and any other requirements imposed on the Trust.

- General Condition 6 and Continuity of Service Condition 7 of the NHS Provider License
- Certification on Training of Governors
- Corporate Governance Statement

Discussion ensued regarding the usefulness of the data collection and being able to reflect on successes and the option to continue with it. It was agreed that this would be considered.

The Board of Directors approved delegation to the Joint Chair and the Managing Director to sign the statements of self-certification contained within the appendices of the report. It was agreed that any comments would be forwarded on to the DDoGCA&S prior to the Joint Chair and Managing Director signing the statements.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, delegated authority for the signing of the statements contained within the appendices of the report; and
 - (iii) that, any further comments be forwarded to the DDoGCA&S.

BoD/5096 Freedom to Speak Up Annual Report

The CN/DoPS&Q presented the Freedom to Speak Up (FTSU) Annual Report and highlighted the key issues.

The Trust had a full time FTSU Guardian, supported by 14 FTSU Champions across the Trust and NTH Solutions, which was an increase of four from the previous year and included two Foundation Year 1 Doctors who had been instrumental in taking this work forward.

The FTSU Guardian was establishing positive networks with neighbouring Guardians at South Tees and Tees, Esk and Wear Valleys NHS Foundation Trust with the aim to work collaboratively, seeking support and sharing ideas to further evolve the service provision.

Future initiatives included the implementation of the Reflection and Planning Tool, with reporting required to the Board of Directors, the National Guardian Office and NHS England.

An overview of the national and local data key points was provided. Nationally, 2021/22 saw a very small decrease in cases reported via the FTSU Guardian route however, overall the number of cases raised were similar to the previous reporting year. During the period April 2022 – March 2023, 101 concerns were made through the Trust's FTSU route, which was an increase of 51 from the previous reporting period. Of the 101 cases, 95 cases had been closed, resolved or had received final outcomes and 6 cases remained open due to awaiting further discussions and/or follow up actions.

Anonymous reporting at the Trust was a fraction above the national average however, was the lowest percentage of all concerns received via the FTSU route with the highest percentage of concerns being raised confidentially, which represented a good culture to speak up.

The FTSU role had been externally audited via Audit One and the assurance rating had moved from reasonable to good. It was noted that there were no further risks to identify within the report.

In order to further facilitate the development of the FTSU ethos a number of priorities had been agreed and were detailed within report, some of which were increasing and maintaining awareness across the organisation, consideration to be given for 'Speak Up, Listen Up and Follow Up' training modules to be a one off mandatory requirement and maintaining keeping in touch meetings.

Following a member's query it was noted that support was being provided to those that were speaking up but also those that were involved in the complaints.

The Board of Directors thanked Fiona Gray, FTSU Guardian for all the work that she had done to date and it was agreed that a copy of the paper would also be shared with the Governors as they had an interest in this area.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, a copy of the report be shared with the Governors.

BoD/5097 Any Other Business

On behalf of the Board of Directors, the Joint Chair thanked Gillian Colquhoun for all the hard work and dedication she had provided to the organisation and in particular for undertaking the role of Interim Chief Information and Technology Officer. The Board wished her the best of luck and success in her new role.

The Joint Chair provided assurance that the same level of cover would be provided for the further junior doctor strikes scheduled in June and that preparations were underway within directorates to ensure safe, patient care continued to be provided.

BoD/5098 Date and Time of Next Meeting

- Resolved:** that, the next meeting be held on, Thursday, 27 July 2023 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 12.15pm.

Signed:

A rectangular box containing a handwritten signature in black ink that reads "Derek Bell".

Date: 27 July 2023

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
23 March 2023	BoD/5009	BAF Quarter 4 Report: 2023/24 Board Seminar meeting to focus on the Ageing Estate Risk	NA	28 September 2023		Following the Board Seminar on 16 March, a detailed update would be provided in 6 months.
27 April 2023	BoD/5047	Report of the Managing Director Update to be provided at the next meeting on the replacement of the Interim Chief Information and Technology Officer. Board Development Session to be held at a later date regarding the Health and Care Academy and the wider picture.	NA SC/EJ	 To be confirmed		Post advertised and closing date of 2 June 2023. Number of expressions of interest received and confident a successful candidate will be appointed soon. A review of board meetings, development sessions and board seminars was being undertaken to agree an annual plan.
27 April 2023	BoD/5048	Board Assurance Framework Report Quarter 4: 2022/23 An update on the new hospital programme and alternative solutions be provided as and when necessary.	NA	26 October 2023		This would form part of the detailed update at a Board Seminar in six months time.
27 April 2023	BoD/5053	Data Protection and Cyber Assurance Interim Position Report 2022/23 Full report to be brought to a future meeting.	GC	23 November 2023		
27 April 2023	BoD/5056	Learning from Deaths Report, Quarter 4 2022/23 Further information to be provided in the next report regarding compulsory case reviews and training.	DD	27 July 2023		Work was ongoing with regards to review meetings with Mortality Leads to agree a plan. Further update to be provided in the next report.
25 May 2023	BoD/5088	Report of the Managing Director An update on the NE&NC Provider Collaborative Clinical Summit be included in the next report. Further updates and plans regarding the CDC to be brought to a future meeting.	NA NA	27 July 2023		
25 May 2023	BoD/5089	Board Assurance Framework Report Month 1: 2023/24 A full update of the BAF review to be provided at the next meeting.	SI	27 July 2023		A Board Seminar would follow the Board meeting on 27 July.
25 May 2023	BoD/5090	Integarated Performance Report Timescales around cancer performance be included in the next report. Updated information regarding staff turnover be included in future reports.	L Hunter L Hunter	27 July 2023 27 July 2023		
25 May 2023	BoD/5092	NHS Workforce Disability Equality Standard (WDES) 2023 Work be undertaken to identify barriers staff may experience when updating their disability status and what support could be put in place.	S Cook			
25 May 2023	BoD/5093	Utilisation of the University of Hartlepool Elective Hub The ACOO to identify areas of support that could be provided for the planned visit on Friday, 23 June 2023.	R Dean	23 June 2023		
25 May 2023	BoD/5096	Freedom to Speak Up Annual Report A copy of the report to be shared with the Governors.	L Robertson			

Board of Directors

Title of report:	Joint Chair's Report									
Date:	27 July 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"> • Volunteers Thank You Evening • Collaborative Working with Teesside University • NHS Confederation Expo Conference • Trust Member Event • Regional Chairs Meeting • Joint Working 										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
There are no risk implications associated with this report.										
Does the report impact on any of the following areas (<i>please check the box and provide detail in the body of the report</i>)										
Equality, diversity and or inclusion			Reputational						x	
Workforce			Environmental							
Financial/value for money			Estates and Facilities							
Commercial			Compliance/Regulatory							
Quality, safety, experience and effectiveness			Service user, care and stakeholder involvement						x	
Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)									

N/A	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 July 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 Volunteers Thank You Event

I was pleased to host the Volunteers Thank You Event on 7 June, which was the first event since the pandemic. It took place during National Volunteers Week and was a lively evening enjoyed by all, paying an important thank you to our many volunteers for the invaluable support they provide to the Trust. Members of the Board, Executive Team and other senior colleagues hosted individual tables obtaining very useful feedback.

2.2 Collaborative Working with Teesside University

The Trust held an engagement event with the National Horizon Centre (NHC) of Teesside University on 9 June with presentations by our Chief Executive and Chief Medical Officer regarding an important piece of collaborative working. The NHC aims to discover diseases earlier develop novel solutions and deliver life-changing innovations to improve patient outcomes.

2.3 NHS Confederation Expo Conference 2023

I attended the NHS Confed Expo Conference in Manchester on 15 June. The event was over 2 days bringing together key health and care leaders to support drivers for change across health and social care focusing on a range of topics including population health, mental health, equality diversity and inclusion and system working.

2.4 Trust Member Event

The Trust held its first member event since the pandemic on 17 June at the Stockton Baptist Church. The event was well received by the members who heard presentations regarding the Trust's Volunteer Service, Bowel Screening and Colonoscopy and our Integrated Single Point of Access Team, who ensure patients have access to 'the right people, with the right skills, in the right place, at the right time' working alongside other agencies. Other events will be scheduled through the course of coming months.

2.5 Regional Chairs Meeting

I attended the North East North Cumbria Integrated Care System (NENC ICS) Foundation Trust Chairs Meeting and the NENC Integrated Care Board (ICB) Chair's forum on 20 June. The key headlines included awareness of mental health challenges and the impact of industrial action on patient care and staff morale.

2.6 Joint Working

Since the last Board meeting, the Joint Partnership Board has met twice on 21 June and 19 July. An update from the meetings will be given under a separate agenda item. The Managing Director and I attended the Audit and Governance Committee of Hartlepool Borough Council last week to share with our local authority colleagues' progress to date regarding the Group model with South Tees. The update was positively received.

3. Recommendation

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

Professor Derek Bell
Joint Chair

Board of Directors

Title of report:	Joint Partnership Board Update							
Date:	27 July 2023							
Prepared by:	Ann Baxter, Non-Executive Director, Vice Chair							
Executive sponsor:	Professor Derek Bell, Joint Chair							
Purpose of the report	The purpose of the Report is to provide the Board of Directors with a brief summary of the work being undertaken by the Joint partnership Board and progress towards the development of a Group Model.							
Action required:	Approve		Assurance	x	Discuss		Information	
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		Caring		Effective		Responsive	
							Well Led	x
Executive Summary and the key issues for consideration/ decision:								
<p>Since the Board Meeting in May, the Joint Partnership Board met on 21 June and 19 July 2023.</p> <p>Both meetings acknowledged the progress being made at pace to shape the future direction of travel. The key items for note are:</p> <p>1. Clinical Strategy</p> <p>A productive engagement session held on the 22 June with a number of senior clinical staff, including medical, nursing and allied health professionals to start to think about what a Clinical Strategy will look like going forward. There was a very positive discussion, which has begun to shape the outline of priority areas for improvements in patient-centred clinical pathways. Following the session further discussions have taken place across both sites with a wider group of clinical staff to ensure key messages are shared in a timely manner and that the opportunities to include as wide a group as possible in the development of the strategy are taken. A second session is planned for early October.</p> <p>2. Partnership Agreement</p> <p>Over the summer months a Partnership Agreement is being developed, with the first outline draft due to be presented at the September Joint Partnership Board. The Partnership Agreement will outline a roadmap for the further development of the Group Model. An appointment of the Associate Director of Partnerships has been made, with the successful candidate due to take up post from August. An immediate priority will be to further develop the Partnership Agreement.</p> <p>3. Operating Model</p> <p>A paper that starts to describe the Operating Model for the Group has been shared with the Joint Partnership Group. This has started to set out proposals for how the Partnership Group will operate focussing on:</p>								

- Governance arrangements
- Clinical and operational leadership to not only drive the opportunities and benefits of working in a collaborative group Model but also how both Trusts continue to operate safely and effectively on a daily basis
- How the Group will align to the Integrated Care Board and wider system
- The corporate service support required
- Enabling strategies – i.e. Digital, Estates

4. Engagement and Communication Plan

An Engagement and Communication Plan has been developed and shared with JPB by the Communication and marketing teams from both North Tees and Hartlepool and South Tees Hospitals.

The Plan is a comprehensive documents that sets out the Engagement and Communication required for both organisations August and September. The aim is to ensure that there is a collective message shared with all staff to allay anxieties about the impact on themselves and the services they deliver as the Group Model takes shape.

The Plan also describes the key stakeholders and external partners with whom the Trusts need to engage, not just to demonstrate how the Group intends to operate in the future but elicit input as to how best to collaborate to maximise the opportunities and benefits such a partnership will provide.

Some of the engagement activities are already underway, with colleagues increasing visibility in each other's organisations, ensuring opportunities to speak to staff across all sites are maximised and attending meetings with external partners wherever possible.

A Group Development team, consisting of a number of director colleagues from both Trusts have been meeting twice a month since May to monitor progress and drive forward the work over the summer period. This is presented to the monthly Joint Partnership Delivery Group to provide assurance on pace to the Joint Chair and the Vice Chairs of both North Tees and Hartlepool and South Tees Hospitals.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:

This paper addresses the following Strategic Risks:

- 1A – Patient Safety/Outcomes
- 1B – Patient Experience
- 2A – People (Attract, Develop, Retain)
- 3B – Transformation (Internal)
- 3E – Transformation (External)

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, inclusion	x	Reputational	x
Workforce	x	Environmental	x
Financial/value for money	x	Estates and Facilities	x
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
N/A	N/A
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the update • Acknowledge the continued positive approach to joint working

Board of Directors

Title of report:	Report of the Managing Director									
Date:	27 July 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		Information			
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.</p> <p>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"> • Operational Challenges; • Culture and Leadership Development; • Research and Development; • 2023/24 Priorities and Operational Planning Guidance; • Integrated Care System and Integrated Care Board; • North East and North Cumbria Provider Collaborative; • Tees Valley Provider Collaborative; • North Tees and Hartlepool NHS Foundation Trust Estates Strategy; • Community Diagnostic Centre; • Faculty of Learning, Leadership and Improvement; • Workforce Development, • Butterwick Hospice, and; • Consideration of the wider national and regional contribution. 										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
This report takes account of all Strategic Risks identified within the Board Assurance Framework										

Does the report impact on any of the following areas (<i>please check the box and provide detail in the body of the report</i>)			
Equality, diversity, inclusion		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
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and work to improve system working, and operational resilience.		

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

27 July 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 previous reports.

Trust bed occupancy has continued to be below the 92% at an average of 89.66% for June 2023. Linked to the bed occupancy the Trust continued to see a decrease in the super stranded patients over 21 days. The Trust continues to work collaboratively with partners in Local Authorities to ensure discharges are effective and timely, where clinically appropriate.

In accordance with new 2023/24 Priorities and Operational Planning Guidance, the metrics for patients waiting over 12 hours within the Accident and Emergency Department has changed. The metric is now based on the patients waiting 12 hours in department, rather than Decision to Admit (DTA). Whilst it is acknowledged that, the Trust continues to have patients waiting greater than 12 hours the Trust is showing a continued reduction each month. The Trust reported 101 in April 2023; however, in June there were 53 waits in excess of 12-hour waits. This continues to demonstrate the continued improvement since April 2022.

The Trust continues to focus on improving the clinical pathways within and out of hospital. The Trust presented the outcome of the collaborative work it has undertaken, with the North East Ambulance Service (NEAS) in the development of referral pathways between NEAS and Urgent Community Response (UCR) services to the NENC Integrated Care Urgent and Emergency Care Strategy Board.

The pilot demonstrated a reduction in the number of patients transported to hospital and supported further opportunities for collaboration to support patients in the community who may have attended the Accident & Emergency Department under traditional pathways.

2.1.1 Four Hour Emergency Department Standard

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.

The Trust has begun reporting against the four-hour standard from the 1st May. Whilst the Trust continues to exceed the overall 4 hour national standard, achieving 82.87% in June 2023, it is cognisant that compliance with this standard has changed the focus for the Trust, as it concludes its field testing phase. This has resulted in a shift in focus from clinical review standards of patients to

the national 4-hour standard. This is a cultural shift in how the service operationally manages the flow of patients through the service.

The Trust is fully committed to continuing to improve overall compliance in all areas of patient flow, to positively impact on patient experience and an improvement plan has been developed to focus specifically on improving compliance against the type 1 activity going through our integrated urgent and emergency care service.

Ambulance hand over delays remain in a positive position, achieving 98.86% of patients being handed over in less than 59 minutes in June 2023.

2.1.2 Elective Recovery

The Trust continues to focus on reducing RTT trajectories and the 52-week wait position. The continued impact of industrial action has affected levels of activity, with significant levels of planned activity stood down to support maintaining safe services for patients. The Trust has maintained its position of no patients waiting longer than 104 or 78 weeks and continues to reports the lowest number of both 52 and 40-week waiters across the North East and Yorkshire region.

The Trust reported 51 patients waiting over 52 weeks at the end of June, with one patient reported waiting over 65 weeks at the end of June. All long waiters are regularly reviewed to ensure pathways are progressed, however, patient choice continues to play a factor in delivery.

The Trust is currently undertaking an accreditation programme as part of the GIRFT elective care hub standards. A visit to the University of Hartlepool Hospital Elective Hub took place on Monday 10th July.

Initial verbal feedback was overall positive, however, the Trust awaits the formal report and recommendations.

2.1.3 Industrial Action

The Trust continues to plan and respond to ongoing Doctor in Training industrial action to order to ensure that patients are kept safe and disruption to services are minimised where possible. Many groups of staff including our nursing teams, consultants, community services, pharmacy, allied health professionals and administration staff have worked flexibly to provide cover.

In addition to the Doctors in Training industrial action the Trust has also commenced its planning for the forth-coming Consultant strikes, which take place from 20th – 21st July and 24th - 25th August.

3. Strategic Objective: Health and Wellbeing

3.1 Culture and Leadership Development

Our Culture programme '*Our Trust, Our Future*' continues to progress with work underway to move the agreed actions forward. One to one meetings have taken place with leads across the Trust to continue progress. A communication plan has been completed to ensure that staff are aware of all of the changes being implemented. To reduce the potential duplication work, the actions have been triangulated along with the staff survey information. There are thirty-five actions currently being progressed.

The three levels of leadership identified within the Leadership Strategic Plan are being progressed. The Foundation Programme, *'It all starts with me'* has seen an increase in the numbers attending the training with over 350 staff successfully completing the course. The Limehouse platform to compliment this learning has launched providing an alternative way for staff to learn / develop leadership skills.

The second level *'Leading with Care'* has commenced with three cohorts launched and four and five due to launch in the next two months. The cohorts have seen 122 staff take up places and begin further developing their leadership journey.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment to clinical research trials remains high for the first quarter with 1218 patients recruited into research studies (by context 573 patients were recruited at this point in 2022).

3.2.2 Synexus Facility

Confirmation has now been received from the agent representing Synexus that their Board are in agreement with the surrender value of 12 months' rent and as a result, the Trust are content to progress with their release from the lease agreement.

3.2.3 Tees Valley Research Alliance (TVRA) Strategy refresh

The new Tees Valley Research Alliance strategy has been developed and the research team are currently working on the detailed metrics for each of the domains

4. Strategic Objective: Transforming our Services

4.1 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 ongoing development of the system governance. There has been an increased focus on operational resilience, discharge planning, system working, performance, industrial action and financial planning.

4.2 North East and North Cumbria Provider Collaborative (PvCv)

At the last Provider Collaborative meeting on 7th July 2023, discussion centred on the progress with both the digital and data programmes across the North East and North Cumbria.

Trudie Davies, Chief Executive at Gateshead NHS Foundation Trust led the conversation with regard to pathology services and the need to ensure there is a collective commitment and ownership across the region. Members of the collaborative agreed not to progress to a full business case, but supported a refresh the programme of work.

Representatives from the Integrated Care Board joined the meeting to provide an outline on the ICB Joint Forward Plan (JFP), noting the links to the wider Integrated Care Strategy. The JFP is built up from place and work stream plans over a five-year period. Members of the collaborative were

requested to take the JFP back into their Foundation Trusts, as appropriate, and provide feedback such that it could be finalised in September 2023.

4.3 Tees Valley Provider Collaborative

Work continues to develop the Group model between North Tees & Hartlepool and South Tees Hospitals Trusts. Development meetings are regularly taking place, chaired by the Managing Directors of both Trusts to sustain momentum for the Group arrangements which report to the Joint Partnership Board.

At the Joint Partnership Board in June, Dame Alwen Williams (Strategic Advisor to the Group) shared her experiences in establishing a group model, members also held discussions with regard to the clinical services strategy and development of a Partnership Agreement.

4.4 Service and Estate Developments

4.4.1 New Hospital OBC

The Strategic Outline Case was completed and in February 2023. The Trust Board have given approval to progress to an Outline Business Case (OBC). The OBC is being developed with support from the Trusts Advisor Project Team, which has now been successfully mobilised and will continue to support the development of the North Tees & Hartlepool and South Tees Hospitals joint estates strategy as agreed by the Joint Partnership Board in June 2023.

It is recognised that opportunities to secure funding for large-scale schemes are limited. The approach being adopted by the Trust is to focus on specific elements of the project, so the overall scheme is addressed through manageable phases.

The project phases will be designed and costed on a '*ready to go*' approach, should funding opportunities arise. The successful public sector de-carbonisation scheme bid for £13.4m to invest in the energy infrastructure and carbon reduction measures at University Hospital of Hartlepool is an example of this approach.

4.4.2 Community Diagnostic Centre (CDC)

A strategic plan for the development of diagnostic capacity across the Tees Valley, including a new build Community Diagnostic Centre (CDC) has been agreed. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

The estates team as part of North Tees and Hartlepool Solutions LLP and the CDC project team continue to work in collaboration with Stockton on Tees Borough Council (SBC). The programme plan is progressing at pace. Clearance of the former Castlegate shopping centre site ahead of construction has been completed. The planning application was submitted on 18th May 2023. Dialogue between the Trusts design partners and planning is ongoing with a decision is expected by the 23rd August 2023. Purchase orders have been placed for items with long lead times, such as the power supply, data and broadband.

Clinical and digital teams are progressing work around interoperability of clinical systems to support the delivery of diagnostic services across the Tees Valley. Following the mapping and interoperability assessment there is a clear understanding of the current position, scope and scale of the work required. Engagement with existing suppliers has been extremely positive, provided a

clear understanding of the options, and associated timescales. This work also links to the digital plans for imaging services across North East and North Cumbria integrated care system.

Clinical teams and service leads from both Trusts and the wider Integrated Care System are finalising the operating model for the CDC. This critical piece of work is supported by the digital and workforce work streams leads.

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 is in the preparation phase for 2023 with work underway to prepare the staff lists and data to ensure the Trust meets the needs of teams across the organisation and make the data meaningful.

Care Groups and Corporate areas are collating action plans with key areas of focus. Work has been undertaken to make improvements in the areas identified as priorities.

Long service awards have commenced, linked to Reward and Recognition with those members of staff with over 40 years' service being recognised recently. Further work is on-going to roll out to other year groups in the coming weeks.

The appraisal process and documentation has been reviewed and updated in collaboration with staff feedback. The updated version also includes Scope for Growth allowing development conversations to take place with staff ensuring we retain talent and support people's development aspirations.

To support this, the Talent Management strategic plan has been developed to ensure the Trust supports the talent within the organisation.

5.2 Faculty for Learning, Leadership and Improvement

The Faculty evolution continues incorporating the learning agenda. Quality Service Improvement Redesign (QSIR) Foundation programmes have been provided with a good uptake across the Trust.

The fifth cohort of QSIR Practitioner is in the planning stage and will take place over the coming weeks. The Quality Improvement role is coordinating with the Quality Improvement Leads on collaborative pieces of work and supporting the achievement of the strategic plan.

Planning is underway for Cohort 3 of NTH100 focussing on operational challenges, which have been identified through triangulation of data across the Trust. The approach will also incorporate QSIR Foundation ensuring we continue to build capacity across the Trust.

5.3 Workforce Development

Plans continue to develop 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 within the University Hospital of Hartlepool that will support growing our own talent and

ensuring we have a robust, sustainable workforce plan. This is specifically important in light of the Government's newly published 15-year workforce plan.

In addition to the funding already allocated for capital works and equipment (circa £1.2m), a submission has been made to the Local Skills Improvement Fund (LSIF) to support with costs associated with additional equipment. The bid for funding is specifically focused around technology and will support the academy having the latest immersive technology available for staff / students.

5.4 Butterwick Hospice

In a major step forward, the Care Quality Commission have lifted restrictions against the Hospice with two beds to be opened for known patients on the end of life pathway. It is anticipated the changes will come into effect from the 14th August 2023. Discussions are ongoing with the Commissioners regarding the re-provision of the grant with the Integrated Care Board.

5.5 Wider National and Regional Contribution

5.5.1 Celebrating the Windrush Generation

The Trust marked the 75th anniversary of Windrush this week by sharing the fascinating story of one of our former midwives Pat Poinen. Her Majesty's Transport, Empire Windrush brought passengers from Caribbean countries between 1948 and 1971. Among them was Pat who went on to work at North Tees General Hospital – she describes her time at North Tees as the '*best of my career*'.

5.5.2 Cardiac Rehabilitation Team Praise

The Trust cardiac rehabilitation team has been praised for going above and beyond with a patient who wanted to return to his CrossFit classes after suffering a heart attack.

The team runs rehabilitation sessions in community buildings across the Tees Valley for patients who are recovering from heart issues. Recovering from a cardiac arrest, Christopher Akers-Belcher, who is the Chief Executive of Hartlepool Healthwatch, has found the classes '*incredibly beneficial*' – moreover, it is the help Christopher has received from the team to enable him to continue his weekly sessions at Exortus CrossFit in Hartlepool he is equally grateful for.

5.5.3 Regional Training for Illnesses

The Trust recently held an important day of speciality training for emergency medicine trainees from across the region, focusing on a series of rare procedures – the kind that may only happen once in a clinician's career.

Funded through Health Education England, the training session was set up as stations within the organisation's education unit and the MELISSA bus – a specially designed NHS training and simulation bus. Doctors rotated around procedures including resuscitative hysterotomy, lateral canthotomy, front of neck access / surgical airway and pericardiocentesis.

5.5.4 Trust Governor and Independent Investigator among King's Birthday Honours

Two members of our Trust have been recognised in King Charles III's first ever birthday honours list.

Mark White, who sits on the Council of Governors, has received a CBE for the countless hours he has dedicated to a host of organisations.

Selwyn Morgan's has an extensive background in social care and recently joined our Trust as one of our independent investigators. He has been left '*delighted and humbled*' to be recognised by the King with a MBE.

6. Recommendation

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and work to improve system working and operational resilience.

Neil Atkinson

Managing Director

Report to the Trust Board

Title of report	Board Assurance Framework Report – Quarter 1 (2023/24)									
Date	27 July 2023									
Prepared by	Stuart Irvine, Director of Strategy, Assurance & Compliance Stephen Green, Associate Director of Risk Management									
Executive sponsor	Susy Cook, Chief People Officer and Director of Corporate Affairs									
Purpose of the report	The aim of this paper is to provide assurance to the Trust Board on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF). This is report covers the period 1 st April 2023 to 30 th June 2023 and includes actions for addressing the identified gaps in controls and assurance during that period.									
Action required	For Decision			For Assurance		X	For Information		X	
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

The Trust's Board Assurance Framework currently contains 12 domains and they have been reviewed and refreshed for 2023/24.

The BAF is also being reviewed in line with the independent governance review, with the final report to be issued in July 2023. This will result in the consideration of the current domains and whether there is the opportunity to streamline the domains, linked to the review of the Trust's Committee structure. There will continue to be clear lines of reporting of the BAF domains into the Trust's Committee structure.

Following the update of the BAF for Quarter 1, there continue to be 2 red risks linked to the delivery of the Trusts strategic objectives.

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	20	9

The two risks relate to BAF domain 3C and the refreshed BAF domain was presented to the Finance Committee on 27th June 2023 and the current risk scores were approved. It should be noted that the current risk score relating to the Trust's Ageing Estate increased from 16 in 2022/23 to 20 in 2023/24, following a review and to ensure compliance with the scoring matrix in the set out in the Risk Management Policy.

Full details of the report and the two red risks are contained in the attached report.			
Strategic Risk linked to the Board Assurance Framework this report relates to:			
This paper relates to all domains of the Board Assurance Framework.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and Facilities	X
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Committees/ Groups where this item has been presented before			
<ul style="list-style-type: none"> • Finance Committee (27th June 2023) • Risk Management Group (4th July 2023) 			
Recommendation	The Trust Board is asked to note the Board Assurance Framework Report for Quarter 1 (2023/24) and the two red risks.		

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Trust Board

27 July 2023

Board Assurance Framework – Quarter 1 2023/24

Report of the Director of Strategy, Assurance & Compliance

1 Purpose

- 1.1 The purpose of the report is to provide assurance to the Trust Board 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 core evidence to support the formulation of the Annual Governance Statement.
- 2.2 The BAF provides assurance to the Trust Board of the key risks and identifies which of the strategic 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 Trust 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
 - Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.
- 2.4 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
- 2.5 The Board Assurance Framework and broader governance processes are under an independent governance review, following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commissioned in November 2022, and the final report will be presented to the Trust Board through the appropriate governance structure.
- 2.6 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. An internal audit of the Trust's Board Assurance Framework was undertaken as part of the internal audit plan for 2022/23 and this provided the Trust with Good Assurance, meaning;

Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required.

- 2.7 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.
- 2.8 The Trust's Business Team meets on a weekly basis, which is chaired by the Chief Operating Officer and the Director of Planning & Performance. This meeting reviews all newly proposed risks, providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances, prior to approving the risk. This also facilitates the consideration of risk across care group/corporate areas and the links between operational risks and strategic risks.
- 2.9 A formal Executive Risk Management Group meet on a monthly basis and reviews all risks that were approved in the preceding month, corporate and strategic, to provide oversight and assurance to the Trust Board. This also includes a review of all red risks.
- 2.10 The Board Assurance Framework continues to be managed through the Committee structure, Audit Committee and Trust Board and further updated will continue to be presented.

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 (see Appendix 1)**.
- 3.2 There are currently two principal risks identified with a current High Risk rating, to the delivery of the strategic aim to Transform our Services, with the objective to ensure financial stability and sustainability. These risks are highlighted below;

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	20	9

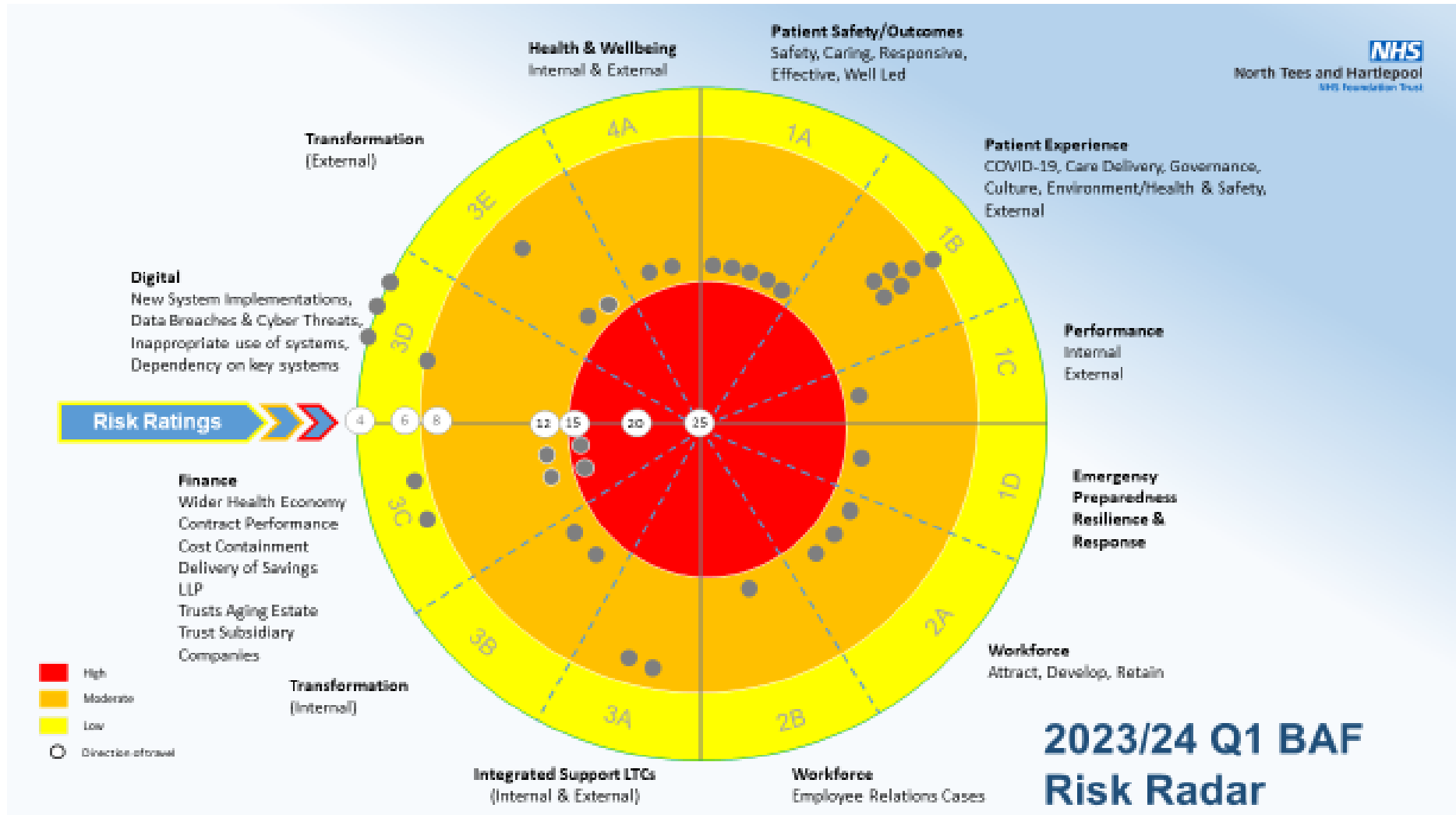
- 3.3 **Risk 6188** (Delivery of savings) remains a current risk score of 16 and relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) for 2023/24 which is £20.7m. This acknowledges the significant challenge to deliver the CIP programme for 2023/24 and the potential impact of increased CIP that is 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.

- 3.4 Controls in place to mitigate this risk include CIP workshops and support to Care Groups from the PMIO team to identify and delivery of schemes to deliver the cost improvement plan, supported by QUAD meetings. Further work is ongoing to scope and cost identified schemes to support overall delivery. 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 2023/24 CIP delivery future planning. This is likely to remain a red risk throughout 2023/24.
- 3.5 **Risk 6581** (Trust's ageing estate) is a current risk score of 20 (increased from a score of 16 in 2022/23) and 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 identified as having a useful economic life of 10 years. A 6 Facet Survey was undertaken over 12 months ago, therefore the effective lifespan of the buildings is rapidly reducing year on year, with approximately eight years remaining. The buildings are deemed to be beyond their UEL by 2031 and this was highlighted at Board of Directors Seminar on 16 March 2023.
- 3.6 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.
- 3.7 The annual capital allocation to deliver backlog maintenance to the three buildings on an annual basis only supports maintenance of the estate and is estimated to rise to circa £300m by 2030/31 (when the current lifespan of the buildings is exhausted). An application to the Government's New Hospital programme for capital funding to develop an estate that is fit for purpose was submitted and was unsuccessful and an OBC is being developed in 2023/24. There is the risk that if a funding solution is not identified to support the redevelopment of the Trust's estate, this may result in the Trust being unable to deliver safe and effective healthcare services in future years. Following a recent water leak, it has been identified that there is reinforced autoclaved aerated concrete (RAAC) in two of the residences (Farndale House and Everley House) at the North Tees site and this is being addressed by backlog maintenance capital.

4 Recommendations

- 4.1 The Trust Board is asked to note the content of the Board Assurance Framework Report Quarter 1 (2023/24) and the two red risks linked to the delivery of the Trust's strategic objectives.
- 4.2 Note that the two red risks in this report have been presented to the Finance Committee and Audit Committee.
- 4.3 Risks identified within the Trust continue to be identified, recorded, reported and managed via Business Team and Risk Management Group and also reported at Committee level.

Stuart Irvine
Director of Strategy, Assurance & Compliance



Board of Directors

Title of report:	Integrated Performance Report									
Date:	27 July 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 Kate Hudson-Halliday - Director of Finance									
Purpose of the report	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 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 following is a summary of the performance for June 2023.</p> <p>Safe</p> <ul style="list-style-type: none"> There were 6 serious incidents reported on the StEIS system in June, four were from previous months but identified in June with duty of candour initiated. The Trust continues to perform well against the measures for Safe, reporting no never events and zero falls with moderate or severe harm. During June the Trust reported 4 cases of C. diff and 1 MRSA International recruitment (IR) of nurses continues with 60wte nurses now deployed to the UK into the Trust. <p>Effective</p> <ul style="list-style-type: none"> The Trust continues to perform well against SHMI, reporting below national mean of 100 Re-admissions has seen an increase, with Gynaecology and Pain reporting high percentage rates. A significant decrease in Outpatient Reviews continues to be noted Trust Length of Stay for both elective and emergency pathways are meeting the standard <p>Caring</p> <ul style="list-style-type: none"> All six Friends & Family Test (FFT) metrics are exceeding the 75% Very Good/Good standard. <p>Responsive</p> <ul style="list-style-type: none"> 98.86% of ambulance handovers occurred in under 59 minutes The Trust continues to meet the national 4-hour Emergency Department wait standard, with an improvement plan in place to support increased compliance for Type 1. 										

- Cancer Two Week Rule has seen an improved position compared to the previous month, with an increase in performance evident across the specialties.
- The Trust is meeting the Cancer 31day standards, however the 62 days is reporting at 57.32%, noting no regional Trust is achieving the standard
- The number of patients waiting longer than 52 weeks at the end of June was 51, of which 1 was waiting over 65 weeks.
- Diagnostic performance for June continues to improve with 77.59% in line with the improvement trajectory, of patients diagnosed within 6 weeks, in-part due to the improved Non-obstetric Ultrasound performance, with a 23.8% (n=373) reduction in greater than 6 week waits in comparison to last month.

Well Led (People & Finance)

- The Trust overall sickness has decreased in April from 5.07% to 4.88%, with short term increasing slightly but long term sickness reducing.
- Mandatory Training has seen a continued increase, reporting 90.89%, now above the standard of 90%.
- Staff Turnover has seen a slight increase from the previous month, but remaining below the Trust 10% threshold.
- At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan.

Maternity

- Smoking at booking is reporting 16.93%, which is above the NENC Average of 11%.
- VTE compliance for Maternity continues to report below the 95% Trust standard, with a review of compliance to be undertaken in July.
- 1:1 care in labour is slightly below the National standard, with this measure being monitored weekly.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:

This section should outline the key risks that the Board should note.

Quality -1A patient safety and 1B patient experience

Performance - 1C

People - 2A and 2B

Finance - 3C

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 inclusion		Reputational	X
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Planning, Performance and Compliance Committee – 24 th July 2023		Executive Management Team – 18 th July 2023	

Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none">• The performance against the key operational, quality and People standards.• Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation.
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North Tees and Hartlepool
NHS Foundation Trust



Integrated Performance Report (IPR)

July 2023 Report

(June 2023 data)

Executive Summary

Domain	Summary
<p style="text-align: center;">Safe</p> <p style="text-align: center;">Page 6 to Page 11</p>	<p>The Trust has reported two high risks, both financial. These continue to be monitored through the appropriate committee's and governance structures. Falls resulting in moderate harm are investigated immediately, with learning implemented at pace. Support continues with the Active Hospital lead and deconditioning work stream, on quality improvement projects.</p> <p>Monthly recruitment is on-going for both registered and unregistered nurses and midwives. On-boarding work with third year nursing students who will qualify in September 2023 is progressing with 39 nurses currently locked into vacancies.</p>
<p style="text-align: center;">Effective</p> <p style="text-align: center;">Page 12 to Page 17</p>	<p>Trust re-admission rates continue to remain high on the agenda with monthly reviews being undertaken for those pathways with higher rates. Reducing reviews continues to see an improved performance, with work continuing through the Outpatients Transformation Work Group.</p> <p>The Trusts 6-4-2 meeting has been re-instated, with the new Care Co-ordination system (CCS) being used to aid and assist theatre utilisation improvements, with the overall aim to increase utilisation and to reduce the number of patient on the waiting list.</p> <p>Length of stay has fallen for both elective and emergency pathways, with the KPI's all meeting the standard.</p>
<p style="text-align: center;">Caring</p> <p style="text-align: center;">Page 18 to Page 21</p>	<p>The number of Friends and Family Test (FFT) returns remains consistent to previous months, with a Very Good/Good rate at 91.93%, all the six FFT standards have consistently achieved greater than 75%.</p> <p>There has been a consistent trend in Stage 3 (formal complaints) since September 2022 to be below the mean. Increased analysis continues to be presented and discussed during the weekly safety panel meetings and now in the quarterly Patient Experience Report.</p>

Executive Summary

Domain

Summary

Responsive

Page 22 to Page 29

Trust ambulance handover performance continues to be one of the best in region. The Trust continues to achieve the national 4hr standard.

The Trust remains on plan to meet the 2023/2024 planning submission for Trust occupancy, with the number of super stranded patients in the Trust reducing, reporting 9.30%, out of area patients still in the Trust at the end of June.

The Trust is achieving three out of nine Cancer standards. Whilst cancer pathways remain protected during the industrial action period, overall capacity has been affected with appointments and procedures rearranged, particularly for non-urgent waiting list management (RTT).

Well-Led

People

Page 30 to Page 33

&

Finance

Page 34

Assurance that managers continue to robustly manage absence and appropriately support staff experiencing significant health and well-being challenges, occurs through the monthly people clinics chaired at care group level.

A comprehensive review of mandatory training is underway, this review will explore moving to a 'core 10' topics within the Business Intelligence software as well as using ESR as the reporting system.

Exploratory work on increased turnover within the allied health professional staff group has identified the increase can be attributed to employees leaving to work overseas and to work within private practice.

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan. The Trust is reporting a year to date surplus of £1.301m against a plan of £2.536m, which is £1.235m behind plan.

Executive Summary

Domain

Summary

Maternity

Page 35 to Page 46

The new maternity section can be found from page 35 onwards, with a pathway approach to separating the standards into Pre-natal, Birth, Postnatal, Neonatal and feedback (complaints & compliments).

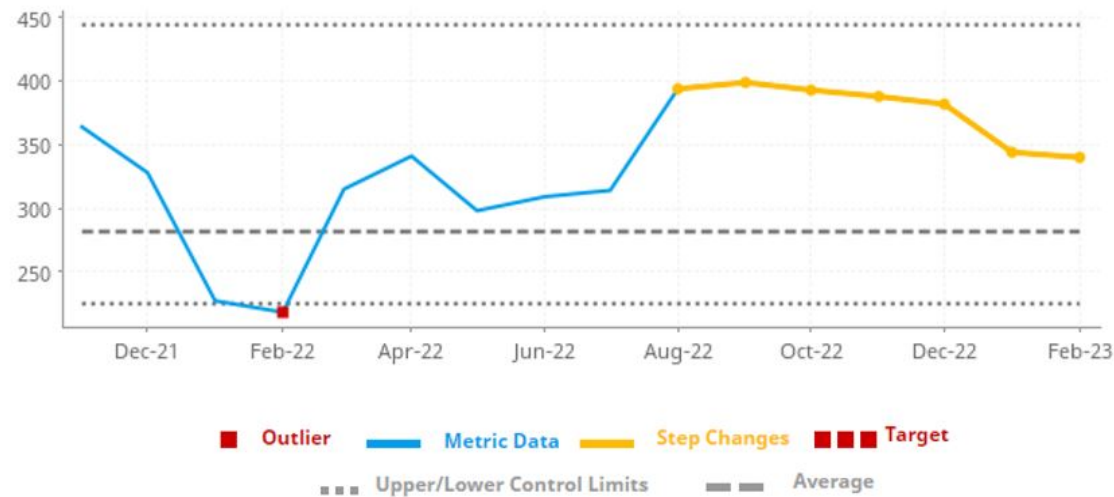
The Trust local population reside in one of the most deprived areas in the country, with the rates of smoking one of the highest in the North East and is reflected in the maternity population. The Trust continues to support patients in reducing smoking to help optimise the health of the newborn and mother.

The Trust has noted a decline in the VTE compliance within maternity services and has agreed to undertake a review in July, with an action plan to be developed to outline actions and key improvement timescales.

The Trust continues to achieve Postpartum Hemorrhage (PPH) rates, which can be attributed to the recent introduction Quality Improvement (QI) project.

Breast feeding rates within the Trust fall below the North East & North Cumbria average and one of the lowest in the region. To improve the take up rate throughout 2023, the Trust has employed an infant feeding specialist midwife.

Statistical Process Control (SPC) Charts

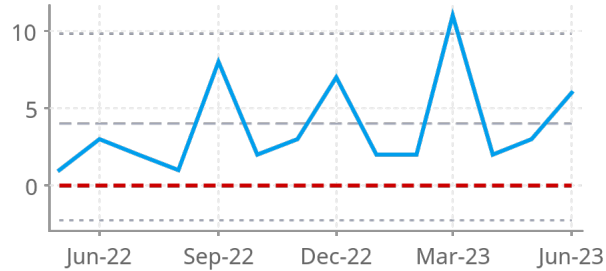


A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

Outliers occur when a single point is outside of the Upper or Lower Control Limits. They adjust automatically so they are always 2 Standard Deviations from the .

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.

Serious Incidents



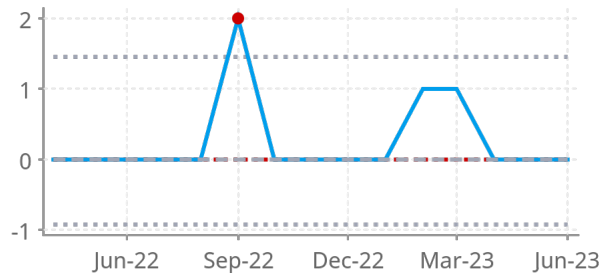
Month	Jun-23
Actual	6
Standard	0

Summary of Current Issues/ Recovery Plans

During June, there were six serious incidents reported on the StEIS system, two had occurred in June 2023, two in May 2023, one in March 2023, and one had occurred in 2021 which was a delayed diagnosis reported after being identified in June.

Duty of candour has been initiated for all and where accepted by the patient or families, the Trusts Family Liaison Officers are providing ongoing support.

Never Events

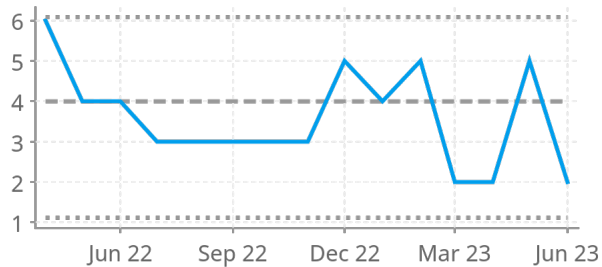


Month	Jun-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

During June 2023, there were zero Never Events reported.

High Risks

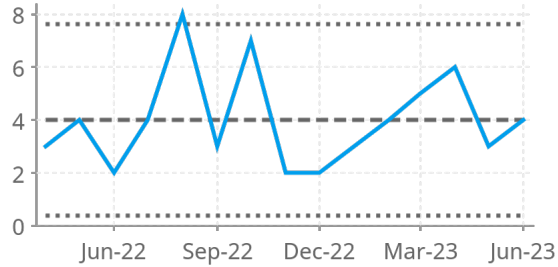


Month	Jun 23
Actual	2
Standard	N/A

Summary of Current Issues/ Recovery Plans

All risks are approved through the agreed governance structure and are reviewed in line with Trust Policy. There were two high risks both financial risks at the end of June 2023; relating to Trusts Aging Estate and the Delivery of Savings. These risks are monitored in the Finance Committee and identified in the Board Assurance Framework.

Clostridium difficile (C. diff)



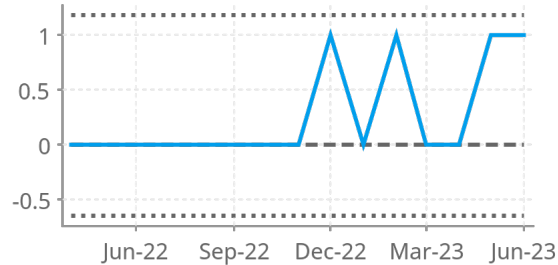
Month	Jun-23
Actual	4
Standard	4

Summary of Current Issues/ Recovery Plans

In June 2023, the Trust reported four cases of Clostridium difficile infection. Root Cause analysis processes are explored for all hospital-onset healthcare associated cases.

There has been one MRSA bacteraemia case which was deemed to be due to a contaminant. A post infection review has been completed and improvements to improve MRSA screening on admission are underway.

MRSA

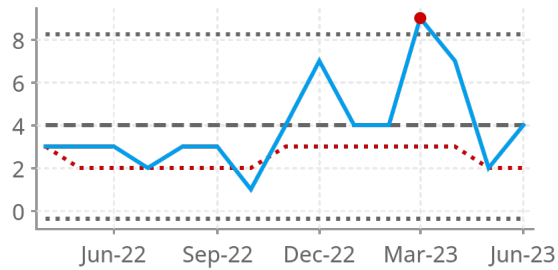


Month	Jun-23
Actual	1
Standard	0

There is no national objective set for MSSA, however the internal trust threshold for 2023-24 is in line with the national thresholds set for the other organisms by NHSE. There have been four healthcare-associated MSSA infections in June 2023, this is an increase on the previous month, but with no trend identified.

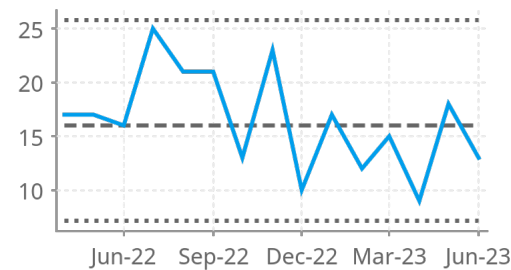
A decrease in CAUTI cases were reported in June 2023 and remains within the accepted standard.

MSSA



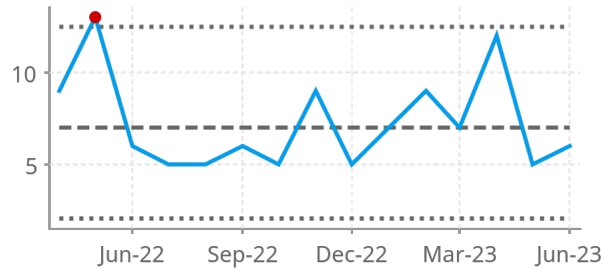
Month	Jun-23
Actual	4
Standard	2

CAUTI



Month	Jun-23
Actual	13
Standard	17

Escherichia coli (E. coli)

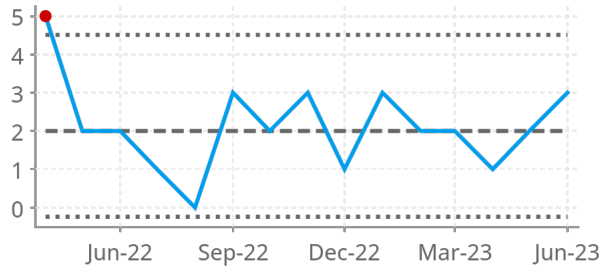


Month	Jun-23
Actual	6
Standard	5

Summary of Current Issues/ Recovery Plans

In June, six E-coli bacteraemia were reported, which is a reduction from previous months. The main source remains as lower urinary tract infection and is reflective of the summer months.

Klebsiella

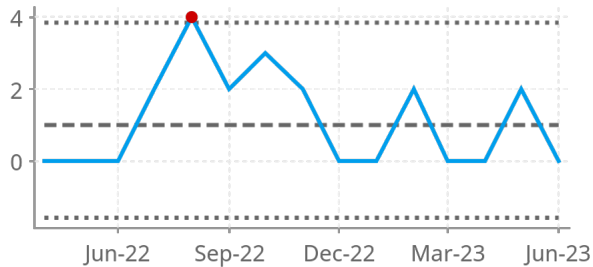


Month	Jun-23
Actual	3
Standard	1

Summary of Current Issues/ Recovery Plans

There have been three trust attributable cases reported for Klebsiella infections in June 2023, which is one above the expected number, two of these were also linked to lower urinary tract infections.

Pseudomonas aeruginosa

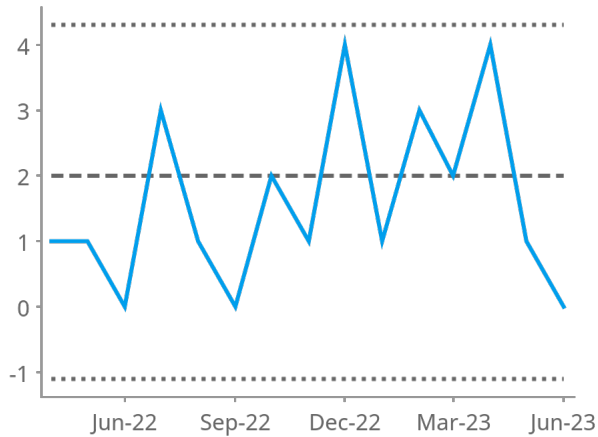


Month	Jun-23
Actual	0
Standard	1

Summary of Current Issues/ Recovery Plans

There have been no trust attributable cases reported for Pseudomonas infections in June 2023.

Falls with Moderate Harm



Month	Jun-23
Actual	0
Standard	2

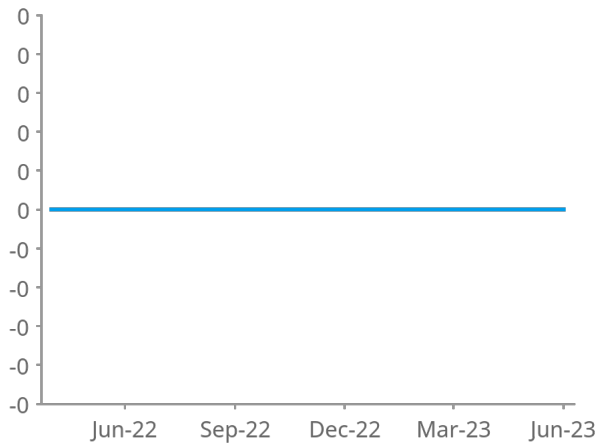
Summary of Current Issues/ Recovery Plans

All falls resulting in moderate harm are thoroughly investigated with any immediate learning implemented at pace. There were no falls occurring in June resulting in moderate or severe harm.

The electronic nursing documentation which includes the falls assessments, has been launched alongside the recently agreed changes to the falls policy, which includes the age requirement of patient falls assessments and the guidance of completing lying and standing blood pressure.

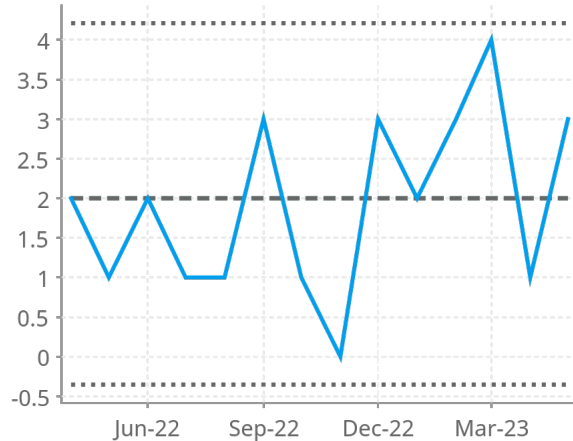
The Trust falls lead continues to support the active hospital lead and deconditioning work stream. The therapy teams are taking the lead on some quality improvement projects which reinforces the falls prevention agenda.

Falls with Severe Harm



Month	Jun-23
Actual	0
Standard	0

Pressure Ulcers Category 3



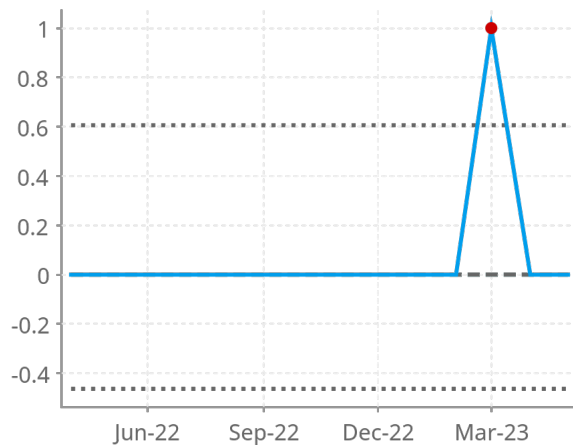
Month	May-23
Actual	3
Standard	2

Summary of Current Issues/ Recovery Plans

Work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. Pressure ulcer validation education has been provided to the band 6 and 7 nurses and an increase in accurate reporting has been noted.

A 'Skin Integrity Collaborative' is underway on ward 36 and ward 41 with a focus on prevention, early identification and accurate categorisation. Further collaborative work has commenced on ward 32 and 40 during May 23. An increase in all pressure ulcer reporting has been noted in May and reflects the focus in the clinical areas. A reassuring increase in category 1 pressure ulcer reporting demonstrates early identification. The increase in category 3 pressure ulcers is mainly linked to patients receiving care in care homes but are on a district nursing caseload. There has been no Category 4 pressure ulcers reported in May 2023.

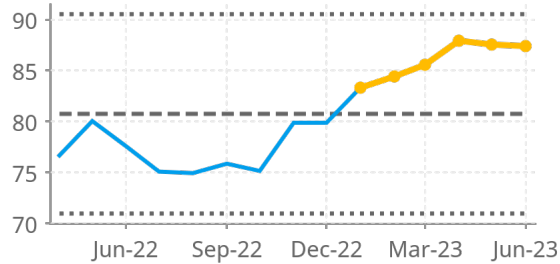
Pressure Ulcers Category 4



Month	May-23
Actual	0
Standard	0

The Trust was successful in their interview with NHS England will be working collaboratively to shape the national wound care strategy in tackling pressure ulcer prevention, specifically in their diagnostic phase of the project. This is a very exciting opportunity for the trust

UNIFY Day RCN



Month **Jun-23**

Actual **87.40%**

Standard **>=80% and <=109.99%**

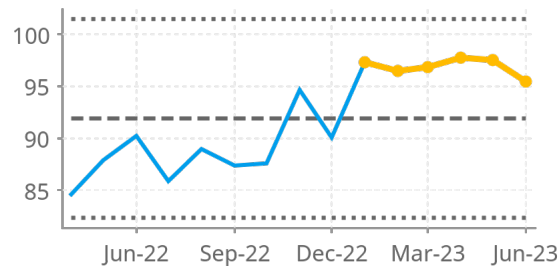
Summary of Current Issues/ Recovery Plans

Nursing fill rates have been sustained and sit within the recommended standard of >80%. The demand rates to NHSP continue to reduce each month in line with the nurse vacancy level reducing. However, nurse vacancy levels have increased from June 2023 following an uplift in funded nursing establishments to support safe staffing.

Monthly recruitment remains on-going for both registered and unregistered nurses and midwives. On-boarding work with third year nursing students who will qualify in September 2023 is progressing with 39 nurses currently locked into vacancies.

International recruitment (IR) of nurses continues with 60wte nurses now deployed to the UK. There has been success in offering 3wte Registered Midwives positions and an additional 25wte Registered Nurses in May 2023, which will further increase the shift fill rate and reduce the overarching nursing and midwifery vacancy level from November 2023 (following OSCE pass).

UNIFY Night RCN

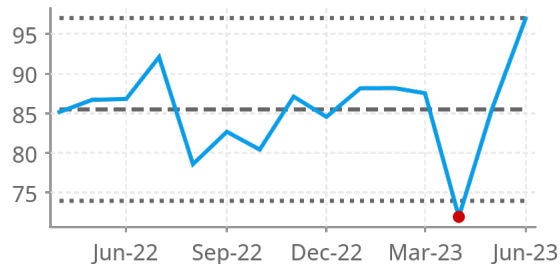


Month **Jun-23**

Actual **95.43%**

Standard **>=80% and <=109.99%**

UNIFY Day HCA

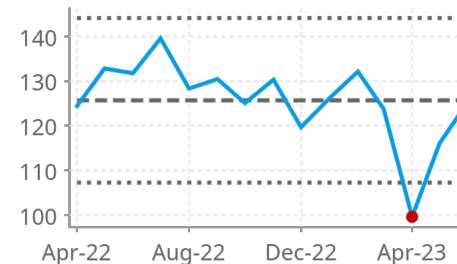


Month **Jun-23**

Actual **96.96%**

Standard **>=80% and <=109.99%**

UNIFY Night HCA

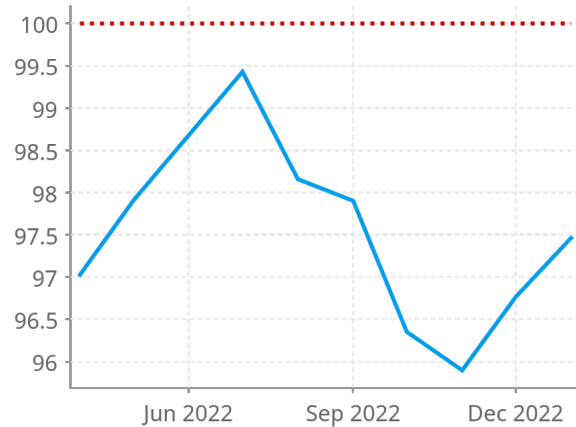


Month **Jun-23**

Actual **125.35%**

Standard **>=110% and <=125.99%**

Summary Hospital-level Mortality Indicator



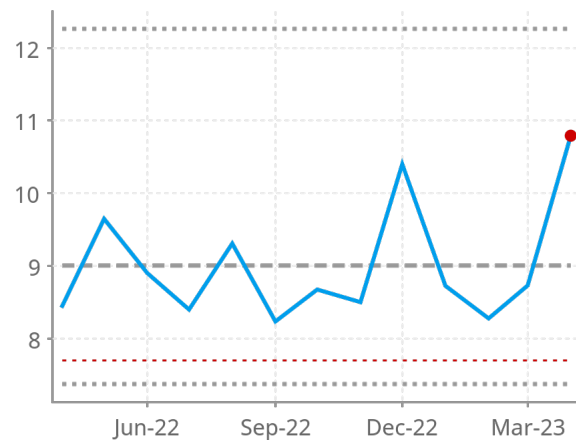
Month	Feb 22 - Jan 23
Actual	97.46
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 97.46 (February 2022 to January 2023) which has increased from the previous rebased value of 96.77 (January 2022 to December 2022).

The value of 97.46 is 4th lowest in the region, which ranges from 84.32 to 111.30, with the national range falling between, 71.70 to 120.85.

Re-admission Rate



Month	Apr-23
Actual	10.79%
Standard	7.70%

Summary of Current Issues/ Recovery Plans

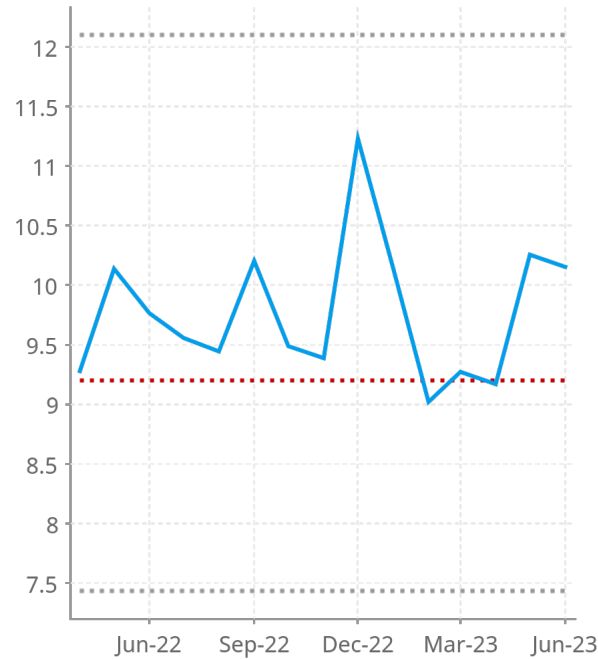
The latest validated position shows an increase with higher rates across all specialties specifically note in gynaecology and pain services.

The Trust is nearing completion of an electronic solution to enable real-time data validation, to help establish avoidable and unavoidable admissions.

Outpatient Did Not Attend - Combined



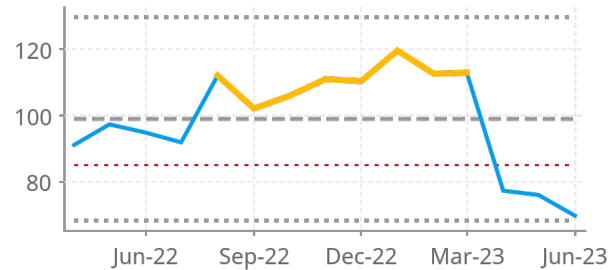
Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	10.15%
Standard	9.20%

Patients who are unable to attend their appointment reported a slight decrease this month. Some of the transformation work includes the DNA inequalities pilot (CORE20 most deprived) in obstetrics, gynaecology and paediatrics this has concluded phase 1, with regular meetings scheduled with key stakeholders to discuss the evaluation of phase 1 to inform phase 2.

Reducing Reviews

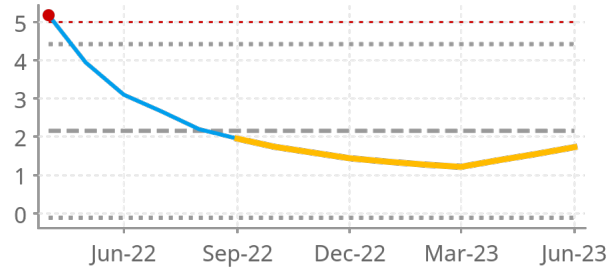


Month	Jun-23
Actual	69.75%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

National best practice gap analysis continues to be undertaken in each care group to understand further opportunities to reduce reviews in line with GIRFT guidance. Waiting list validation is a project underway to identify patients who no longer require an appointment. This project, supported by Netcall and funded by NHSE, is due to complete in Q2. Online forms is another NHSE funded project underway with Dr doctor, to stratify follow-up activity in cancer pathways and offer alternative communication (such as online forms) to reduce the need for reviews. This project will run for 18months and will likely go live at the end of Q2.

Patient Initiated Follow-Up (PIFU)

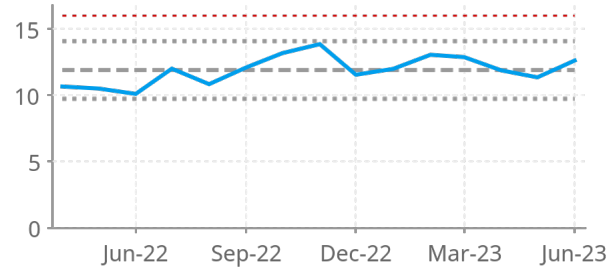


Month	Jun-23
Actual	1.73%
Standard	5.00%

Summary of Current Issues/ Recovery Plans

Performance for PIFU continues to show an upwards trend. Focus has been on trauma and orthopaedics, with end of year goals agreed in line with high impact area forecasting. Work continues in respiratory and general surgery and initial work commencing in paediatrics in July.

Advice and Guidance

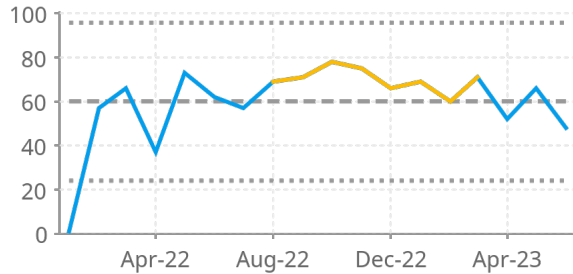


Month	Jun-23
Actual	12.62%
Standard	16.00%

Summary of Current Issues/ Recovery Plans

Work has commenced to determine which services are utilising Advice and Guidance (compared to overall referrals and outpatient's first attendances) with a targeted focus on gynaecology in July/August who are keen to improve their A&G process

Theatre - On the Day Cancellations



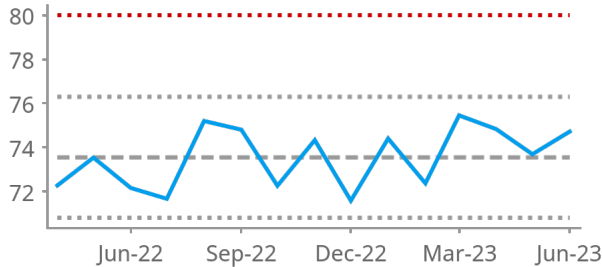
Month	Jun-23
Actual	48
Standard	N/A

Summary of Current Issues/ Recovery Plans

Collaborative Care continues to hold daily theatre capacity meetings to ensure effective and efficient utilisation.

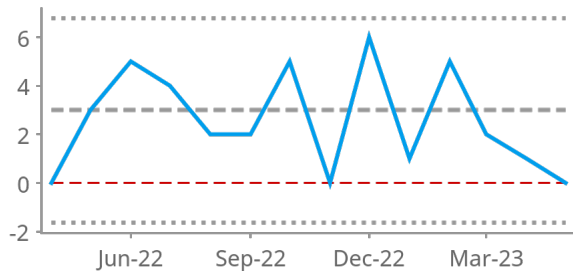
The 6-4-2 meetings have been reinstated to ensure effective planning of lists with attendance from a multi-disciplinary team, supported by the newly implemented software (Care Co-ordination System - CCS).

Theatre Utilisation (%)



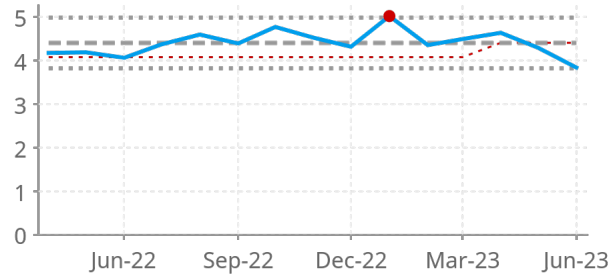
Month	Jun-23
Actual	74.72%
Standard	80.00%

Not Re-appointed within 28 days



Month	May-23
Actual	0
Standard	0

Length of Stay (Combined)

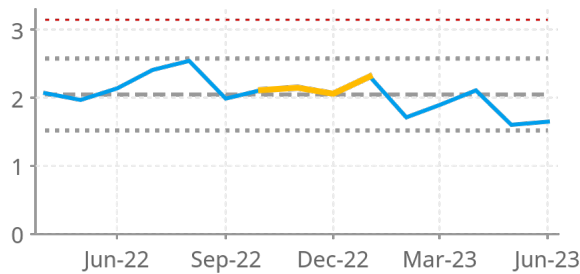


Month	Jun-23
Actual	3.84
Standard	4.41

Summary of Current Issues/ Recovery Plans

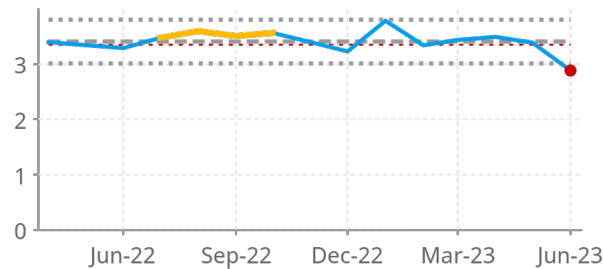
There has been a significant reduction to the patients' combined length of stay, with both emergency and elective pathways decreasing.

Length of Stay (Elective)



Month	Jun-23
Actual	1.64
Standard	3.14

Length of Stay (Emergency)

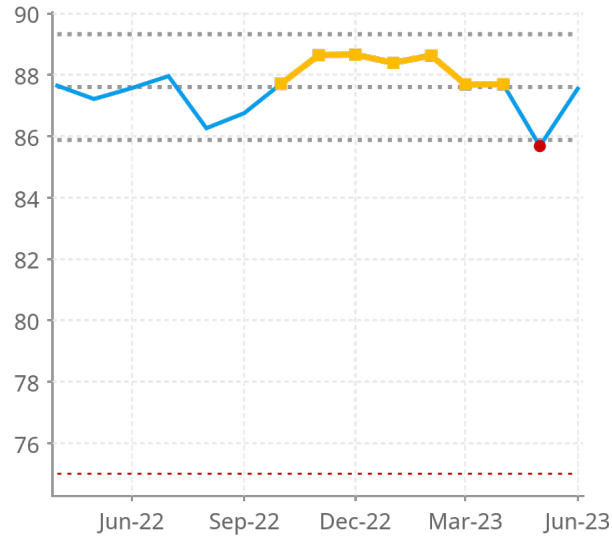


Month	Jun-23
Actual	2.88
Standard	3.35

Day Case Rates



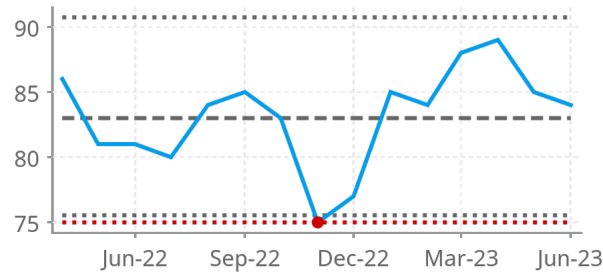
Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	87.55%
Standard	75.00%

The Trust continues to achieve this standard aided by the High Volume Low Complexity (HVLC) type procedures and the Trust continues to review other procedures as part of the elective hub.

Friends & Family Test - A & E



Month	Jun-23
Actual	84.00%
Standard	75.00%

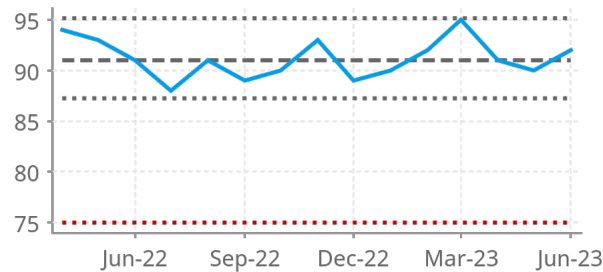
Summary of Current Issues/ Recovery Plans

The Trust received 2,021 Friends & Family Test returns this month, this is a decrease on the previous months updated return of 2,149 but remains between the control limits.

The Very Good or Good responses returned for June 2023 is 92.41%.

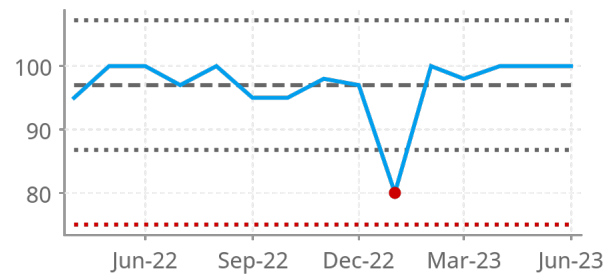
All Friends & Family Test metrics fall within their relevant control limits and above the minimum standard of 75%. A&E showing a continued increase in Very Good/Good responses.

Friends & Family Test - Inpatient



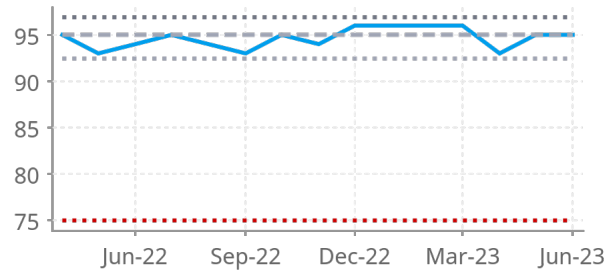
Month	Jun-23
Actual	92.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Jun-23
Actual	100.00%
Standard	75.00%

Friends & Family Test - Outpatient



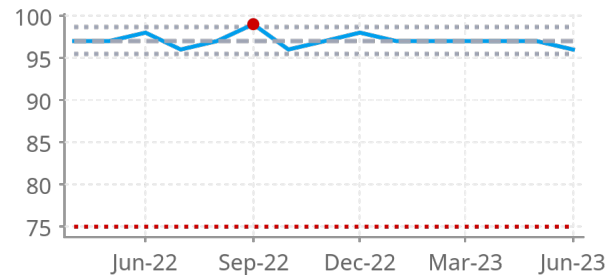
Month	Jun-23
Actual	95.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

The Friends & Family Test metrics for Outpatients, Community and Long Covid are new to this IPR. All three metrics falling within their relevant control limits with the recent trends displaying natural cause variation.

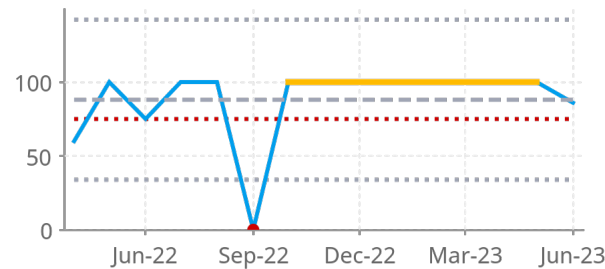
Work continues to promote the Friends & Family Test, particularly from the in-patient areas to improve the amount of feedback.

Friends & Family Test - Community



Month	Jun-23
Actual	96.00%
Standard	75.00%

Friends & Family Test - Long Covid

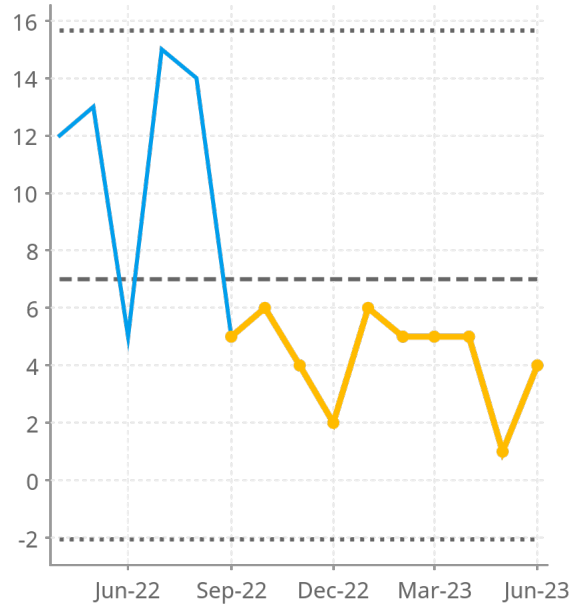


Month	Jun-23
Actual	86.00%
Standard	75.00%

Complaints - Stage 3



Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	4
Standard	5

Complaint themes continue to be monitored on a daily basis, with the Trust continuing to drive for local and face to face resolution of concerns. Of the 109 open complaints at this time, 64% are to be resolved locally, 25% are to be resolved with a face to face meeting, and 11% have opted for a written response.

Complaints data and analysis is presented and discussed during the weekly Safety Panel meetings, with a Patient Experience Report presented each quarter.

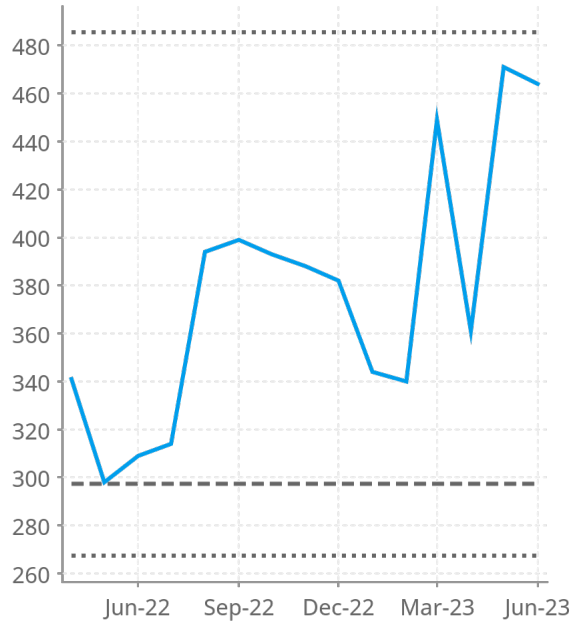
Complaint analysis is also raised during weekly Senior Clinical Professional (SCP) Huddles. This robust process continues to support timely identification of the themes which enables faster resolutions.

The Complaint Improvement Project is continuing, with an evaluation of the revised Stage 3 process now complete. Overall feedback has been positive and the teams have opted to continue with this revised process. The Project Group are currently finalising the review of the Stage 2 complaint process and the revised Stage 1 process aims to pilot in early August 2023.

Compliments



Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	464
Standard	297

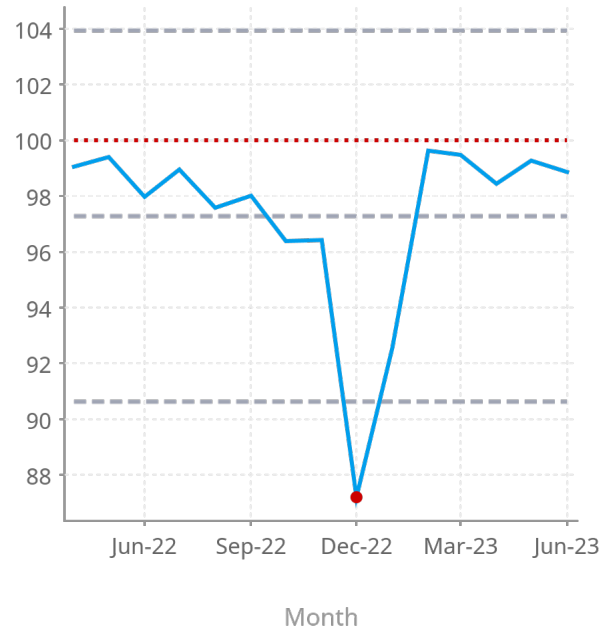
The number of compliments received in June 2023 slightly decreased from May 2023. However, the total amount of compliments received in Q1 2023/24 is 1,397 which is higher than the number received this same period last year when 1,002 were received.

As with complaints, identification of themes arising from compliments is also shared at the weekly SCP huddles for shared success across all teams. The promotion of Greatix continues to ensure all positive feedback received by clinical teams is recorded to support the overarching trust position and the positive balance of complaints and compliments.

Ambulance Handovers <59minutes



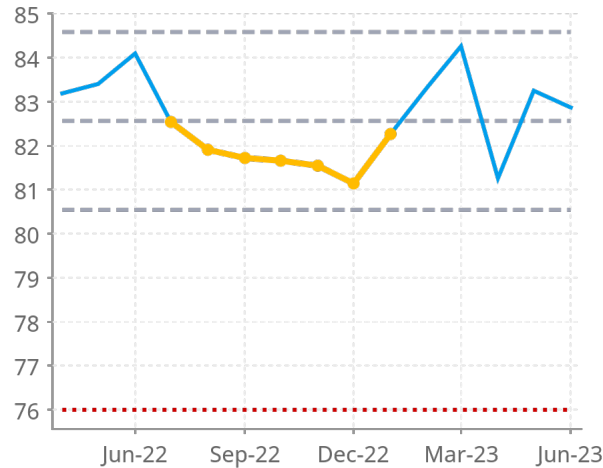
Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	98.86%
Standard	100.00%

Ambulance handovers remain in a positive position with SPC showing in the main, controlled variation. There were 14 over 59 minute handovers, leading to a compliance of 98.86%.

4 hr Accident & Emergency Waiting Times



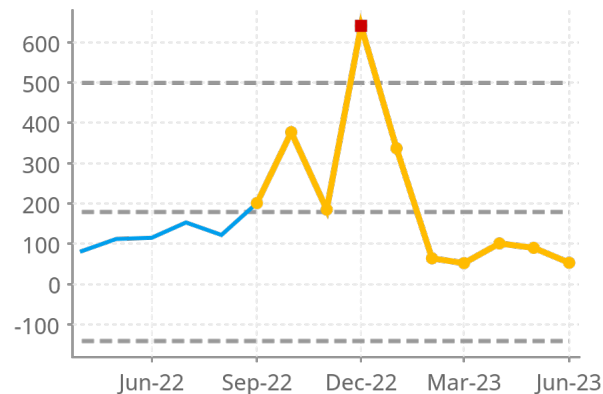
Month	Jun-23
Actual	82.87%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

Whilst the Trust continues to meet the National standard of 76% of the overall 4-hour standard, it does acknowledge that pressures are noted within Type 1 pathways. It must be noted that compliance with this particular standard has changed for the Trust more recently as we come out of the field-testing phase. This has resulted in a shift in focus from 'clinical review standards' to a national 4 hour standard with a cultural shift.

The Trust is fully committed to improving overall compliance in all areas that relate to patient flow, to aid a positive impact on the 4-hour standard but more importantly patient experience. An improvement plan has been developed with a focus on improving compliance against Type 1 activity.

12 Hour Waits in Accident & Emergency

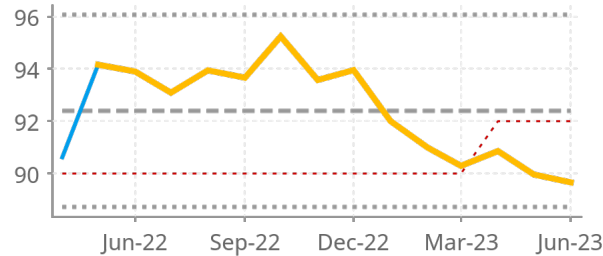


Month	Jun-23
Actual	53
Standard	0

The Trust has established a working group to review all process in relation to this area and an improvement recovery plan has commenced.

12 hour waits - Whilst the Trust acknowledges pressures with Type 1 attendances, the number of patients waiting greater than 12 hours in department has seen a significant reduction, with one of the lowest numbers seen since April 2022.

Trust Occupancy



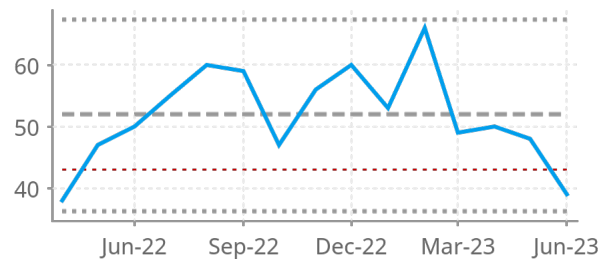
Month	Jun-23
Actual	89.66%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

The Trust has seen significant improvements against its occupancy levels in June with an average of 89.66%, although there were some surges in activity.

The Trust remains on plan to meet the 2023/2024 planning submission.

Super Stranded Patients (21+days)

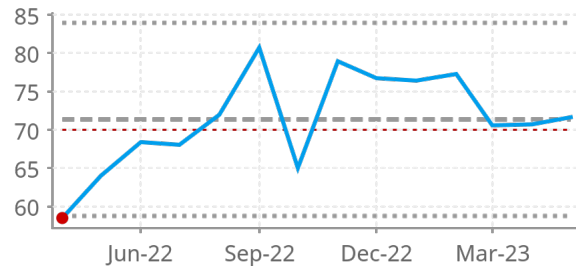


Month	Jun-23
Actual	39
Standard	43

Summary of Current Issues/ Recovery Plans

A continued decrease is noted with the Trust continuing to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate. Regular review of all patients over 21 days takes place and escalated where appropriate. Low numbers of patients waiting for regional neuro rehabilitation seen in June has contributed to decrease in the number of patients as well as reduced occupancy seen in June.

2 hour Community Response

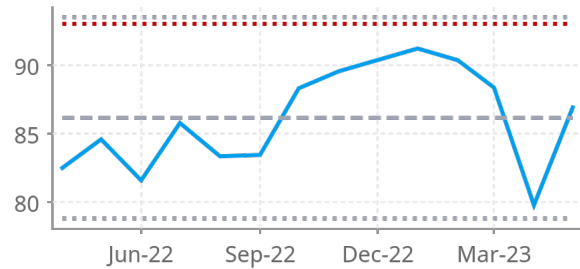


Month	May-23
Actual	71.64%
Standard	70.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to meet the national standard for this measure. The Teams are seeing a month on month increase in the number of UCR referrals, this is encouraging as it is aligned by our Home First ethos underpinned planned communication programme. There is ongoing training with Teams to ensure data is being reported accurately and this is being monitored across all UCR pathways.

New Cancer Two Week Rule

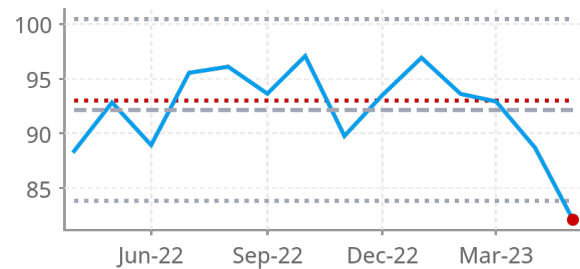


Month	May-23
Actual	86.90%
Standard	93.00%

Summary of Current Issues/ Recovery Plans

An improved position compared to the previous month is noted, despite increased referrals and a reduced capacity due to 3 bank holidays. Particular pressure was noted in colorectal reporting at 78.6% and lung reporting at 77.3%. Patient choice continues to be a factor with the recent Cancer Navigator post to help facilitate liaison with patients and attendance to hospital appointments.

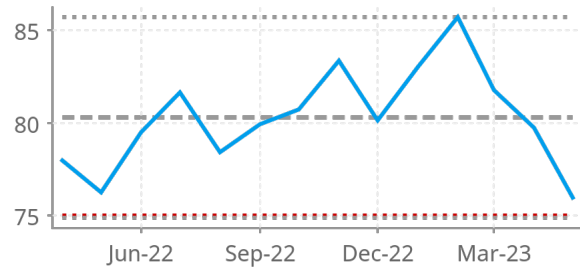
Breast Symptomatic Two Week Rule



Month	May-23
Actual	82.13%
Standard	93.00%

A 17% increase in referrals was noted this month, with additional pressures the same as those described above. Regional average reported 81.3% with the national average reporting 75.2%.

Cancer 28 day Faster Diagnosis

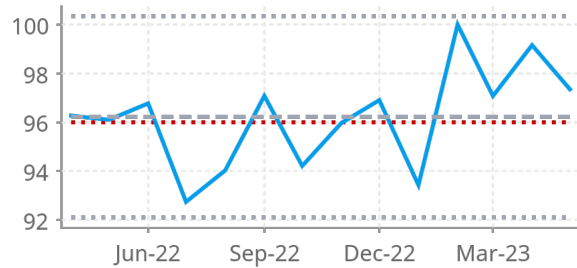


Month	May-23
Actual	75.97%
Standard	75.00%

Whilst a decrease is noted this month compliance remains comparable against the regional (77.8%) and national position (71.3%). Breast were the only tumour site to achieve the standard reporting 95.2%.

Implementation of 'one-stop' clinics, providing comprehensive diagnostic testing in one outpatient appointment for pathways not already in place is currently being explored, along with requests for diagnostics at the time of vetting to mitigate against any delays at the front end of the patient pathway.

New Cancer 31 Days

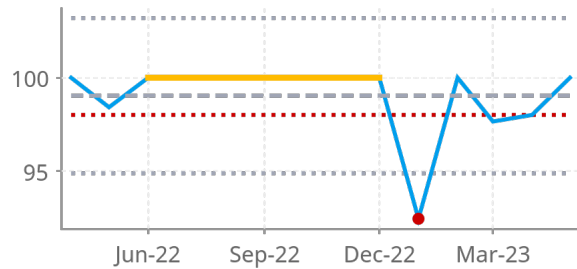


Month	May-23
Actual	97.35%
Standard	96.00%

Summary of Current Issues/ Recovery Plans

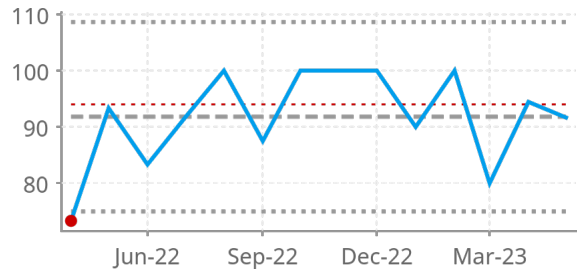
Compliance was overall good against the 31 day standards however just under achieved against the subsequent treatment for surgery standard (1 patient) as a result of elective capacity. The patient was treated on day 36.

New Cancer 31 Days Subsequent Treatment (Drug)



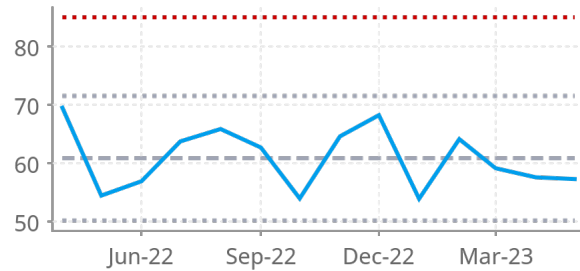
Month	May-23
Actual	100.00%
Standard	98.00%

New Cancer 31 Days Subsequent Treatment (Surgery)



Month	May-23
Actual	91.67%
Standard	94.00%

New Cancer 62 Days



Month	May-23
Actual	57.32%
Standard	85.00%

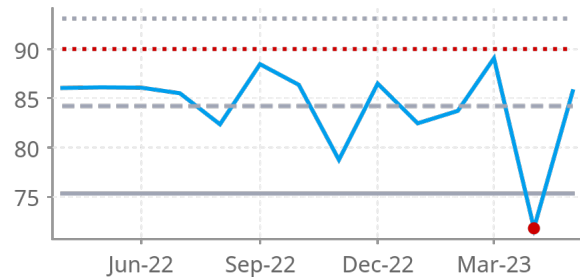
Summary of Current Issues/ Recovery Plans

Work continues to improve the standard ensuring that patients are seen in a timely fashion, with trajectories being set internally at tumour specific level and applied to the internal dashboards to enable visibility of performance.

Key focused areas for improvement include turnaround times for diagnostics to ensure National Best Practice Timed Pathways (BPTP) are being met. May data shows an improved performance compared to the previous month against both BPTP reporting 70% of patients received an MRI (pre-biopsy) within 9 days of referral on the prostate pathway and 75% of patients received a colonoscopy within 4 days of referral onto the colorectal pathway. The gynaecology BPTP is currently being progressed with the implementation of a one-stop ultrasound or biopsy clinic, to support patients being seen within 9 days of referral.

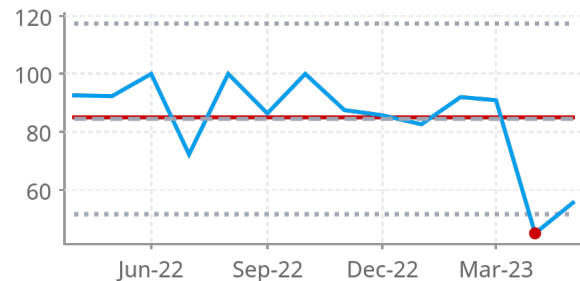
62-day screening - For May, 24 of 28 patients were treated within time, with Breast reporting 84.6% and Lower GI achieving 100%.

New Cancer 62 Days (Screening)



Month	May-23
Actual	85.71%
Standard	90.00%

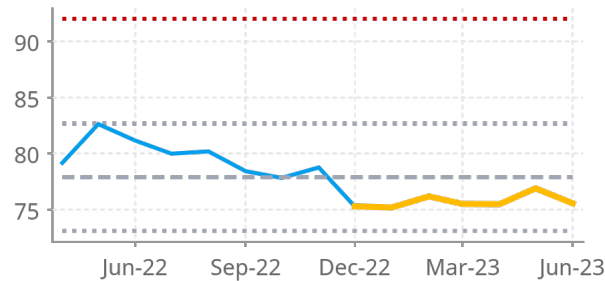
New Cancer 62 Days (Consultant Upgrade)



Month	May-23
Actual	55.56%
Standard	85.00%

62 day Consultant upgrade - Performance against the is again attributed to very low numbers. There were 5 patients treated within target out of 9, resulting in 4 breaches. Breaches were as a result of complex pathways, oncology waits and elective capacity.

Referral to Treatment Incomplete Pathways Wait (92%)

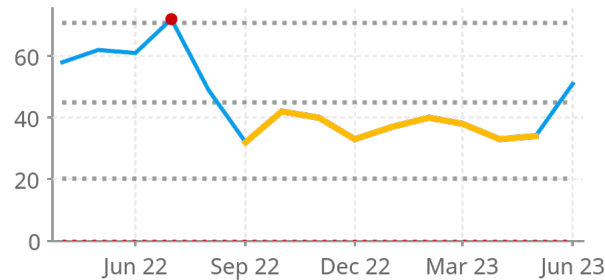


Month	Jun-23
Actual	75.59%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

A relatively positive position is maintained against the overall standard with reduced variability noted on SPC. Whilst a slight increase in the number of over 52 week waits is evident, this has been impacted upon by industrial action which inevitably resulted in reduced capacity. The latest benchmarking position being May, is reflective of a regional average at 69.0% and national average reporting at 59.5%.

Incomplete Pathways Wait (>52 Week Wait)

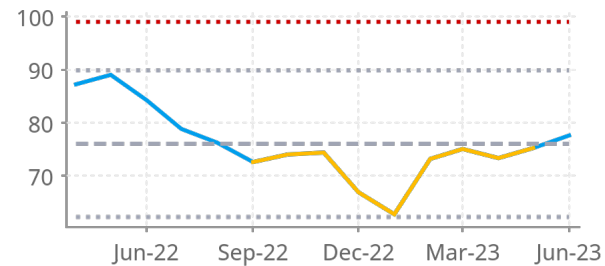


Month	Jun 23
Actual	51
Standard	0

The Trust maintained the position of no patients waiting longer than 104 or 78 weeks and continuing to report the lowest numbers of both 52 and 40 week waiters across the North East and Yorkshire region. There was one patient reported waiting over 65 weeks as at the end of June. All long waiters are regularly reviewed to ensure pathways are progressed by expediting appointments, however patient choice remains a factor.

The Trust is embarking on a mutual aid/support task and finish group regionally to establish how this can be implemented in practice to aid elective recovery across the system.

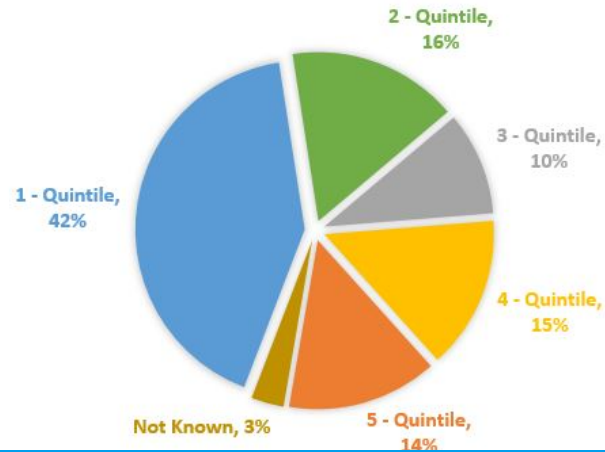
Diagnosis <6 Weeks (DM01 %)



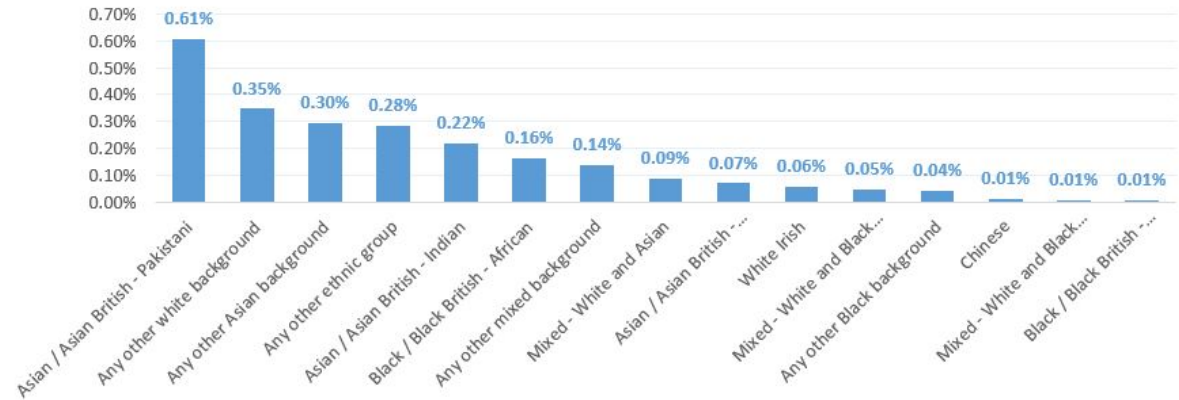
Month	Jun-23
Actual	77.59%
Standard	99.00%

Diagnostics - A continued improvement position for diagnostics, with a 10.2% reduction in the number of patients waiting greater than 6 weeks. The forecast improvements within Non-obstetric ultrasound is still on plan, with a decrease of 536 on their waiting lists and a decrease of 23.83% (n=373) patients waiting over 6 weeks. Capacity availability was lost across Endoscopy as a result of Industrial action, impacting on compliance with all patients re-booked in a timely manner.

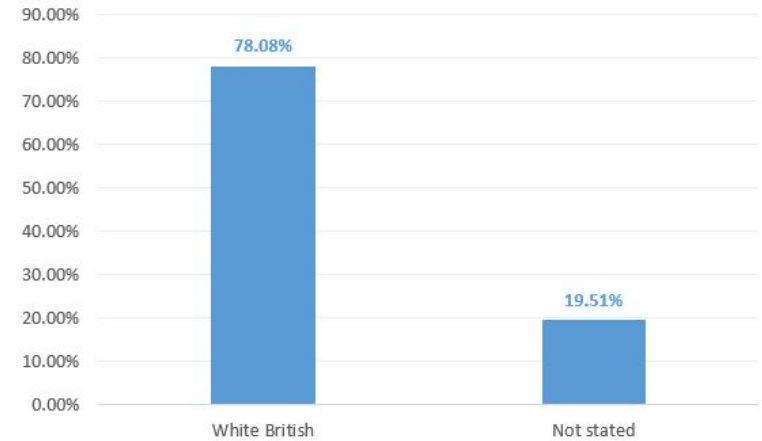
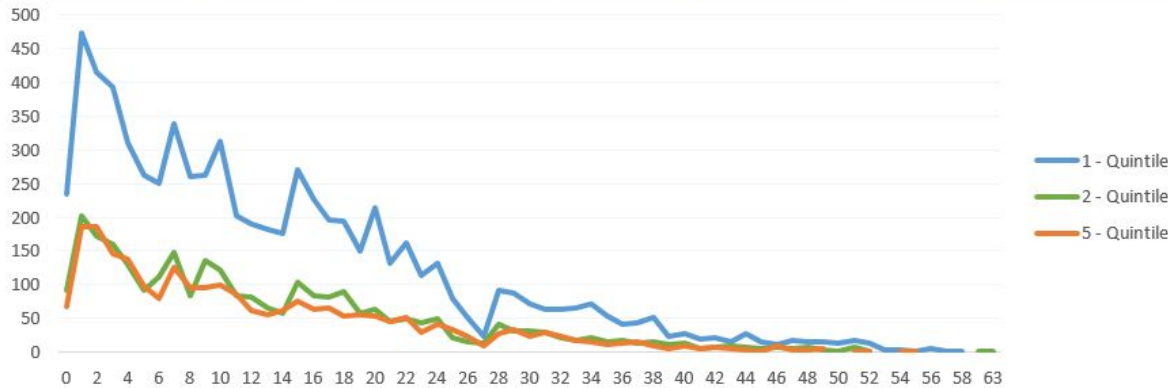
By Deprivation Quintile (1 Most - 5 Least Deprived)



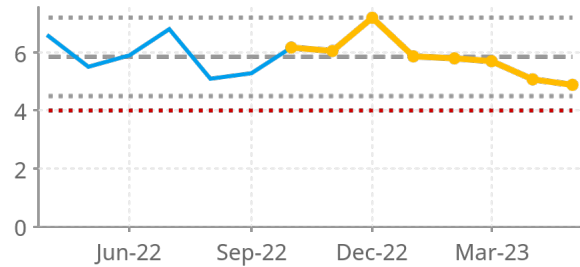
By Ethnicity



Waiting List by Weeks Waiting and Deprivation Quintile 1, 2 & 5



Sickness % - Trust



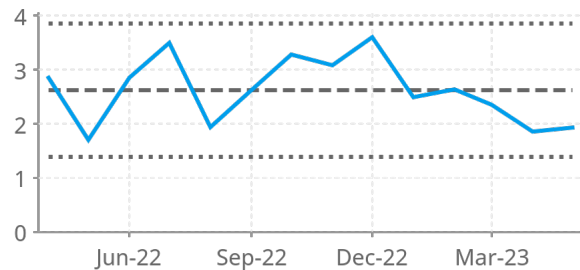
Month	May-23
Actual	4.88%
Standard	4.00%

Summary of Current Issues/ Recovery Plans

The overall absence rate is 4.88% as of May 2023, against a target of 4%. Stress/Anxiety/Depression (34.14%) and Musculoskeletal (14.17%) remain the highest classified reasons for absence, collectively accounting for 48.31% of the overall absence.

Covid absences saw a decrease from 0.33% in April to 0.11% in May 2023. Long term sickness accounted for 2.96% of overall sickness with short term being 1.93%.

Sickness % - Short Term

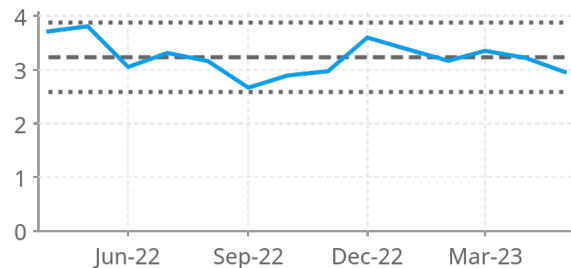


Month	May-23
Actual	1.93%

Work is underway with Care Group and corporate managers to remind them of the importance of accurate recording on the ESR system. 13.48% of absence in May 2023 was for 'reasons unknown'.

Assurance that managers continue to robustly manage absence and appropriately support staff experiencing significant health and well-being challenges, occurs through the monthly people clinics chaired at care group level. Oversight and escalation for support and specialist advice is further provided through this route.

Sickness % - Long Term

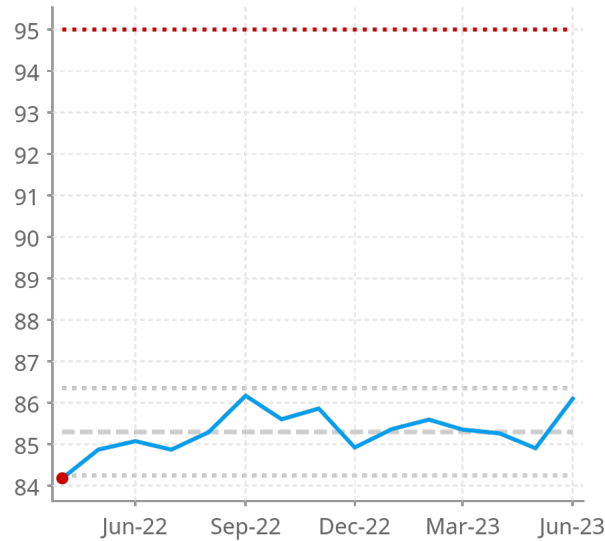


Month	May-23
Actual	2.96%

Appraisal %



Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	86.09%
Standard	95.00%

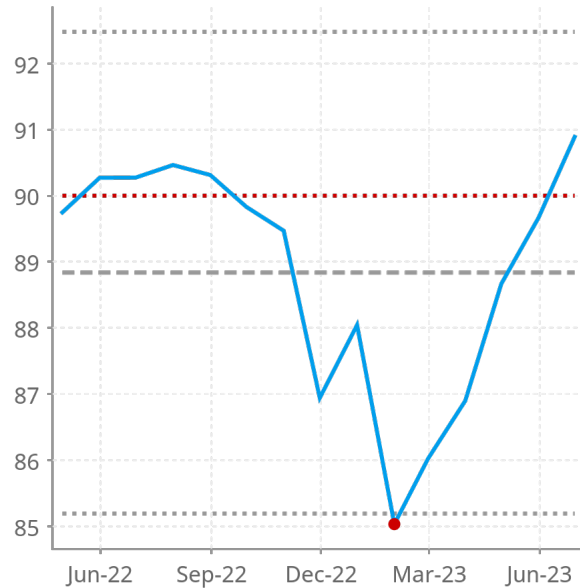
The position for appraisal compliance from June 2023 Trust RAG report stands at 86.09%. The Trust target is 95%. Engagement continues with the Care Groups and Corporate areas in supporting appraisals to take place and an improvement workshop was recently held to identify and address the barriers to achievement.

Following on from the improvement workshop, revised appraisal documentation has been developed and trialled, pending wider implementation. The revised process and documentation incorporates talent management using 'Scope for Growth' methodology. The recording process via ESR is being reviewed to improve user experience.

Mandatory Training %



Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	90.89%
Standard	90.00%

Overall compliance saw an increase of 1.22% in May 2023 to 90.89%. The Trust overall target is 90%. The Trust has 63 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.

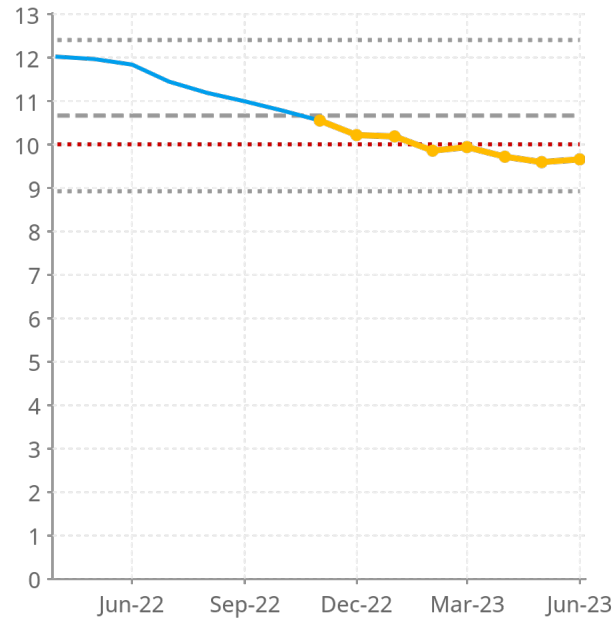
Compliance levels for all face to face training remain a challenge, specifically resuscitation topics. A recent review of training needs analysis for resuscitation topics has taken place and as a result, 282 people will be moved from ILS to BLS increasing overall ILS compliance by 25% whilst not compromising quality or safety. The introduction of e-ILS is also underway.

A comprehensive review of mandatory training has recently been conducted with a range of changes agreed by Business Team and the Trusts Executive Team. Amongst the changes is a move to a 'core 10' topics and single reporting system via ESR.

Staff Turnover %



Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	9.65%
Threshold	10.00%

The turnover rate is 9.65% in June 2023 and continues to remain under the Trusts 10% threshold.

Turnover rates in clinical roles including registered nursing and midwifery and medical and dental are all below the 10% target.

It is noted that the two highest reasons for leaving are reported as unknown or other and work-life balance. Further work to understand this in order to identify appropriate and corrective responses is underway to determine whether this is a coding and reporting issue for training address or alternative reasons for leaving not identified. In which additional review of leaving codes are required. Secondly further exploratory work to identify route cause and staff groups affected indicating issues relating to work life balance is underway. This intelligence can be used to identify and address both local and corporate issues to improve staff retention.

Through further exploratory work on increased turnover within the allied health professional staff group it is identified that an increase can be attributed to employees leaving to work overseas and to work within private practice. Actions to address this are underway through engagement with staff, staff development opportunities and through robust future workforce plans.



Overview - Month 3

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	955	714	The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.
Year to Date	2,536	1,301	
			At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan.
Capital*	Plan (£000)	Actual (£000)	
In Month	100	1,635	The Trust is reporting a year to date surplus of £1.301m against a plan of £2.536m, which is £1.235m behind plan.
Year to Date	200	2,235	
			Total Trust income in Month 3 is £34.119m (including donated asset income and finance income), with pay expenditure totalling £23.6m and non-pay expenditure totalling £8.559m.
Balance Sheet*	£m		
Cash Actual	72.9		The Month 3 year to date net contribution from Optimus is £0.063m against a plan of £0.043m (£0.020m ahead of plan) and the year to date net contribution from the LLP is £0.507m against a plan of £0.543m (£0.037m behind plan).
Cash Plan	68.2		

* Total Capital Spend

*Explained by an improvement in the debtor and creditor position.

NHS Oversight Framework

Issued 27 June 2022

Financial
Efficiency



Financial
Stability



Mental
Health

Investment



Agency
Spending



The key risks at Month 3 relate to the continuation of exit run rates within the Care Groups, the financial impact of the industrial strikes, pay award pressures and under delivery of CIP and ERF.

The Trust's cash position is £72.9m, against a plan of £68.2m.

Maternity Overview

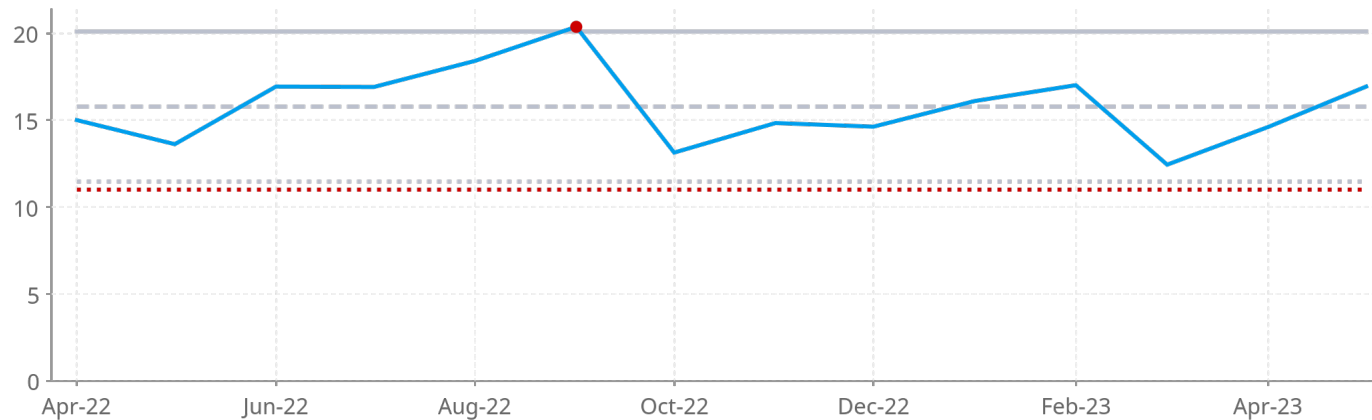
Prenatal					
	Current Month	Met	Actual	National Standard or Average	NENC Average
Smoking at Booking	May-23	X	16.93%		11.00%
VTE Compliance	May-23	X	83.04%	95.00%	
Right Place of Birth	May-23	✓	100%	100%	
Birth					
1:1 Care in active Labour	May-23	✓	98.70%	100.00%	
Labour ward Co-ordinator supernumary	May-23			100.00%	
Number of babies born	May-23		202		
Induction of Labour	May-23	✓	45.50%	46.90%	46.90%
PPH >1500mls (%)	May-23	✓	2.65%	3.30%	3.30%
3rd & 4th Degree tears	May-23	✓	2.12%		2.70%
Assisted Birth	May-23	✓	9.41%		12.90%
Still Births	May-23	✓	0.00%		0.45%
Postnatal					
Smoking at Delivery	May-23	X	15.34%		11.00%
Breast Feeding Initiated within 48 hours	May-23	X	50.50%		74.40%
Neonatal					
ATAIN Neonatal Admissions >=37 weeks	May-23	X	6.25%	6.00%	
Feedback					
Complaints	May-23		7		
Compliments	May-23		55		

The overview is split into the following sections:

- Pre-natal
- Birth
- Postnatal
- Neonatal
- Feedback

The following maternity sections details measures, with the narrative to support if the Trust is achieving or not against the relevant standard and what the next steps and actions will be.

Smoking at Booking (%)



Month	May-23
-------	--------

Actual	16.93%
--------	--------

NENC Average	11.00%
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Measure Summary

Smoking is a Public Health priority as it is a determinant of health, including being a potential contributing factors of stillbirths.

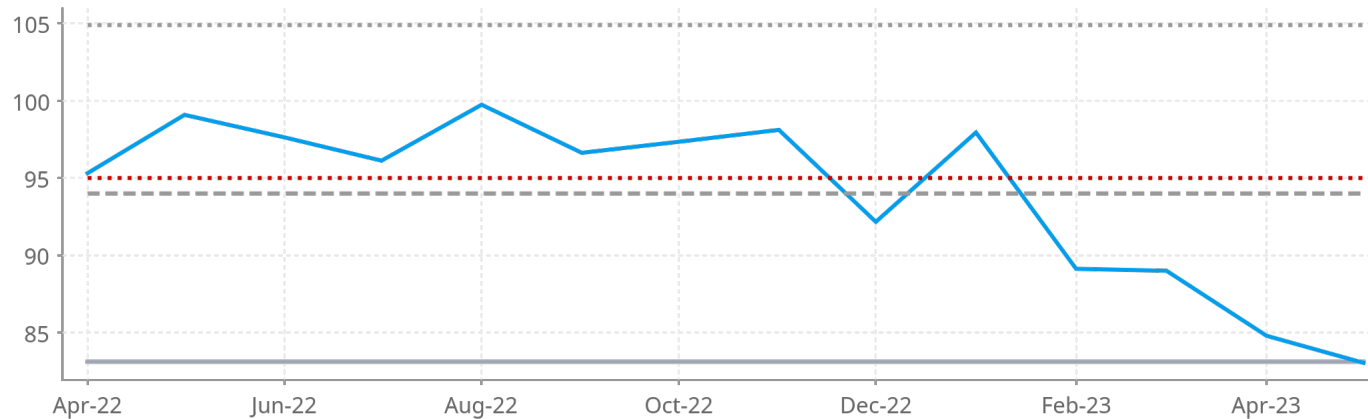
The Trusts local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population. To optimise health of the newborn and mother, there is a National recommendation to support a reduction in smoking or a cessation.

Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme
2. Increasing the rate of measuring Co levels on admission
3. Increasing Referrals on admission to Tobacco dependency
4. Issuing NRT within maternity services

VTE compliance (%)



Month **May-23**

Actual **83.04%**

Trust Standard **95.00%**

Measure Summary

A decline in performance against the Trust standard has been seen over the last few months, with the latest value just above the lower confidence limit (LCL).

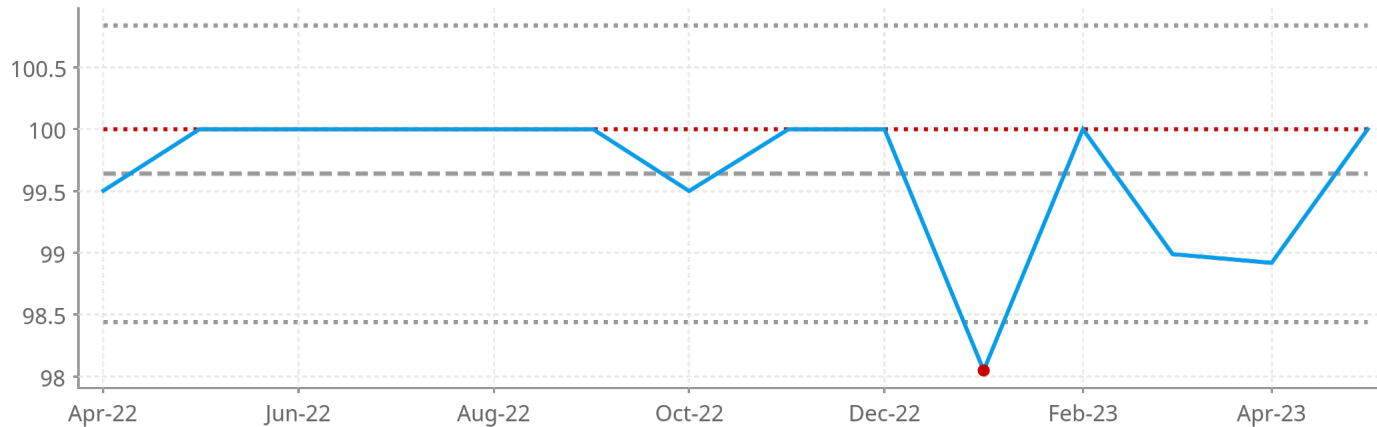
The maternity team is scheduled to undertake a review in July 23 to explore and understand the reasons for this decline in compliance, as a potential explanation could be an error in coding for women attending triage out of hours.

An action plan will be developed post findings.

Actions

1. Undertake a review of VTE Compliance in July 23.
2. Action plan to be developed post review to outline actions and timeframes for improvements.

Right place of birth (%)



Month	May-23
Actual	100.00%
National Standard	100.00%

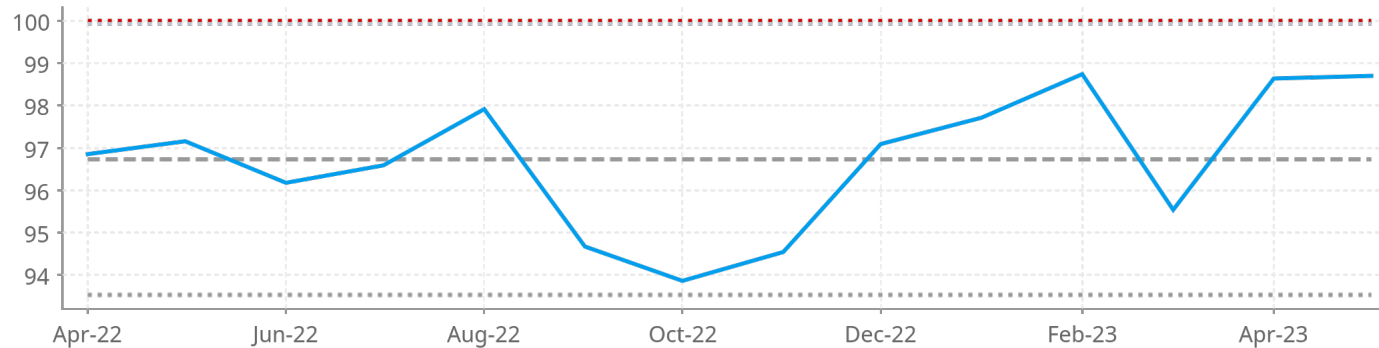
Measure Summary

The above chart represents the percentage of babies born in the right maternity service based on clinical indications for gestation.

Actions

1. Metric to be developed further once the new Electronic Patient Record (EPR) system is implemented, this will enable reporting of the achievement of preferred place of birth.

1:1 care in active labour (%)



Month	May-23
Actual	98.70%
National Standard	100.00%

Measure Summary

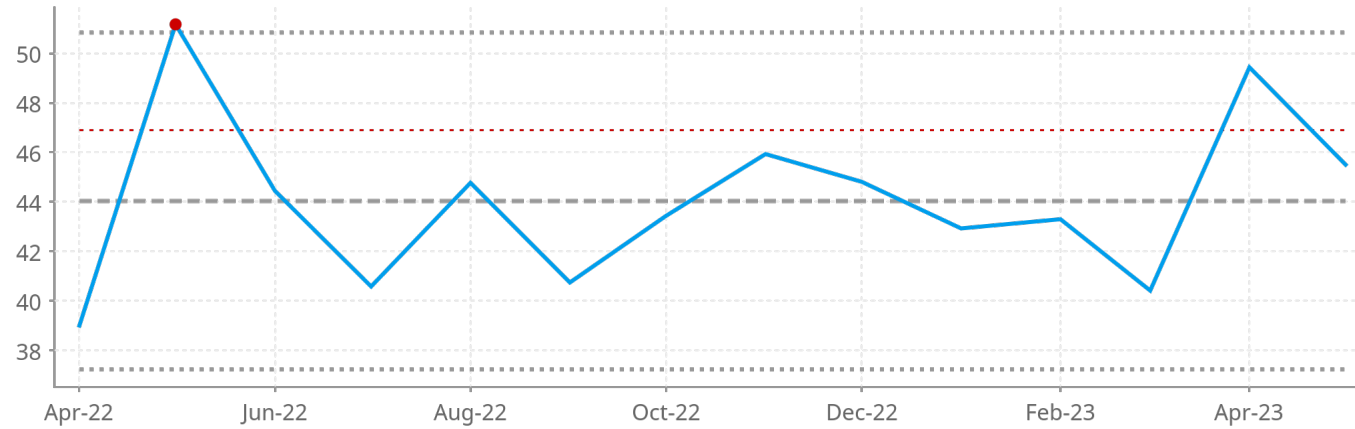
1:1 care in active labour is monitored and reported weekly, with the data acquired from the BR+ acuity app. Daily huddles are held by the Senior Clinical Matrons (SCMs) where a review and planned forecasting of staffing and activity occurs with information at that point in time. A key element of this review is to provide mitigation around red flags associated with staffing.

Actions

1. On-going work with the Labour ward Coordinators to ensure appropriate use of the acuity app and clinical decision making.
2. Typical escalation and mitigation include:
 - Redeploying staff
 - Utilisation of on-call staff
 - Reviewing and temporarily pausing elective activity

At time of escalation mainly around out of hours, a midwife can oversee care of a postnatal women awaiting transfer whilst supporting a woman in active labour.
3. A full data validation process will be undertaken from July 2023 to ensure full accuracy.

Induction of Labour (%)

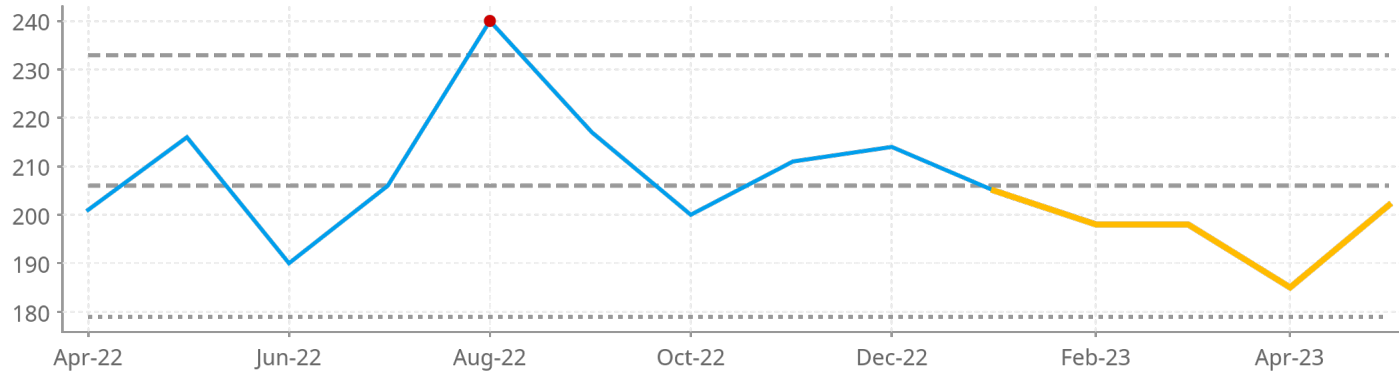


Month	May-23
Actual	45.50%
NENC Average	46.90%

Measure Summary

The Induction of Labour (IOL) rate at North Tees and Hartlepool is representative of the national increase in rates of IOL.

Number of Births

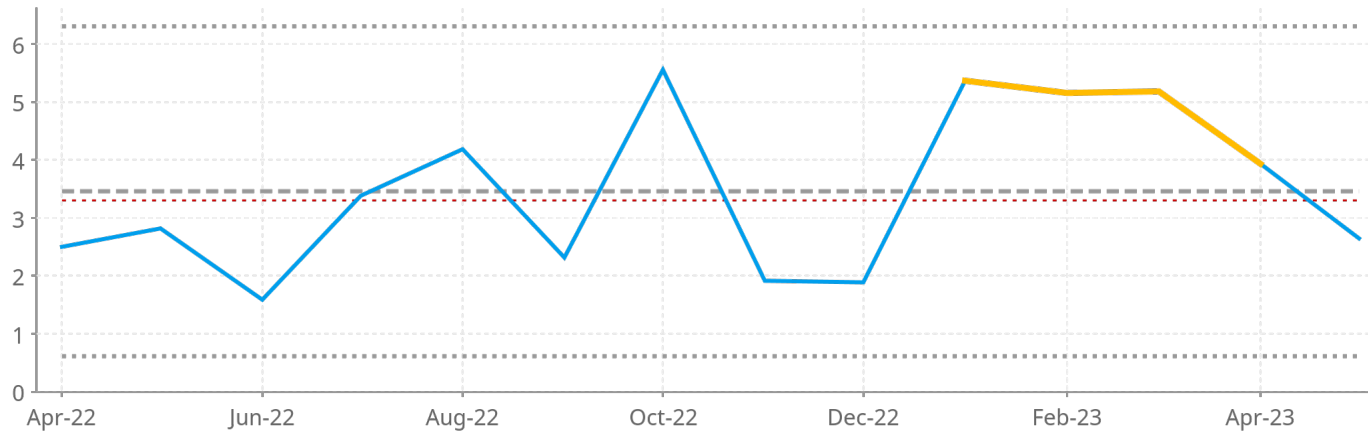


Month	May-23
Actual	202

Measure Summary

There is no local or National standard associated with this metric, which is mandated to be provided to the Board on a monthly basis.

Postpartum hemorrhage > 1500mls (%)



Month	May-23
Actual	2.65%
NENC Average	3.30%

Measure Summary

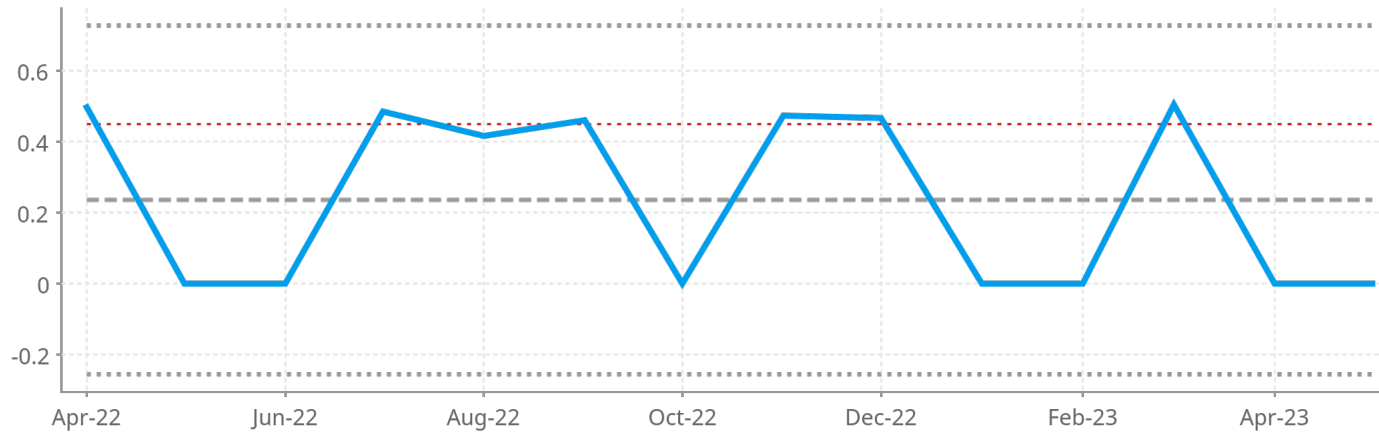
The increase in Postpartum Hemorrhage (PPH) rates is attributed to the recently introduced Quality Improvement (QI) project which accurately measures blood loss rather than estimating.

Actions

Next steps of the project include:

1. Introducing an enhanced risk assessment tool to promote earlier intervention and assess impact of this on major haemorrhage rates.
2. A thematic case review has been commenced to ensure there are no other reasons or modifiable factors for the increase.

Still births (%)



Month	May-23
Actual	0.00%
NENC Average	0.45%

Measure Summary

A thematic review was undertaken and a commonality was smoking in pregnancy. The Smoking in Pregnancy QI work will be evaluated to include any change in outcomes for those women who experience a stillbirth.

From April 2023, a bereavement midwife commenced with NTHFT.

Actions

1. Key focuses include support offered to women and their families and benchmarking services against the National Bereavement Care pathways.
2. The measure will be reviewed in line with national standards reporting at per 1,000 births.
3. Continue with Smoking in Pregnancy Quality Improvement Project.

Smoking at Delivery (%)



Month	May-23
Actual	15.34%
NENC Average	11.00%

Measure Summary

To optimise health of the newborn and mother, it is a recommendation to support a reduction in smoking or a cessation.

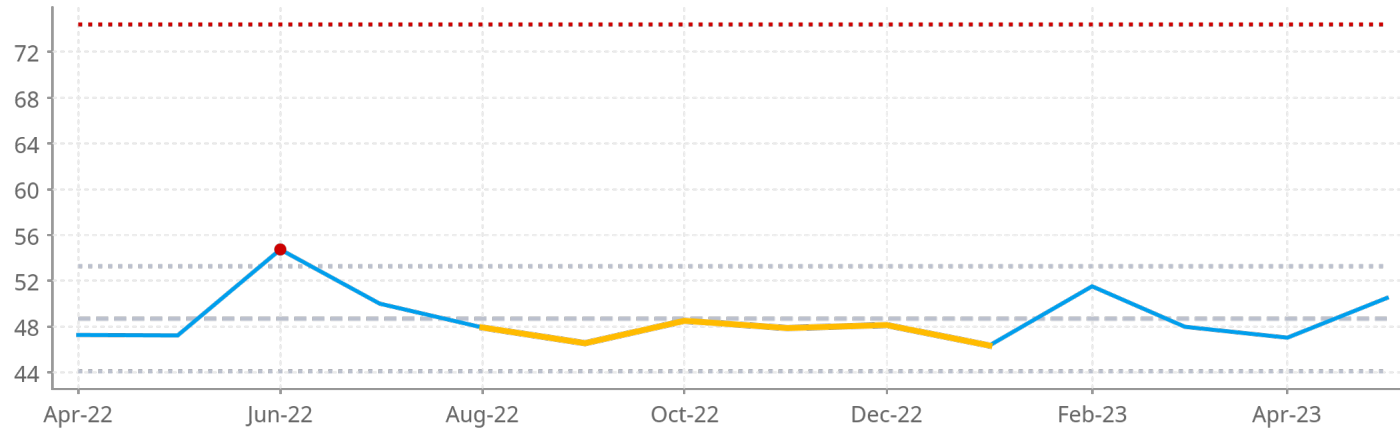
Local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population.

Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme
2. Increasing the rate of measuring Co levels on admission
3. Increasing Referrals on admission to Tobacco dependency
4. Issuing NRT within maternity services

Breast feeding initiated within 48 hours



Month	May-23
Actual	50.50%
NENC Average	74.40%

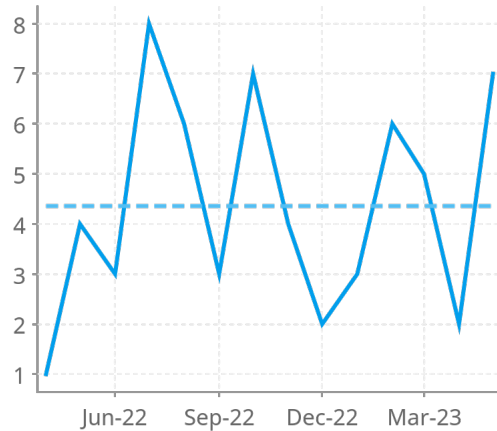
Measure Summary

The Trust has some of the lowest rates of breast feeding in the North East.

To provide assurance and to increase rates through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation.

It is expected the service will achieve year 1 by the end of the financial year.

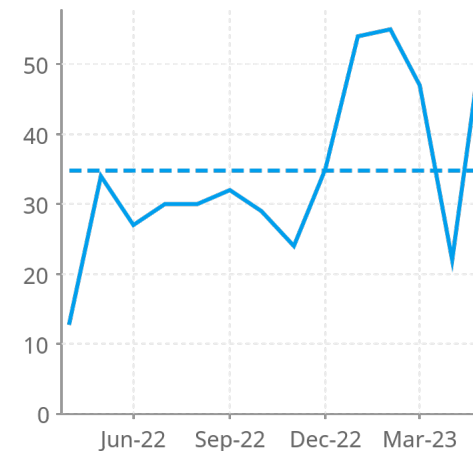
Complaints



Month **May 23**

Actual **7**

Compliments



Month **May-23**

Actual **55**

Measure Summary

There were seven complaints in May around maternity services with themes of:

1. Appointment delays
2. Communication
3. Clinical treatment

Four complaints were dealt with at Stage 1 (Local Resolution) and three Stage 2 (face to face resolution).

Summary

Maternity services received 55 compliments in May, the themes of compliments were:

1. Reassurance
2. High level of care
3. Friendliness
4. Kind and caring department

Board of Directors Meeting

Title of report:	Monthly Registered Nursing and Midwifery Workforce Report and Bi-annual Workforce Review									
Date:	27 July 2023									
Prepared by:	Emma Roberts, Associate Director of Nursing and Professional Workforce									
Executive sponsor:	Lindsey Robertson, Chief Nurse, Director of Patient Safety & Quality									
Purpose of the report	<p>The report presents an update of the recommendations and actions that were presented in the annual nursing and midwifery workforce review that took place in October 2022 and was presented to Board in January 2023.</p> <p>Both the monthly and the bi-annual workforce reviews focus on the clinical, quality, safety and financial importance of developing a workforce fit for purpose. It is vital to understand the nature of workforce pressures and actions to address, both in the long and short term.</p>									
Action required:	Approve		Assurance	x	Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing			
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:										
Summary	<p>An additional briefing paper is included to provide the Board of Directors with an update on the Nursing and Midwifery workforce position from the bi-annual review (April 2023) and a summary of the approved investment from the Delivery Model with associated next steps and key priorities.</p> <p>Section 1 presents the executive summary of the report,</p> <p>Section 2 highlights the key points of the report to note.</p> <p>Section 3 introduces the report, highlighting the national guidance that supports the Nursing and Midwifery safe staffing establishment review process.</p> <p>Section 4 outlines the purpose of the report, which is set by the Chief Nursing Officer (CNO) to ensure compliance to the national Developing Workforce Safeguards (DWS).</p>									

Section 5 presents the current, **evidence-based methodology** used to complete the establishment review.

Section 6 presents the nationally approved **establishment setting tools** used.

Section 7 provides a summary of the **progress to date** of the recommendations presented to the Board of Directors in January 2023.

Section 8 presents the **Workforce Metrics** data from December 2022 to February 2023 which include:

- Care Hours per Patient Day (CHPPD)
- Vacancies
- Turnover
- Sickness and Absence
- Planned and Actual Staffing
- Temporary Staffing Usage
- Safe Care Live and Birth Rate plus compliance

Section 9 presents the **Safety and Quality Metrics** data from December 2022 to February 2023 which include:

- Falls
- Pressure Ulcers
- Red Flags and Datix
- RESET tool usage

Section 10 summarises the **SNCT data analysis** taken in February 2023.

Section 11 Summarises the **Birth Rate Plus Review** December 2022

Section 12 presents the **conclusion** to the report, key points to note are;

- SNCT data collection has been taken in February 2023 and actions arising is considered as part of the annual business planning processes.
- There was a requirement for a review of budget establishment in line with outcome of the SNCT data across the 8 in-patient wards presenting an under-establishment >5wte.
- With the exception of the services highlighted in this report, the establishments in place remain fit for purpose. It is recognised that further changes in the acuity and dependency needs of patients in the future may influence service requirement.
- Maternity workforce review and safer staffing management remains a high priority as outlined in the report and in line with the recent Birth Rate plus review and the Ockenden report and recommendations.
- There is a continued clear focus on the safest redeployment of staff in line with individual levels of skill and experience and patient's acuity and dependency needs to maintain the safest level of care to all patients.
- In line with the Nursing and Maternity workforce strategy, by introducing new roles, improving working conditions and supporting flexibility the Trust ambition is to attract, retain, and develop the workforce.
- All of the efforts being undertaken provide assurance that there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time, whilst being financially sustainable.

	<p>Section 13 presents the recommended actions following the Nursing and Midwifery workforce bi-annual update. Key recommendations to note are;</p> <ul style="list-style-type: none"> • A review of budgeted establishment in line with the outcomes and recommendations of the SNCT data across the 8 in-patient wards presenting an under-establishment >5wte • Review of the Critical Care workforce model following to support the validation of the SNCT recommendations. • To continue progress with the recommendations made within the BirthRate Plus review received in January 2023. • Continue with the recruitment of both domestic and international Nurses and Midwives. • To review the workforce models where alternative workforce modelling opportunities have been identified • For a full Nursing and Midwifery annual workforce review to be carried out between July 2023 and August 2023 and to be presented to the Board of Directors in October 2023. <p>Section 14 provides an update on the professional workforce strategy that has been developed to address the strategic objectives posed by gaps across the professional workforce.</p>
Actions	As within Section 13 of this report.
Recommendations	<p>The Board of Directors is asked to;</p> <ul style="list-style-type: none"> – The Board of Directors are asked to note the significant assurance provided within this report around safe Nursing and Midwifery staffing and to note the actions outlined within this report. – Consider the approach taken in line with national guidance and recommendations.
How this report impacts on current risks or highlights new risks:	
<p>Corporate moderate risk remains on the Trust wide risk register (6400) relating to safe staffing and escalation; this was last reviewed and updated early February 2023.</p> <p>No new risks have been identified</p>	
Committees/groups where this item has been discussed	

North Tees & Hartlepool NHS Foundation Trust

Briefing Paper to accompany the Professional Workforce Annual Review

Board of Directors' Meeting

27 July 2023

1. Introduction

This paper provides the Board of Directors with an update on the Nursing and Midwifery workforce position in April 2023 and a summary of the approved investment from the Delivery Model with associated next steps and key priorities.

The report provides assurance that arrangements are in place to staff our services with the right skills in in the right place to provide safe, sustainable and productive staffing.

2. Absence due to sickness and Maternity leave

Total sickness absence across all staff groups reduced in April 2023 when compared to March 2023.

Total maternity leave across registered and unregistered nursing and midwifery staff (N&M) in April 2023 reduced from March 2023.

Total maternity leave across registered and unregistered AHP workforce in April 2023 increased slightly from March 2023.

3. Turnover

The registered nurse and midwifery workforce saw an increase in turnover between March 2023 and April 2023.

The unregistered nurse and midwifery and the registered and unregistered AHP workforce saw a decrease in turnover between March 2023 and April 2023.

Sickness absence continues to be pro-actively managed as per the agreed Trust process between the Care Group management teams and Workforce Business Managers.

4. Temporary Staffing Usage

The total registered nurse and midwifery shift fill rate in April 2023 continued to increase in April 2023 when compared to March 2023.

The total unregistered nurse and midwifery workforce fill rate for April 2023 has also continued to increase when compared to March 2023, this is the highest reported fill rate in the previous eight months.

When extracted from the total RN/RM fill, the total registered maternity fill rate in March 2023 across all services had slightly decreased when compared to March 2023.

To mitigate the unfilled hours in the Maternity services, Ward Matrons continue to work a proportion of clinical hours throughout April 2023.

To mitigate the risk of having unfilled registered nurse shifts in some areas, in particular ward 37 (surge capacity), the Trust continued to use block bookings via registered nursing agencies. All block bookings ended on 30 April 2023 in line with the planned closure of Ward 37 and the natural reduction in the overall RN vacancy level due to recruitment.

5. Safe Care Live and Birth Rate Plus compliance

Safe Care Live compliance for April 2023 decreased slightly when compared to March 2023. This reduction was due to Ward 37 closing down their surge capacity mid-month. Despite the reduction, the compliance level remained above the 85% compliance level set by the Trust.

BirthRate Plus compliance for the Pre and Post Natal ward in April 2023 had increased when compared to March 2023, but did remain slightly below the 85% compliance level set by Birth Rate plus. This was escalated to the Ward Matron for further support to increase compliance with the team.

Birth Rate Plus compliance for the Delivery Suite in April 2023 had slightly decreased when compared to March 2023, but remained above the 85% compliance level set by Birth Rate plus.

The Birth Rate plus ward app has recently been taken out of use by the national team in order for them to further develop this tool (the intrapartum app is still in use). The app is expected to be out of use for a three month period and as advised by the Birth Rate Plus team, a localised version of this acuity tool to support the usual data collection and data review has been implemented. This allows standard staff redeployment to continue to be managed, dependent on patient acuity and dependency and for data to be cross-referenced with any datix submissions or safe staffing/patient safety escalations, which may be required during this time. Progress with the app development can now be viewed via regular update on the Birth Rate Plus website and is expected to function again from August 2023.

6. Assuring Safe Services

Three red flags were raised in relation to safe nurse staffing in April 2023 based on the professional judgement of the nurse in charge to raise the concern of shortfalls in RN time in the Critical Care Unit. There was no escalation or reported impact or harm to patients at these times.

The RESET tool was used 34 times in April 2023, a slight increase from 30 in March 2023. Some wards continue to have challenges with their nursing vacancy levels, which are being addressed through recruitment, and some areas do have a higher reliance on the enhanced care team due to the complex needs of some of their patients.

The RESET tool has been modified for maternity services and is currently being used at daily safe staffing huddles. Feedback from the maternity services on the

implementation of this tool is expected at the end of June 2023.

A total of 94 red flags were raised in Birth Rate Plus in April 2023, which is an increase from 84 flags in March 2023, (one flag represents one 4hr period).

- 30 red flags raised by Delivery Suite where there was unexpected Midwife absence,
- 56 red flag raised by Delivery Suite due to an inability to fill vacant shifts
- 7 red flag raised by Delivery Suite due to staff being deployed to another area
- 1 red flag raised by Delivery Suite due to support staff on duty being less than the rostered numbers
- 1:1 care to labouring women was provided and there was no reported impact or harm to mothers or babies throughout April 2023

7. Delivery plan

In April 2023 an update on the work undertaken by the Delivery plan task and finish group was taken to the Executive Team where the following recommendations were approved;

- Safer Nursing Care Tool – outputs from the data collection
- Operating Model
- Delivery of 111% activity – Elective Recovery Fund
- Workforce
- Cost Improvement Plan

The delivery plan brought various work streams together into one plan and addresses the finance plan, current and forecasted activity and a subsequent revised workforce resubmission, all underpinned by safety and quality for both patients and staff.

8. Nursing, Maternity and AHP vacancy levels for April 2023

Revised baseline establishments across the Nursing, Maternity and AHP workforce have been used to present the current vacancy, turnover and absence levels for April 2023. Whilst this will appear to be a negative variance in the workforce position, it is in fact, a positive position which supports the safe staffing of specialities and teams across all care groups.

The RN vacancy position for April 2023 was 101.02wte (6.99%) including the investment of 85.35wte RN in line with the delivery plan. The main increases in the RN workforce (in wte) areas as follows:

- 24.99wte in line with the Safer Nursing Care Tool (SNCT) recommendations across seven wards (all areas exceeding a vacancy of >5wte have been uplifted to a tolerated 5wte vacancy). The recommendations are based on three cycles of SNCT data collection and were approved at Board in January 2023.
- The Endoscopy Workforce business case approved investment of 7.79wte across bands 5-7 and an additional 1.92wte Nurse Endoscopists.
- The Theatres infrastructure approved investment of 18.31wte RN across anaesthetic and scrub, 3wte specialist nurses across bands 6-7 and 0.85wte Ward Matron.

- The Emergency Department business case approved investment of 13.8wte RN
- Ward 33 approved of 5.42wte RN to support additional bed capacity on a permanent basis.
- Ward 37 (surge capacity) approved for seven months of the year and now has an establishment of 10.61wte RN and 0.58 ward matron. Previously this ward did not have a permanent establishment and was reliant on redeployment from all other wards and block booking of agency nurses to provide resilience and safe staffing.

Further forecasting to the end June 2023 sees the RN vacancy position reduce to 94.51wte (6.53%), not including the additional domestic RN recruitment which remains on going. When considering the planned recruited from both international recruitment and student nurse registration from September 2023, the forecasted RN vacancy from October 2023 is approx. 34.51 (2.38%). This forecast assumes that monthly domestic recruitment will offset month average turnover.

The registered AHP vacancy in April 2023 was 44.40wte (7.87%) based on a total investment of 10.46wte AHP in line with the recommendations from the delivery plan. and the main increases in the AHP workforce are as follows;

- Occupational Therapy approved increase in establishment of 4.0wte because of the recently approved community beds investment of 2.0wte B6 and 2.0wte B5 staff AHP staff. Due to the generic working nature of the clinical areas, this establishment may move into the physiotherapy department, dependent upon the recruitment in May / June 2023.
- Physiotherapy approved increase in establishment of 0.96wte, which is related to the planned increase in Band 8a staffing linked to the collaborative care infrastructure paper as part of the delivery plan. Recruitment into this post is likely to occur in June 2023.
- Radiology approved increase in establishment of 5.5wte because of the combined investment into radiography with both the Collaborative Care infrastructure paper and Community Diagnostic Centre (CDC) workforce planning requirements.

The RM vacancy position for April 2023 is 16.41wte (12.87%) which despite being a slight decrease from 16.53wte (11.57%) in March 2023, actually results in an increase in vacancy % following an approved establishment increase of 2.5wte. This increase follows the Executive Team approval to increase the current headroom to 23% following the recommendations highlighted in the three year BirthRate Plus (BR+) establishment review carried out in December 2022. To note that 9-11% of total RM workforce sit in Management and Specialist RM roles which is in line with BR+ recommendations.

The nursing HCSW vacancy across the clinical areas has increased from 7.5wte (1.24%) in March 2023 to 9.94wte (1.59%) in April 2023 due to the approved increase of 32.6wte within the delivery plan and additional further recruitment throughout February and March 2023. The increased investment is as follows:

- 12.16wte across seven wards as part of the Safer Nursing Care Tool (SNCT) recommendations.
- 7.48wte for Ward 37 to support the safe staffing of the planned surge capacity for seven months of the year on an annual basis.
- 5.14wte as part of the ED business case.

- 3.96wte as part of the Endoscopy business case.
- 3.86wte as part of the Theatres infrastructure proposal.

AHP support workforce has had an approved increase in establishment of 4.29wte because of the combined investment in radiography with both the Collaborative Care infrastructure paper and CDC workforce planning requirements. In addition, there has been a further investment of 2.0wte therapy support staff following investment to support community beds.

9. Key Priorities and next steps

- Produce a refreshed workforce pipeline and associated vacancy trajectory.
- Maintain recruitment of domestic and international recruitment as planned to continue to reduce Nursing, Midwifery and AHP vacancy levels
- Focus on the recruitment of Teesside University/North Tees and Hartlepool 3rd year Pre-Registration Nursing students in preparation for September 2023
- Focus on the deployment of 25wte Internationally trained nurses from India in September 2023.

10. Assurance and Recommendations

The Trust Board are asked to note the significant work to ensure safest staffing during April 2023 and the ongoing work to reduce vacancies and mitigate impact across RN's, RM's, AHPs and HCSW staff.

The Trust board are asked to note the on-going work with the national team in ensuring overarching compliance with all safe staffing processes and recommendations.

Lindsey Robertson
Chief Nurse, Director of Patient Safety and Quality

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

27 July 2023

Nursing and Midwifery Bi-annual Workforce Review – April 2023 Six Month Update

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

1. Executive Summary

The purpose of this report is to provide the Trust Board with an overview of the Nursing and Midwifery six-month review of staffing, governance processes and compliance with national guidance, a requirement set out by the National Quality Board (2016). The purpose of this report is to provide assurance that the Trust is compliant with the national guidance in relation to safer staffing and to highlight where there are any risks, issues or concerns.

The report presents an update of the recommendations and actions that were presented in the annual nursing and midwifery workforce review that took place in October 2022 and was presented to Board in January 2023.

The report presents the recommendations for on-going work and actions from the analysis of the Safer Nursing Care Tool (SNCT) data collection that has taken place across all adult and paediatric in-patient wards/departments in February 2023.

2. Key points to note

1. The Nursing and Midwifery workforce position is presented to the Executive Team on a monthly basis with a plan for this to also be presented at Trust Board on a monthly basis to provide oversight and assurance of safer staffing.
2. There are clear and robust escalation processes in place to identify daily risk associated with staffing shortfalls and ensuring robust mitigation is in place and monitored to ensure that the ability to deliver the right care, in the right place at the right time is in place.
3. It has been identified through this recent review in February 2023 that 8 in-patient areas required further review of their current established budget. There is assurance that; with the robust processes in place in relation to patient experience and quality of care; we are already sighted on these areas, providing enhanced support on a daily basis and developing an appropriate workforce to meet the changing needs of the patients.
4. Significant work continues across Maternity services to progress the recommendations made following the BirthRate plus 3-year workforce review in January 2023.
5. Focused work continues via the strategic workforce action group, which supports the delivery of the Professional Workforce Strategy.

6. There is a continued commitment to maximising the Trusts recruitment and retention position by investing in both domestic and international recruitment of the Nursing and Midwifery workforce.

3. Introduction

National Health Service (NHS) provider boards are accountable for assuring their organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing that will support safe, effective, caring, responsive and well-led care. Demonstrating safe staffing is one of the essential standards that all health care providers must meet to comply with Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and national policy on safe staffing.

The National Quality Board (2016) articulates the requirement to undertake a Nursing and Midwifery workforce review annually with an update on actions highlighted to the Board on a six monthly basis. The Developing Workforce Safeguards (DWS) (NHSI 2018) reinforces the requirement for Trusts to adopt a triangulated approach in relation to the use of evidence-based tools, professional judgement and patient outcomes to provide assurance of safe, sustainable and effective staffing.

The guidance recommends that establishment setting should be undertaken annually, with a mid-year review and this process should consider the following:

- Patient acuity and dependency
- Activity levels & occupancy
- Seasonal variation in demand
- Service developments/changes and commissioning
- Staff supply and experience
- The use of temporary staffing above the set establishment
- Patient outcome measures

The annual workforce review that took place in October 2022 focused on the clinical, quality, safety and financial importance of developing a workforce fit for purpose. This mid-year review is vital to understand the nature of workforce pressures and actions to address, both in the long and short term.

This paper provides the Board of Directors with an update on the Nursing and Midwifery workforce position for February 2023 and the recommendations presented within the annual Professional Workforce Review of 2022, which was presented in January 2023. The report provides assurance that arrangements are in place to staff our services with the right skills in the right place to provide safe, sustainable and productive staffing.

4. Purpose

The Board of Directors are asked to receive and review this report in full, which will describe the current compliance linked to the national Developing Workforce Safeguards (DWS) standards. This report provides an overview of the Nursing and Midwifery workforce position.

This report provides a mid-year review (2022/23) following the last annual workforce review produced in October 2022 (presented to the Board of Directors in January 2023)

and contains all required information for board reporting as set out by the Chief Nursing Officer (CNO), which includes:

- Progress to date relating to actions identified within the annual report October 2022).
- Vacancy, recruitment and retention position
- The use of temporary bank and agency staff
- A Trust wide summary of the workforce data analysis completed in February 2023 with specific Care Group specialities and departments being discussed by exception.
- Assurance that workforce processes and decisions are evidenced based and comply with the Developing Workforce Safeguards recommendations

Over those six months, the increase in patient acuity and dependency levels, the continued impact of staff absence, and increased bed occupancy continued to challenge the professional workforce and deployment across the Trust. Safe staffing governance processes remain in place to ensure appropriate escalation takes place where required and that there is a subsequent development of actions when required. All safer staffing decisions are supported by senior professional oversight and leadership to ensure that the safest decisions are made when considering the effective deployment of the workforce.

5. Evidence Based Establishment Setting Methodology

Trusts are required to calculate and recommend the number and skill mix of nurse staffing required to meet the needs of patients by triangulating three critical sources of information. Patient acuity and dependency levels are identified using Safer Nursing Care Tool (SNCT). The SNCT is the only nationally approved, evidence-based tool to support safe staffing within in-patient areas; data collection takes place for 21 days bi-annually (to allow for seasonal differences). SNCT data collection last took place during February 2023.

Whilst the SNCT data provides nursing workforce establishment requirements based on patient acuity and dependency, skill-mix requirements are not included and therefore need to be considered at local level using professional judgement. Changes in skill mix can reflect a range of factors: changing patient needs, technological developments and legislative changes to allow some staff groups to expand the scope of their practice. It is important, however, that patient quality (safety, experience and effectiveness) is at the forefront of any skill mix change, changes are not introduced in an unplanned way in response to cost pressures or recruitment difficulties.

In addition to SNCT data, professional judgement and patient outcomes are presented in order to fully triangulate the data and variables. Professional Workforce Review panels are held and the ward/department Matron, Senior Clinical Matrons, Associate Directors of Nursing and Maternity, Finance and Workforce Business partner, Care Group manager and Operational Manager are invited to discuss workforce planning within their areas on an annual basis. The face-to-face panels support a 'ward to board' approach to workforce reviews and support the balanced discussion of hard data and soft intelligence.

The panels have evolved over time and include AHP workforce leads to support the progression of any alternative workforce plans. In addition, the Advanced Clinical Practice (ACP) Lead attended the panels to support options to expand the ACP workforce in clinical areas.

6. Acuity and Dependency Tools

The Trust uses the Safer Nursing Care Tool (SNCT) and the Safer Nursing Care Tool Children and Young People (SNCT CYP) as the evidence based establishment-setting tools. The tool collects data on the average number of patients by level of acuity (0, 1a, 1b, 2, 3) and average whole time equivalent (WTE) recommended against current budgeted establishment. As all in-patient areas need to be safely staffed for all funded beds, the tool advises that each empty bed is calculated as level 0.

Level 0 Patient requiring no assistance or minimal assistance from one person

Level 1a Patient at acute risk of deterioration / a complex post-operative patient

Level 1b Patient who has higher dependency, requires assistance from two people

Level 2 Patient requiring invasive monitoring or support with single organ compromise

Level 3 Patient requiring mechanical ventilation / support with 2+ organ compromise

The Delivery Suite and Pre/Post Natal Ward utilise Birth rate plus which is a nationally recognised tool for maternity services based on the number of deliveries and antenatal and post-natal care requirements, which is undertaken every three years. The most recent establishment review with BirthRate Plus took place in 2022 and the final report and associated recommendations was received in January 2023. Recommendations are being progressed which include the increase of Registered Midwifery headroom to 23% to allow for the additional training requirements in line with national guidance and recommendations.

7. Progress to date

This section of the report will present the progress to date of the recommendations presented to the Board of Directors in January 2023, following the SNCT data collection and the Professional Workforce review panels that took place between May 2022 - July 2022.

– Emergency Services and Assessment

Action	Update
Undertake a review of the Emergency Department in January 2023 using the new Emergency Department establishment-setting tool.	Emergency Department SNCT Data to be taken in June/July 2023. (this revised date is aligned to the Community safe staffing data collection plan).
Continue focused recruitment into EAU as per the agreed operating model	Continued recruitment into this area is maintained with recent internationally recruited nurses and further domestic RN recruitment planned for September 2023.

– Maternity Services

Action	Update
Await the outcome of the 3yr Birth Rate Plus establishment review across the	Report received in January 2023 and all recommendations have been presented to

Maternity in patient wards with the national Birth Rate Plus team.	the Board of Directors. Work remains on-going to progress the recommendations.
To further review the workforce model for the in-patient Maternity areas to identify opportunities for further alternative modelling in line with the needs of this patient group.	No further band 5 RN have been appointed into the Maternity services since Jan23, alternative modelling remains under discussion since the appointment of the Associate Director of Midwifery in Mar23.
To conduct an immediate review of the current Registered Midwifery vacancy position.	In line with Ockenden and the nationally recommended Continuity of Carer model, the existing Rowan team have been maintained but there has been a pause on any further roll out of Continuity of Carer. Further consideration of the existing Rowan Team is underway. Consultation of an on call process to support the delivery suite when in a period of escalation will commence. This will reduce the reliance on the community services and the need for midwives to be deployed into Delivery suite at times of escalation.
To complete the review of the specialist Midwife and Ward Matrons roles to release capacity to support with clinical practice.	Specialist Midwives were appointed in Jan23 and initially maintained a proportion of clinical work to support the service. From Mar23 they are working in their full substantive specialist midwifery roles.

– **Gastroenterology Services**

Action	Update
Recruitment to Nutritional Specialist Nurse	A Dietetic Gastro Team Lead post (B7) has been agreed as being a more suitable role. A follow up meeting with the Dietetic team, AHP workforce lead and the Gastro Consultant team took place in May23 to finalise the role and to move to recruitment.

– **Medical Wards (wards 36, 40 and 42)**

Action	Update
SNCT suggests an under-establishment in these wards, the current establishment and workforce model is being reviewed part of the annual business planning process.	Care Group Directors are expected for those under established wards to be included in the Care Group workforce business planning process.

	<p>Introduction of the Patient Process Facilitator role (PPF) in those three wards with permanent recruitment.</p> <p>Introduction of an experienced Frailty Coordinator (band 7) on wards 40 and 42 to support the current multidisciplinary workforce with senior leadership and clinical expertise.</p> <p>A task and finish group is currently reviewing the Enhanced Care service, expectations and efficiencies. Key priorities include a full review and refresh of the referral process and the patient inclusion criteria.</p>
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– **Stroke Services**

Action	Update
<p>SNCT suggests an under-establishment, the current establishment and workforce model is being reviewed part of the annual business planning process.</p> <p>A full collaborative workforce model review between the Community Stroke and the In-patient nursing models given the current separate proposed establishments.</p> <p>Work towards an enhanced 7-day service, increase intensity of rehabilitation and supported early discharge.</p>	<p>A regional stroke workforce review is taking place in order to standardise the approach to providing stroke services across the Team Valley. Key workforce leads within the Trust are currently engaged in this work.</p> <p>GAP analysis has been completed and a high-level workforce strategy in its final draft. Standardised job description and banding have been key themes (with a particular focus on ACP)</p>

8. Presentation of the Workforce Metrics

Workforce metric data from December 2022 to February 2023 for Nursing and Midwifery has been reviewed, key points to note are as follows:

– **Care Hours per Patient Day (CHPPD)**

Care Hours per patient day (CHPPD) is a measurement of workforce deployment that can be used at ward and service level or be aggregated to Trust level. It is a unit of measurement recommended to record and report the deployment of staff working on in-patient wards and captures the registered nurse and HCSW hours. All acute Trusts are required to report their actual monthly CHPPD and it is recorded by dividing the total numbers of hours of care provided by staff by the total number of patients in the ward. The Trust wide CHPPD data for the period of December 2022 to February 2023 has been reviewed and the key points to note are as follows:

- From a Trust wide perspective, safe staffing was maintained throughout this period with a minimal variance between required and actual CHPPD of -0.5.
- Safe Care Live (SCL) generates both a required and an actual CHPPD for all inpatient areas twice per day. This gives a more accurate reflection of staff allocation and staff to patient ratios across a 24-hour period. In response to the need to remain flexible in the way nursing and midwifery staffing is planned, SCL is used on a day to day basis to safely and efficiently assess accurate staffing levels and to redeploy nursing staff throughout the organisation.
- Birth Rate Plus is used across the Maternity in-patient wards to accurately record women's acuity and dependency levels that is then overlaid with actual staffing levels in the same way. This provides the ability to re-deploy Midwifery staffing to the most appropriate area to best deliver the needs of the overall service.
- There has been on-going focused work to improve the overall compliance across the Trust with both Safe Care Live and Birth Rate Plus.

– **Vacancies**

The Trust continues to focus on improving the vacancy position and turnover across all Nursing and Midwifery roles.

- The Registered Nurse vacancy position for February 2023 is 39.87wte (2.93%) which is a reduction from 47.83wte (3.4%) in January 2023. Further forecasting to the end April 2023 sees the RN vacancy position continue to reduce to 18.87wte (1.38%) with the introduction of cohort 3 of internationally recruited nurses, not including the additional domestic RN recruitment which remains on going.
- The nursing Health Care Support Worker (HCSW) vacancy across the clinical areas has reduced to 10.17wte (1.61%) in February 2023 and following recent recruitment this is expected to reduce to 3.17wte (0.5%) by the end April 2023.
- The Registered Maternity vacancy position for February 2023 is 17.01wte (11.72%) with 9.16wte of this workforce currently working in supernumerary status. To note that 9-11% of total RM workforce sit in Management and Specialist RM roles which is in line with BR+ recommendations.

– **Turnover**

- Registered Midwifery leavers has reduced month on month with February 2023 seeing 0% leavers.
- The HCSW leavers has increased throughout January and February 2023 but the number of leavers each month remains less than the number of new starters.
- Registered Nurse turnover saw an increase in leavers in December 2022 but this has now reduced in February 2023.

– **Sickness and Absence**

- The current sickness and absence levels across all Nursing and Midwifery staff groups has reduced across January and February 2023 when compared to December 2022.
- The current sickness and absence levels across all Nursing and Midwifery staff groups remain higher than the Trust target of 4.0% despite a reduction.
- Maternity leave cover is not provided within allocated headroom.

- Sickness absence continues to be pro-actively managed as per the agreed Trust process between the Care Group management teams and Workforce Business Managers.

– **Planned and Actual Staffing**

Planned staffing is the amount of time in hours and minutes of Nursing and Midwifery staff that each ward plans to have on duty for each shift and is based on maximum utilisation of the funded establishment. Actual staffing is the amount of time physically on duty each day. This data is triangulated with other ward fill rates to ascertain the variance between the planned and the actual staffing, key points to note are;

- In line with the National Quality Board requirements, the organisation continues to report the planned and actual staffing data on a monthly basis to NHSIE.
- Between December 2022 and February 2023, the fill rates across both Registered Nursing and Midwifery and HCSW's has increased month on month.
- The average fill rates show a lower fill rate in RN during the day and a high rate of Health Care Assistants on nightshift. This often reflects the RN vacancy and the increased provision needed for enhanced care at night.
- There has been a monthly average between December 2022 and February 2023 of 88% for Registered Nurse hours, 100% for Nursing Associate Hours and 106% of Unregistered Nurse hours.

– **Temporary Staffing Usage**

Temporary staffing expenditure for Nursing and Midwifery services for the period of December 2022 to February 2023 has been reviewed and the following key points are to note:

- There remains a reduction in fill across most staff groups that can be associated with children's school holiday periods.
- As the Nursing and Midwifery vacancy levels continue to reduce in line with the forecasted trajectory, there is an expectation that the amount of total demand hours will continue to reduce.
- To support the recent patient demand, Registered Nurse block booking from reputable agencies have been utilised where appropriate. These block booking will end on 30 April 2023 due to the RN vacancy position continuing to reduce and the required surge bed capacity closing down as planned.
- Alternative and new roles continue to be implemented to release time to care from Nursing and Midwifery teams such as the Team Support Worker role and the role of the Registered Nurse within Pre and Post Natal Maternity care where further recruitment has taken place.
- Local incentives have been agreed and are in place with NHSP to encourage both substantive staff and bank only workers to pick up additional hours, which include paying all staff at the top of their associated pay band.

– **Safe Care Live and Birth Rate Plus Compliance**

- The monthly average compliance with for Safe Care Live, between December 2022 and February 2023, has remained above the Trust recommended

compliance of 85% and presents an increasing level of compliance month on month.

- The monthly average compliance with Birth Rate Plus for the Pre/Post Natal ward between December 2022 and February 2023 is above the Birth Rate plus recommended compliance of 85%.
- The monthly average compliance with Birth Rate Plus for the Delivery Suite between December 2022 and February 2023 is above the Birth Rate Plus recommended compliance of 85% and presents an increasing level of compliance month on month.

9. Presentation of the Safety and Quality Metrics

Nurse Sensitive Indicators are identified which include patient harm that could be sensitive to the number of available nursing and midwifery staff, such as falls and pressure ulcers. Patient safety meetings take place across the Trust on a weekly basis where all potential and actual harms are discussed from the previous week with attention to any themes or staffing concerns. The continued work reviewing patient acuity and dependency helps to address whether the harms have occurred because of reduced nurse or midwifery staffing. The number and category of both falls and pressure ulcers across the Trust have been reviewed for the period of December 2022 to February 2023 and key findings are as follows:

– Falls

A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of cause. Although falls may be sensitive to the number of available nursing staff, falls prevention requires a multidisciplinary approach.

- When reviewing the number of falls sustained across the Trust during this period it was identified that 348 falls occurred. It was identified that 20 falls (5.74%) were near misses, 70 falls (70.11%) resulted in no harm, 74 falls (21.26%) resulted in low harm, 8 falls (2.29%) resulted in moderate harm and 2 falls (0.57%) resulted in death but upon investigation neither of the two falls were deemed as patient safety incidences.
- The in-patient ward that highlighted the highest level of falls was wards 40 (care of the elderly) which usually requires a higher level of enhanced and 1:1 care due to the complexity of their frail elderly patient group.
- Currently the demand on the enhanced care team is exceeding their capacity, resulting in wards needing to provide additional staff to provide 1:1 care to their patients requiring enhanced care by using additional temporary staffing.
- A task and finish focus group has recently started to review the current referral process and admission criteria of the Enhanced Care team, aiming to review and relaunch the purpose and vision of the team to support their current capacity and demand variance.
- There is also a continued key focus on recruiting staff into the enhanced care team.

– Pressure Ulcers

A pressure ulcer is a localised injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear. The patient's pressure ulcer could be categorised as 1, 2, 3 or 4. Although pressure ulcers

may be sensitive to the number of available nursing staff, pressure ulcers prevention requires a multidisciplinary approach, and pressure ulcers rates will be affected by access to pressure ulcer prevention equipment and mobility aids, the availability of therapy, pharmacy and medical staff and the knowledge and skills of all healthcare professionals and support staff.

- When reviewing the number of Hospital and Community acquired pressure ulcers during this period it was identified that there were 140 in total with 87 of these having been validated pressure ulcers.
- 62% in the hospital and 48% in the community.
- Only categories 1 and 2 were recorded across both the settings.
- Whilst it is nationally recognised that Pressure Ulcers are a Nurse Sensitive Indicator, there is no evidence that the pressure ulcers that have developed during this period are directly linked to staffing levels.

– **Red Flags and Datix**

A total of 24 red flags were raised in relation to safe nurse staffing between December 2022 and February 2023;

- 15 red flags raised based on the professional judgement of the nurse in charge to raise the concern of shortfalls in RN time.
- 8 red flags raised to escalate that the care rounding of patients has been missed.
- Only one red flag was raised in February 2023.

101 datix were submitted in relation to Nursing and Midwifery staffing escalations between December 2022 and February 2023 and has reduced month on month. The areas submitting the highest number of datix across December 2022 to February 2023 was Delivery Suite and Ward 22, which is reflective of their sustained periods of safe staffing escalation during these months. These periods of escalation were managed appropriately by the senior team within the Care Group to ensure that safe and effective staffing levels were maintained to deliver a safe Maternity service.

A total of 195 red flags were raised in BirthRate plus, focused work has been successful in improving the level of compliance with Birth Rate plus, ensuring that all red flags raised are validated. Raised red flags are now being reported to the Board of Directors in a monthly report that addresses the confirmed validated position.

Following the submission of a safe staffing related datix or red flag, a RESET visit to the clinical area from the aligned Senior Clinical Matron is initiated to formally review patient acuity and dependency levels, staff levels and skills in place and any patient or staff safety concerns. Results from the initiated RESET visit are then fed back to the safe staffing meeting to ensure that safe care is being provided. If the Senior Clinical Matron is unable to resolve the concerns raised there is a formal escalation to the Associate Director of Nursing aligned to the Care Group for further management to ensure patient and staff safety. The RESET tool is now planned to be appropriately modified and used across the maternity services to further support times of escalation in this service.

The RESET tool usage increased slightly in January 2023, which certainly reflected the level of acuity and dependency of patients at this time. The usage of this tool has reduced in February 2023 and continues to reduce in line with an increase in staffing fill rates. A total of 148 RESET visits were initiated between December 2022 and

February 2023 with the majority being from wards 36, 40, 41, 42, EAU, 33.

Twice daily safe staffing meetings take place to provide assurance that safe and efficient staffing levels are in place across the Trust using recognised nationally approved tools including Safer Nursing Care Tool (SNCT) and Birth-rate plus. Following these meetings clear and accurate documentation is completed to detail the patient acuity and dependency levels, staffing in place and any associated professional judgement considered when formulating safe staffing plans and the discussion of safe staffing related data or red flag submission. Following each meeting there is a clear decision making process relating to further escalation to the Associate Directors of Nursing or to the Deputy Chief and Chief Nurse when appropriate

10. Summary of SNCT data analysis taken in February 2023

More recently, the Trust operating model has been agreed by the Executive Team that provides an uplift of the current establishment for ACU (a total of 10.77wte) and EAU (total of 16.20wte) in the nursing workforce. For the purpose of this report, the SNCT calculations have been based on current establishments because these were in place at the time of the data collection but the changes created by the operating model will be referenced.

A summary of the areas of exception (over-established by 5wte+) as identified within this data collection includes:

- **Paediatric ward** - suggested an over-establishment, however within the current establishment staff also manage the CYP elective unit which is not included in the tool.
- **Surgical Decision Unit** – Suggested an over establishment, however, staff within the establishment also provide care to patients in assessment areas and hot clinics who are not in-patients.
- **Critical Care** – The data for Critical Care however, is incredibly variable across all four sets of data that have been taken since 2021, this is unlike all other areas. Further validation of this data is recommended at this stage.

A summary of the areas of exception (under-established by 5wte+) as identified within this data collection continue to include areas within:

- **Orthopaedic Trauma**
- **General Medicine, Acute Cardiology, Respiratory and Gastroenterology**
- **Care of the Elderly**
- **Stroke**

All remaining in-patient's wards and departments had a variance between establishment and SNCT recommended establishment of -5wte to +5wte thus suggesting they have a workforce model that is generally fit for purpose.

When compared with the SNCT data that was taken in October 2022, the SNCT data from February 2023 presents consistent recommendations for all of the areas with an under-established by 5wte+, with the addition of both Respiratory wards which now fall into this parameter also.

11. Summary of Birth Rate Plus Review December 2022

The report suggests that the current Registered Midwifery funded establishment is

adequate but there is further work to do in relation to skill mix and reviewing where staff sit across the workforce models. There is a clear opportunity to move staff across services to establish more suitable workforce models. It is unlikely that the service will require any further financial investment at this stage.

Further work is now required to align the establishments using the BR+ recommendations. There is a need to fully understand the requirements of the future workforce models in order to safely and efficiently deliver the acuity and dependency needs of women and babies using the services.

Following review of the Birth Rate plus report with a national maternity improvement advisor from NHS England the following recommendations were made;

- Detailed cross referencing with establishments and budgets
- Review of Community Services
- Consideration of the utilisation of registered nurses (RNs) / Band 3 and Band 4 Maternity Support Workers based on the recommended 90/10% skill mix.
- Include the Triage uplift using a 90/10% skill mix to support the provision of a 24/7 Maternity Assessment Unit.
- The Trust to consider the recommended headroom of 23% based on additional training requirements in maternity due to CNST and Ockenden.
- On call rota to prevent community staff being redeployed into Delivery Suite at points of escalation.
- Review all budgeted establishments with the potential for some movement.

12. Conclusion

The purpose of this bi-annual report is to provide the Board of Directors with an update of the previous comprehensive position in relation to the professional workforce capacity and advice upon compliance with national guidance that was presented to the Board in January 2023. The review highlights the on-going challenges presented in managing safer staffing across all services. There are some areas highlighted within this report which require further work to assure that their establishments are able to safely deliver the needs of their services. Recommended actions to achieve this assurance are outlined;

- In line with national guidance, the SNCT data collection has been taken in February 2023 and actions arising from the data analysis will be considered as part of the annual business planning processes.
- It has been identified that there may be a requirement for a review of budget establishment in line with outcome of the SNCT data across the 8 in-patient wards presenting an under-establishment >5wte.
- There is assurance that with the robust process in place in relation to safe staffing, the Trust is already sighted on these areas, providing enhanced support on a daily basis and developing an appropriate workforce to meet the changing needs of the patients.
- With the exception of the services highlighted in this report, the establishments in place remain fit for purpose. It is recognised that further changes in the acuity and dependency needs of patients in the future may influence service requirement and will be considered in line with the strategic and operational governance in place identified in this report.
- Maternity workforce review and safer staffing management remains a high priority as outlined in the report and in line with the Ockenden report and recommendations. Recently the financial uplift associated with increasing the

Registered Maternity headroom to 23% has been agreed.

- In line with Ockenden and the nationally recommended Continuity of Carer model, the existing Rowan team has been maintained but there has been a pause on any further roll out of Continuity of Carer at present whilst further discussions continue.
- There is a continued clear focus on the safest redeployment of staff in line with individual staff members' level of skill and experience and patient's acuity and dependency needs to maintain the safest possible level of care to all patients.
- In line with the Nursing and Maternity workforce strategy, by introducing new roles, improving working conditions and supporting flexibility the Trust ambition is to attract, retain, and develop the workforce.
- All of the efforts being undertaken provide assurance there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time, whilst being financially sustainable.

13. Recommended Actions

Following the completion of the bi-annual professional workforce establishment update, the following actions are recommended:

- For a review of budgeted establishment in line with the outcomes and recommendations of the SNCT data across the 8 in-patient wards presenting an under-establishment >5wte
- Review of the Critical Care workforce model following to support the validation of the SNCT recommendations.
- To continue to progress with the recommendations made within the BirthRate Plus review received in January 2023.
- Continue to monitor and support the compliance with Birth Rate plus to ensure validation of collected data.
- Continue with the recruitment of both domestic and international Nurses and Midwives.
- For recommended actions in this report to be included in Care Groups annual workforce business planning process and to realign establishments in line with current budgets.
- To review the workforce models where alternative workforce modelling opportunities have been identified
- For a full Nursing and Midwifery annual workforce review to be carried out between July 2023 and August 2023 and to be presented to the Board of Directors in October 2023.

14. Professional Workforce Strategy

The professional workforce strategy was developed to address the strategic objectives posed by gaps across the professional workforce. The strategy underpins the Trust approach to Quality and Service Improvement with an aligned plan to all Trust wide workforce initiatives. The strategy influences the decisions and responses to the issues affecting the supply of health and social care skills by building a shared understanding of workforce planning, as a multi-disciplinary activity including consideration of need, demand and supply.

More recently, the six key strategic workforce action groups to support the delivery of the overall strategy have been merged into bi-monthly (6 per year), full day workshops to further strengthen and progress collaborative work across all Care Groups and departments to develop a multi-professional workforce that is safe, efficient and fit for

the future. Following the first workshop planned for May 2023, all actions will be fed into the Professional Workforce Assurance Council for monitoring of progression and updates will be presented on a monthly basis to the Executive team and the Board of Directors.

15. Risk and Mitigation

There are naturally challenges associated with balancing establishment design with safer staffing and financial efficiency, which will require mitigation through the robust governance processes that are already in place. Proactive workforce planning, alternative workforce design and strong working relationships across all teams and across the region will support the delivery of this work to ensure that patient and staff safety remains at the centre of all decisions, plans and actions associated with the safe staffing of all ward/departments and services.

16. Recommendations

The Board of Directors are asked to note the significant assurance provided within this report around safe Nursing and Midwifery staffing and to note the actions outlined within this report.

Lindsey Robertson
Chief Nurse, Director of Patient Safety and Quality

Board of Directors

Title of report:	Maternity Board Report Q1									
Date:	27 July 2023									
Prepared by:	Stephanie Worn, Associate Director of Midwifery									
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 1 position within Maternity services including:</p> <p>Perinatal Mortality Review Tool (PMRT) Serious Incidents and HSIB Maternity Dashboard Quarterly Reports Workforce Training Service user insights Maternity Incentive Scheme Year 5</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	x
Executive Summary and the key issues for consideration/ decision:										
<p>The purpose of the report is to inform and provide assurance to North Tees and Hartlepool Foundation Trust (NTHFT) Trust Board that there is an effective system of clinical governance monitoring of the safety of our maternity services with clear direction for learning and improvement.</p> <p>This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document '<i>Implementing a revised perinatal quality surveillance model</i>' (December 2020).</p> <p>The report identifies staffing levels which have continued to be challenging and this report details the steps that have been taken to mitigate staffing levels. Recruitment continues at pace and the forecasted trajectory demonstrates an improvement.</p> <p>The report identifies the position towards CNST MIS year 5 safety actions.</p> <p>The report provides assurance that there is 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	Maternity Improvement Group Maternity Quality Assurance Council Quality Assurance Committee
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>

North Tees and Hartlepool NHS Foundation Trust

Board of Directors in Public Meeting

27th July 2023

Maternity Services Perinatal Quality Surveillance and Safety Report Quarter 1

1. Introduction/Background

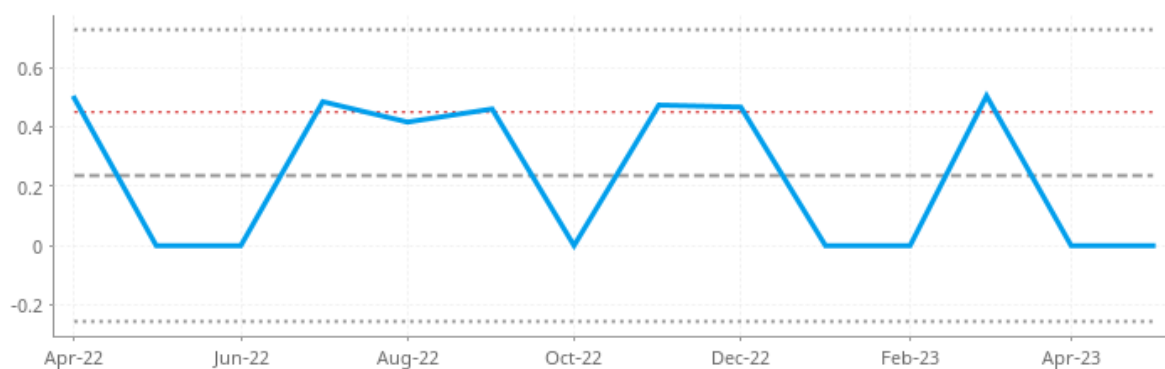
The purpose of the report is to inform and provide assurance to North Tees and Hartlepool Foundation Trust (NTHFT) Trust Board that there is an effective system of clinical governance monitoring the safety of our maternity service with clear direction for learning and improvement.

The data within this report is for quarter 1 of 2023. Where any data provided sits outside this reporting timeframe this will be specified within the report. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model*' (December 2020).

2. Perinatal mortality rate

In Quarter 1 there were zero stillbirths reported and one neonatal death. The following graphs demonstrate how NTHFT is performing against the national ambition.

Graph 1. Rolling annual Stillbirth rate up to Q1 2023/24



Graph 2. Number of Neonatal deaths up to 28 days



2.1 Perinatal mortality summary for quarter 1 2023/24

Table 1. Perinatal Mortality Summary Quarter 1 2023/24

Perinatal deaths (excluding terminations for abnormalities)	Q1
Stillbirths (>37 weeks)	0
Stillbirths(>24weeks-36+6weeks)	0
Late miscarriage (22+0weeks-23+6weeks)	0
Neonatal deaths	1
Total	1

2.2 Perinatal Mortality Review Tool (PMRT) real time data monitoring tool

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires-UK (MBRRACE-UK) collects data on perinatal death defined as babies born without signs of life from 22 weeks gestation to term and neonatal deaths at any gestation up to 28 days of age, excluding terminations of pregnancy. Stillbirths are defined from 24 weeks.

All eligible perinatal deaths have met the required standards of notification, parental input and multidisciplinary team (MDT) review. To meet the requirements of Maternity Incentive Scheme (MIS), the outcome of reviews is reported monthly to the Quality Assurance Committee and quarterly to the Trust Board.

One perinatal death was reported.

2.3 Learning from PMRT reviews January 2023 – April 2023

A rapid response to learning is undertaken to identify and action any immediate learning until the full PMRT review has been completed. In Quarter 1 the rapid response to learning identified no immediate actions. The PMRT case review is within

the expected timeframe. Table 2 demonstrates completed case reviews that have occurred in the preceding months with the actions derived in response to these issues

Table 2. Learning from PMRT reviews Q4

Themes	Actions	On-going monitoring
Extreme Prematurity	Review assessment of signs of life	LMNS guideline approved
Training on equipment: theatre equipment	Staff to be trained in the use of new equipment : theatre staff	To be included as part of medical device training and monitored through local training database. Report July 2023
Monitoring of CO levels during pregnancy	Audit to undertaken of co monitoring throughout pregnancy	Q1 audit in progress, Report August 2023.

3. Healthcare Safety Investigation Branch and Maternity Serious Incidents

3.1 Background

Healthcare Safety Investigation Branch (HSIB) undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018).

3.1.1 Babies

Babies who meet the criteria for investigation include all term babies born following labour (at least 37 completed weeks of gestation), who have one of the following outcomes are:

- Intrapartum stillbirth
- Early neonatal death
- Severe brain injury diagnosed in the first seven days of life

3.1.2 Mothers

Mothers who meet the criteria for investigation are direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy. HSIB do not investigate cases where suicide is the cause of death.

3.2 Reported and investigation progress update

There were zero cases that qualified for notification to HSIB during Quarter 1, with two ongoing investigations (Table 3)

Table 3. HSIB referrals and ongoing investigations reportable within Q1 period

Referral category	No.	Confirmed level of investigation	Progress	External Notifications and other investigations
Maternal Deaths	0	N/A	N/A	N/A
Intrapartum stillbirth	0	N/A	N/A	N/A
Early neonatal death	0	N/A	N/A	N/A
Severe brain injury diagnosed in the first seven days of life	2	SI/HSIB	X1 Completed X1 Awaiting final investigation Report	

a. Safety recommendations and learning from completed HSIB investigations from Q3 and Q4 (Table 4)

Table 4. HSIB recommendations

Recommendation	Action	On-going monitoring
The Trust to ensure timely Lower Segment Caesarean Section (LSCS) for mothers with an unsuccessful or discontinued Induction of Labour (IOL)	Review of the Induction of labour Pathway	Pathway and IOL process currently being reviewed. Report August 2023.
The Trust must ensure staff are supported to recognise, escalate and act upon a pathological cardiotocograph (CTG) timely	To be included as part of simulation training	Action completed. Introduced into Bi-annual staff training. Ongoing monitoring via outcome metrics and the datix system
The Trust should ensure staff are supported to deliver a baby when there is a fetal bradycardia 'as near as possible to 12 minutes if the fetal heart has not recovered'.	To be included as part of simulation training	Action completed. Introduced into Bi-annual staff training. Ongoing monitoring against outcome metrics and the datix system

3.4 Coroner Regulation 28 made directly to Trust

No requests made in this reporting period.

4. Maternity Serious Incidents

In addition to HSIB cases the service has investigated zero incidents under the serious incident framework for Quarter 1. In Q1, five Incidents were graded as moderate or above reported as detailed in Table 5 and 6. Duty of Candour occurred for all cases.

Table 5. Incidents graded as moderate or above

	Apr 2023	May 2023	Jun 2023	Total
Near Miss	5	5	4	14
No Harm	47	75	86	208
Low Harm	11	5	0	16
Moderate Harm	3	0	2	5
Total	66	85	92	243

Table 6. Description of Moderate or above incidents in Q1

Incident Category	Outcomes
Postnatal maternal readmission	Sepsis 6 Tool not utilised / Deteriorating patient not escalated /Delayed review. Action: introduce learning into mandatory training
Intensive care admission	Patient was high risk / Patient required return to theatre. MDT review: No modifiable factors
Medical device failure	Medical device was withdrawn
Major Obstetric Haemorrhage – postpartum haemorrhage (PPH)	Patient was noted to have risk factor for PPH and care was managed appropriately. Project ongoing in the management of PPH
Bladder Injury	Recognised complication of surgery. MDT case review in progress

5. Ockenden update

In response to failures at Shrewsbury and Telford NHS Trust, the initial Ockenden report (2020) set out recommendations and highlighted seven Immediate and Essential Actions (IEAs) for all maternity services to enable them to improve safety for mothers and babies. The final Ockenden report was subsequently published in March 2022 and included 15 additional IEAs for all Trusts to act upon.

In 2022 Regional insights visits were required for all Trusts to gain assurance against the seven IEAs by NHSE. The insights visits benchmarked the maternity position against the seven IEAs and each IEA has sub sections which formed enquiry lines of questions. NTHFT progress is outlined in Table 7; whilst some IEAs had between 4-10 sub sections, the grey boxes relate to how many sub sections there are for each IEA. To strengthen the existing reporting on Ockenden within the

Care Group and to the Trust Board, compliance status will be incorporated within the overall safety action plan and further updates being appended to the monthly Maternity Improvement Group, Maternity Quality Assurance Council chaired by Chief Nurse, the Quality Assurance Committee chaired by a Non-Executive Director (NED) and then to the Trust Board of Directors.

Table 8 provides a summary of progress towards the Ockenden 15 IEAs. An Ockenden insights progress visit by the ICB is expected in October 2023.

Table 7. Ockenden 7IEAs progress

Ockenden IEA	Enquiry line									
	i	ii	iii	vi	v	vi	vii	viii	viii	x
1. Enhanced safety	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
2. Listening to women and families	Green	Green	Yellow	Green	Yellow	Green	Black	Black	Black	Black
3. Staff training and working together	Green	Yellow	Green	Green	Green	Green	Black	Black	Black	Black
4. Managing complex pregnancies	Green	Green	Green	Green	Green	Green	Green	Black	Black	Black
5. Risk assessment throughout pregnancy	Green	Green	Green	Green	Black	Black	Black	Black	Black	Black
6. Monitoring fetal wellbeing	Green	Green	Green	Green	Green	Black	Black	Black	Black	Black
7. Informed consent	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Black	Black	Black	Black

Table 8. Ockenden 15 IEAs

IEA	Progress July 2023	Actions
1. Workforce planning and sustainability	Yellow	Revision of the midwifery preceptorship programme by August 2023
2. Safe Staffing	Yellow	Work ongoing to increase staffing levels
3. Escalation and accountability	Yellow	Audit to be completed for Consultant cover
4. Clinical Governance and Leadership	Green	Appointment of leads
5. Clinical Governance	Green	Strengthening of team
6. Learning from Maternal Deaths	Green	External reviews in place.
7. Multidisciplinary Training	Red	Proactive planning with the LMNS to agree a system wide training programme by the end of July 2023
8. Complex Antenatal Care	Yellow	Development of pathways
9. Preterm Birth	Yellow	Development of pathways
10. Labour and Birth	Yellow	IOL Pathway under review
11. Obstetric Anaesthetist	Yellow	Competency for staff to be set
12. Postnatal Care	Yellow	Time of reviews within 14 hours for readmissions
13. Bereavement Care	Green	Bereavement specialist midwife in post
14. Neonatal Care	Yellow	Review neonatal staffing model
15. Supporting Families	Green	

6. NHS Resolution Maternity Incentive Scheme update Q1 2023/24

The Trust declared compliance with six out of the 10 MIS Safety Actions for 2022/23. The Trust submitted a funding bid and confirmation from NHSR was received on the 14th June for a £65k payment for the following:

- £49,452 - two Training Support Workers to support the inputting of measurements into the app for Uterine Doppler scanning (being recruited to)
 - £16,216 - 0.5 WTE B4 to training co-ordinator (being recruited to)
- The starting point for year 5 MIS is that we will be non-compliant with all 10. This ensures that there is ongoing monitoring of compliance against the safety actions for year 5 and will ensure that assurance given to the Board is robust and not based on an assumption that previous years compliance applies. It also reflects that compliance is linked to dates within the coming months. We have been encouraged to adopt this approach by our Maternity Improvement Advisor from NHSE. The following work has been undertaken:
- Named Leads identified for each Safety Action
 - Work sheet identified for each safety action outlining the evidence required to reach compliance
 - Regular progress and reporting meetings scheduled to include all Named Leads
 - Evidence repository: Share point access for staff to upload data
 - Membership of the National MIS peer network

6.2 Potential non –compliance with MIS safety actions

The current status of achieving compliance with the 10 MIS safety actions has been reviewed and the following safety actions are at risk of non-compliance due to ongoing workforce pressures and validation of data. The following will be reflected on the risk register:

- **MIS Safety Action 5c: approved**

The Midwifery Co-ordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

- **Safety Action 6: to be added in July 2023**

A gap analysis against the new SBLCBv3 has identified the potential to achieve some of the elements especially with the new element No 6. An action plan is in development

- **Safety Action 8: to be added in July 2023**

The training requirements set out in the Core Competency Framework require 90% attendance of relevant staff groups. This should be calculated as the 12 consecutive months from the end date used to inform percentage compliance to meet Safety Action 8 in the Year 4 scheme.

7. **Saving Babies Lives Care Bundle v3**

The Saving Babies' Lives Care Bundle is a group of actions that have been put together to reduce stillbirth. Each element has a specific action plan against it and together, these have now been shown to save babies' lives. Saving Babies' Lives Care Bundle Version 3 (SBLCBv3) was published on the 30th May 2023; element 6 is a new addition:

- Element 1: Reducing Smoking in Pregnancy
- Element 2: Risk assessment and surveillance for foetal growth restriction
- Element 3: Raising awareness for reduced foetal movements
- Element 4: Effective foetal monitoring during labour
- Element 5: Reducing pre-term birth
- Element 6: Management of pre-existing Diabetes in pregnancy

SBLCBv3 is MIS Safety Action 6 and interlinks with Safety Action 8. A quarterly report of progress will be developed and shared through the governance structures to include the maternity safety champions.

8. **Avoiding Term Admissions in Neonates (ATAIN) rates**

This is a programme of work is to reduce avoidable admissions to a neonatal unit (NNU) for infants born at term (over 37 weeks gestation) paralleled by reducing separation of mother and baby. The National ambition is a rate below 6%.

In Q1 a total of 35 babies >37weeks gestation were admitted to SCBU = 5.63 %. The reasons for admissions were for respiratory support or observation. These are currently being reviewed by the MDT.

An MDT review of Q3 and Q4 in the year 22/23 identified potential of non-medical factors including maternal illness and the need to safeguard babies that required admission to SCBU. This is being discussed with the teams to have processes which may reduce this as a need for admission. Modifiable factors identified and in progress for action are:

- Corticosteroids prior to elective lower segment caesarean section (LSCS)
- Timing of the administration of Diamorphine to time of birth guidance

9. **Board level safety champion meetings**

Safer maternity care called on maternity providers to designate and empower individuals to champion maternity safety in their organisation. The Board-level maternity safety champion will act as a conduit between the Board and the service level champions. The role of the maternity safety champions is to support delivering safer outcomes for pregnant women and babies. The Trust Maternity Safety Champions have been meeting bi-monthly followed by a walkabout of the clinical areas. The Maternity and neonatal safety champion pathway is displayed in each clinical area (figure 1)

The meetings are held with the Executive Board Champion, Non-Executive Director Maternity Champion, the Obstetric, Midwifery and Neonatal Safety Champions,

representative from Maternity Voice Partnership, Neonatal Matron, and Clinical Director, Associate Director of Midwifery and the Patient Safety, Risk and Governance Lead midwife. National, regional and system developments and are discussed along with audits and improvement plans for ATAIN and the optimisation Bundle.

Figure 1. Maternity and Neonatal Safety Champion Pathway



10. Minimum safe staffing maternity services

Safe Maternity Staffing Organisational requirements for safe midwifery staffing for maternity settings (NICE 2017) states that midwifery staffing establishments develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings. In addition the final Ockenden report (2022) states minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the Local Maternity and Neonatal System (LMNS). This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure Trusts are able to safely meet organisational MIS and CQC requirements.

10.1 Midwifery Staffing

NICE (2017) recommend that an assessment is carried out every three years Ockenden (2022) recommends minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave. Birth-rate Plus was commissioned and the final report received in January 2023. The Trust board approved an increase in headroom of 23% in April 2023 to support the additional training required by midwifery staff.

The RM vacancy position is 16.53wte (11.21%) with a forecasted July 2023 position of 15.22wte (10.32%). Further forecasting to March 2024 expects to see this position improve significantly to an over-recruited position of +2.1wte. The Trust board approved the 23% headroom to reflect the increase in mandatory training in view of the recommendations from the Ockenden report (2022). Specialist midwives have been recruited to reflect BR+ recommended establishment. The midwife to birth ration has not been as staffing shortfalls have continued during this reporting period, section 10.2 outlines actions and mitigations to minimise risks

Table 9. Fill rates for qualified staff across maternity inpatient services

Month	RM Fill Rate
April 2023	81%
May 2023	81.4%
June 2023	84.8%

10.2 Midwifery staffing safety measures

We are currently validating the data associated with:

- Supernumerary labour ward coordinator status
- 1:1 care in active labour

Once the data has been validated it will be presented retrospectively

Midwifery staffing compliance is reviewed weekly and it has been identified that a decrease in compliance occurs out of hours or when the unit is in high acuity and escalation. On these occasions the escalation policy has been followed with the manager on call contacted, staff being redeployed internally and the community midwives being brought in. These measures were taken for very short periods and the situation rectified at the earliest opportunity.

Staffing shortfalls have continued during this reporting period. A risk assessment of midwifery staffing is complete and on the risk register for the service with actions and controls in place to mitigate risks as listed below.

- Daily staffing huddles with Senior Clinical Matrons
- Request midwifery staff undertaking specialist roles to work clinically
- Elective workload prioritised to maximise available staffing
- Managers at Band 7 level and above work clinically
- Relocate staffing to ensure one to one care in active labour and dedicated supernumerary Labour Ward Co-ordinator (LWC) roles are optimised
- Activate the on call midwives from the community to support labour ward
- Supporting LWC in the appropriate use of BR+ acuity tool and escalation decision making

In addition the midwifery team have led a proactive recruitment and retention campaign including, enhancing the existing preceptorship programme, 1-1 discussions for those considering leaving the profession or Trust, promoting staff wellbeing offers from the Trust, regular recruitment marketing, hosting recruitment cafes and a commitment to International recruitment.

10.3 Community midwifery services review

An external review of community services is being undertaken over the next three months by members of the NEY Regional Midwifery team support by the designated Maternity Improvement Advisor (MIA). The report is expected early September.

10.4 Obstetric staffing

Table 11. Obstetric staffing

Measure	Aim	April 23	May 23	June 23
Consultant presence on labour ward (hours/week)	≥60 hours	100%	100%	100%
Reported Consultant non-attendance incidents (in line with RCOG guidance)	0	0	0	0
Twice daily MDT ward round	100%	100%	100%	100%

10.5 Neonatal Nurse Staffing

There is a current risk for non-compliance rate for nurse staffing in SCBU as outlined by British Association Perinatal Medicine (BAPM) which is a requirement of MIS safety action 4d. The compliance for SCBU is 86% in Q1 with a national average of 78.29% compliance for the same period. Compliance is currently managed through escalation processes and there is ongoing work to increase staffing ratios to address the deficit of three WTE to enable supernumerary status of the Team Leader.

10.6 Staff survey feedback

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (Reported annually)

- 2022 report 54% from 47% in 2021 (combined Obstetrics & Gynaecology staff)

Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours (Reported annually)

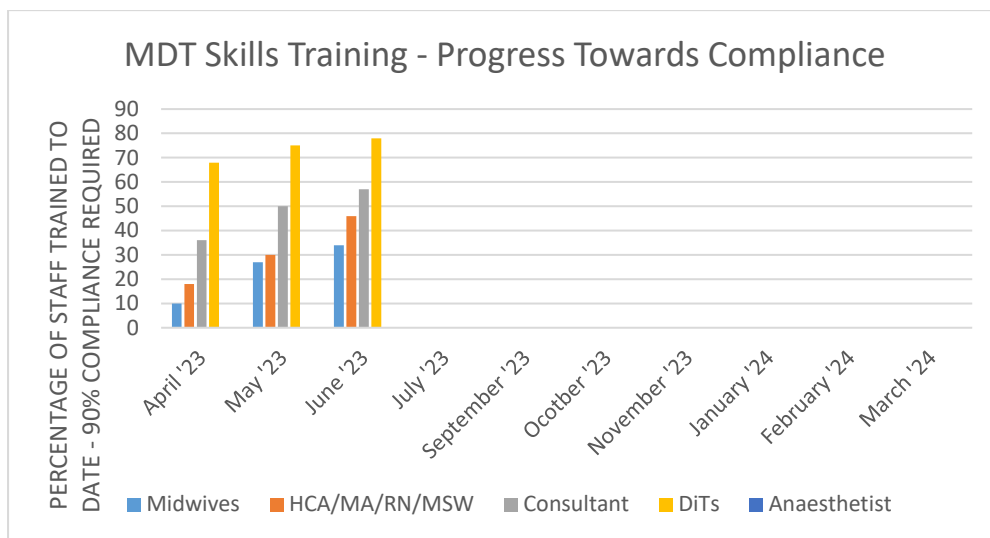
- 2022 report 80% from 65% in 2021

11. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training

11.1 Background

On 30th May, the Core Competency Framework version 2 (CCFv2) was published. The CCFv2 is one of the fundamentals of MIS year 5: Safety Action 8. Current compliance against MDT skills training is shown in Graph 3. To date the following actions are in progress:

- Benchmark and gap analysis against the new CCFv2
- Active participant with the NENC LMNS Training development group to develop one training programme to reduce variation and support compliance
- Development of a robust and accessible training database
- Develop monthly training trajectories
- Establish a MDT training group to increase compliance with non-midwifery staff groups
- Purchase a nationally recognised training programme (PROMPT)



Graph 3 Progress towards training compliance for MDT Emergency Skills

12. Insights from service users

12.1 Complaints and compliments overview

Formal complaints within Q1 related to:

- Communication
- Information regards choices of care
- Lack of compassion
- Staff attitude

The above has been communicated to maternity staff through mandatory training where staff undertake exercises in the use of language and behaviours.

Table 12. Complaints

Complaint area	Apr 2023	May 2023	Jun 2023	Total
Community Midwifery Office - UHH	0	1	0	1
Delivery Suite - UHNT (Wards 18/19)	1	3	1	5
Ward 22	1	0	2	3
Women's Out Patients - Hartlepool	0	1	0	1
Women's Out Patients - North Tees	0	1	0	1
Midwifery (Generic Risk Register Only)	0	1	0	1
Total	2	7	3	12

Figure 2. Q1 Compliments

	Attitude	Care provided	Communication	Compassion	Team approach	Non clinical care	Total
Antenatal Clinic	0	1	0	0	0	0	1
Day assessment Unit	1	7	1	1	1	0	11
Community - UHH	0	2	0	0	0	0	2
Delivery Suite	0	9	2	1	1	0	13
Community - Stockton	0	8	1	0	1	0	10
Community Peterlee	0	2	0	0	0	0	2
Rowan Team	2	21	0	0	0	1	24
Ward 22	1	13	0	0	1	0	15
Midwifery	0	2	0	0	13	1	16
Total	4	65	4	2	17	2	94

13. Continuity of Care

There is no longer a national target for Maternity Continuity of Carer (MCoC). Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. NHS England expects the Trust to continue to review our staffing in

the context of Ockenden’s final report. The local LMNS, regional and national colleagues are available to support the Trust with this including how to focus MCoC on those women from vulnerable groups who will benefit the most from this care.

13.1 Progress to Date

The following table (13) outlines the current percentage on a continuity pathway i.e. the same team of midwives looking after women throughout their antenatal, intrapartum (labour) and postnatal care. It also outlines the percentage of these women that receive care throughout the intrapartum period from a midwife known to them.

Table 13. MCoC %

Continuity of Care	Q1		
%Total Bookings 29/40 on CoC pathway	April 9.2%	May 6%	June 13.7%

14. Service user insights from Maternity and Neonatal Voice Partnership (MNVP)

The MNVP are developing the work plan which will be shared with the Trust, LMNS and ICB. The MNVP meet with the senior leadership monthly where feedback is shared from service users, local and regional forums. Other agenda items include work plans, and engagement opportunities. The MNVP regularly attend meetings within the governance structures.

Current projects include:

- Engagement with local communities through baby banks within some of the most deprived communities
- Development of communication strategies and branding
- Providing new born essential skills in resuscitation
- Developing patient information leaflets

Feedback shared included a lack of a compassionate patient information leaflet for bereaved parents and information to access the snowdrop suite; this has been fed back for action to the Bereavement specialist midwife

14.1 Service user insights taken from a recent CQC peer review

The National maternity survey is commissioned by the CQC

At

NTHFT all sources of feedback are triangulated and learning is disseminated to maternity staff via newsletters, team meetings and mandatory training.



Figure 3. How NTHFT scored in the CQC Maternity Survey

15. Quality improvement projects / progress

15.1 Infant feeding and health in pregnancy specialist services

NTHFT population have some of lowest rates of Breast Feeding at a NENC and national level. In January 2023 NTHFT registered its intent to gain Baby Friendly Initiate (BFI) accreditation. The following outlines key stage dates:

- June 2023: planning towards Stage 1, awaiting assessment date
- July 2023: Foundation training programme to be implemented
- July 2023: develop an ongoing audit plan to ensure compliance with stage 1 and forward actions for further stages
- September 2023: work with new Electronic Patient Record (EPR) system to ensure documentation fields for Infant feeding are mandated for all staff
- April 2024: plan for stage 2 assessment

15.2 Quality Improvement Lead

There are several quality improvement projects active:

- Post-Partum Haemorrhage: accurate measurement of blood loss and risk assessment to reduce maternal morbidity for implementation in September.
- Smoking in Pregnancy: four projects include community and acute wards
- Each Baby Counts: a National initiative to encourage MDT working and to create a psychological safe environment. A working group has been established with the first area of focus called Teach or Treat

15.3 Digital Specialist Midwife

From September 2023 maternity services will implement a new EPR system known as Badgernet. All eight Trusts within NENC system have either adopted or plan to implement Badgernet and this will create equity of access. The project key focuses are:

- Local configuration & Process mapping
- Training all staff groups
- Governance structure in place to support implementation
- Collaboration across multi-services to maximise interface across systems

15.4 Bereavement Specialist Midwife

The successful candidate was appointed in April 2023. The following has been undertaken:

- Registered expression of interest to implement National Bereavement Care Pathways (NBCP)
- Collaboration with multi-services to benchmark against national standards for bereavement care
- Guideline review against standards from the National and the NBCP
- Established network with the MNVP, the Trust Sands Hospital Liaison Volunteer and NTHFT and RVI mortuary staff
- Developed monthly training sessions for maternity staff

16. Advocating for education and quality improvement (A-equip) and professional midwifery advocacy themes

The Professional Midwifery Advocate (PMA) continues to offer restorative support, one to one and in groups, as well as signposting to further sources of support, information and assistance. As a critical part of the advocating for education and quality improvement (A-EQUIP) model, the PMA focuses efforts on empowering midwives to confidently handle situations themselves, improve relationships with peers and managers, and to seek ways to increase service quality, safety and excellence. The PMAs will meet bi-monthly with the Associate Director of Midwifery with the aim of developing a feedback report to be shared across the maternity services. During the last year, the main themes reported were:

- Staff culture and morale
- Equitable Professional development

In November 2022, Aqua were invited as an external agency by the Trust to carry out a discovery and diagnostic piece of work which focussed on the culture within maternity services. Confidential listening opportunities and surveys were held during December 2022 and January 2023 for all staff groups working in maternity services. A thematic analysis of the responses identified five key themes and in April 2023 Aqua invited all maternity staff to attend feedback sessions over the course of one day. A recording of the feedback session was also made available for those unable to attend in person. The themes identified were:

1. Value and respect
2. Equity and transparency
3. Equipment and resources
4. Shared endeavour
5. Staff being kept informed

Aqua recommended the five themes form five working groups to support improvements within the service and that they are led by all clinicians with support from the senior leadership team. The working groups were formed in May 2023 and are at the early stage of key areas of focus.

17. HSIB/NHSR/CQC or other organisations with a concern or request for action made directly with the Trust

In October 2022 the Maternity Services were placed on the Maternity Safety Support Programme (MSSP) following a review by the CQC which rated Maternity Services as Requires Improvement. The Trust are working with Simon Mehigan, named Maternity Improvement Advisor. In May 2023 the exit criteria from the MSSP was agreed by Trust, ICB and NHSE. There are six elements are:

1. Workforce
2. Leadership
3. Quality, risk and safety
4. Digital
5. Improvement plan
6. CQC

18. Risk register

In Q1 Maternity and Neonatal services reported three new approved risks and one submitted for approval.

Three new risks are:

- Potential to not meet BFI accreditation for Stage 1. Moderate level
- Potential increase in readmission of newborns under 28 days from weight loss and jaundice. Moderate level
- Potential for limited choice of place of birth due to staffing pressures. Moderate level

One for approval:

- Non-compliance against MIS Safety action 5c

There are 17 open risks, graded as:

- 8 Moderate
- 6 Low
- 3 Very low

In line with the Trust risk management process, risks raised by the service are reviewed in either the Obstetrics and Gynaecology Oversight meeting or the Children

and Young Person's Oversight meeting. From here they go to the weekly Care Group SMT for review, discussion and progression to the weekly Business Team meeting for discussion and review by the team and then to Risk Management Group. Additionally, risks are raised at the Maternity Quality Assurance Council, through Quality Assurance Committee to Board

19. Key issues, significant risks and mitigations

Having undertaken a benchmarking assessment the service is concerned about its ability to achieve compliance with three safety actions (as detailed in section 6.2 of this report) of the MIS year 5

There are on-going staffing challenges and this is likely to continue over the summer. These will be managed on a daily basis and escalated accordingly.

20. Assurance and Recommendations

The Board of Directors is asked to receive and note the significant on-going work to meet National Maternity recommendations and workforce challenges.

Author

Stephanie Worn

Associate Director of Midwifery

Executive Sponsor

Lindsey Robertson

Chief Nurse/Director of Patient Safety & Quality

Board of Directors

Title of report:	Director of Infection Prevention and Control Report 2022-23									
Date:	27/07/23									
Prepared by:	Rebecca Denton-Smith									
Executive sponsor:	Lindsey Robertson									
Purpose of the report	<i>Annual report to present the previous financial year healthcare associated infections figures, outbreaks, antibiotic stewardship and audit activity in relation to infection prevention and control</i>									
Action required:	Approve	X	Assurance	X	Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People		Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	
Executive Summary and the key issues for consideration/ decision:										
<p>The report demonstrates the yearly surveillance case numbers of infections reported via the national database against our thresholds set by NHSE, highlighting improvement work and education that has been provided to improve knowledge of our staff delivering care.</p> <p>The report demonstrates the number of surgical site infections including national benchmarking for comparison. provides information on our challenges with COVID 19 and influenza management and the mitigation factors that we have applied to reduce the risk of having insufficient numbers of isolation rooms by the trust investing in twenty pop-isolation rooms. The report also provides assurance on the policy compliance and audits performed by the trust in order to improve outcomes</p>										
How this report impacts on current risks or highlights new risks:										
<p>The report provides assurances on the actions that the trust takes in order to minimise the risk of spreading infection.</p> <p>It highlights the improvements that need to be made to improve MRSA screening throughout the trust.</p>										
Committees/groups where this item has been discussed	Exec team Infection Control Council									
Recommendation	To approve the report									



North Tees and Hartlepool

NHS Foundation Trust

Director of Infection Prevention And Control Report 2022-23

Executive Summary

This report describes the activities we have undertaken to improve and sustain safety for patients, visitors and staff across all of our healthcare settings, much of which has been achieved in collaboration with partner organisations and system working.

2022-23 has proved to be a challenging year with demanding national thresholds in all of our reportable healthcare associated infections. Despite this, we have a number of successes to celebrate, including being one of the only North East and North Cumbria Trusts to achieve a reduction in healthcare associated cases of Clostridium difficile infection.

The learning and outcomes from the pandemic continues to inform our decision-making and infection control practices. We continue to assess and manage the risk of infection effectively to enable us to detect and control onward spread whilst maintaining the safe and effective delivery of care to all.

We remain committed to sharing good practice and working collaboratively to continue to reduce healthcare associated infections further.



*Lindsey Robertson
Chief Nurse, Director of Patient Safety and Quality,
Director of Infection Prevention and Control*

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- c. MRSA bloodstream infections
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- e. E coli bloodstream infections
- f. Klebsiella species bloodstream infections
- g. Pseudomonas bloodstream infections
- h. Glycopeptide resistant Enterococcus
- i. Surgical Site Surveillance
- j. Influenza
- k. Hand Hygiene
- l. Outbreaks

COVID-19

Policies

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Decontamination of the Environment and Equipment

Conclusion



Infection prevention and control arrangements

The Infection Prevention and Control (IPC) Team provide a service covering all Trust settings and also support local care homes, hospices and an independent hospital. We have a team of experienced IPC nurses supported by clerical and surveillance staff, and working in close collaboration with Consultant Microbiologists, biomedical scientists, the antimicrobial pharmacist and clinical teams. The Director of Infection Prevention and Control (DIPC) who is also the Chief Nurse/Director of Patient Quality is supported in leading improvement in infection prevention across the Trust by the Lead Nurse for IPC.

The DIPC provides an update to each Board of Directors via an Integrated Compliance and Performance Report. A performance update is provided monthly to the Patient Safety & Quality Standards Committee (renamed Quality Assurance Committee for 2023-24), which is a subcommittee of the Board and is chaired by a Non-Executive Director. There is a quarterly Infection Control Committee (ICC) and quarterly Healthcare Associated Infection (HCAI) Operational Group which provides operational information to the ICC. The HCAI Operational Group undertakes targeted pieces of work as required by publication of new guidance, recommendations from incident investigations or audit findings.

*“Our vision is that
no patient, visitor
or staff member
will be harmed by a
preventable
infection”*

Healthcare associated infection surveillance and performance

The Trust participates in the mandatory HCAI surveillance programme facilitated by Public Health England including:

- Clostridioides difficile infection (CDI)
- Meticillin-resistant Staphylococcus aureus (MRSA) blood stream infection (bacteraemia)
- Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia
- Escherichia coli (E coli) bacteraemia
- Klebsiella species bacteraemia
- Pseudomonas aeruginosa bacteraemia
- Quarterly Mandatory Laboratory Return (QMLR)

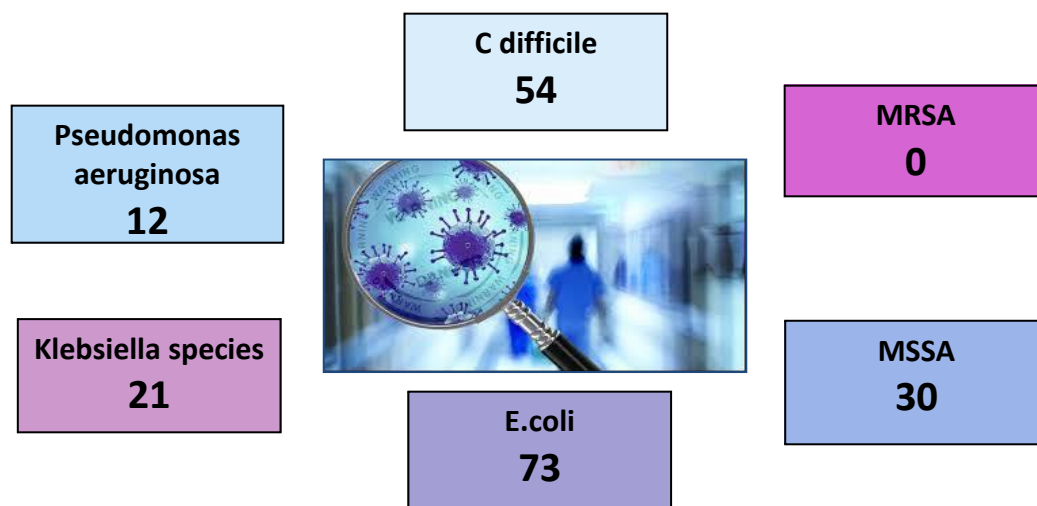
National criteria are applied to establish whether cases of the infections above are attributable to the Trust (healthcare associated).

For CDI cases taken three or more days after admission, or those taken within 2 days of admission where the individual has been an in-patient in the trust in the previous 4 weeks are considered to be healthcare associated and count against any trust objective.

New criteria for healthcare associated cases using the same thresholds as for CDI were introduced in 2021-22 for blood stream infections. This is the first comparative year for data.

National reduction objectives have been set for five of the six infections shown below and because of the impact of the Covid-19 pandemic on hospital admissions the baseline period used to set these objectives was the calendar year 2021. MSSA is the only infection without a national objective, however the Trust set an internal objective to achieve a reduction in cases.

Fig 1. Reduction objectives for infections in 2022-23



Clostridioides difficile infection (CDI)

Clostridioides difficile (C difficile) is a bacterium that is found in the gut of around 3% of healthy adults. It seldom causes a problem as it is kept under control by the normal bacteria of the intestine. However certain antibiotics can disturb the bacteria of the gut and the C difficile can then multiply and produce toxins which cause symptoms such as diarrhea.

During 2022-23 we reported **48** healthcare associated cases of CDI which was a good position against the **objective of 54 cases**. This is a reduction on the 2021-22 reporting period and remains the lowest number of healthcare associated cases we have seen since 2019-20. It should be noted that hospital admissions have remained pressured throughout the year, and that patients being admitted with respiratory viruses such as Covid-19 and Influenza, have often required antibiotic treatment, which increases the risk of CDI. Root cause analysis is carried out on each healthcare associated case and any themes from these investigations are discussed at clinical meetings.

Fig 2. C difficile cases 2018-23

Year	Healthcare associated cases	Community onset cases
2019-20	53	39
2020-21	49	44
2021-22	50	55
2022-23	48	45

Actions to reduce CDI form part of the Trust Board Assurance Framework (BAF) and improvement plan and are discussed at regular meetings. These include a continued focus on hand hygiene and environmental cleanliness and promotion of good antibiotic stewardship.

MRSA bacteraemia

Staphylococcus aureus is a bacterium found commonly on human skin which can cause infection if there is an opportunity for the bacteria to enter the body. In serious cases it can cause blood stream infections. MRSA is a strain of this bacterium which has developed resistance to many antibiotics, making it more difficult to treat.

Many individuals carry MRSA on their skin and this is called colonisation. It is important that we screen some groups of high risk patients when they come into hospital so that we know if they are carrying MRSA. Screening involves a simple skin swab. If positive, we can provide treatment that helps to reduce the number of bacteria and therefore reduces the risk of infection developing.

In 2022-23 we reported **two** healthcare associated MRSA blood stream infection **against a zero tolerance threshold**. This is reduction in performance against the previous year. Both MRSA cases after investigation were thought to likely be contaminants and improvement work continues with a

focus on intravascular devices and Aseptic Non-Touch Technique (ANTT). One community associated case was reported and although the case does not count against the Trust there was some learning identified on investigation relating to prompt screening and treatment.

Fig 3. MRSA bacteraemia cases 2015-22

Year	Healthcare associated cases	Community onset cases
2015-16	2	3
2016-17	1	2
2017-18	4	2
2018-19	0	0
2019-20	0	3
2020-21	1	2
2021-22	0	1
2022-23	2	1

MSSA bacteraemia

MSSA is a strain of *Staphylococcus aureus* that can be effectively treated with many antibiotics. It can cause infection if there is an opportunity for the bacteria to enter the body for example via a wound or invasive device, and in serious cases it can cause blood stream infections.

In 2022-23 we reported **48** healthcare associated cases of MSSA bacteraemia against the **internal objective of 30 cases**. Previously genetic typing was undertaken for cases to provide assurance that there are no linked cases. Unfortunately, this service has not been available this year due to increased typing for other bacteria. Our own internal investigations have also seen an increase in infections linked to phlebitis due to an intravenous cannula. After undertaking some local audits and highlighting some potential improvements a trial of non-ported cannulas was successful and the trust are currently in the middle of a roll out of the new product. The roll out is also an opportunity to revisit staff education and awareness of cannula care. There has also been a comparative increase in the number of community associated cases.

Fig 4. MSSA bacteraemia cases 2021-23

Year	Healthcare associated cases	Community onset cases
2021-22	38	54
2022-23	47	65

E coli bacteraemia

E coli is a very common bacterium found in the human gut which can cause serious infections such as blood poisoning.

In 2022-23 we reported **87** healthcare associated cases against an **objective of 73 case**. The set objective in 2021-22 was 117 cases so there was a steep reduction to an objective of 73 cases this year. The most common source of infection remains the urinary tract, with some cases being related to urinary catheters. Quality improvement work remains underway with an aim to reduce catheter prevalence, improve product selection, other than a urinary catheter, improve catheter insertion technique and sampling, catheter care and maintenance and promote earlier removal are all part of this journey.

Fig 5. *E coli* bacteraemia cases 2021-23

Year	Healthcare associated cases	Community onset cases
2021-22	78	184
2022-23	87	213

Klebsiella species bacteraemia

Klebsiella species are a type of bacterium that are found commonly in the environment and also in the human gut, where they do not usually cause disease. However, in a vulnerable individual they can cause pneumonia, wound and surgical site infection and can be associated with invasive procedures such as venous cannulation or urinary catheterisation.

We reported **28** healthcare associated cases of Klebsiella bacteraemia in 2021-22 against an **objective of 21 cases**.

Fig 6. *Klebsiella* bacteraemia cases 2021-23

Year	Healthcare associated cases	Community onset cases
2021-22	15	44
2022-23	28	43

Pseudomonas bacteraemia

Pseudomonas aeruginosa is a bacterium often found in soil and ground water. It rarely affects healthy individuals but can cause a wide range of infections in those with a weakened immune system. It is resistant to many commonly used antibiotics.

In 2022-23 we reported **15** healthcare associated cases against an **objective of 12 cases**. Many of these cases are considered unpreventable infections. In the 2022-23 period there was a reduction in case numbers in the last 6 months of the year with 4 healthcare-associated cases from November to March.

Fig 7. *Pseudomonas* bacteraemia cases 2021 -23

Year	Healthcare associated cases	Community onset cases
2021-22	14	12
2022-23	15	15

Glycopeptide resistant Enterococcus (GRE)

Enterococci are normally found in the gut and are part of the normal human gut flora. Although a common cause of urinary tract infections they can also cause serious infections such as endocarditis and can be a particular risk to immunocompromised patients.

The number of blood stream infections caused by GRE is low and sporadic in the Trust. In 2022-23 we reported **1** case only which was healthcare associated. More commonly we see GRE from screening swabs which is more likely to be colonisation than infection.

Surgical Site Infection (SSI)

All trusts are required to submit surgical site infection data for a minimum of one quarter per financial year. Since 2019 we have been reporting data continuously across the year and have expanded the number of surgical procedures included in the surveillance to include breast, spinal, large bowel, small bowel, gastric and surgery. In 2021-22 we also added radius, ulna and humerus cases to the long bone fracture reductions, which will increase the total number of procedures.

Surgical site infections identified are detailed in the table below from January 2022-December 2022. An improvement in SSI is noted in Total Hip replacements and Gastric surgery below the national average. For Breast surgery a significant improvement has been made, although this remains slightly above the national average. It is noted that activity for surgery as increased compared to the previous 2 years as part of the national recovery plan.

The national report has not been published for 2022-23 at the time of writing therefore we have been unable to benchmark our results against recent national figures.

All cases are subject to investigation and discussed at Infection Control Committee and the Service Line Meetings for the relevant specialties.

Fig 8. Surgical site infection data 2020-23

	2020-21	2021-22	2022-23	National average % 2015- 20
Primary total hip replacement - No of procedures/no of infections/%	146/0	238/3/1.2%	344/0/0%	0.5%
Primary total knee replacement - No of procedures /no of infections/%	146/0	327/0/0%	373/0/0%	-

Reduction of long bone fracture - No of procedures /no of infections/%	186/0	303/4/1.3%	454/4/0.88%	0.9%
Repair of neck of femur - No of procedures/ no of infections/%	288/1	309/1/0.3%	286/0/0%	0.9%
Breast surgery – No of procedures /no of infections/%	N/A	402/6/1.5%	834/7/0.84%	0.8%
Gastric surgery – No of procedures/ no of infections/%**	N/A	39/3/7.7% (part year only)	69/1/1.44%	2.4%
Large bowel surgery – No of procedures/ no of infections/%**	N/A	225/17/7.6% (part year only)	281/14/4.98%	8.3%
Small bowel surgery– No of procedures / no of infections/%**	N/A	74/3/4.05% (part year only)	132/10/7.57%	6.6%

** Data submitted for one quarter only

Influenza

In 2022-23 we have seen a significant increase in Influenza cases than in previous years, which impacted on bed pressures and caused significant challenges on isolation facilities.

Staff vaccination is always a priority for the trust and we were delighted that over 54% of our staff and volunteers accessed the flu vaccine between October 2022 and February 2023. This is lower than previous years but uptake nationally was reduced, with 74% being the highest percentage uptake in the north east. The Occupational Health Department once again led the flu campaign to increase uptake, and were supported by peer immunisers in workplaces and senior staff who encouraged vaccination.





Hand hygiene

This year we have continued to carry out monthly self-audit of hand hygiene for our clinical teams, with quarterly assurance audits by the IPC team. Overall the target of 95% compliance has been achieved each month. A higher number of monthly audits has also been noted this year compared to 2021-22 giving further assurances that Hand Hygiene monitoring is a focal point of the trust.

Fig 9. Hand hygiene compliance April 2022 to March 2023

Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
%	98.25	97.09	99.16	100	96.33	98.25	95.63	95.58	98.32	99.02	95.61	96.20
No of audits	83	88	67	62	90	70	69	93	67	82	83	89

Hand hygiene scores from the previous week are discussed at each safety huddle, where actions for improvement are identified and any issues causing poor scores are discussed.

We use opportunities such as World Hand Hygiene day to raise awareness for our staff and patients and staff produce displays to support this. This year for Hand Hygiene Day the trust is holding a jingle competition for clinical areas to help improve hand hygiene awareness in their areas.



Outbreaks

We reported ten outbreaks of diarrhoea and vomiting in 2022-23, which were confirmed as Norovirus by stool sampling in eight of the outbreaks. Outbreak management has maintained patient safety and cases have been limited in numbers. The infection control team has continued to assess risk and aims to limit bed closures in line with patient safety, working closely with the clinical teams and clinical site managers.

Outbreaks of nosocomial COVID-19 have continued with 29 outbreaks declared, although all with small case numbers. Implementation of the recommended COVID-19 national guidance has supported decision making and IPC measures in line with the National Infection Prevention and Control Manual for England (NIPCM).

The trust has further purchased 20 'pop up' isolation facility room called 'Redi-rooms', that have helped to maintain IPC measures within clinical areas by improving the number of single room facilities. This has allowed the trust to maintain patient flow through critical periods of increased infection or outbreak.

The IPC team continues to work with domestic and clinical staff to improve management of such outbreaks by early recognition, prompt action and enhanced cleaning, to reduce the impact on patient flow and outcomes.



COVID-19

The novel respiratory coronavirus SARS-CoV-2 which causes Coronavirus Disease 2019 (COVID-19) emerged in Wuhan, China in December 2019. The first cases were reported in the UK in January 2020. COVID-19 surveillance has been ongoing since January 2020, which due to the high number of cases, changes to guidance, outbreak management and completion of staff risk assessments continues to provide Infection Prevention and Control (IPC) teams with significant challenges and workload pressures.

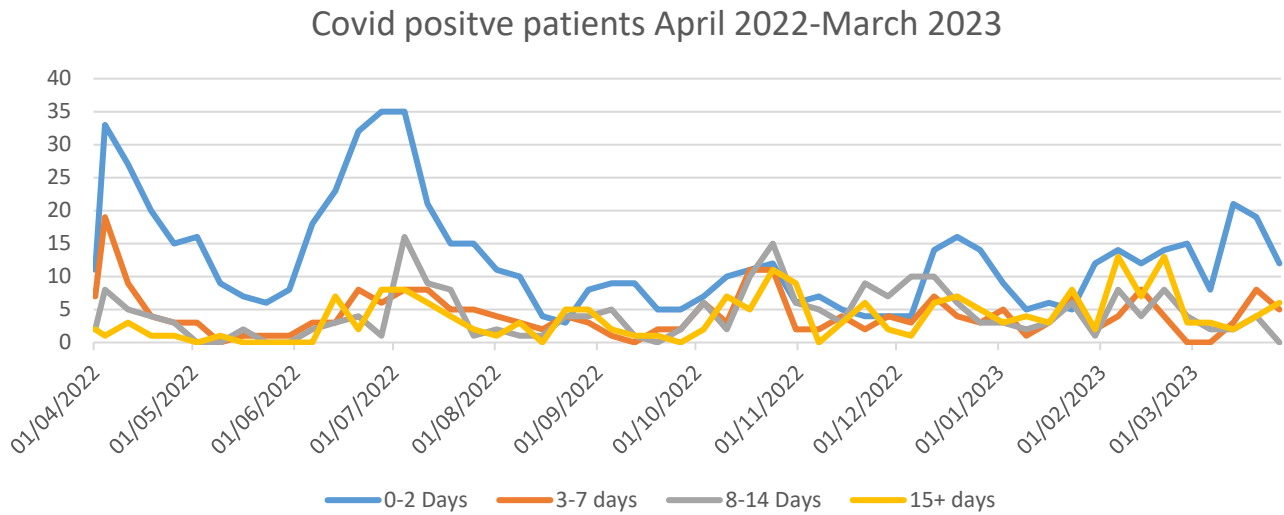
Multidisciplinary working groups continue to function, as required, within the trust and local authorities, ensuring that clinical decisions in relation to new and evolving guidance are discussed and implemented in a timely and appropriate way. The Trust continued to follow national guidelines and recommendations with local risk assessment when appropriate. The IPC team remained responsive to changes in Covid-19 guidance and provided training, risk assessments and advice when required.

From April 2022 to March 2023 the trust cared for 1307 patients positive for COVID-19, this is a slight increase from the previous year where there were 1231 positive cases. 665 patients were admitted and had a positive Covid-19 result within 0-2 days of admission compared to 915 in 2021/22. A further 220 patients tested positive within 3-7 days of admission, an increase on the previous year where 143 patients tested positive in the same time frame. Both of these categories remain attributable to the community.

There were 225 cases identified within 8-14 days of admission and are possibly hospital acquired. This is an increase in cases compared to 91 cases in the previous year. 197 patients tested positive after 15 days or more of admission, compared to 83 cases in 2021/22 and are categorised as definite hospital

acquired cases. It is noted that severity of disease has reduced due to the robust vaccination programmes throughout the UK, and that although there has been an increase in cases, this is likely due to the changes in the testing guidance, which reduced mandatory admission screening. Testing has now moved to symptomatic testing only and therefore an increase in nosocomial infection is accepted from those patients with no symptoms.

Fig 10. Covid admissions 2022-23 by date criteria

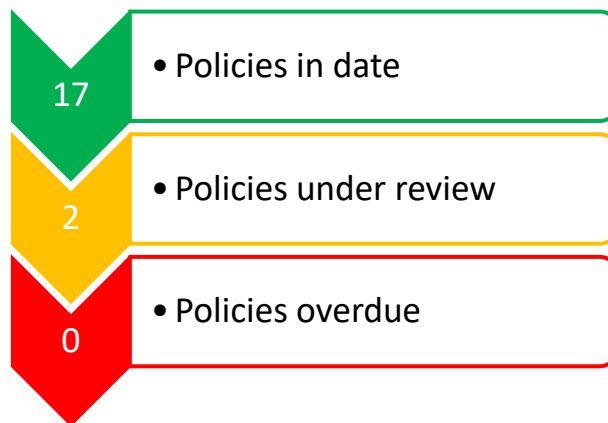


The Trust continues to provide IPC support to adult care homes in Stockton and Hartlepool. The collaborative working with the local authorities continues to be strengthened and continued plans to focus on other public health priorities and quality improvement initiatives are ongoing.

Policies

The Trust has a programme for review and revision of core infection prevention and control policies as required by *The Health and Social Care Act 2008. Code of Practice on prevention and control of infection and related guidance (2015)*. All policies are available to staff on the trust intranet site and many are also available to the public on the external website.

A schedule for review and revision of policies forms part of the annual IPC programme. There are 19 active policies and the status at the end of March 2023 is as below:

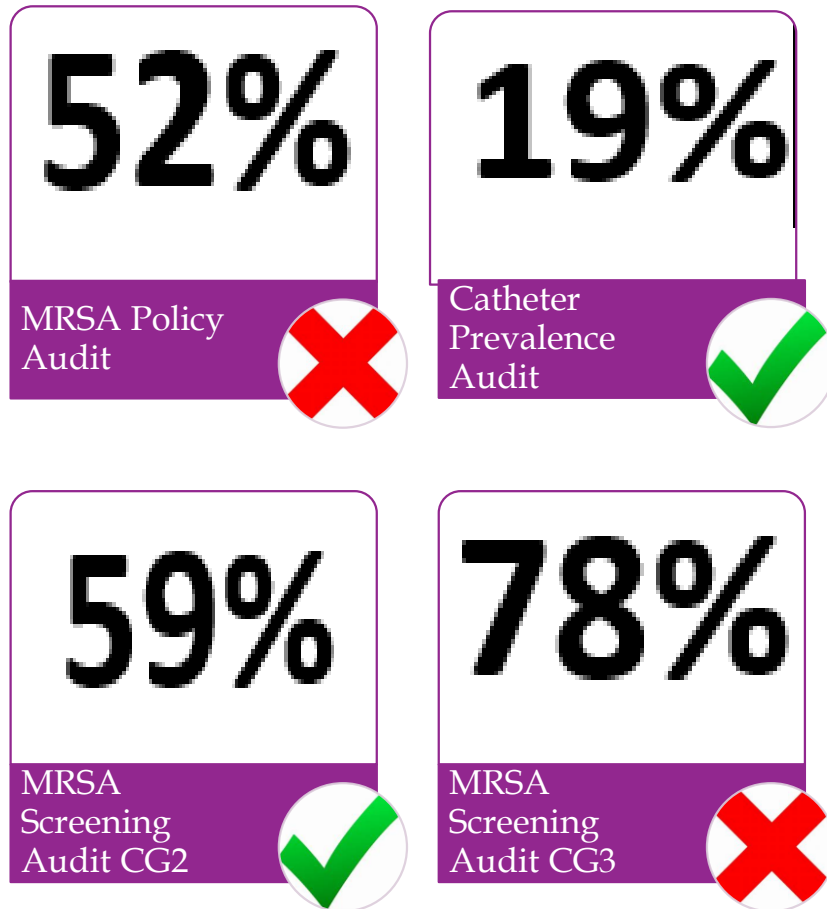


Audit programme

As part of the IPC annual programme, audits are planned for each year. This allows us to monitor adherence to policy and identify areas for focused work.

Improvements were shown in a reduction in Catheter Prevalence in 2022-23 and an improvement in MRSA screening within Care Group 2 from 52% to 59%. There was a reduction in adherence with our MRSA Policy from 58% to 52% and a slight decrease in MRSA screening audit for Care Group 3 from 82% to 78%.

The IPC team has also managed to complete the unannounced visit programme for 2022-23 with a new schedule in place for 2023/24.



Training

We apply a blended approach to IPC training with a mixture of face-to-face and online learning or workbooks to facilitate different learning preferences. As all training is in line with a regionally agreed programme and is recorded on the electronic staff record (ESR) it is portable between organisations which is beneficial for staff in rotational posts. Level 1 training is for non-clinical staff and is required every 3 years. Level 2 for clinical staff is required annually.

The release of the IPC Education Framework in March 2023 provides a new challenge to the IPC team to revisit our own internal training and to develop new training packages including an additional Level 3 training programme for staff who manage care areas – specifically addressing the elements of behaviour change.

Antimicrobial Stewardship

MicroGuide

The trust has recently purchased MicroGuide®, which is an app, which can be used by staff to provide the empirical guideline information set by the Trust. This will provide more accessible up to date antimicrobial prescribing information for all prescribers and will be available from the end of May 2023.

Data and audit collection:

The 2023-2024 CQUIN audit regarding IV to oral switch is currently underway, awareness and training during the course of the year is vital for preventing line related complications in future practice. Antimicrobial stewardship (AMS) audits are planned to allow for improved practice including prescribing and compliance with new clinical guidelines will become mandatory once the updated empirical guideline is provided on the MicroGuide® platform. Ensuring that audit and feedback, reviewing key antibiotic prescribing practices, is completed by student pharmacists as part of their learning experience, will only enhance their knowledge and skills for the future.

In 2022-23 the National CQUIN audit for UTI prescribing and NHS contract reports were completed for the trust. The NHS contract on reduction in the use of 'watch' and 'reserve' antibiotics according to the WHO classification quarter 3 data (Appendix 1) demonstrates that improvements need to be made in order to meet the required reduction. The contract requirement is set against the 2018 baseline, and to achieve the 10% reduction target now requires a cumulative reduction of 4% from the 2018 baseline by March 2023 and 6.5% by March 2024. Improvement work in the 2023-24 period will be focusing on antimicrobial stewardship by reducing IV antibiotic usage, improving IV to oral switch and reducing penicillin allergy labelling.

Appendix 1

Q3 hospital Watch & Reserve antibiotic 4.5% reduction target vs 2018 (Q4 unavailable yet). 10%↓ vs 2017 for 2023-4



Trust Name	Baselines			Targets		Rolling 4 quarter performance				
	Total Watch + Reserve DDDs 2018	Total admissions 2018	Total Watch + Reserve DDDs per 1000 admissions 2018	Target 4.5% reduction for 2022/23 in Watch + Reserve DDDs per 1000 admissions	Target in Watch + Reserve DDDs per 1000 admissions for 2022/23	Total Watch + Reserve DDDs Q4 2022-23	Total admissions Q4 2022-23 (Q3 proxy)	Total Watch + Reserve DDDs per 1000 admissions Q4 2022-23	% difference in Watch + Reserve DDDs per 1000 admissions compared to 2018 baseline	MEETING or NOT YET MEETING the 4.5% reduction target
South Tyneside and Sunderland NHS	312524	152484	2050	92	1957	276306	142260	1942	-5	MEETING
Bradford Teaching Hospitals NHS Foundation Trust	355722	140350	2535	114	2420	228211	119188	1915	-24	MEETING
York and Scarborough Teaching Hospitals	207551	161290	1287	58	1229	206845	159907	1294	1	NOT YET MEETING
Harrogate and District NHS Foundation Trust	79545	58917	1350	61	1289	70833	53098	1334	-1	NOT YET MEETING
Airedale NHS Foundation Trust	86901	64210	1353	61	1292	89071	65054	1369	1	NOT YET MEETING
Sheffield Children's NHS Foundation Trust	63449	24470	2593	117	2476	69083	23724	2912	12	NOT YET MEETING
Barnsley Hospital NHS Foundation Trust	204567	72342	2828	127	2701	200691	71731	2798	-1	NOT YET MEETING
The Rotherham NHS Foundation Trust	191936	64384	2981	134	2847	169903	66671	2548	-15	MEETING
Sheffield Teaching Hospitals NHS Foundation Trust	529687	241905	2190	99	2091	489769	237127	2065	-6	MEETING
Northern Lincolnshire and Goole NHS Foundation Trust	324732	111632	2909	131	2778	347797	117710	2955	2	NOT YET MEETING
North Cumbria Integrated Care NHS Foundation Trust	186083	82094	2267	102	2165	178732	70735	2527	11	NOT YET MEETING
Doncaster and Bassetlaw Teaching Hospitals	246893	124557	1982	89	1893	253831	109935	2309	16	NOT YET MEETING
Gateshead Health NHS Foundation Trust	101870	64333	1583	71	1512	106977	63664	1680	6	NOT YET MEETING
Leeds Teaching Hospitals NHS Trust	552078	195391	2826	127	2698	489760	159724	3066	9	NOT YET MEETING
The Newcastle Upon Tyne Hospitals NHS	500264	221192	2262	102	2160	506756	220861	2294	1	NOT YET MEETING
Northumbria Healthcare NHS Foundation Trust	263824	122969	2145	97	2049	240348	155461	1546	-28	MEETING
South Tees Hospitals NHS Foundation Trust	322660	152392	2117	95	2022	334817	142390	2351	11	NOT YET MEETING
North Tees and Hartlepool NHS Foundation Trust	198674	94908	2093	94	1999	216944	90644	2393	14	NOT YET MEETING
Hull University Teaching Hospitals NHS Trust	273466	158071	1730	78	1652	254604	153094	1663	-4	NOT YET MEETING
Calderdale and Huddersfield NHS Foundation Trust	259074	118112	2193	99	2095	214501	109367	1961	-11	MEETING
Mid Yorkshire Hospitals NHS Trust	353410	155657	2270	102	2168	340741	139689	2439	7	NOT YET MEETING
County Durham and Darlington NHS Foundation Trust	253206	119033	2127	96	2031	256597	121922	2105	-1	NOT YET MEETING

Improving blood culture pathway, IVOS, durations and reducing penicillin allergy labels will help achieve the reduction

The UTI CQUIN data was submitted for 2022-23 and quality improvement work is planned for 2023-24 to improve prescribing within the recommended NICE guidelines. MicroGuide® implementation is the first phase of this improvement work.

Collaboration with South Tees and the ICS for improvement in AMS regionally:

The Trust continues to be represented on the South Tees antimicrobial working group committee and have collaborated on the development of the empirical guidelines and shared policies for colleagues working between sites.

From the attendance at the regional NHSE workshops to address AMS shared working and collaboration on AMS strategies across the region are planned to be implemented including Penicillin allergy de-labelling and improving patient outcomes and UTI long term prophylaxis guideline

Internal Collaborative working:

The Antimicrobial pharmacist has collaborated with clinical leads to highlight directorates with complex patients and develop complex antimicrobial regimens. Multi-disciplinary stewardship ward rounds have been provided on intensive care and orthopaedic wards, improving working relationships, AMS and specialist advice. For 2023-24 we aim to develop alternative ways of working through virtual ward rounds and video conferencing to provide expertise regardless of on-site capacity.

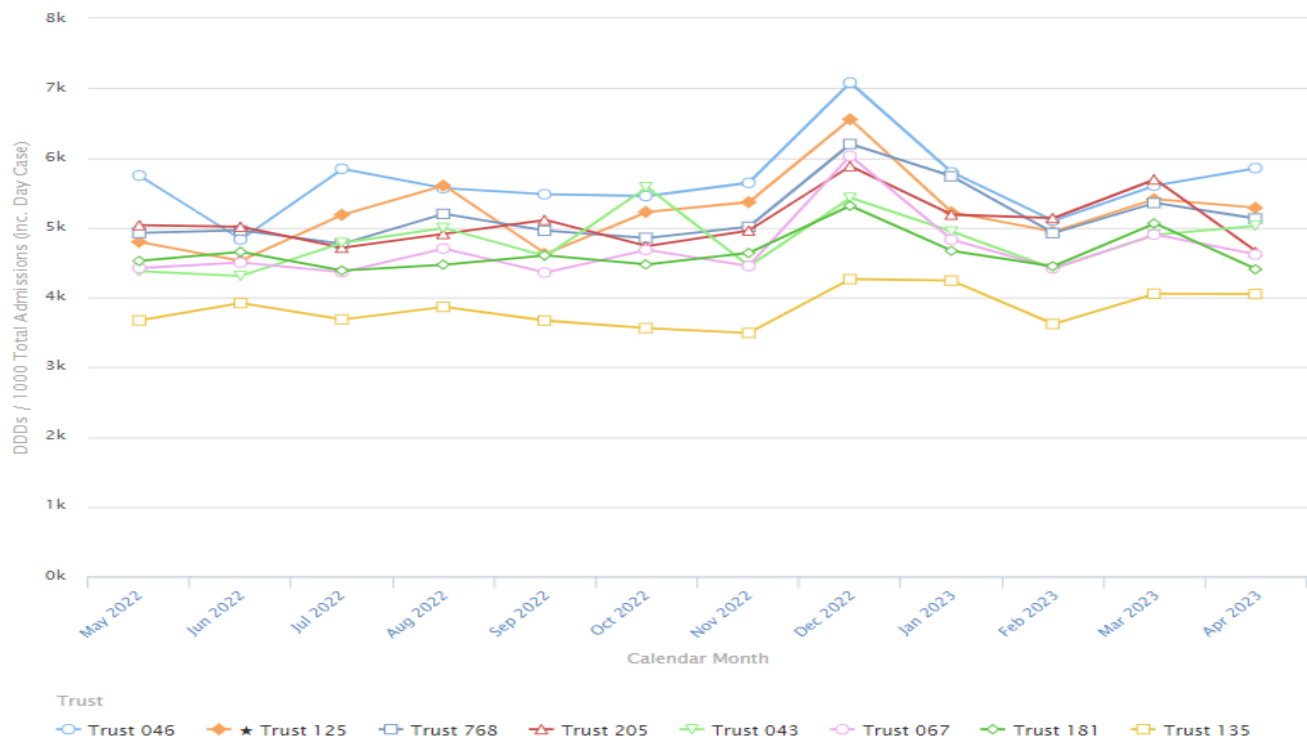
Outpatient Parenteral Antibiotic Therapy (OPAT)

The North Tees elastomeric OPAT service is at the forefront for this type of service provision within the North East region. The service allows us to provide safe and effective equivalent IV antibiotic therapy in patient's homes without prolonging the patient's admission thereby freeing up valuable nursing capacity and hospital beds. To improve the service further a working group to improve capacity of the vascular access team inserting mid-lines has been created with a view to increasing patient referrals to the service, allowing patients to be treated with antibiotics in the comfort of their home.

Total consumption

Overall total consumption of antibiotics continues to rise each year (DDDs/1000 total admissions) in-keeping with all trusts within the region (Appendix 2). Trust 125 (North Tees) has the second highest consumption rate within the region, with all regions seeing a peak in December 2022.

UK's five-year national action plan aims to reduce antibiotic consumption by 15% by 2024, including a 10% reduction in the use of 'reserve' and 'watch' antibiotics.

Appendix 2: Total antibiotic consumption (DDDs/1000 total admissions) North Tees are Trust 125

Decontamination of the Environment and Equipment

Decontamination is a process which removes or destroys infectious agents or other contaminants from equipment and the environment in order to reduce the risk of cross contamination and subsequently the spread of infection. Cleaning is always the first step in this process, followed then by disinfection or sterilisation depending on the circumstances in which the equipment is used. An example of this would be a piece of medical equipment that is classed as 'reusable invasive equipment', this requires all of the above steps. IPC policies and Decontamination Strategy document (Strat 09) are available via the trust intranet.

The Sterile Services Department is responsible for reprocessing reusable invasive medical devices and flexible endoscopes. All processes are fully validated and compliant to national standards HTM 01-01, HTM 01-06, ISO 13485:2016 and UK MDR 2002 (as amended) Part 11 Regulation 14. The standards are validated by internal audit and independently by an external audit team. The trust continues to invest in Decontamination and Sterile Services with capital funding secured to upgrade 2 x washer disinfectors and 1 x sterilizer during 2023/24, in addition the Trust also invested in a low temperature sterilisation unit in order to support the recently purchased Da Vinci surgical robot.

Disposable items are efficient and used whenever possible. No disposable items are ever re-processed.

Decontamination audits are completed annually in departments where local decontamination takes place, this for example would be where a piece of medical equipment is being decontaminated within a department

outside of Centralised Sterile Services (CSS). The Decontamination Manager and IPC Nurse carry out assurance audits and all results of such audits are reported to the Decontamination Compliance Group which reports into the Trusts Infection Control Committee (ICC).

The Endoscope Decontamination Units (EDU) on both sites are validated and compliant with national requirements; HTM 01-06 and also compliant to Joint Advisory Group (JAG) as part of the Endoscopy services accreditation. The recent JAG audits at Hartlepool and North Tees found that both EDU's were a "shining example" of being well managed and equipped.

An Independent Authorising Engineer (Decontamination) validates each annual report produced for compliance.

Cleaning services in our hospitals and other premises are provided by 'NTH Solutions'. Performance monitoring is undertaken by the Quality Monitoring Team and results are reported and reviewed for compliance to the Decontamination Compliance Group.

The outcomes from these audits are reported to Ward Matrons/Nurse in Charge in a report format via email on completion of each audit. The results are presented to the Decontamination Compliance Group and the Trust Infection Control Committee via a quarterly report presented by the Assistant Director of Operations (Decontamination Lead) or the Head of Decontamination Services.



In addition to our in-house managed mattress decontamination service, we provide a ward hygienist service, which provides a Hydrogen Peroxide fogging, and a specialist deep cleaning and advisory service. The Ward Hygienist team also continue to deliver equipment deep cleaning in addition to that undertaken by users. All decontamination staff have been a vital part of the work to reduce infections never more so than during the Pandemic with additional measures implemented as and when required. We continue to be grateful and extremely proud of their continued hard work and commitment to keeping our patients safe.



Conclusion

Reflecting on the last year, reducing the risk of infection has been our priority and remains so in the coming year. 2022-23 has continued to be a year of challenge for the trust in response to the increased and continued pressure throughout our services. There have been and continue to be challenges in terms of the ability to respond quickly to rapidly changing national guidance, ongoing anxiety in staff and patients, changing community transmission rates of COVID-19 which impacts our patient pathways, impacted upon by workforce challenges. Antimicrobial stewardship and education remain two priorities for improvement in 2023-24 and we will continue to build on the collaborative relationships with our colleagues across the North East and North Cumbria Integrated Care Board to make those improvements.

Lindsey Robertson, Chief Nurse, Director of Patient Safety and Quality, Director of Infection Prevention and Control

Author:

Rebecca Denton Smith, Lead Nurse IPC

With contributions to the report from: Graeme Kelly, Assistant Director Decontamination Services, NTH Solutions LLP and Richard Cowan, Antimicrobial Pharmacist

Board of Directors

Title of report	Annual Equality, Diversity and Inclusion Report 2022/2023							
Date	27 July 2023							
Prepared by	Nicola Hogarth, People Projects Quality Partner							
Executive sponsor	Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	<p>As a Trust committed to embedding a Just Culture we are dedicated to ensuring equality, diversity and inclusion is at the centre of all we do, ensuring our staff have the best experience possible whilst at work, feel supported, are developed and treated fairly regardless of background, personal or protected characteristic.</p> <p>In addition to this, as a public body we have a duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations in line with requirements outlined within the Public Sector Equality Duty (General Duty).</p> <p>Under the Public Sector Equality Duty (Specific Duty), as a Trust we are required to publish information on compliance with the General Duty and publish our equality objectives.</p>							
Action required	For Decision		For Assurance		For Information	X		
Strategic Objectives supported by this report	Putting our Population First		Valuing People	X	Transforming our Services		Health and Wellbeing	
CQC Domain(s) supported by this report	Safe		Caring		Effective		Responsive	Well Led X
Executive Summary and the key issues for consideration/ decision:								
<p>The Trust is committed to ensuring the equality and diversity agenda is embedded across the Trust for all patients, service users and staff.</p> <p>Over the last 12 months the Trust has continued to strengthen the equality and diversity agenda and the attached report pulls this work together to highlight the achievements of the previous year. The report also provides detail of workforce information by protected characteristic.</p> <p>As in previous years, the Trust's Equality and Diversity Report 2022/2023 will be published on the Trust website, demonstrating to staff and the public how committed the Trust is to equality and diversity.</p> <p>In addition to this, the annual report will also play a part in the Trust meeting the specific duties included within the Public Sector Equality Duty.</p>								
Strategic Risk linked to the Board Assurance Framework this report relates to:								
Risk 6426 - Adverse impact on the Trust, from outcomes of employee relations cases/employment tribunals (moderate 9 (3x3)). The risk faced by the Trust in relation to formal Employee Relations								

cases and the potential for an individual to have a successful outcome at an Employment Tribunal (ET).

Risk 5573 - There is a risk of not having appropriate levels of staff with the right skills to deliver safe services. This Creates pressure on colleagues and the organisation, resulting in potential increased use of temporary staffing to deliver services which increase cost and provides inconsistency of care; reduced the ability to embed new roles and ways of working; impacts on current staff from a capacity point of view which can result in increased sickness absence and poor morale; current staff increasing hours therefore risk of breaching EWTD

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 or inclusion	X	Reputational	X
Workforce	X	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	

Committees/ Groups where this item has been presented before

Executive Team Meeting, People Committee

Recommendation

Following presentation at Board of Directors, the report will be published on the Trust's external website.

Equality and diversity

Annual Report 2022-2023



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1. Introduction

I am delighted to present the Equality, Diversity and Inclusion Annual Report (2022/23) for North Tees and Hartlepool NHS Foundation Trust.

We continue to work towards becoming a truly inclusive employer and service provider; creating an environment and culture that celebrates inclusion and diversity, dignity and respect, which values, nurtures, and harnesses difference for the benefit of patients and service users, their families and carers, and of course our colleagues.

We want to enable our people to be open about their individual characteristics and for them to feel safe and supported to do so.

Health and workforce inequalities should have no place in our organisation and we have a critical role to play in supporting long term systemic change.

In October 2021, the Trust Board approved an independent review of our EDI activity and this annual report offers an opportunity for us to reflect on our EDI programme of work - celebrating our successes and highlighting the key pieces of work that we have achieved throughout the year.

The report also summarises our workforce equality monitoring data for the period 1 April 2022 to 31 March 2023. We commit to be an organisation that is empathetic and understanding - ensuring that we listen to understand, before acting.

I hope that you will read this report and feel a sense of how important this agenda is to our Trust.

Equality, Diversity and Inclusion is a part of who we are, and our ambition is for each and every one of our colleagues to feel a sense of belonging and being valued by the organisation.



Dr Susy Cook

Chief People Officer and Director of Corporate Affairs

2. Strategic Overview

North Tees and Hartlepool NHS Foundation Trust is based in the North East of England and we support the health and care needs of over 400,000 people across our region in Stockton, Hartlepool and parts of County Durham. Additionally we run breast and bowel screening for a wider geographical footprint across the Tees Valley and North Yorkshire.

Our staff are our most valuable resource. They are the driving force behind our dedication to patient care, therefore it is only right that we strive to create a culture of inclusion, where our colleagues feel that they truly belong and have opportunities to thrive and develop.

We are committed to narrowing the various equality gaps which exist for different protected groups and therefore it is important that our action plans align to ensure an overarching focus on intersectionality.

We expect our staff to be educated about what it means to be inclusive, and to demonstrate our commitments and values in their everyday activities with our patients and each other. Our continued focus is to provide the development and support needed to enable this.

We have worked intensively to embed a restorative just and learning culture. This means that we will support our staff when things go wrong, we will look at 'what' went wrong rather than who was to blame, and we will explore how we can learn from errors, and support staff to reflect and change. This does not mean we will ignore behaviours that fall short of our values and expectations, nor will we tolerate overt or deliberate discrimination or prejudice.

We have made the successful transition from EDS2, to implement the new reporting requirements for EDS 2022. Our EDS rating of **Developing** reflects our commitment to enhance the services that we provide to our people and our patients. The assessment provides assurance that we are well on the way to obtaining a rating of **Achieving**.

The Trust holds Disability Confident Leader status, which recognises our commitment to removing inequality and ensuring fairness and equity in relation to recruitment and employment processes.





Inclusive leadership

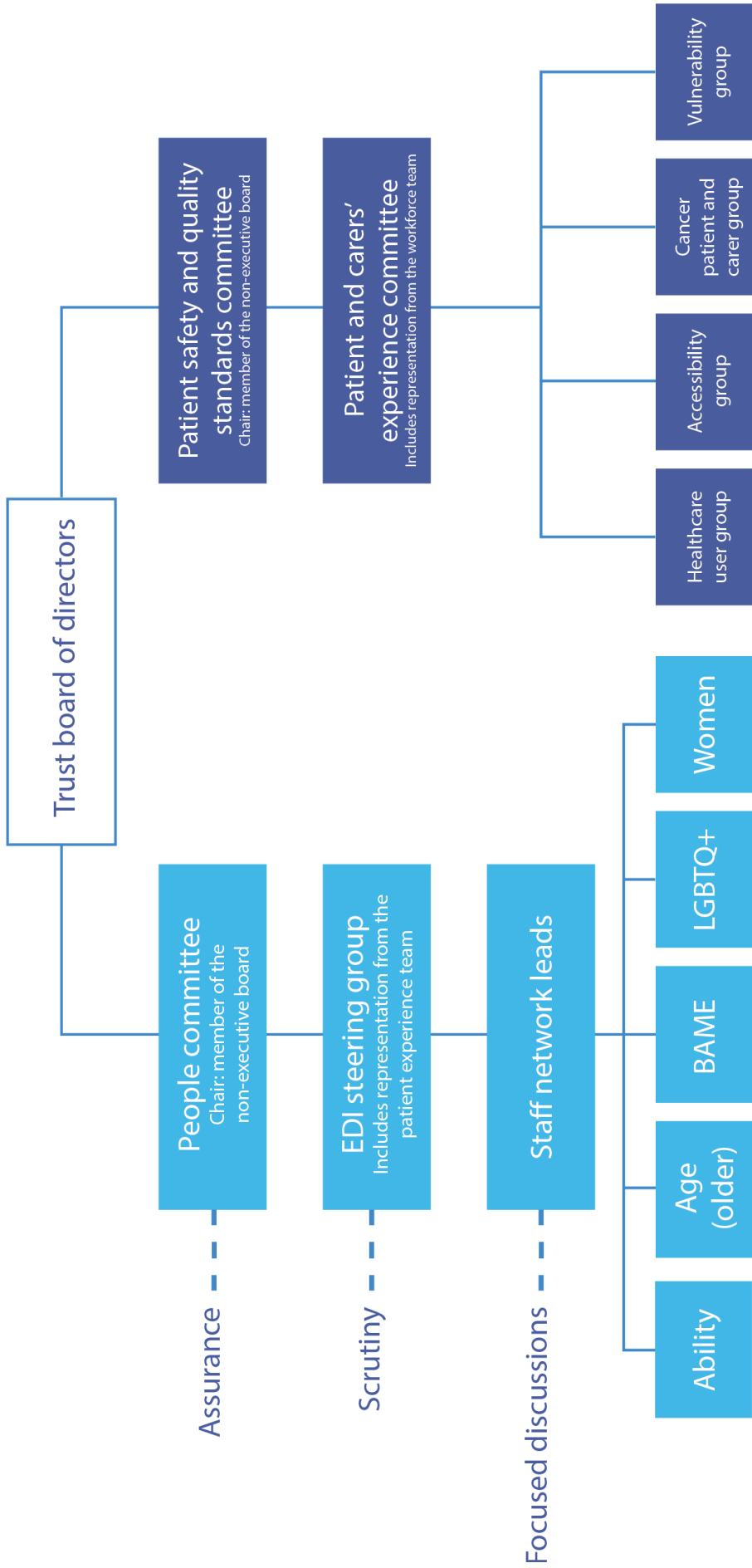
Managing and advancing equality, diversity and inclusion (EDI) starts with good governance.

The Trust Board of Directors and Executive Team have oversight of the EDI agenda and the two directorates of People and Nursing & Patient Safety strategically manage the work.

Colleagues have a number of routes to raise concerns about equality, diversity and inclusion, this includes the Trust's Speaking Up Service, the annual staff survey and regular pulse surveys, line management channels, the staff networks and other colleagues including staff side representatives. We promote an open culture and encourage our staff to collaborate with leaders to improve inclusion, quality and safety across all care groups and corporate areas.

The Trust's EDI governance structure is shown below and is built on the principle of inclusive leadership and inclusion. The EDI Steering Group reports to the People Committee, and the Patient and Carer's Experience Committee reports to Patient Safety and Quality Standards (Ps & Qs) Committee, using a multi-professional approach with regular reports and updates from:

- Staff Diversity Networks
- Healthcare User Group
- Vulnerability Group
- Accessibility Group
- Cancer Patient & Carer Group



Our Equality, Diversity and Inclusion Champions/Network Chairs



Elizabeth Barnes
Non-Executive Director
for EDI



Michelle Taylor
Head of People Projects
and Quality



Elizabeth Morrell
People Quality Lead



Nicola Hogarth
People Projects and
Quality Partner



Kris Bell
EDI Engagement Lead



Michael Swinbourne
Age (Older) Network



Sushil Munakhya
BAME Network Chair



Matthew Andersen
LGBT+ Network Chair

3. We are the NHS: People Plan

The NHS People Plan aims to have more people, working differently, in a compassionate and inclusive culture within the NHS.

To achieve its ambitions, the NHS People Plan sets out specific actions within six areas:

- Responding to new challenges and opportunities
- Belonging in the NHS
- Growing for the future
- Looking after our people
- New ways of working and delivering care
- Supporting our people now and for the long term

The plan also includes Our People Promise, which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

Our kind, and inclusive culture underlines how we operate. We want all of our people to feel like they belong, and that North Tees and Hartlepool NHS

Foundation Trust is a great place to work towards a better future.



4. Staff Networks



Over the past year, the People Directorate has supported our four EDI staff networks in achieving their objectives through various campaigns, training days and events to raise awareness of the importance of inclusion.

Each network is sponsored by an Executive Director with responsibility for championing equality, diversity and inclusion at board level. Our network leads have regular access to senior managers when issues arise, ensuring that issues affecting our colleagues are raised and dealt with at an appropriate level. The Trust's Speaking Up Champion is also a member of the network groups and regularly attends meetings to promote the Speaking Up service and explore barriers to raising concerns.

Our networks:

- Provide a safe space for discussion of issues.
- Help to raise awareness of issues within the wider organisation.

- Provide a source of support for individual staff who may be facing challenges at work.
- Offer a collective voice for the workforce to communicate with management.

Networks and their members benefit from working in partnership with other staff groups in the Trust. This enables our groups to achieve more when working together, particularly when promoting intersectionality and supporting staff who are part of more than one group.

All of our Network Leads attend meetings of the Trust's Keeping People Safe group and contribute to discussions regarding incidents of violence and aggression from patients against staff, considering how such incidents may be prevented in the future and how best to support staff when incidents do occur.

5. Public Sector Equality Duty (PSED)

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and people who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

- Removing or minimising disadvantages suffered by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.
- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

Our current objectives are:

- To engage with our patients, the local community and various stakeholders, in line with the requirements of EDS2, to ensure the effective provision of services.
- To enable our staff to work alongside patients and carers to determine realistic, reasonable adjustments to deliver safe, effective care to people with literacy problems, learning difficulties and dementia.
- To promote equality, diversity and inclusion across the trust.
- To explore and reduce the discrimination experienced by our staff, as identified by the NHS annual staff survey, through the development of proactive measures and support mechanisms to be implemented trust-wide.

We will be reviewing our equality objectives for 2023/24, ensuring that focus is given on issues that are of particular importance to the organisation, based on feedback from our stakeholders.

6. Equality Delivery System 2022

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS.

The EDS is 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 so help NHS organisations meet their obligations under the Public Sector Equality Duty (PSED).

A third version of the EDS was commissioned by NHS England and this launched in 2022. It consists of three separate domains covering:

- Patient services
- Workforce
- Leadership

There is a structured process which organisations must adhere to and this requires collaborative engagement with service users, patients and staff to agree scores for each Domain and Outcome which then ultimately defines the organisation's EDS rating.

With this being the first year of the new assessment process, our approach to the 2022/23 review has been to undertake a baseline assessment from which we aim to build on in the future years.

The assessment ratings for all three domains are summarised in the table below. All ratings have been agreed in full consultation and discussion with our stakeholders.

Our rating for 2022/23 is confirmed as Developing and we have identified a number of measures that we are already achieving at the higher level. We are confident that we will be able to meet many of the additional requirements as part of the next annual review.

The Trust's EDS report for 2022 is available on our website and can be found on: www.nth.nhs.uk/about/equality-diversity

EDS domains and outcomes

Domain 1: Commissioned or Provided Services

1A: Patients (service users) have required levels of access to the service - developing

1B: Individual patients (service users') health needs are met - **achieving**

1C: When patients (service users) use the service, they are free from harm - **achieving**

1D: Patients (service users) report positive experiences of the service - developing

Domain 2: Workforce Health and Wellbeing

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions - developing

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source - developing

2C: Staff have access to independent support and advice when suffering from stress, abuse, harassment and physical violence from any source - **achieving**

2D: Staff recommend the organisation as a place to work and receive treatment - developing

Domain 3: Inclusive Leadership

3A: Board Members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities - developing

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed - developing

3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage poor performance and monitor progress with staff and patients - developing

7. Workforce Race Equality Standard

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

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

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

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

The Trust were given a rating of **good** for their 2022/23 WRES action plan.

The Trust's WRES report for 2022/3 is available on our website and can be found at: www.nth.nhs.uk/about/equality-diversity

A summary of the results for 2022/3 is shown in the table below. The baseline data has been extracted and calculated to determine a response to each of the nine WRES indicators

		2020		2022			
		Overall					
1	Percentage of BME staff	Overall	11%	11%	11%	11.4%	12.8%
		VSM	0%	0%	0%	0%	0%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	0.86	0.99	3.24	1.43		2.12
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	0.76	0.69	0.93	0.88		0.78
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development compared to BME staff	0.67	0.77	1.16	0.96		1.1
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	37.5%	42.3%	28.1%	34.9%	30.7%
		White	26.9%	28%	24.8%	26.2%	24.8%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	31.3%	33.8%	29.2%	30.1%	26.9%
		White	18.3%	18.4%	20.4%	18.7%	18.6%
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME	85.7%	77.4%	82.4%	48.2%	48.1%
		White	91.4%	90.2%	88.9%	64.8%	64.9%
8	Percentage of staff personally experiencing discrimination at work from a manager, team leader or other colleagues	BME	8.5%	11.7%	14.6%	16.8%	12.6%
		White	4.4%	4.3%	5.1%	5.2%	4.7%
9	BME Board membership	BME	6.7%	5.3%	5.6%	7.1%	6.3%

8. Workforce Disability Equality Standard

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The WDES first came into force on 1 April 2019 as part of the NHS Standard Contract and consists of ten specific metrics which consider the fairness of how disabled staff feel they are treated by the organisation. NHS Organisations are required to report on the metrics annually and the information

obtained is used to implement local action plans to address any disparities in the metrics and to demonstrate progress against the indicators of disability equality. The Trust were given a rating of **good** for their 2022/23 WDES action plan.

The Trust's WDES report for 2022/23 is available on our website and can be found here: www.nth.nhs.uk/about/equality-diversity

A summary of the results for 2021/23 is shown in the table. The baseline data has been extracted and calculated to determine a response to each of the ten WDES indicators.

		2020		2022		
1 Percentage of staff with a disability or long term health condition	Overall	2%	2%	2%	3%	4%
	Non-clinical	2%	2%	2%	3%	4%
	Clinical	2%	2%	2%	4%	3%
2 The relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff		1.64%	1.34%	0.94%	0.98	1.25
3 The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff		0	0	0	0	0
4 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	With	35.4%	35.5%	29.6%	28.6%	30.7%
	Without	26.7%	27.8%	24.1%	26.3%	23.5%
5 Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	With	16.3%	14.2%	18.3%	14.2%	12.5%
	Without	5.8%	7.3%	7.5%	7.6%	6.3%
6 Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	With	33.7%	21.5%	23.4%	19.9%	23.2%
	Without	12.4%	14.7%	13.8%	13.3%	12.7%
7 Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	With	51.2%	45.9%	54.3%	46.2%	53.2%
	Without	52.9%	46.3%	47.3%	47.3%	48.1%
8 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	With	84.4%	83.3%	80.9%	57.6%	57.3%
	Without	92.1%	90.3%	90%	65.5%	65.3%
9 Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	With	43.8%	35.7%	39%	27.8%	26.9%
	Without	19.2%	24%	24.9%	21%	18%
10 Percentage of staff satisfied with the extent to which their organisation values their work	With	36.7%	40.7%	36.9%	37.4%	34.6%
	Without	53.4%	54.1%	53.3%	47.6%	48.4%
11 Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	With	66.7%	77.4%	74.2%	74.1%	72.9%
12 Staff engagement score (0-10)	With	6.5	6.7	6.7	6.6	6.6
	Without	7.2	7.3	7.3	7.1	7.2
	Overall	7.1	7.2	7.1	6.9	7
13 Disabled/LTC Board membership		0%	0%	0%	7.1%	0%

9. Gender Pay Gap Report

The gender pay gap report is intended to show the difference in the average pay between all men and women in a workforce. Our published report for 2021/22 demonstrates the Trust's compliance with statutory reporting requirements and analyses the figures in more detail to understand the reasons behind why the pay gap exists. Most importantly, it highlights the good practice which exists within the organisation and sets out the actions we intend to take to reduce the gender pay gap for future years.

North Tees and Hartlepool NHS Foundation Trust unequivocally supports fair representation across all levels of the organisation, irrespective of gender. Our approach to pay is based on the principles of consistency, fairness and transparency, which supports the fair treatment and reward of all staff.

Our gender pay gap report as of 31 March 2022 (the snap shot date) shows the Trust has an average pay gap of 35.69%, and a median pay gap of 23.46%.

We are pleased to report an improvement in the Trust's gender pay gap information for 2021-22 and note that this is a direct reflection of our EDI programme of work and the significant investment we have made in terms of data analysis and focused interventions to improve staff experience across the range of protected characteristics.

Gender	Average hourly rate (mean)	Median hourly rate (median)
Male	£28.78	£22.13
Female	£18.51	£16.93
Difference	£10.27	£5.19
Pay Gap %	35.69%	23.46%

A further breakdown of results shows that the average pay gap is higher amongst the non-medical workforce in comparison to medical staffing. This is because the proportion of male senior managers employed by the Trust is higher than the number of female senior managers.

The median pay gap is also higher amongst the non-medical workforce compared to medical staff.

Gender	Mean bonus pay	Median bonus pay
Male	£1,183.85	£450
Female	£466.01	£450
Difference	£717.85	£0
Pay Gap %	60.54%	0%

The average gender bonus rate of pay is reported at 60.64% for 2022, which is an increase of 38.65% from the previous year. This has been significantly impacted by the 'thank you' cash bonus payments paid to all employees and this is also the reason as to why the median Bonus Pay Gap has reduced to 0% for 2021-22.

We will continue to promote the activities and good practice that we already undertake, including: undertaking fair and transparent recruitment processes, including values based recruitment; delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across the Trust.

The Trust's Gender Gap report for 2022 is available on our website and can be found here: www.nth.nhs.uk/about/equality-diversity

Pay Quartiles by Gender:

Lower Quartile



10.5%



89.5%

Lower Middle Quartile



10.06%



89.94%

Upper Middle Quartile



9.62%



90.38%

Upper Quartile



29.51%



70.49%

The above data shows the male to female split of our workforce for each quartile.

The lower quartile represents the lowest salaries in the Trust and the upper quartile represents the highest salaries. The Trust employs more women than men in every quartile, however female representation is disproportionately lower in the

upper quartile which is the highest paid roles in the organisation.

The information indicates that women occupy 70.49% of the highest paid jobs within the Trust and 89.50% of the lowest paid jobs. This is the fundamental reason behind the Trust's overall gender pay gap.

10. Staff Survey

The national staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experience across the NHS.

The survey has been redesigned in recent years to align with the NHS Our People Promise. By using the staff survey as the principal way to measure progress, this enables teams and departments to see their progress and take action to improve.

All employees were invited to participate in the survey and the personal characteristics of the respondents are reported as similar to the overall profile of our workforce.

In respect of our staff survey for 2022, we achieved a response rate of 50%, where 2363 of our colleagues took the time to tell us about their experiences of working for the Trust. The results showed that for 10/10 themes, the Trust scored higher than the regional average.



Equality, Diversity and Inclusion Responses

Questions within the staff survey have been aligned to the NHS People Promise to track progress against the ambition to make the NHS the workplace where we all want to be by 2024.

“We are compassionate and inclusive” is assessed by examining four specific areas relating to culture, leadership, equality/diversity and inclusion. The

Trust scored higher than the national average in all four areas – a positive development which reflects the Trust’s commitment to the People

Promise.

The responses to these areas can be examined at a more detailed level to further understand staff experience. In 2022, the national team launched an interactive dashboard which allows for results to questions to be considered by individual protected characteristics to understand how staff experience may differ according to individual circumstances. This was a vital tool when undertaking the assessment for the Equality Delivery System (2022).

Compassionate Culture

88.8% of colleagues feel that their role makes a difference to patients/service users, and 79% of colleagues believe that care of patients/service users is the Trust’s top priority. 74.5% of

colleagues reported that the Trust acts on concerns raised by patients/service users.

62.9% of staff would recommend the Trust as a place to work and 64.9% would be happy with the standard of care provided to a friend or relative.

Compassionate Leadership

70.4% of colleagues stated that their immediate manager works with them to come to an understanding of problems, with 73.7% of

colleagues reporting that their immediate manager is interested in listening to them when describing the challenges they face.

72.4% of colleagues believe that their immediate managers cares about their concerns and 68.5% believe that their immediate manager takes effective action to help them with any problems they face.

Diversity and Equality

It is pleasing to report that 62.5% of our colleagues believe the Trust acts fairly with regard to career progression/promotion. 5.2% of colleagues reported that they have personally experienced discrimination from patients /service users (an increase of 1% from 2021) and 5.5% of colleagues have reported that they have experienced discrimination from a manager/team leader or other colleagues (an reduction of 1% from 2021).

73.1% of colleagues think that the Trust respects individual differences (an increase of 1% since 2021) and is reported higher than the national average (69.3%). Our work in relation to the delivery of people practices training for all managers and supervisors includes the principles of Just Culture and is expected to have a positive impact in this area.

Inclusion

73.3% of colleagues reported that they feel valued by their team and 69.8% feel a strong attachment to their team.

74.6% of colleagues stated that the people they work with are understanding and kind to one another and 75.9% stated that the people they work with are polite and treat each other with respect.

You said, we did

These are the actions which we identified as being important in response to the 2021 staff survey, and which we believe have directly contributed to our high scores for 2022:

- Introduction of 'It all starts with me' leadership programme to promote that everyone is a leader (includes civility & self-awareness)
- Development of our Staff Networks
- Refreshed our Difficult conversations training
- Continued 'Stay interviews' to ensure we retain staff
- Refreshed the appraisal and talent management policies & documentation
- Refreshed our Managers Day training
- Enhanced our flexible working offer to staff
- Launched 'Our Trust Our Future' providing staff with a space to voice their thoughts and ideas
- Delivered training on Mental Health First Aid
- Refreshed the Customer Care Charter following staff feedback
- Launch of NTH100 focusing on change in the organisation
- Introduced new QI roles
- Provided leadership opportunities for all staff with our three new levels of leadership offer & leadership strategic plan
- Provided QI opportunities for all staff with the refreshed QI training offer & QI strategic plan

Staff support

Responses to the staff survey are anonymous therefore it is not possible for us to directly address any concerns raised through the survey on an individual basis. However, we continue to ensure that all staff are informed of the numerous options in place where they are able to raise concerns in confidence, and this includes details of the various support systems that are available for staff to access.

There are both formal and informal measures to assist staff who may be experiencing any form of discrimination, bullying or harassment. In addition to our Workforce policies for raising a request for resolution or raising concerns of bullying and harassment, there are also additional routes for staff to seek support. This includes direct access to and support from the Trust's Freedom to Speak Up Guardian and Champions; referral to our internal mediation service, and; self-referral to occupational health support which includes access to counselling services.

We are keen to ensure that staff feel empowered to raise concerns and that, as a responsive employer, we clearly communicate the cultures and values we expect from our employees, including those in relation to behaviour and attitude and ensuring these are instilled within all staff at all times.

11. Equality, Diversity and Inclusion Review



The Trust commissioned an external consultancy to undertake a review of our Equality, Diversity and Inclusion activity and people practices to inform future improvement and development of systems and processes.

This programme of work commenced in 2021 and the recommendations of the review have evolved into a wider EDI Programme of Work, with an overall focus on enhancing the culture and leadership within the Trust.

Significant progress has been made during 2022 to implement:

- Training for managers on how to have difficult conversations and managing difficult situations with colleagues

- Board Development sessions, with a focus on EDI
- Equality Impact Assessment Training.
- Development sessions for our Staff Network Leads
- Delivery of a number of EDI events across the year
- Embedding EDI simulation training within our People Practices training
- Embedding Values Based Recruitment
- Transitioning to the new EDS reporting requirements for 2022
- Progress towards Disability Confident Leader (Level 3) accreditation.

12. Equality, Diversity and Inclusion in Practice

Equality and diversity is about inclusion, respect and removing barriers, whether this be in relation to the health care services we provide, or the employment of our staff.

There are numerous ways in which this is illustrated throughout the organisation, through specific initiatives as well as in our everyday practices. The following section of the report highlights some examples of good practice and the case studies which reflect this.

Meet the volunteer improving an integral hospital service for deaf people across Teesside

A hospital volunteer is improving a crucial NHS service for deaf people across Teesside by leading on deaf awareness training for volunteers at our Trust.

Val Tait, who affectionately calls herself the 'Macmillan tea lady', has been volunteering in our chemotherapy day unit for almost a year. But now she has another role as well – she is providing deaf awareness training for our other volunteers to ultimately improve the service for deaf people in our patch.

Val has had hearing loss since she was a child. As she got older, this got progressively worse to the extent that she now cannot hear sounds below 80 decibels.

Read more: www.nth.nhs.uk/news/volunteer-launches-deaf-awareness-training



12. Equality, Diversity and Inclusion in Practice

#Pride Month

To celebrate Pride Month 2022, we shared a series of videos from our LGBTQ+ staff network and their allies, explaining some of the terms you might come across this month.

We shared a video of adult safeguarding nurse Stuart Harper-Reynolds discussing what 'coming out' means and what support is available for LGBTQ+ colleagues at our Trust.

We also shared a video of operational matron for palliative care Caroline Rocks on what pronouns are and why it's important to respect someone's pronouns.

As we came to the end of Pride Month, our staff celebrated Wear a Rainbow Day.

Clinical coding officer Matthew Harper asked staff to make their pledge to support LGBTQ+ colleagues and patients, while also raising money for local LGBTQ+ charity Hart Gables.

Chief operating officer Levi Buckley was one of those showing his support – showing off his rainbow socks.



Black History Month

Every October, we recognise Black History Month as an opportunity for everyone to share, celebrate and understand the impact of black heritage and culture. Throughout the month, the Trust shared messages on Facebook and Twitter from members of our Ethnic Minority staff network – a group that is open to all colleagues from a BAME heritage. They spoke about why they joined the network and how they're instilling #ActionNotWords within our organisation to make our Trust a more inclusive place for all.



Overseas NHS Workers

We are privileged to have dedicated colleagues from all around the world. Hailing from more than 50 countries, these staff work in a range of areas as doctors, nurses, health support workers, therapy, and non-clinical – as well as many more.

During the 2022 World Cup, we immortalised some of our staff members from participating countries as football stickers. Here is a sample of some of our proud supporters at North Tees and Hartlepool NHS Foundation Trust.



Embracing Equity in Women's Healthcare

As we marked International Women's Day, we used the opportunity to embrace the equity we provide in our services to make healthcare accessible to women from all walks of life.

We highlighted:

- Our pelvic health physiotherapy service which has been shaped 'by women, for women'
- Our cervical screening offer to staff, making services accessible to staff working on-site
- How services that are typically thought of as for women only, are actually for everyone – such as our breast service



Trust Recognised for Work to Improve Disability Equality Issues

The Trust has been recognised for our work to ensure we are addressing disability equality issues for its staff.

The Trust been awarded the Disability Confident Leader accreditation, which is Level Three of the Disability Confident Scheme.

It comes after making a number of improvements, and promotional activities to raise awareness of different disabilities, including hidden disabilities like epilepsy, neurodiversity (different way of thinking) and hearing and visual impairments. This has been achieved through awareness events, training, newsletters and networking events.

The Trust has also promoted examples of good practices including our staff support groups such as the disability network and our equality, diversity and inclusion steering group.

Susy Cook, chief people officer, said: “This accreditation is recognition of our commitment to disability equality and inclusion. It shows we care about this issue and take it very seriously, we challenge negative attitudes and we ensure all staff can achieve their full potential. We must now continue to remove any potential barriers that may exist and ensure opportunities are there for all staff, including those with disabilities. This accreditation is recognition that we have taken actions to meet rigorous standards measured through an external validator”.

Julie Gillon, chief executive, said: “This is a fantastic achievement for the organisation. It is a real sign of our focus on this important and fundamental issue to support our staff – both now and in the future.



Welcoming our New International Nurses

This week we said a very warm welcome to new colleagues who have joined us from overseas.

When our new cohort of international nurses landed in England, they were welcomed UHNT for dinner and a catch up.

The nurses were greeted by chief nurse Lindsey Robertson, deputy chief nurse Karen Sheard and our senior nursing colleagues who were delighted to welcome them as they joined our NTH family.



Trust Hosts Grand Rounds to Support Equality

The Trust has delivered two Grand Rounds which were open to all staff to attend to gain a greater understanding of equality, diversity and inclusion, specifically:

- Current developments relating to workforce EDI and how managers and clinicians can support the Trust to promote inclusive working practices and

call out inappropriate behaviours.

- Reducing inequalities in health and social care.

Colleagues were invited to participate in the discussions and share their own experiences in relation to EDI.

Diwali menu lights up the Tees Restaurant

Our Tees Restaurant has partnered up with Ananda's Gourmet to create a special Indian menu to celebrate the start of Diwali.

Senior radiographer Ananda Logishetty supplied the spices and recipes to our chefs who carefully followed Ananda's meal kit instructions to serve up the perfect Indian dishes.



The Girls Network

The Trust has teamed up with The Girls' Network – an award-winning charity which works closely with local schools and colleges to identify girls and young women who come from the least advantaged communities across Stockton-on-Tees, Hartlepool and the wider Tees Valley.

Staff from across the Trust have become mentors for these girls – investing their time, knowledge and caring attitude whilst sharing their wisdom and experience to support their mentees to realise their passion, overcome obstacles and seizing opportunities to help them thrive in their future.

These girls and young women may be leaving care, come from a low-income household, be a member of the BAME community or may be struggling in school or college.

Reasons to become a mentor?*

- Because only 14% of girls aged between 7 and 21 reported feeling happy 'most of the time'
- Because 55% of girls aged 11 to 21 said they are worried about their opportunities in life
- Because 72.5% of girls aged 11 to 21 worry they have fallen behind on schoolwork during the pandemic

- Because 65% of girls aged between 7 and 21 said they have been inspired by key workers during the pandemic

*Statistics by Girlguiding Girls' Attitudes Survey 2021



Hart Gables Award

We were very pleased to welcome in LGBTQ+ charity Hart Gables this week as they presented us with a finalist's award from their annual LGBT Alliance Awards.

Earlier in the year, our Trust was nominated for an award at the charities LGBTQ Alliance Awards. Today CEO Sarah Lewis and LGBT development worker Andy Towers (both pictured on the right) popped into North Tees to present us with a finalist's award.

We might not have won the award, we're still over the moon to have been nominated for the 'Positive impact on LGBT Health award' – to know that were on the right track in making our Trust a welcoming place for LGBTQ+ staff, patients and visitors

Employee relations advisor Nicola Hogarth and clinical coder and chair of our LGBTQ+ staff network Matthew Andersen were honoured to receive this finalist's award from the charity.



13. Looking ahead to 2023/24

Our plans for the year ahead are to continue to embed the priority actions resulting from the Trust-wide review of our EDI practices, whilst seeking to make further improvements which will enhance culture and leadership within the Trust.

It is important that all of our actions align to our ongoing commitment to improve staff experience as measured by:

- WDES
- WRES
- Gender Pay Gap
- Staff Survey
- National Education and Training Survey

A key focus of our activity will be the new NHS EDI Improvement Plan and delivery of the six high impact actions that will considerably improve equality, diversity and inclusion within NHS organisations.

The EDI Improvement plan sets out targeted actions to address prejudice and discrimination (direct and indirect) that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. It supports the achievement of strategic EDI outcomes, which are to:

- Address discrimination
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes
- Support the levelling up agenda
- Make opportunities for progression equitable

The Trust's agreed action plan for 2022/23 includes timescales for delivery and is structured around the short-term priorities (3 to 6 months) and those to be taken forward in the longer term (6-12 months).

Short term:

- Implementation of a Reciprocal Mentoring Scheme
- Host a celebration event for our Staff Networks
- Launch our EDI Calendar of Events, with an enhanced training programme
- Auditing our recruitment information to understand themes in relation to shortlisting/appointments
- Explore perceived barriers to development and career progression for all protected groups
- Encourage our colleagues to be open about their individual characteristics, so that our workforce profile is both meaningful and representative

Long term:

- Development of an EDI Dashboard
- Extend our pay gap reporting to understand differences in pay linked to ethnicity, disability and sexual orientation
- Activities linked to NHS Improvement Plan and delivery of the High Impact Action
- Enhanced governance of EDI as reflected through the Board Assurance Framework
- Continued development of our Staff Networks via the North East & Yorkshire Leadership Academy

14. Contacts for Further Information

If you would like any further information about Equality, Diversity and Inclusion within North Tees and Hartlepool NHS Foundation Trust, please contact our Workforce Equality and Diversity lead:

Michelle Taylor
Head of People Projects and Quality
University Hospital of North Tees
Tel: 01642 624025

Feedback

We actively seek feedback on our annual reports from stakeholders and service users so that we can continue to meet our commitment to improve service delivery. We would welcome any feedback and comments on this document which should be directed to:

People Projects and Quality Team
University Hospital of North Tees
Hardwick Road
Stockton on Tees
TS19 8PE

Or by email at nicola.hogarth1@nhs.net

The information contained within this report is also available in alternative formats, which can be obtained by contacting, Cordelia Wilson, Clinical Governance Lead on 01642 383576 or via email on cordelia.wilson@nhs.net

16. Workforce Equality Factsheets

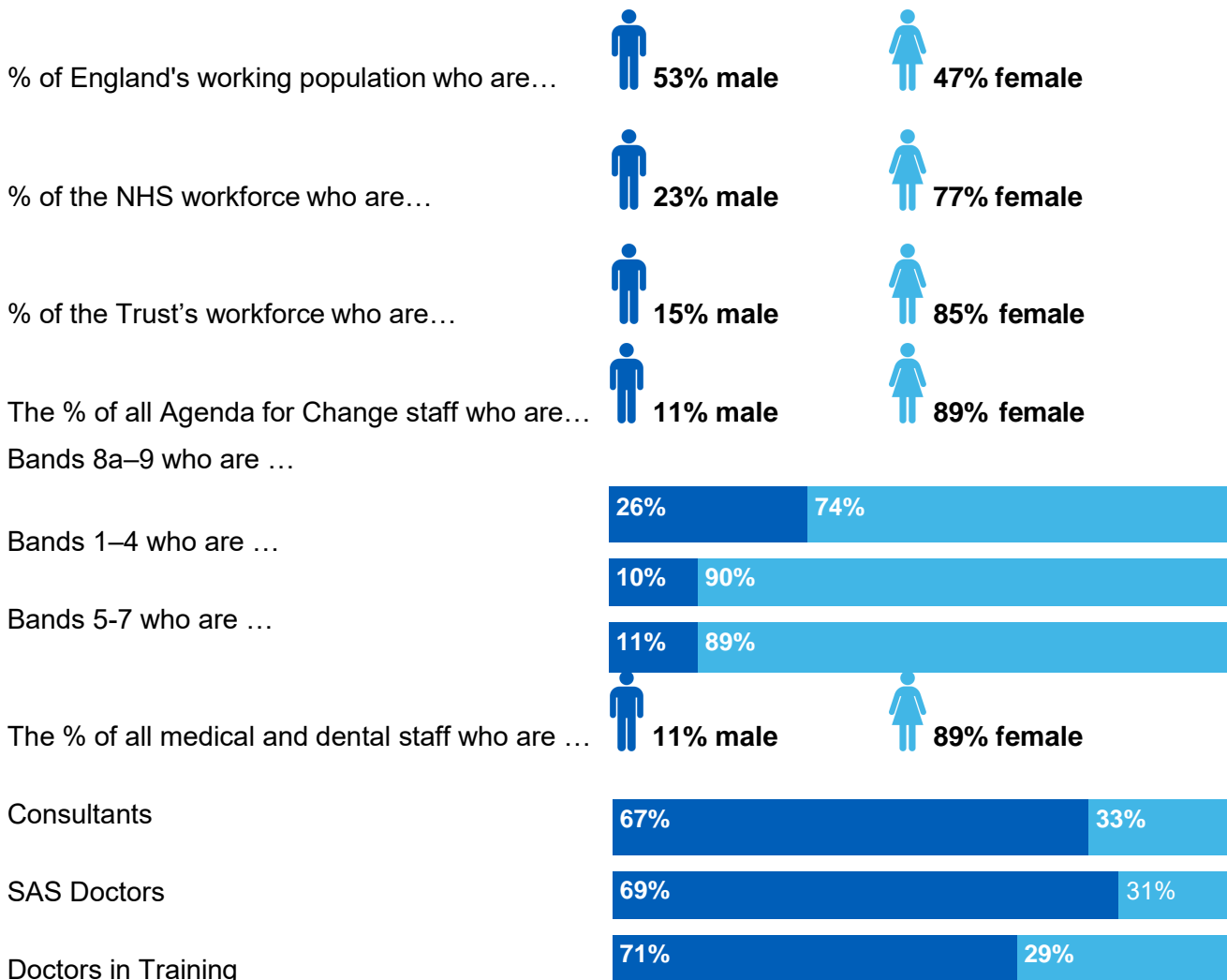
As of 31 March 2023, there were 4,894 members of staff employed by the Trust.

This section outlines the profile of the workforce of the Trust in relation to each protected characteristic, for the period 1 April 2022 to 31 March 2023.

Of the total staff employed by the Trust, 2,487 employees (53%) work on a full time basis and 2,213 employees (47%) work part time.

Section 1 - Gender

The Trust employs 4,020 female members of staff and 680 male members of staff.



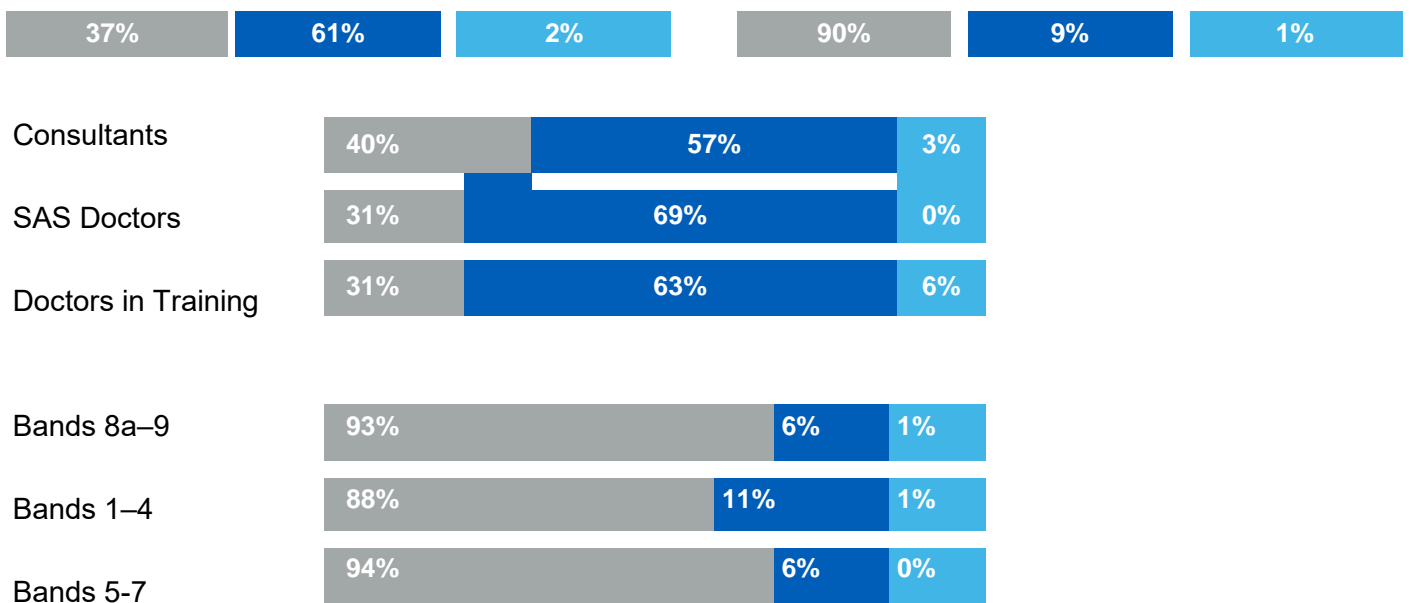
Section 2 – Ethnicity

The Trust employs 4,109 White employees and 536 BAME employees. A further 55 employees have chosen not to declare their ethnicity.

% Ethnic breakdown of England's working population		% Ethnic breakdown of the NHS Workforce		% Ethnic breakdown of the Trust's Workforce	
White	86%	White	76%	White	86%
Black or Black British	3%	Black or Black British	6%	Black or Black British	2%
Asian or Asian British	7%	Asian or Asian British	9%	Asian or Asian British	8%
Mixed	1%	Mixed	2%	Mixed	1%
Chinese	1%	Chinese	1%	Chinese	0%
Any other ethnic group	1%	Any other ethnic group	2%	Any other ethnic group	2%
Not stated/unknown	0%	Not stated/unknown	5%	Not stated/unknown	1%

All Medical and Dental Staff

Agenda for Change Staff



Key

- White
- BAME
- Not stated/unknown

Section 3 - Age

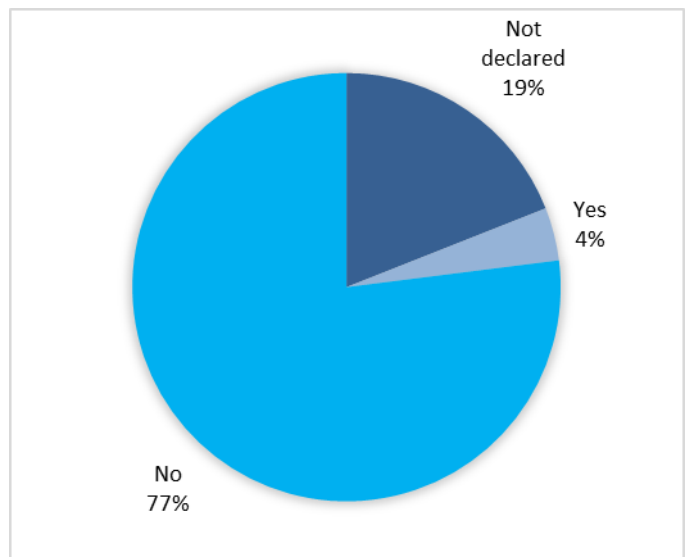
Of the 4,894 individuals employed by the Trust, the majority of staff are aged 25 to 34 and 45 to 54, closely followed by age 35 to 44.

Age breakdown of England's working population		Age breakdown of the NHS Workforce		Age breakdown of the Trust's Workforce	
Under 25	12%	Under 25	6%	Under 25	6%
25 to 34	23%	25 to 34	23%	25 to 34	24%
35 to 44	22%	35 to 44	24%	35 to 44	23%
45 to 54	21%	45 to 54	28%	45 to 54	24%
55 to 64	18%	55 to 64	18%	55 to 64	21%
65 and over	4%	65 and over	2%	65 and over	2%

Section 4 - disability

Our data indicates that the majority of our employees (77%) have declared that they do not have a disability, as compared to 4% of employees who have declared that they do have a disability.

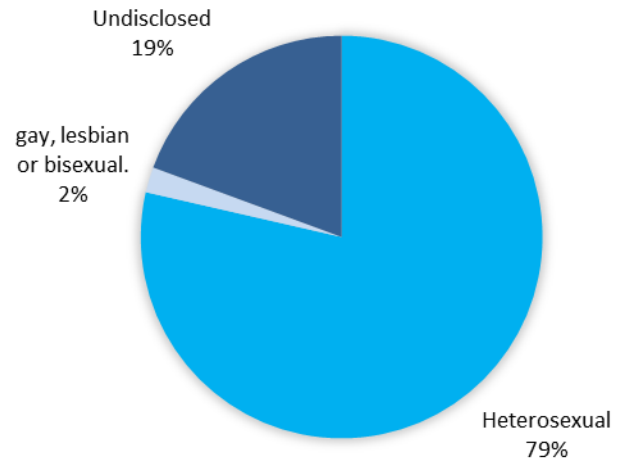
The information we hold relating to staff and disability continues to improve and there has been a reduction in the number of staff who have not declared their disability status from 34% in 2020/21 to 29% in 2021/22 to 19% in 2022/23



Section 5 - Sexual Orientation

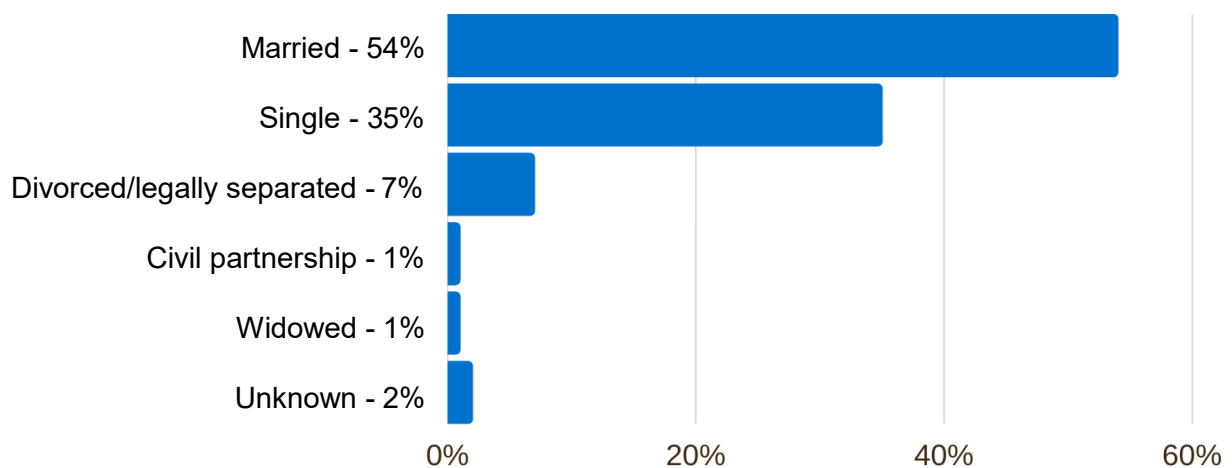
79% of our employees have declared their sexual orientation, whereas 19% have chosen not to declare their status. The number of staff choosing not to declare their status has reduced by 2% since 2021/22.

Of those employees who have chosen to declare their status, 77% of our employees have declared their sexuality as heterosexual, with a further 2% employees who have declared their status as gay, lesbian or bisexual.



Section 6 - Marital Status

The marital status of our workforce profile indicates that 54% of our employees are married, with a further 1% who have indicated that they are in a civil partnership. 34% of our employees are recorded as single.



Section 7 - Religion and Belief

47% of our employees have recorded their religion as Christian, whereas 26% of staff have chosen not to declare their religion and 14% of staff have declared that they are Atheist.

Religion or belief	Number of employees	Religion or belief	Number of employees
Christianity	1,975	Hinduism	75
Not declared	1,278	Buddhism	22
Atheist	634	Jainism	4
Other	479	Sikhism	1
Islam	97	Judaism	1

Section 8 - Pregnancy and Maternity

5% of our staff (245 employees) have taken maternity/adoption or paternity leave in the last year.

Section 9 - Gender Reassignment

At present we are not able to report on this equality strand as these details are not captured on the standard documents/application forms that are used to gather personal details.

However, any member of staff currently undergoing gender reassignment is supported throughout their transition by their manager and an employee relations advisor, in relation to employment matters and workplace considerations.

Board of Directors

Title of report:	Quality Assurance Committee (QAC)									
Date:	27 July 2023									
Prepared by:	Fay Scullion, Non-Executive Director – Chair of Quality Assurance Committee									
Executive sponsor:	Lindsey Robertson, Chief Nurse and Director of Patient Safety and Quality									
Purpose of the report	<p>The purpose of this report is to provide the Board of Directors with an update in relation to Patient Quality:</p> <ul style="list-style-type: none"> - identifying key emerging themes and trends that may have an impact on Quality - Risks for the Board to note - Provide assurance to the Board that there are robust systems and processes in place to identify, manage and address the patient quality agenda across the Trust 									
Action required:	Approve		Assurance	x	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>Summary Context</p> <p>Each meeting commences with a patient story. This provides context for the meeting and sets the tone that the Committee must be assured that there are robust systems and processes in place to keep patients safe and deliver high quality care.</p> <p>There is now a designated representative from the population that we serve as a core member of the Committee.</p> <p>The Board Assurance Framework (BAF) is the primary agenda item and is the first item to be discussed. This ensures the Strategic Risks relating to patient quality are discussed early in the meeting and that they are considered throughout the agenda.</p> <p>The relevant BAF Strategic Risks relating to Patient Quality are:</p> <ul style="list-style-type: none"> • 1a Patient Safety • 1b Patient Experience • 1d Emergency Preparedness, Resilience and Response (EPRR), 										

No new risks were raised with the Quality Assurance Committee in July, with the risk rating remaining at Minimal.

Key Issues discussed at the Quality Assurance Committee July 2023:

1. **Incident Reporting.** The Committee received the Incident Report, which indicated there has been an increase in reporting around abusive and violent incidents (sits in top 5 of recorded incidents). On scrutinising the data the increase relates to improved reporting rather than an increase in incidents.
2. **Risk Assessments.** The accurate and timely completion of Patient Risk Assessments remains a focus for clinical staff. There are a number of risk assessments that must be completed for patients to prevent harm - i.e. falls, pressure care and fluid balance. Appropriate training is in place in addition to daily senior oversight of the patients to ensure that not only has the risk assessment been completed, the outcome of the assessment has been acted upon. There has been no increase in harm to patients due to incomplete or missed risk assessments.
3. **Emergency Preparedness, Resilience and Response (EPRR).** Currently the Trust reports 91% compliance with the EPRR Standards. This is a positive position. However, the assessment criteria for EPRR is due to be updated, which is likely to have a negative impact on performance for the Trust. This is due, in the main, to reporting timeframes and the availability of required evidence, impacted by recent and ongoing industrial action. The Trust EPRR Lead is attending the August Committee to discuss the implications and possible solutions and actions required.
4. **The Integrated performance Report (IPR).** The IPR is presented to the Quality Assurance Committee each month. The committee specifically looks at the quality elements of the report. Performance against the national Cancer Standards was discussed. The Trust is currently meeting four of the nine standards with continuous challenges relating to the two-week wait and 62 day standards.
5. **Infection Prevention and Control (I,P&C).** The I,P&C Annual Report was received by the Committee. The North East is currently showing as an outlier in terms of overall compliance with infection control indicators. The Trust performs well, despite the challenges of the ageing estate and number of single rooms. Performance reported to the Committee in July indicated the Trust is below trajectory for C-Difficile, one MRSA bacteraemia was reported, two MSAA infections, with E-Coli, and Klebsiella +1 above trajectory. The focus on strengthening antimicrobial stewardship across the organisation continues. The Infection Control Teams are working closely with their colleagues from South Tees Hospitals NHS Foundation Trust to identify and share best practice.
6. **Workforce.** The Committee received the Workforce Bi-annual Review Report. The workforce indicators show a reduction in staff vacancies across the nursing and allied health professional staff groups, demonstrating the effectiveness of the Workforce Recruitment and Retention Plan. There has been a significant effort in both the international and domestic recruitment opportunities, which has positively supported the current position. There is an improved turnover position and sickness absence levels are now on a downward trend. However, the industrial action is an ongoing challenge.

As part of the Quality Assurance Committee Workplan, there are a series of annual and quarterly reports that are provided as updates. A recent change in focus has resulted in these reports highlighting key achievements and areas for exception reporting and escalation/ risk, rather than verbatim reports, giving a much more succinct analysis of work underway.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
<p>The Committee reflects on the three BAF objectives. The June position was presented at the July meeting. The BAF objectives are:</p> <ul style="list-style-type: none"> • 1a Patient Safety • 1b Patient Experience • 1d EPRR 			
Does the report impact on any of the following areas (<i>please check the box and provide detail in the body of the report</i>)			
Equality, diversity and or inclusion		Reputational	x
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Some agenda items are discussed at Quality Assurance Council and escalated to Quality Assurance Committee by exception			
Recommendation	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note the Report • Note that the information presented to the Committee provides the level of assurance required to evidence safe, quality care. 		

Board of Directors

Title of report:	Report of People Committee							
Date:	27 July 2023							
Prepared by:	Gary Wright, Deputy Chief People Officer							
Executive sponsor:	Ann Baxter, Vice Chair (Committee Chair)/ Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	The purpose of this report is to update the Board of Directors on the key points from the July 2023 People Committee							
Action required:	Approve		Assurance	x	Discuss		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		Caring		Effective		Responsive	
							Well Led	x
Executive Summary and the key issues for consideration/ decision:								
<p>Summary of the key points from People committee:</p> <p>BAF / Risk</p> <p>The People Committee ensures all people risks relating to the delivery of the organisation's performance objectives are taken into account, demonstrating the provision of a focused approach to the management of risk associated with people. The associated risks linked to BAF 2A are:</p> <p>Risk 5805 - Inability to deliver services as a result of staff not attending work due to sickness absence (moderate 9 (3x3)). There is the potential of negative impact on patients due to insufficient staffing levels as a result of sickness absence in the organisation.</p> <p>Risk 5574 – Risk of not retaining talent (moderate 9 (3x3)). The lack of a talent management strategic plan has the potential for us to not be able to retain talent once we have trained and provided the skills.</p> <p>Risk 6571 - Negative impact on services resulting from industrial action (moderate 9 (3x3)). There is a risk of negative impact to patient, service, care and experience as a result of industrial action.</p> <p>Risk 5572 - Impact to patient safety due to individuals not having the appropriate skills to undertake resuscitation (Low (3x2)). There is a risk of negative impact on patient safety resulting from staff not being trained in resuscitation, in particular ILS.</p> <p>Risk 6426 - Adverse impact on the Trust, from outcomes of employee relations cases/employment tribunals (moderate 9 (3x3)). The risk faced by the Trust in relation to formal Employee Relations cases and the potential for an individual to have a successful outcome at an Employment Tribunal (ET).</p>								

People Metric:

The position for appraisal compliance from May 2023 Trust RAG report stands at 84.90% which is a slight increase on the same period last year.

Mandatory training compliance increased from 88.67% in April 2023 to 89.67% in May 2023.

The sickness absence rate decreased from 5.70% in March to 5.07% in April 2023.

There has been a decrease in staff turnover in May 2023 to 9.59% and remains under the Trusts 10% threshold.

There are currently nine live cases. This is on target with the internal estimated metric of nine formal cases.

No new cases are reported in the current month. The total number of cases by percentage of Trust head count (5075) is 0.17%, which is an improvement by comparison from the 2022 rate of 0.29%.

Currently the time to hire a vacancy is on a downward trajectory from the 56.8 days, as at end of March 2023 to 55.84 days as at end of May 2023.

The service received 119 management referrals in the last month. 104 related to Trust staff, 12 NTH Solutions staff and 3 external contract work.

A workshop was undertaken in May 2023 to explore the current pathway, guidance and support for mental ill health challenges. Work to progress the finalisation of the pathway and associated actions are on-going.

Further review of the availability of support to staff with mental ill health is also being reviewed.

EDI

Over the last 12 months the Trust has continued to strengthen the equality and diversity agenda and the annual report pulls this work together to highlight the achievements of the previous year.

In addition to this, the annual report will also play a part in the Trust meeting the specific duties included within the Public Sector Equality Duty.

Mandatory Training

A comprehensive review of mandatory training has been conducted. As a result, a number of recommendations have been made including:

1. Move to a single system of recording and reporting mandatory training using ESR accessible via the YellowFin platform
2. Using benchmarking data, develop a core and non-core approach to mandatory training TNA's including alignment with South Tees NHS FT to reflect partnership working going forward and to facilitate easy transfer of training across the two Trusts.

Apprenticeship Levy

Currently, the Trust has 177 live apprentices studying a variety of apprenticeship standards across a number of different local and national training providers. The largest proportion of apprentices relates to the nursing and direct care workforce.

Regional financial information demonstrates good apprenticeship levy utilisation for the financial year

<p>2022-23 across the whole NENC ICS. Trust data demonstrates consistently good progress with levy utilisation since inception. For the financial year 2022-23, the Trust expired £102,163, however, recent data from May 2023 demonstrates improvement with zero expired funds. South Tees reported zero expired funds for the year 2022-23, however, data shows that this was in part due to a significant number of levy transfers.</p> <p>Predominantly, the Trust utilises the levy to support upskilling of the existing workforce, however, over the last two years new roles have been developed to create innovative routes into healthcare careers, such as the Team Support Worker (TSW) programme. To date, the TSW programme has been successful in supporting development and progression into substantive roles within the Trust, helping to deal with workforce gaps.</p>			
Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
5573 – Not having appropriate levels of staff with the right skills to deliver safe services 4626 – Adverse impact from ER outcomes of ET and People Practices Cases 5805 - Inability to deliver services as a result of staff not attending work due to sickness absence 6571 - Negative impact on services resulting from industrial action 5877 - Stress Management (Corporate risk)			
Does the report impact on any of the following areas (<i>please check the box and provide detail in the body of the report</i>)			
Equality, diversity, inclusion		Reputational	
Workforce	x	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
People Committee		Executive Team Meeting	
Recommendation	The Board of Directors are requested to note the contents of this report and support the activities outlined in order to achieve the NHS People Plan and Corporate Strategy		

Board of Directors

Title of report:	Report of the Performance, Planning and Compliance Committee									
Date:	27 July 2023									
Prepared by:	Ann Baxter, Vice Chair (Committee Chair)									
Executive sponsor:	Linda Hunter, Director of Planning and Performance									
Purpose of the report	The purpose of the report is to provide the Board of Directors with an update of the activity of the Performance, Planning and Compliance Committee									
Action required:	Approve		Assurance	x	Discuss		Information			
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		Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Performance, Planning and Compliance Committee met on 26 June 2023. The minutes of the Committee will be available once ratified at the Committee meeting scheduled for 24 July.</p> <p>The key issues discussed at the Committee are indicated below:</p> <p>1. Workforce, sickness and wellbeing</p> <p>The Committee received the Workforce, sickness and wellbeing Report. It noted that the overall sickness percentage for the Trust is improving. Long and short-term sickness is monitored closely at corporate and care group level. It was noted that absence from covid-related sickness has declined considerably to 0.33%. The top three reasons for sickness are stress, anxiety and depression, with MSK remaining a concern.</p> <p>Work is underway to improve the coding of sickness absence in order to have an accurate and timely record of themes and trends and to be able to offer the appropriate support for staff during this time.</p> <p>The Trust is maintaining the good performance in relation to staff turnover, reporting 9.59% against an average of 10% across the wider NHS. A Wellbeing Advisor has been recruited in to the Occupational Health team to provide additional support, advice and guidance to keep staff healthy and well at work.</p> <p>2. Board Assurance Framework</p> <p>The Committee has accountability for Strategic Risks 1c – Performance and 3e – Transformation of Services (External).</p> <p>The issues identified within the 1c Strategic Risk have been reviewed and the documented updated.</p> <p>A new risk has been added, which relates to achievement of the new 4-hour standard. The standard requires the Trust to achieve compliance of 76% for all patients attending the Emergency</p>										

Department, including those streamed to Urgent Care. The Trust is currently meeting this standard overall; however when the Urgent Care cohort (type 3) are removed the performance for Type 1 patients falls significantly below the required % compliance. The Trust has agreed a stretch target to achieve 90% compliance by 31 March 2024 and work continues towards this.

The Committee noted that Strategic Risk 3e – Transforming our Services (external impact) is focused on the development of how the Trust will work collaboratively with the Integrated Care Board (ICB). This also aligns to the work of the Joint Partnership Board (JPB). This Strategic Risk may well be reflected in the JPB Risk Assurance Framework going forward.

3. Integrated Performance Report (IPR)

The Committee received the Integrated Performance Report (IPR) and are mindful that the document is currently under review. This is an iterative process and will be subject to some changes over the coming months as it developed further. The plan is to make it an interactive platform that will provide real time intelligence and data thus enabling improved decision-making and providing more accurate and timely assurance on performance.

4. Cancer Standard Performance & Cancer Improvement Plan – March 2023

The Committee received an overview of the Cancer Standards Performance. A significant increase in the number of 2 week wait referrals has been noted across all tumour sites, which is having a direct impact on Cancer Waiting Time performance. Analysis is being carried out to ensure the increase in referrals is real and that the patients meet the criteria for a 2 week wait referral. Initial conclusion concurs that there is a genuine increase, likely to be exacerbated by the delays in referral due to the Covid-19 Pandemic and the resulting backlog and the ongoing industrial action and disruption to activity.

Challenges remain in meeting all the Cancer Standards, with the Trust currently compliance with four out of the nine standards.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:

The Performance, Planning and Compliance Committee are currently accountable for:

- 1c – Performance
- 3e – Transformation of services (External)

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, inclusion	x	Reputational	x
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	

Recommendation The Board of Directors is asked to:

- | | |
|--|---|
| | <ul style="list-style-type: none">• Note the content of the report• The continued challenge in meeting the 4 hour Emergency Standard for Type 1 patients• The increase in 2 week wait referrals and subsequent challenge in meeting the 2 week and 62 day cancer standards. |
|--|---|

Board of Directors

Title of report	Report of the Audit Committee – Minutes from the meeting on 13 February 2023										
Date	27 July 2023										
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)										
Executive sponsor	Neil Atkinson, Director of Finance										
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Audit Committee meeting on 13 February 2023.										
Action required	For Decision			For Assurance		X	For Information		X		
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Matters for Escalation

This was the last meeting that Chris Macklin chaired the Audit Committee, with the Chair responsibility transferring to James Bromiley.

Key Issues Discussed

Minutes of the meeting held on 13 February 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Quarter 3 (2022/23)
- Rolling Programme of Sub-Committees
- Integrated Performance Report – Quarter 3 (2022/23)
- HFMA Checklist – Audit Findings
- Internal Audit Progress Report (to 31 December 2023)
- Counter Fraud Progress Report (to 31 December 2023)
- Draft External Audit Plan 2022/23
- Overdue Policies – Quarter 4 (2022/23)
- Patient Safety & Quality Standards Update
- Aged Debtors / Losses & Compensations / Single Tender Actions
- Schedule of Written Off Debts

Decisions Made

The Audit Committee approved the Terms of Reference at the meeting on 17 October 2023 and the minor amendment to the ToR was presented to this meeting for transparency.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to all sections of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Audit Committee meeting on 13 February 2023 were approved by the Committee on 10 May 2023.			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 13 February 2023.		

Board of Directors

Title of report	Report of the Audit Committee – Minutes from the meeting on 10 May 2023										
Date	27 July 2023										
Prepared by	James Bromiley, Non-Executive Director (Committee Chair)										
Executive sponsor	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Audit Committee meeting on 10 May 2023.										
Action required	For Decision			For Assurance		X	For Information		X		
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Matters for Escalation

Due to a Board of Directors meeting not taking place in June 2023, the Audit Committee noted that there was a need to obtain delegated authority from the Board of Directors on 25 May 2023. This would delegate the authority to the Audit Committee to approve the final versions of the Trust's Annual Report and Annual Accounts 2022/23 ahead of the national submission date of 30 June 2023 to NHSE. An extra-ordinary meeting of the Audit Committee was planned for 19 June 2023 to obtain approval.

Key Issues Discussed

Minutes of the meeting held on 10 May 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Quarter 4 (2022/23)
- Integrated Performance Report – Quarter 4 (2022/23)
- Internal Audit Progress Report (to 31 March 2023)
- Draft Head of Internal Audit Opinion (2022/23)
- Draft Internal Audit Plan 2023/24
- Counter Fraud Progress Report
- Draft Counter Fraud Plan 2023/24
- Draft Annual Accounts 2022/23
- Draft Annual Report 2022/23
- External Audit Plan Update 2022/23
- Overdue Policies – Quarter 4 (2022/23)
- Patient Safety & Quality Standards Update
- Aged Debtors / Losses & Compensations / Single Tender Actions

Decisions Made			
The Audit Committee;			
<ul style="list-style-type: none"> - Approved the Draft Internal Audit Plan 2023/24 and Internal Audit Charter 2023/24. - Approved the Draft Counter Fraud Plan 2023/24. 			
Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to all sections of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	x
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Audit Committee meeting on 10 May 2023 were approved by the Committee on 19 June 2023.			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 10 May 2023.		

Board of Directors

Title of report	Report of the Finance Committee – Minutes from the meeting on 24 April 2023									
Date	27 July 2023									
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)									
Executive sponsor	Neil Atkinson, Managing Director									
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Finance Committee meeting on 24 April 2023.									
Action required	For Decision			For Assurance		X	For Information		X	
Strategic Objectives supported by this report	Putting our Population First			Valuing People			Transforming our Services		X	Health and Wellbeing
CQC Domain(s) supported by this report	Safe		Caring		Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

Matters for Escalation

See decisions made by the Finance Committee.

Key Issues Discussed

Minutes of the meeting held on 24 April 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Section 3C (Finance)
- Month 12/End of Year Financial Position
- Going Concern Declaration 2022/23
- Temporary Staffing Report – Quarter 4 (2022/23)
- Draft Revenue & Capital Plan 2023/24
- CIP Update 2022/23 & 2023/24

Key Points/Decisions Made

The Finance Committee;

- Noted the final version of the Board Assurance Framework for 2022/23 and ongoing refresh for 2023/24.
- Agreed that the Trust's draft annual accounts for 2022/23 should be prepared on a going concern basis and would recommend this approach to the Board.
- Noted the capital and revenue plan for 2023/24, noted the breakeven financial plan, acknowledged the risks relating to excessive inflationary pressures and efficiency delivery and recommend to the Board that the plan is formally approved.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to section 3C of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	X
Workforce		Environmental	
Financial/value for money	X	Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Finance Committee meeting on 24 April 2023 were approved by the Committee on 23 May 2023.			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Finance Committee meeting held on 24 April 2023.		

Board of Directors

Title of report	Report of the Finance Committee – Minutes from the meeting on 23 May 2023									
Date	27 July 2023									
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)									
Executive sponsor	Kate Hudson-Halliday, Director of Finance									
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Finance Committee meeting on 2 May 2023.									
Action required	For Decision			For Assurance		X	For Information		X	
Strategic Objectives supported by this report	Putting our Population First			Valuing People			Transforming our Services		X	Health and Wellbeing
CQC Domain(s) supported by this report	Safe		Caring		Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

Due to one NED in attendance at the meeting, the meeting was confirmed as not quorate, in accordance with the Terms of Reference and was reduced to an operational meeting. The Chair noted that the agenda didn't require any decisions to be made and the meetings was agreed to proceed.

The Chair noted that it was early in the financial year and a formal financial return was not required to be submitted to NHSE. Trust staff remain heavily involved in year-end processes for annual accounts and the annual report. The agenda for the meeting was predominantly verbal, to reflect the current pressure on Trust staff. Each item was discussed in detail and any issues agreed to be taken forward.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting held on 23 May were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Section 3C (Finance)
- 2022/23 Financial Position Update
- Financial Position – Month 1 (2023/24)
- CIP Update 2023/24
- NHSE Allocations 2023/24

Decisions Made			
No decisions were made.			
Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to section 3C of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	X
Workforce		Environmental	
Financial/value for money	X	Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Finance Committee meeting on 23 May 2023 were approved by the Committee on 27 June 2023.			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Finance Committee meeting held on 23 May 2023.		

Board of Directors

Title of report	Report of the Risk Management Group – Minutes from meeting on 4 July 2023										
Date	27 July 2023										
Prepared by	Stuart Irvine, Director of Strategy, Assurance & Compliance										
Executive sponsor	Neil Atkinson, Managing Director (Chair)										
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Risk Management Group meeting on 4 July 2023.										
Action required	For Decision			For Assurance		X	For Information		X		
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting held on 4 July 2023 were recorded and will be confirmed at the next meeting.

The meeting was observed by Stuart Fallowfield, Director of Assurance Services/Deputy Managing Director.

A wide range of issues were discussed including:

- Risk Management Report
- Committee Reports
- Risk Management Enabling
- Risk Management Education and Training
- Counter Fraud & Risk Management Liaison
- Risk Management Policy & Risk Management Strategy
- Patient Safety Incident Response Report (PSIRF)
- Forward Plan

Decisions Made

No decisions were made.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to all domains in the Board Assurance Framework.			
Does the report impact on any of the following areas (<i>please check the box and provide detail in the body of the report</i>)			
Equality, diversity and inclusivity	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and Facilities	X
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	x
Committees/ Groups where this item has been presented before			
The minutes from the Risk Management Group meeting on 4 July 2023 will be approved by the Group at the next scheduled meeting.			
Recommendation	The Board of Directors is requested to note this summary report of the unconfirmed minutes of the Risk Management Group meeting held on 4 July 2023.		