North Tees and Hartlepool NHS
NHS Foundation Trust

Board of Directors Meeting

Thursday, 25 May 2023
at 10.00am

Boardroom
University Hospital of North Tees

North Tees and Hartlepool
NHS Foundation Trust

University Hospital of North Tees
Hardwick
Stockton on Tees
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18 May 2023

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 25 May 2023 at 10.00am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely

Professor Derek Bell, OBE
Joint Chair

Agenda

			Led by
1.	(10.00am)	Apologies for Absence	Chair
2.	(10.00am)	Declaration of Interest	Chair
3.	(10.00am)	Patient Story **(video)**	L Robertson
4.	(10.15am)	Minutes of the meeting held on, 27 April 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 Interim Report Month 1: 2023/24 **(enclosed)**	S Cook
10.	(11.05am)	Integrated Performance Report **(enclosed)**	L Hunter, L Robertson, S Irvine, S Cook

Professor Derek Bell OBE
Chair

Julie Gillon
Chief Executive

11. (11.15am)	NHS Workforce Race Equality Standard (WRES) 2023 **(enclosed)**	S Cook
12. (11.25pm)	NHS Workforce Disability Equality Standard (WDES) 2023 **(enclosed)**	S Cook
13. (11.35pm)	Utilisation of the University of Hartlepool Elective Hub **(enclosed)**	R Dean

Strategic Management

14. (11.45pm)	Draft Annual Report and Accounts 2022/23 **(to be tabled)**	S Irvine / E Jeffers
15. (11.55pm)	Annual Self-Certifications **(enclosed)**	L Hunter / S Irvine E Jeffers

Quality

16. (12.05pm)	Freedom to Speak Up Annual Report **(enclosed)**	L Robertson
17. (12.15pm)	Any Other Business	

Date of next meeting
(**Thursday, 27 July 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, 27 April 2023 at 10.00am at the University Hospital of Hartlepool / Via Video Link

Present:

Professor Derek Bell, Joint Chair*	Joint Chair
Ann Baxter, Vice Chair/Non-Executive Director*	AB
Fay Scullion, Non-Executive Director*	FS
Chris Macklin, Non-Executive Director*	CM
Elizabeth Barnes, Non-Executive Director*	EB
James Bromiley, Non-Executive Director*	JB
Alison Fellows, Non-Executive Director*	AF
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MeD/DCE
Neil Atkinson, Managing Director*	MD
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
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

In Attendance:

Heidi Holliday, Secretary to the Trust Board [note taker]
Simon Mehigan, Maternity Safety Advisor
Stephen Green, Associate Director of Risk Management
Thando Moyo, Subsidiary Accountant
Paul Garvin, Elected Governor: Stockton
Dr Elaine Gouk, Deputy Medical Director (item 16 only)
Stephanie Worn, Assistant Director of Midwifery (item 16 only)

Via video link
John Hugill, Communications and Marketing Deputy Manager

BoD/5040 Apologies for Absence / Welcome

The Joint Chair welcomed members to the meeting.

Thando Moyo attended the meeting as an observer and the Joint Chair asked that staff be encouraged to attend public Board of Directors meetings as part of a development programme.

Apologies for absence were noted from Levi Buckley, Chief Operating Officer and Ruth Dalton, Associate Director of Communications & Marketing.

BoD/5041 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/5042 Staff Story

The CN/DoPS&Q shared a story form a member of staff who spoke about their own experience as a patient. John Blenkinsopp, Deputy Clinical Effectiveness Manager introduced himself and how he had

* voting member

taken his personal experience and suggested improvements for the organisation and how they could be extrapolated across the organisation in a video called Walking in My Shoes.

Positive discussions had taken place at the Patient and Carer Experience Committee and a lot of the feedback received had already been implemented and tied into relevant strategies, as the qualitative approach had been pertinent. Work was ongoing to develop this learning further across the organisation and weave it into interventions with progress already been made.

Following a member's query regarding day case surgery and concerns raised the CN/DoPS&Q confirmed that thematic actions had been agreed which included pre-assessment. It was noted that estates was also an issue which was reviewed on a regular basis to identify how it could be evolved to ensure the environment was appropriate across the organisation.

A further query was raised regarding how information was gathered from positive experiences and how that could be replicated across the organisation. A suggestion was made to provide information and feedback requests to patients once they were home to allow time to reflect.

The Board of Directors thanked John Blenkinsopp for sharing his story and for the positive improvements that had followed.

Resolved: that, the patient story be noted.

BoD/5043 Minutes of the meeting held on, Thursday, 23 March 2023

It was noted that Alison Fellows, Non-Executive Director, James Bromiley, Non-Executive Director and Elizabeth Barnes, Non-Executive Director were not included on the list of attendees of the meeting held on Thursday, 23 March 2023.

Resolved: that, the minutes of the meeting held on, Thursday, 23 March 2023 be confirmed as an accurate record following the above amendments.

BoD/5044 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/5045 Report of the Joint Chair

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

- Julie Gillon, Chief Executive was carrying out a focused piece of work regarding the University Hospital of Hartlepool and an update report would be brought to a future Board of Directors.
- The Joint Chair placed on record his thanks to all staff for their ongoing support to the Industrial Action and for ensuring that safe services continued to be provided during this time.
- The Rt Hon Patricia Hewitt's review into the role and power of Integrated Care Systems (ICSs) had been published earlier in the month, which outlined the significant opportunities for partnership working across an ICS between local government, NHS social care providers and voluntary care, faith and social enterprises (VCFSE). Discussions were taking place on how to take forward the implementation plan.
- The Tees Valley Integrated Care Partnership (ICP) was beginning to form with four key aims, Longer and healthier lives; Fairer outcomes; Better health and care services and Giving our children the best start in life. The first meeting of the Tees Valley Area ICP took place on 31 March where discussions focused on how the message of quality and safety was carried through organisations. Discussions also took place around fit and proper declarations and staff morale, acknowledging that staff were the most important commodity.
- Two joint Council of Governors meetings between North Tees and South Tees were scheduled to take on Tuesday, 16 May and Thursday, 14 December where updates regarding joint working

arrangements would be provided. Other joint sessions also planned included a Membership and Engagement Event scheduled for Saturday, 17 June 2023. The Joint Chair placed on record his thanks to Radio Stitch for their help and support with membership processes.

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

BoD/5046 Joint Partnership Board Update

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

A further meeting of the JPB was held on Wednesday, 19 April 2023 building on the development of the group arrangements and associated work streams. Across both organisations Executive pairing had taken place and they were asked to develop work plans which would then be combined into a single plan.

At each meeting there was an item of particular focus with governance being the topic at the last meeting. The DDoGCA&S and the Head of Governance and Company Secretary, South Tees Hospitals NHS Foundation Trust had developed a paper on governance and options going forward. It was agreed that a Business Assurance Framework (BAF) and Risk Register needed to be developed.

Reciprocal parking arrangements for staff had been agreed across hospital sites and reciprocal arrangements were being discussed regarding laptops and connectivity.

The JPB had agreed the vision and goals and each meeting was picking up pace.

Discussions ensued regarding the Hewitt Report, the fewer shared number of priorities, the 30% reduction in management costs and the need for clarification on the few dichotomies noted within the report. The reduction in national priorities was welcomed as it would afford leaders more time to focus on key issues. Further updates were to be provided as and when necessary.

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

BoD/5047 Report of the Managing Director

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

- The MD thanked the Board of Directors and the Executive Team for their support and assured them of his full commitment to building on the exemplary achievements of the Trust to date.
- Within the Trust operational pressures had remained similar to the position reported in March with emergency and urgent care attendances continuing to remain above predicted activity levels thus resulting in high levels of bed occupancy and a consequential impact on patient flow.
- The Trust continued to focus on minimising over 12 hour waits. Although the Trust was recorded with the 4th lowest levels of 12 hour delays nationally in February 2023, a continued focus on improving clinical pathways and out of hospital care remained a key priority for the year ahead. It was noted that in February 2023 there had been 3 over 12 hour waits and in March there had been zero.
- As of 24 December 2022, all Trusts were required to maintain a target of 76% with regards to the four hour emergency department standard. To date the Trust was reporting a positive positon achieving 80-86%.
- Further RCN industrial action was due to take place between 30 April and 2 May and effective plans remained in place to maintain safety for all patients.
- Rowena Dean was appointed to the Acting Chief Operating Officer and would commence in post on 1 May 2023. Rowena Dean was working with colleagues to develop a revised management structure to maintain a continued focus on the delivery of safe and high quality services.
- It was reported that Gillian Colquhoun, Interim Chief Information and Technology Officer was leaving the Trust to commence in post with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust on 3 July 2023 and an update would be brought to the next meeting with regards

to a replacement.

- A recruitment process was underway with regards to the Interim Director of Finance role and an expression of interest had been with the NENC ICS.
- The Trust launched its first conversation '*Our Trust, Our Future'* in November 2022 working with Clever Together and an initial action plan was developed and a second conversation was launched in March 2023. There were over 2000 votes, 250 comments and 65 ideas submitted as part of the second conversation and feedback from the Clever Together team including a thematic analysis was expected in the coming weeks and working groups were to be established to move actions forward.
- The final submission of the 2023/24 priorities and operational planning was made on 22 March 2023 however, a subsequent submission with regards to finance had been made. 8 out of the 11 providers in the ICB were reporting a breakeven position or better, North Tees & Hartlepool NHS Foundation Trust being one of them.
- A Programme Group had been created to establish momentum to the furtherance of group arrangements and were due to meet on a weekly basis and report to the Joint Partnership Board. Respective Director pairings had been made and would attend Programme Group meetings to provide an overview of progress.
- The estates team, as part of North Tees and Hartlepool Solutions LLP, were leading the procurement process for the Community Diagnostic Centre (CDC) and were working in collaboration with Stockton Borough Council (SBC). The plan was progressing at pace with SBC clearing the old Swallow Hotel and car park site in preparation for the construction phase commencing.
- The Faculty evolvement continued incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement. The Trust had put forward a proposal for a Health and Care Academy to address the critical shortfall of skills and funding had been granted and was immediately available. The Trust was looking to regenerate Ward 10 at the University Hospital of Hartlepool and recruitment had been made to a Business Manager post who would identify ways to income generate working closely with Colleges and Apprenticeships. The Academy would report to the People Committee then the Executive Team and Board.
- The CN/DoPS&Q provided a brief update on the CQC and improvement journey. The Trust was undertaking a full review of all the 'Must Dos' and 'Should Dos' within the CQC Report. A Trust wide communication was to be shared to ensure that all organisation were kept up to date of the improvements undertaken. It was noted that there were no exceptions to report.
- Positive feedback had been received following the annual ADQM Visit.

Following a member's query the CPO/DoCA highlighted that discussions were taking place with Colleges regarding opportunities for students to gain experience outside the NHS, obtain different types of exposure and also creating opportunities for volunteering which they could put towards evidence. Work was ongoing with Hartlepool College of Further Education looking at clinical, administrative, finance and HR roles. This work would help the Trust gain accreditation of apprenticeships.

The CN/DoPS&Q reported on discussions held at the Celebrating Excellence Event with regards to work experience across the organisation. It was felt there was an opportunity for students to undertake 6 weeks work experience across the organisation to enable them to make a decision on whether they wished to undertake an apprenticeship in a specific area and if not they would have 6 weeks work experience they could include in their CVs. It was agreed that a Board development session be held at a later date to understand the overall picture of this work going forward.

The Joint Chair reported that Dame Alwen Williams, former Group Chief Executive, Barts Health NHS Trust had begun to work with the Trust as part of the Group and would be arranging a number of face to face meetings to help guide the Trust through the process.

Resolved: (i) that, the content of the report be noted; and
(ii) that, an update be provided at the next meeting on the replacement of the Interim Chief Information and Technology Officer; and
(iii) that, a Board development session be held at a later date regarding the Health and Care Academy and the wider picture.

BoD/5048 Board Assurance Framework Report Quarter 4: 2022/23

The ADoRM presented the Board Assurance Framework (BAF) Report for Quarter 4 and highlighted the key issues.

The BAF had 12 risks domains associated with delivery of the four strategic objectives and the principal risks consisted of 35 threats. There were currently 3 principal risks that included a high risk rating within one or more threats, which were:

- The ability to learn from national safety alerts linked to procurement – 6434
- Delivery of savings – 6188
- Ageing Estate – 6581

It was reported that Risk 6434 had now been reduced to moderate.

The newly established Risk Management Group had met earlier that week with very robust discussions. It was agreed at that meeting that the BAF would be reviewed and updated to ensure it was appropriate for future services. The Good Governance Institute (GGI) were asked to identify organisations that were outstanding so that the Trust could learn from them in respect of their BAF. Discussions were to be held with Executive Directors and Non-Executive Directors to identify what was required from the BAF to ensure that it provided assurance to the Board of Directors as needed.

The ADoRM reported that there was a delay in the tracking system due to the change from Cardea to Oracle and aligning NTH Solutions LLP's system to it. It was agreed that the timescales around this would be discussed at the next NTH Solutions Management Board meeting and an update would be provided at the next meeting.

Following a member's query regarding capital funding and the new hospital programme the MD confirmed that a piece of work was being undertaken around mitigation on whether spending was appropriate if the organisation was moving towards a new hospital programme. However, work was also underway to identify alternative solutions if funding for the programme was not approved, which included the utilisation of the University Hospital of Hartlepool, the collaboration with South Tees Hospitals NHS Foundation Trust and would form part of the Outline Business Case (OBC) process. Regular updates would be provided to the Board of Directors as and when necessary.

LB sought to understand the wider discussions in respect of delivery of savings as part of the Trust's Cost Improvement Programme (CIP) as well as the evaluation of investments to understand the bigger picture, prompting a brief discussion. It was noted that the Finance Committee review and discuss the plan at each meeting. A brief discussion also took place regarding the controls and mitigations in place to manage risk.

Resolved: (i) that, the content of the report be noted; and
(ii) that, an update on the new hospital programme and alternative solutions be provided as and when necessary.

BoD/5049 Integrated Performance Report

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

Performance:

- The Trust achieved six of the nine cancer standards in February 2023, however did not achieve the recovery trajectory but was maintaining a reduction in the number of patients waiting longer than 62 days.
- The Trust continued to achieve the 28-day faster diagnosis standard reporting at 85.71% against the 75% target, which placed the Trust first across the region and reporting above national averages.
- The Trust was the only regional organisation to report 100% compliance against all three of the 31-day cancer standards in February.

- The Trust reported an improved performance against the 62-day cancer standard at 64.15%, which placed the Trust third across the region. It was noted that no Trust in the region had achieved the standard in February and that improvement work was being undertaken around patient choice to ensure it was provided in a more effective way.
- As part of the approach to recovery, the Cancer Improvement Plan covering all tumour sites responded to the identified areas of improvement through the clinically led Cancer Delivery Groups.
- The Trust maintained its position with zero patients waiting longer than 78 and 104 weeks and continued to report the lowest numbers of both 52 and 40 week waiters across the North East and Yorkshire region.
- The Trust did not achieve the over 52 week waits standard at the end of March with 38 patients reported. Focused and sustained work was taking place to ensure further reductions by the end of April.
- Diagnostic performance had seen a steady increase over the past few months with March reporting at 75.04%.

Quality and Safety:

- The Trust continued to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures. From April 2023 the recommendation was that the Trust would no longer report HSMR.

Workforce:

- The overall sickness absence rate had decreased in February from 5.86% to 5.80%. Short-term sickness had seen an increase whilst long-term sickness had seen a decrease, which continued to be monitored.
- Staff turnover had seen a slight increase from the previous month, however remained below the Trust 10% target.

Finance:

- At Month 12, the Trust was reporting an in-month surplus of £0.05m against a planned deficit of £0.204m, which was £0.254m ahead of plan.
- 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.

It was noted that the IPR was being reviewed around how it was structured to ensure it was in line with CQC requirements rather than the current domains, was action orientated and was fit for purpose. Maternity and Health Inequalities dashboards would also be included in future reporting. Work was ongoing to ensure the consistency of messaging and that visual and narrative elements reported the same.

Assurance was provided that the Performance, Planning and Compliance Committee (PPC) were reviewing the cancer standards and waiting times and that focused work was underway regarding patient choice to provide patients with three choices to enable them to attend appointments and support their wider commitments.

Discussions ensued regarding workforce, sickness absence and turnover. It was noted alternative roles were being considered for staff returning from long term sickness and that a set of actions had been agreed focusing on short term sickness to ensure this was being monitored robustly. Work was also ongoing with Business Partners and South Tees Hospitals NHS Foundation Trust regarding turnover, the reasons for it and ensuring the leaver's questionnaires were robust.

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

BoD/5050 Capital Programme Performance Report Quarter 4: 2022/23

The DDoF presented the Capital Programme Performance Report Quarter 4 2022/23 report and highlighted the key issues.

- The Trust's overall original capital programme plan was £21.983m and was broken down as £21.584m CDEL and £0.399m donated/grant funded assets.
- As at Month 12, the Trust had spent £21.7m on capital spend with a loss on disposal of £61k, taking the total capital spend against CDEL to £21.6m.
- The total expenditure on estates schemes was £14.3m at the end of March 2023, against an annual plan of £13.8m, which was £0.5m ahead of plan.
- The total expenditure on medical equipment schemes was £3.8m at the end of March 2023, against an annual plan of £33.3m, which was £0.4m ahead of plan.
- The total expenditure on contingency schemes was £30.4m at the end of March 2023, against an annual plan of £2.3m therefore was behind plan by £1.9m. The reason for the reduction in spend was the Tees Valley Pathology Collaboration and robot enabling works.

Following a member's query the DDoF confirmed that with regards to CDEL, responsibility was with each organisation to spend capital and if it was not spent then funding would remain within the system. The Trust managed this very well. It was noted that there were no penalties if the CDEL limit was breached, however it was part of the provider license and organisations would come under scrutiny for breaching it.

Clarification was sought regarding backlog maintenance spending of £12.37m and whether this was part of the overall capital programme plan of £21.983m. It was noted that the spend was part of the capital programme, which was a significant amount of money not being invested directly in patient care. It was noted that work was ongoing to establish the most cost effective way to use the estate and how to get the balance right.

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

BoD/5051 Priorities and Operational Planning Guidance 2023/24

The DoP&P presented the Priorities and Operational Planning Guidance 2023/24 report and highlighted the key issues.

A submission was required from each Trust with regards to finance, recovery and workforce. Draft submissions were expected in February and a final submission on 22 March 2023. All submissions had been made in line with the prescribed deadlines and an overview of the submissions were provided within the report.

A request had been made for a further submission to be made by the system by 4 May 2023, with provider submissions by 26 April.

Following approval of the final submission, plans would be monitored against the Integrated Performance Report and the Planning and Performance Committee (PPC) would review how this would be managed in 2023/24.

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

BoD/5052 Capital and Revenue Budgets 2023/24

The DDoF presented the Capital and Revenue Budgets 2023/24 report and highlighted the key issues.

The NHS finance and operational planning guidance for 2023/24 had been published on 23 December 2022, which was subsequently followed by a number of iterations that resulted in variations of financial plans being submitted during February and March 2023 and final plans being submitted on 30 March 2023.

Following the Health and Care Act 2022, there was also a requirement that the ICS delivered a balanced financial position at the end of the financial year, which was a legal duty and an individual and collective responsibility. As part of wider ICS meetings, deficit positions had been reviewed and financial plans were resubmitted.

The Trust had an overall capital plan of £41.7m, which reflected the Board approved Estates Strategy and included capital for the Community Diagnostic Centre, IFRS16 and Donated Assets.

The Trust's agreed ICB CDEL limit for 2023/24 was £17.315m and the plan continued to include planning for a new hospital re-development via an OBC.

Strategic financial risks had been reported to the Finance Committee on a monthly basis during 2022/23, along with associated mitigating actions. There were six strategic risks which were detailed within the report and were being considered as part of the refreshed BAF for 2023/24.

The cost uplift factor used in the allocations of tariff prices was based on the published estimate of the 2023/24 GDP deflator published at the end of December 2022. Following the calculation and publication of the planning guidance there had been further economic and political events that had significantly impacted on inflation expectations and on the Trust's financial plan, whihc was the key driver of the original deficit plan. Assurance was provided that the financial position was monitored closely via the Finance Committee and the Executive Team on a monthly basis.

The Board of Directors placed on record their thanks to all staff involved in the continuously updated submissions and for their hard work and dedication.

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

BoD/5053 Data Protection and Cyber Assurance Interim Position Report 2022/23

The ICI&TO presented the Data Protection and Cyber Assurance Interim Position Report 2022/23 and highlighted the key issues.

The Trust this year were mandated to submit a Data Security Protection Toolkit (DSPT) baseline position to NHSE by 28 February 2023 and the Trust's submission included completed evidence for 102 of the 113 mandatory evidence items or 90% complete at the midpoint. This was an increase on the previous year's baseline submission position of 78%, which reflected the embedded processes that the Trust had implemented to continue to ensure that data protection and cyber security remained a day-to-day operational priority.

The current position at the time of reporting was that 109 of the 113 evidence items were complete, therefore the Trust remained on plan to complete the full assurance submission by 30 June 2023, subject to a number of identified DSPT risks which were detailed within the report.

Incidents deemed to be a high risk were reportable to the Information Commissioners Office (ICO) via the DSPT within 72 hours of being reported to the Trust. The Trust actively encouraged staff to report any suspected data protection and cyber breaches irrespective of their severity in line with reporting policy. All reported incidents had since been closed by the ICO with no further action required.

There were currently 12 cyber security risks on the corporate risk register and were all rated as a 'medium risk'. The top 3 risks identified were; Risk 6192 File Shares, Risk 6166 Unmanaged Equipment (medical) and Risks 6154/6161 Zero-day threat (virus).

It was noted that the full report would be brought to a future meeting and the Annual Board Review was being planned as part of the annual cycle.

The ICI&TO confirmed that there was a lot of work being undertaken that was not within the report, including working towards the Trust going paperlight, which would reduce the risks and would help towards removing and reducing paper waste.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the full report would be brought to a future meeting.

BoD/5054 NHS Staff Survey North East and Yorkshire 2022

The CPO/DoCA presented the NHS Staff Survey North East and Yorkshire 2022 Report and highlighted the key issues.

Of the nine staff survey themes the Trust was above the regional average and for eight of the themes were in the top five of the comparative group of 33 Trusts, which was acute and community Trusts.

Areas to celebrate were 'staff morale', as the Trust was in the top five of all Trusts and for 'we are safe and healthy', the Trust was sixth.

It was noted that the regional response rate had declined by 3.1% with an average response rate of 45.2%. The Trust had achieved a 50% response rate, which was reflective of the work carried out with staff encouraging them to complete the survey.

Staff Survey feedback had been provided for each of the Care Group and Corporate areas with further action planning sessions due to take place with department leads to ensure that each area were able to provide clear and measurable action plans using data that would support the business plans. Work was also ongoing within the Organisational Development (OD) team to develop the organisations action plan which would focus on five key areas. Any areas of concern would be flagged and an OD intervention wrapped around it with feedback provided to Executive Team Meetings.

The data from the Staff Survey was to be triangulated with 'Our Trust, Our Future' to ensure common themes were identified and action plans connected to reduce duplication. Working groups were to be created for each of the areas of focus.

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

BoD/5055 Maternity Board Report

The CN/DoPS&Q introduced Dr Elaine Gouk, Deputy Medical Director and Stephanie Worn, Assistant Director of Midwifery to the meeting who presented the Maternity Board Report and highlighted the key issues.

The report demonstrated the significant amount of work undertaken to ensure safety, the continuation of the highest quality of care and opportunities for learning and improvement. The report also identified progress against the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) actions and the plans in place to ensure compliance against all measures.

There were ten safety actions that were to be delivered upon and the Trust was reporting compliance against six actions. Progress of the four remaining actions was provided; it was noted that one of the actions was now fully compliant, two were partially compliant and one action was awaiting the publication of the new training competency framework. In the interim monthly compliance was being monitored.

The Healthcare Safety Investigation Branch (HSIB) undertake case reviews for learning in the following categories; term stillbirth, early neonatal death or potentially severe brain injury. Two incidents had been report to HSIB and the reports were awaited. Four incidents had been reported as serious incidents within Quarter 4 and the outcome of the investigations were awaited also.

A number of service improvements had been agreed which were detailed within the report along with progress made to date.

The Recruitment & Retention Lead Midwife was working in collaboration with leads across North East and North Cumbria with regards to recruitment and developing local retention plans.

The Neonatal medical workforce had achieved the required standards for the Special Care Unit. Nurse staffing was based on the British Association of Perinatal Standards (BAPM) at an 80% occupancy

level, which was one nurse to four babies within the unit. The Trust was reporting 87.3% for the number of days that it had met BAPM.

It was agreed that if there was any support the Board of Directors could provide that this form part of the narrative in future reports.

AB the Board Maternity Champion welcomed the positive changes that had been made across Maternity Services including a strengthened leadership team and positive culture. A thanks was given to Simon Mehigan, Maternity Safety Advisor who had been working with the Trust closely since November.

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

BoD/5056 Learning from Deaths Report, Quarter 4 2022/23

The MeD/DCE presented the Learning from Deaths Report, Quarter 4 2022/23 and highlighted the key issues.

- The latest HSMR value was now 92.91, which was a slight increase from the previous rebased value of 92.09 (December 2021 to November 2022), and continued to remain inside the 'as expected' range.
- The latest SHMI value was now 95.56 from the previous rebased value of 98.12 (October 2021 to November 2022), and continued to remain within the 'as expected' range.
- There were 1543 inpatient and ED deaths reported in the 2022/23 financial year.
- The Deteriorating Patient Group, which was a multidisciplinary group looking at all issues relating to the deteriorating patient, met on a monthly basis and focused work around a number of key areas detailed within the report.
- To date there were nine cases that had been investigated as Serious Incidents, it was possible in four of the cases the overall outcome may have been different with different care provision. There were a further four cases still being investigated and the outcome of which would be included in future reports.
- It was noted that it was proving difficult to undertake compulsory case reviews. Training was being undertaken and a further update was to be provided in the next report.
- Two Mortality Leads had been appointed in November 2022, Dr Katie Elmer and Dr Julie Christie who were developing an over-arching Learning from Deaths Strategy.

Resolved: (i) that, the content of the report be noted; and
(ii) that, further information be provided in the next report regarding compulsory case reviews and training.

BoD/5057 Any Other Business

There was no other business to discuss.

BoD/5058 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Thursday, 25 May 2023 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 12.15pm

Signed:  Date: 25 May 2023

#REF!

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
26 January 2023	BoD/4967	***Board of Directors Declaration of Interest and Fit & Proper Person Declaration*** The register of Fit and Proper Person and Declarations of Interest for Deputies also be presented at Board for completeness.	SH SC/EJ			Fit and Proper Person Declaration and Declaration of Interest for Deputies Report to be presented to the Board of Directors. A review of the whole process was being undertaken and an update would be provided at a later date.
23 March 2023	BoD/5009	***BAF Quarter 4 Report: 2023/24*** Full quarter 4 report to be reported at the next Board of Directors meeting. Session to be arranged for the new NEDs to gain an understanding of the BAF processes Board Seminar meeting to focus on the Ageing Estate Risk	SC EJ NA	Completed		Quarter 4 Interim BAF report was available at the meeting on 27 April and the full quarter report would be presented to the May Board meeting. A workshop regarding BAF processes was facilitated by the Good Governance Institute (GGI) at the Board Seminar on 11 May 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			
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			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			
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			

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Joint Chair's Report										
Date:	25 April 2023										
Prepared by:	Sarah Hutt, Assistant Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to update the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.

Key issues for Information:

- One Life Hartlepool visit
- Teesside University visit
- Joint Non-Executive Director walkabout
- Joint Council of Governors

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

There are no risk implications associated with this report.

Committees/groups where this item has been discussed	N/A
Recommendation	The Board of Directors are asked to note the content of this report.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 May 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 One Life Hartlepool Visit

I had a productive visit to the One Life Hartlepool on 10 May and was shown round the iMSK Surgical Services, iMSK Extended Scope Practitioners / First Contact Practitioners, Podiatry Service, Community Dental and Audiology.

2.2 Teesside University visit

On 15 May myself, the Chief Medical Officer, Director of Medical Education and Director for Research and Innovation from South Tees were invited by Professor Tim Thompson, Dean of the School of Health and Life Sciences at Teesside University to visit the Health Facilities at the University, which was very interesting.

2.3 Joint Non-Executive Director walkabout

On 17 May we invited Non-Executive Director colleagues from South Tees to have a site walkabout at North Tees and visited Endoscopy, Respiratory and Gastroenterology, followed by a joint meeting where we discussed clinical priorities and strategy, organisational development
Od and culture enabling services and coo

2.4 Joint Council of Governors

A joint Council of Governors meeting between both North Tees and South Tees was held on 16 May with an update regarding joint working arrangements provided and a patient story, which was well received, prompting a lively discussion.

3. Recommendation

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

Professor Derek Bell
Joint Chair

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Joint Partnership Board update								
Date:	25 May 2023								
Prepared by:	Ann Baxter, Vice Chair								
Executive sponsor:	Professor Derek Bell, 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	x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	x

Executive Summary and the key issues for consideration/ decision:

The Joint Partnership Board continues to meet to progress the development of a Group Model across North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust.

The development of the Group Model is being supported by Dame Alwen Williams who is providing strategic advice and support to the Joint Partnership Board. Alwen is an ex-Chief Executive with a wide and varied experience.

The Joint Partnership Board did not meet in its traditional format in May; however, the two executive/ director teams held a joint session on 17 May, facilitated by Alwen Williams to help leaders of both organisations develop a high-level programme plan. This will build on the work to date, bringing together the Workstreams across the clinical pathways and corporate services – for example estates and digital transformation to deliver benefits to all our patients.

The Non-Executive Directors from both organisations met at North Tees to continue their joint discussions in order to identify the opportunities emerging from the development of the Group Model, in particular how any challenges or frustration can be overcome.

The session was also an opportunity for Non-Executive colleagues from South Tees to visit the North Tees site and visits were arranged to Respiratory and Gastroenterology services.

A joint Council of Governors meeting was help at South Tees on 16 May, which was well attended and well received. The Governors received a presentation on the work to date across the Joint Partnership Board, followed by an open discussion of the achievements, challenges and opportunities ahead. The importance of working with partners in the local authorities Healthwatch and wider communities was highlighted and the potential benefits considered.

Governors acknowledged the ongoing operational pressures as demand for services continues to increase and the challenges this will pose for the Tees Valley area as additional resources are required to reflect the needs of the population.

How this report impacts on current risks or highlights new risks:	
The risks to delivery are identified through the Joint Partnership Board. No new risks have been identified in May.	
Committees/groups where this item has been discussed	N/A
Recommendation	The board of Directors is asked to: • Note the content of the update • Acknowledge the continued positive approach to joint working

Meeting of Board of Directors

	Report of the Managing Director										
Date:	25 May 2023										
Prepared by:	Donna Fairhurst, Personal Assistant Neil Atkinson, Managing Director										
Executive sponsor:	Neil Atkinson, Managing Director										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.										
Action required:	Approve		Assurance	X	Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

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

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

Key issues for Information:

- 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 Provider Collaborative;
- North Tees and Hartlepool NHS Foundation Trust Estates Strategy;
- Community Diagnostic Centre;
- Faculty of Learning, Leadership and Improvement;
- Workforce Development, and;
- Wider National and Regional Contribution.

Decisions taken by Committee

Items contained in this report are discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.

Items for Escalation

There are no items for escalation within this report.
Board Assurance Framework/Corporate Risk Register risks this paper relates to:
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X

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

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 May 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 however, Trust occupancy throughout April was reported below 92%, at an average of 90.86% although there was some surges in activity which resulted in 12 occasions where the Trust exceeded the 92% standard. The Trust saw an 11% increase in resuscitation level patients and a 5% increase in major level patients.

In accordance with the new '*Priorities and Operational Planning Guidance 2023/24'*, the metrics for patients waiting over 12 hours within the Accident and Emergency Department (A&E) has changed.

The metric is now based on the patients waiting 12 hours in department, rather than Decision to Admit (DTA). For April 2023, the Trust had 101 greater than 12-hour waits in the A&E department; this is above the Trust standard of zero. Of the 101 patients, 43.6% were awaiting admission or transfer and 35.6% of these waits in department occurred between the 3rd and 5th April, when Trust occupancy was at 97%.

The Trust continues to focus on improving the clinical pathways within and out of hospital. It remains a key priority for the year ahead minimising over 12 hour waits in the emergency department recognising the potential risk of harm that long waits can present.

2.1.1 Four Hour Emergency Department Standard

The NHSE Planning Guidance for 2023-24 set a specific ask against the four standard requiring all Trusts to ensure 76% of patients within four hours by March 2024. North Tees and Hartlepool NHS Foundation Trust began reporting against the four-hour standard from the 1st May.

Shadow monitoring for April 2023 demonstrated 81.26% of patients were admitted, transferred or discharged within 4 hours, which is above the new national threshold of 76%. A trajectory to exceed the national 76% target is in place and a focussed transformation programme is in development to support the transition back to the four hour standard while maintaining many of the patient benefits from the development of alternative pathways including out of hospital care.

2.1.2 Elective Recovery

The Trust continues to focus on reducing RTT trajectories and the 52-week wait position. The impact of industrial action in April, following the Easter bank holiday weekend, has had an impact on the levels of activity, with significant levels of planned activity stood down to support maintaining safe services for patients.

The Trust reported 33 patients waiting over 52 weeks at the end of April, which was slightly higher than the trajectory of 30. Focussed and sustained work is taking place to ensure further reductions by the end of May 2023. The Trust did maintain the position of no patients waiting longer than 104 or 78 weeks, however, two patients did exceed 65 weeks; both have now been treated.

There is a national drive to deliver, at pace, a reduced number of patients waiting over 52 weeks. The Trust continues to report the lowest numbers of both 52 and 40-week waiters across the North East and Yorkshire and will continue to focus on maximising the elective hub on the Hartlepool site for its planned care programme in 2023/24 to further improve this position.

2.1.3 Industrial Action

The detailed planning and the response from our staff to manage the recent industrial action from the 11th to 15th April to ensure that we kept patients safe and minimised the impact on normal activity during this period was exceptional. Many groups of staff including our nursing teams, consultants, community services, pharmacy and allied health professionals have worked flexibly to cover the junior doctors during the industrial action.

Although our Trust was not directly impacted upon by the recent RCN industrial action, plans were put in place to escalate support for neighbouring Trusts if required over this period. The RCN may continue further industrial action, which could affect service provision in the coming months.

3. Strategic Objective: Health and Wellbeing

3.1 Culture and Leadership Development

Our Culture programme '*Our Trust, Our Future*' has now had the agreed two conversations completed. The first was to understand initial staff thoughts and feelings and the second conversation allowed an opportunity to respond to the first twenty-six areas for improvement.

The second conversation also allowed an opportunity to confirm the Leadership Charter and refresh the Customer Care Charter. Work is on-going to establish working groups to ensure the actions and the further feedback are taken forward. The feedback is also being triangulated with the staff survey work areas to reduce any potential duplication.

The three levels of leadership identified within the Leadership strategic plan are being progressed with the Foundation Programme *'It all starts with me'* increasing in regular attendance. The second level '*Leading with Care'* has two cohorts commencing in May with good uptake from across the care group and corporate areas.

The Limehouse platform will launch towards the end of May as a way for staff to continue their learning and further develop their leadership.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment has started and a high number of patients has been noted for the first month of the year (393 recruited into NIHR studies - 4th highest from North East and North Cumbria Acute Trusts) with 127 studies currently open across 20 clinical specialties.

3.2.2 Celebrating Excellence Event – Research & Innovation drop in event at JCUH

The event was well received with 34 poster stands and attendance from Governors, Executives and Non-Executive Directors with others joining online for the opening presentation. Following positive feedback from Ann Seward, Lead Governor at South Tees the Research Team have been approached to join a Governor Development session to discuss research in the near future.

3.2.3 Synexus

Synexus have now formally given notice via their agents. The research team are liaising with Karen Archer in North Tees LLP to agree a final surrender value for their early termination of contract. Future Meds are keen to take over as successor and a paper outlining our recommendation to accept Future Meds as the successor tenant will be submitted this week. They are keen to occupy the site as soon as possible.

3.2.4 Tees Valley Research Alliance (TVRA) Strategy refresh

An away day is planned for 19th May to refresh the TVRA strategy with subsequent circulation to all key stakeholders for awareness and input.

4. Strategic Objective: Transforming our Services

4.1 2023/2024 Priorities and Operational Planning Guidance

A further submission for the all three components of the planning round has been undertaken with a final position submitted to the Integrated Care Board on 26th April to support the national submission by 4th May. The Integrated Performance Report (IPR) which is presented to the Board of Directors will reflect the requirements of the annual planning round and provide an overview of compliance against the requirements.

4.2 Integrated Care System (ICS)

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the 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.

4.3 Delivery Plan for Recovering Access to Primary Care

A joint NHS and Department of Health and Social Care Delivery Plan for Recovering Access to Primary Care was published earlier this month. The plan is the first step in delivering the vision set out in Dr Clare Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System report '*Next Steps for Integrating Primary Care*'.

The ICB are currently awaiting further guidance with regard to next steps to deliver the plan with colleagues in primary care, as well as awaiting the publication of the NHS Workforce Plan which will be another key plan to support the delivery of the workforce required across primary care.

4.4 North East and North Cumbria Provider Collaborative (PvCv)

The purpose of the North East and North Cumbria (NENC) Provider Collaborative is to formally bring together all eleven Chief Executives of the Foundation Trusts in the Integrated Care System to:

- improve the health and wellbeing of people in NENC, with a particular focus on improving health inequalities;
- optimise the delivery, quality and efficiency of local health and care services provided by our local Foundation Trusts, and;
- support Foundation Trust Providers and CEOs by taking the necessary collaborative or, where possible, collective action, including mutual aid and support.

The Trust will be appropriately represented at the Provider Collaborative Clinical Summit on 26th May 2023. The focus of the event is to develop a strategic approach for clinical services across the NENC and identify risks and opportunities for all Foundation Trusts to work collaboratively.

4.5 Tees Provider Collaborative

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

At the last meeting in April the Joint Partnership Board discussed the challenge right across the NHS pertaining to finance. Our group is working hard to ensure that we are supporting the region's patients, against a backdrop of excess inflation and other pressures. The main focus of the meeting was governance, and we heard from our corporate affairs colleagues at both organisations about how we might start to share best practice moving forward.

4.6 Service and Estate Developments

4.6.1 New Hospital OBC

Following the Board Seminar meeting on the 13th April, approval was given to proceed with the development of the New Hospital Outline Business Case.

Discussions are currently being progressed with South Tees NHS Foundation Trust regarding a joint approach to the OBC. The existing risk identified with the Board Assurance Framework is being managed and mitigated through the backlog maintenance element of the capital programme and this is targeting the known highest risk elements that have been identified by a combination of advice from external advisors and the site specific knowledge within NTH Solutions Estates team.

4.6.2 Community Diagnostic Centre (CDC)

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

The estates team as part of North Tees and Hartlepool Solutions LLP 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 is underway. The detailed planning application was submitted to SBC on 17th May. The building design utilises 70% modern methods of construction and will be net carbon zero in operation.

Clinical teams and service leads from both Trusts and the wider Integrated Care System, including public health and primary care are developing the pathways and contributing to the design. The clinical team have finalised and signed off the detailed 1:50 room loaded drawings. This is a major milestone with clinical teams and designers working at pace to complete the design phase on schedule. Clinical teams have also agreed specifications for diagnostic scanning equipment to enable orders and build slots to be agreed with the manufacturer through NHS procurement frameworks. Workforce plans continue to be implemented with a focus on apprenticeship training programmes, international recruitment and university graduates, in addition to normal recruitment of posts through NHS Jobs.

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 data has been analysed at a North East and Yorkshire level which includes thirty three organisations. For eight of the nine People Promise themes, North Tees and Hartlepool were in the top 5 performing Trusts and all nine were in the top ten. This is a positive result for the Trust and demonstrates the collective commitment to ensure we have a great place to work. Work continues with the Care Group and Corporate areas to support progression of the staff survey results and working groups have begun pulling together key areas of work.

5.2 Faculty for Learning, Leadership and Improvement

The Faculty evolvement 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. We have recruited into the Quality Improvement role ensuring that we are able to achieve the strategic plan and continue embedding a continuous improvement culture.

Connectivity between the Faculty and the Director of Transformation role has begun with plans being developed to ensure cohesion and oversight of the work being undertaken across the Trust. In addition, the 3rd cohort of NTH100 will be launched in the coming weeks demonstrating our commitment to developing leaders at all levels of the organisation.

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. The Academy will receive capital funding of £1.25m following a successful bid as part of the Towns Deal Fund. The focus of the facility is to develop a sustainable workforce for the future with a '*grow our own'* concept. To achieve this, focus will be on three primary learning areas; state of the art specialist training; apprenticeships and corporate social responsibility.

A grant agreement is in the final stages of agreement that will include a payment schedule for the capital funding. In addition, A Memorandum of Understanding (MoU) is also in development between the Trust and Hartlepool College of Further Education in relation to apprenticeships. Once the grant agreement and MoU are in place, a procurement process will take place to assign a contractor. It is envisioned the academy will be operational in Quarter 4 of 2023/24.

5.4 Wider National and Regional Contribution

5.4.1 International Nurses Day

Friday 12th May marked International Nurses' Day and the Trust celebrated our much-respected and highly valued nursing colleagues with a series of social media posts throughout the day. Media posts featured mini-profiles of nurses in our Trust to show the challenges, rewards and the wealth of career opportunities available in the profession.

5.4.2 International Day of the Midwife

Midwives around the world were recognised on Friday 5th May as International Day of The Midwife was celebrated. Using our well-followed social media channels, the Trust posted a series of images and stories all day.

Our first Facebook post of the day reached more than 11,000 accounts: A very happy International Day of the Midwife to all our community colleagues who are celebrating today!

5.4.3 NHS Pay Award

In addition to the £1,400 pay award to staff in the Autumn of 2022, agreement has now been reached for an extra one-off lump sum which begins at £1,655 for the lowest paid staff and rises in value up the pay bands alongside a permanent 5% pay increase on all pay points for the financial year 2023/24.

5.4.4 The launch of your new Trust website

The Trust Communications Team formally launched our new and improved website in April. Featuring a much improved search function, prominent public health advice which is fully accessible to all. The new website will improve the patient experience for years to come.

Please visit the new site at: www.nth.nhs.uk

5.4.5 North Tees and Hartlepool NHS Foundation Trust trainer launches national course

John Blenkinsop, Deputy Clinical Effectiveness Manager from the Trust has been commissioned by NHS England to offer his much-valued e-learning programme on critical appraisal, which covers key issues in critical appraisal, equity considerations and randomised controlled trials and much more, to NHS colleagues around the country.

5.4.6 From make up to mortuary – Milina has found her new calling

21-year-old Milina Caley is a trainee anatomical pathology technologist at the North Tees and Hartlepool NHS Foundation Trust mortuary. Once an aspiring professional make-up artist, Milina made a drastic career change during the height of the pandemic when she turned down the opportunity of attending university and opted to join our mortuary team. She is now thriving in her career - having made the move from mortuary assistant to trainee anatomical pathology technologist.

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, operational resilience and a new operating model to support future positioning.

Neil Atkinson
Managing Director

North Tees and Hartlepool
NHS Foundation Trust

Meeting of the Board of Directors

Title:	Board Assurance Framework Interim Report – April 2023										
Date:	25 May 2023										
Prepared by:	Stephen Green, Associate Director of Risk Management (future lead Director of Strategy, Assurance & Compliance)										
Executive Sponsor:	Dr Susy Cook, Chief People Officer/Director Corporate Affairs										
Purpose of the report	The aim of this paper is to provide assurance to the Board of Directors on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF). This is report for April 2023 and includes actions for addressing the identified gaps in controls and assurance during that period.										
Action required:	Approve		Assurance	X	Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

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.

There are currently 2 principal risks that include a high risk rating within one or more threats.

Strategic Risk 3C has two associated high risks identified through the work of the Finance Committee:

1) ***Delivery of Savings (6188)*** and he Trust's revised financial plan for 2022/23 includes a requirement to deliver £11.3m of CIP. £5.7m is to be delivered via a finance plan and a number of plans are in place to deliver the target. The remaining £5.6m is to be delivered via care groups and corporate areas and this is a significant challenge. Progress of delivering CIP is reported to the Finance Committee on a monthly basis.

2) ***Ageing Estate (6581)*** reflecting the rapid decline of the construct of 3 main buildings at North Tees following the 6 Facet Survey, the ongoing delay in announcement of the Government's New Hospital programme and the Trust's bid for capital funding, and the potential escalation of risk of serious injury to staff, patients and members of the public if the buildings are left unmaintained beyond their natural lifespan.

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

In April 2023 the Board Assurance Framework continues to report two risks within "Strategic Risk 3C" as high linked to operational risks, on the Corporate Risk Register has risks reporting a current risk rating as follows:

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6188	Delivery of Savings	**3C**	**16**	**16**	**9**
6581	Ageing Estate	**3C**	**25**	**16**	**9**

Committees/groups where this item has been discussed	Audit Committee Board of Directors Patient Safety and Quality Standards Committee Planning, Performance and Compliance Committee Finance Committee People Committee Transformation Committee Digital Strategy Committee Executive Management Team
Recommendation	The Board of Directors is asked to note the risks contained in the BAF and specifically those based on a current risk rating of >15 (High).

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

25 May 2023

Board Assurance Framework, April 2023

Report of the Associate Director of Corporate Affairs and Strategy

1 Purpose

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

2 Background

2.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation. The BAF also provides evidence to support the Annual Governance Statement.

2.2 The BAF provides assurance to the Board of the key risks and identifies which of the objectives are at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigating action and address the issues identified in order to deliver the Trust's strategic objectives.

2.3 The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committees with undertaking scrutiny and assurance of the following:

- Controls in place
- Assurances in place and whether they give positive or negative assurance
- Gaps in controls or assurance
- Actions to close gaps and mitigate risk

2.4 Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.

2.5 Board Committees are in the process of reviewing individual risks and threats and this will managed through the committees to the Board of Directors.

2.6 The BAF and broader governance processes are under independent review by the Good Governance Institute following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commission in November 2022, commenced in December 2022, and will report to this Board subsequently.

2.7 The review is based around the Trust's responsibility for maintaining a sound system of internal control and governance that supports the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives, and that those systems remain fit for purpose. An internal audit of the Trust's BAF is currently underway and will report back through Audit Committee.

2.8 The Trust has concluded a full internal review of the risk management process including the BAF 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.

2.9 The Trust business team which is chaired by the Chief Operating officer and the Director of Planning & Performance, reviews all newly proposed risks providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances.

2.10 A formal Executive Risk Management Group reviews all risks proposed, corporate and strategic, to provide oversight and assurance to both Audit Committee and Board of Directors, the terms of reference of which have been agreed. The BAF will continue to be presented to Board and Audit Committee as it is now but the broader risk reporting within this Group provides another level of assurance.

3 Details

3.1 The BAF has **12 risk domains** associated with delivery of the four strategic objectives putting our Population First, Valuing People, Transforming our Services and Health and Wellbeing. The principal risks consist of **35 threats**.

3.2 There is currently two principal risks identified with a 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**	**16**	**9**

3.3 **Risk 6188** relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) and specifically the challenges to deliver the CIP programme for 2022/23 and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions and the external system requirement to deliver additional savings in year following the submission of a revised financial plan.

3.4 Each Care Group is supported to identify and delivery of schemes to deliver the cost improvement plan, supported by QUAD meetings. This is underpinned by the established Financial Management Performance Framework and the associated levels of escalation to the Executive Team. The Finance Committee receive monthly reports on the financial position for 2022/23 CIP delivery future planning. This has remained a red risk and is likely to remain a red risk heading into 2023/24.

3.5 **Risk 6581** relates to the ongoing concern linked to the Trust's ageing estate at University Hospital of North Tees following an independent 6 Facet Survey of Tower Block, South Wing and North Wing whereby the buildings were given a ten year lifespan. Audit Committee members should note that the 6 Facet Survey was undertaken over 12 months ago therefore the effective lifespan of the buildings is rapidly reducing year on year. Currently, the buildings are deemed to be beyond their effective use/purpose by 2031 and this was highlighted at Board of Directors Seminar on 16 March.

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 cost of delivering backlog maintenance to the three buildings on an annual basis is prohibitive, and estimated to rise to circa £300m by 2030/31 (when the current lifespan of the buildings is extinguished). An application to the Government's New Hospital programme for capital funding to develop new infrastructure that is fit for purpose was submitted just under 12 months ago, and whilst the Trust is still awaiting the outcome of the application process, the Board of Directors have considered the risks associated with the current and future situation with regard to preparation of an Outline Business Case (OBC) so that there can be no delays in scheduling of any works once the appropriate level of capital funding has been identified or approved.

3.8 The risk of the Trust ageing estate has been linked to a Tolerated Risk 6593, "Due to ageing estate there is insufficient storage facilities for equipment, it may cause breach in regulations". Risks that are identified to be affected by other risk or "cross cutting" are linked on the system to support effective risk management.

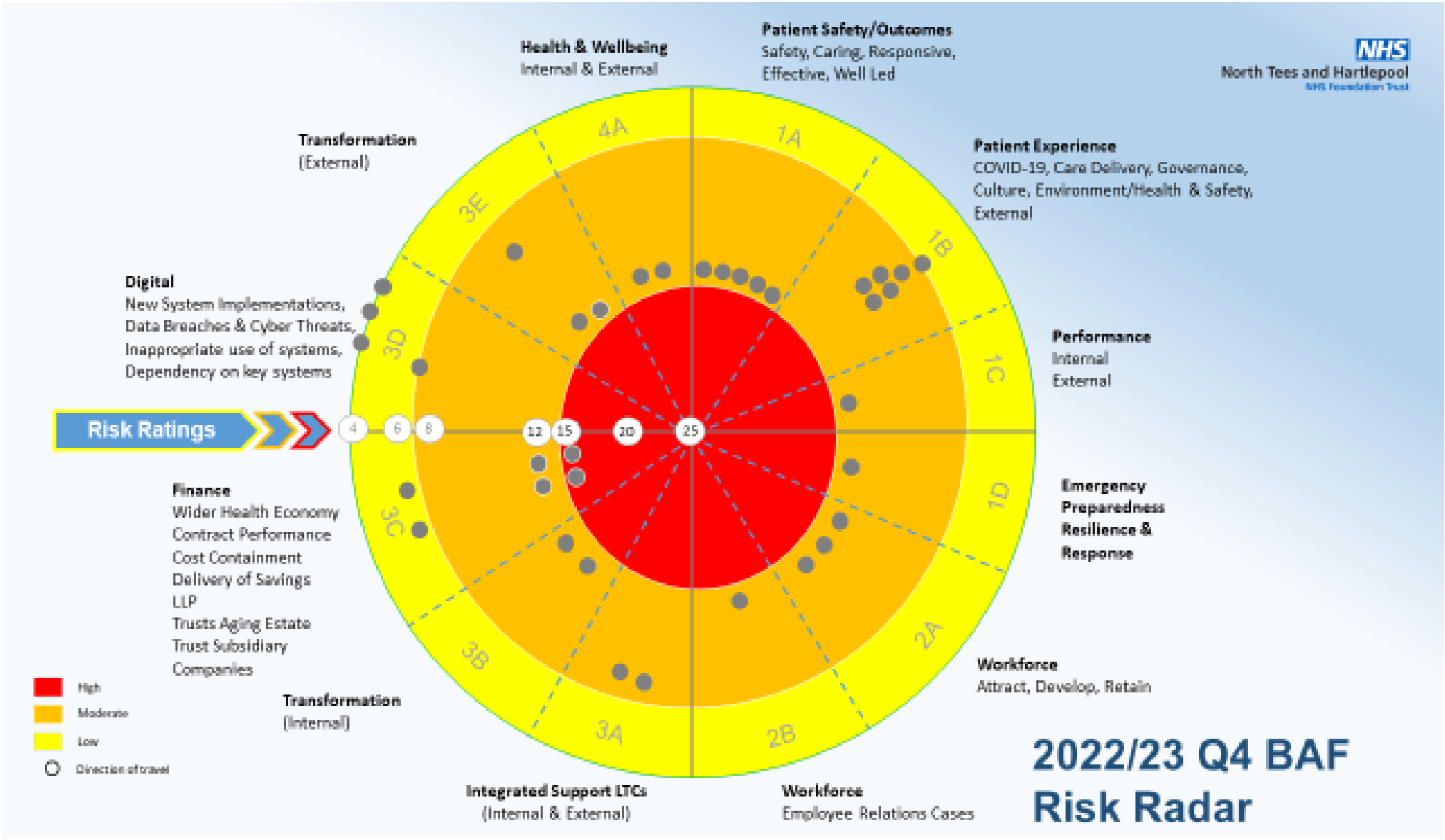
4 Recommendations

4.1 Actions are in place and being taken forward to mitigate the risks in the above sections, and the issues form part of regular discussions at the key Committees as well as being a focus of Executive Team discussions, as part of the monthly Risk Management reporting.

4.2 The Board of Directors is asked to note the risks contained in the BAF and two Risk identified as High that are being managed through the appropriate committee.

Prepared by: Stephen Green, Associate Director of Risk Management

Appendix 1


Health & Wellbeing
Internal & External
Patient Safety/Outcomes
Safety, Caring, Responsive, Effective, Well Led
NHS
North Tees and Hartlepool
NHS Foundation Trust
Transformation
(External)
Patient Experience
COVID-19, Care Delivery, Governance, Culture, Environment/Health & Safety, External
Digital
New System Implementations, Data Breaches & Cyber Threats, Inappropriate use of systems, Dependency on key systems
Performance
Internal
External
Risk Ratings
4
6
8
12
15
20
25
Finance
Wider Health Economy
Contract Performance
Cost Containment
Delivery of Savings
LLP
Trusts Aging Estate
Trust Subsidiary Companies
Emergency Preparedness Resilience & Response
Transformation
(Internal)
Workforce
Attract, Develop, Retain
High
Moderate
Low
Direction of travel
Integrated Support LTCs
(Internal & External)
Workforce
Employee Relations Cases
2022/23 Q4 BAF
Risk Radar

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Integrated Performance Report										
Date:	25 May 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 Stuart Irvine – Deputy Director of Finance										
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.										
Action required:	Approve		Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

The following is the Trust's position against key standards for April 2023 in the newly revised 2023-24 Integrated Performance Report (IPR).

Safe

The Trust continues to perform well against the measures for Safe, reporting no never events for falls with severe harm.

- During April the Trust reported 6 cases of C. difficile, this is above the Trajectory of 5 cases
- Reporting two Serious Incidents around delay in recognition of possible tumour and a medication error

Effective

The Trust continues to perform well against SHMI, reporting below national mean of 100

- Re-admissions has decreased to the pre-December 2022 peak, which is in line with the previous trend.

Caring

- For all six Friends & Family Test (FFT) metrics, the Trust is exceeding the 75% Very Good/Good standard.

Responsive

- The national field testing initiative has now ceased with requirement that all Trusts report against the 4 hour waiting time in Accident & Emergency. The Trusts achieved the 76% standard, reporting achievement of 81.26%.

- The requests for mutual aid, diverts and deflections saw a decrease, with the Trust receiving 10 patients (5 admitted) in April from 41 patients (26 admitted) in March.

- The two-week rule cancer standard's compliance reported at 88.4% against the 93% target with 62 days reporting at 59.17%. However, 28 days reported in a more positive position at 81.90%. Improvement areas are being identified though clinically led Cancer Delivery Groups.

- 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 is reporting at 73.33%, remaining above trajectory. Recovery continues, with a 5% (n=484) reduction in the Total Waiting list in comparison to last month.

People

- The Trust overall sickness has decreased in March from 5.80% to 5.70%, short Term staff sickness saw a decrease, whilst long term sickness has seen an increase; these will be continuously monitored.

- Mandatory Training has seen a continued increase, reporting 88.67%, just below the standard of 90.00%.

- Staff Turnover has seen a decrease from the previous month, but still remains below the Trust 10% target.

Finance

- Month 1 update will be given verbally for the Deputy Director of Finance

How this report impacts on current risks or highlights new risks:
Continuous and sustainable achievement remains a challenge for a number of key standards across elective, emergency and cancer pathways. System pressures and financial constraints, recovery, staffing resource and associated risks are outlined within the Board Assurance Framework.

Committees/groups where this item has been discussed	Executive Team Meeting Audit Committee Planning, Performance and Compliance Committee
Recommendation	The Board of Directors is asked to note: 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.

NHS
North Tees and Hartlepool
NHS Foundation Trust

Integrated Performance Report (IPR)

May 2023 Report

(April 2023 data)

Executive Summary

Executive Summary

NHS
North Tees and Hartlepool
NHS Foundation Trust

Domain	Summary
Safe	The Trust is performing well against a number of the safety & Quality standards, with Quality Improvement projects initiated around smoking whilst pregnant. However, the Trust has reported two serious Incidents which is above the standard and shows an increasing trend. A number of maternity standards have been added to this 2023-24 reporting period to provide assurance to the Board, Directors and Non-Executives.
Effective	The Trust continues to perform well both regionally and nationally with the mortality indicator SHMI (Summary Hospital-level Mortality Indicatory). However, even though improvements have been noted around Readmissions, April 2023 still remains above the standard of 7.70%, with pneumonia and gastrointestinal disorders the main contributing factors.
Caring	Performance around Friend and Family Test returns consistently meets the national standard of 75%. Stage three (formal) complaints has remained consistently below the standard for a number of months, with the Patient Experience Team continuing to drive for a local or a face to face resolution.
Responsive	Risk to compliance and performance is aligned to the board assurance framework 1C and as part of the approach to recovery. The Trust continues to achieve the Ambulance turnaround and 4hr waiting times in A&E standards. There is a continued reduction of patients waiting >52weeks, but still remains slightly above the trajectory for April, with the forecast to be at zero by the end of June 2023. The Trust noted that cancer performance has reduced in April, with Cancer 62 day performance showing a downward trajectory, with diagnostic capacity, specialist radiology and patient choice contributing factors.
People	Overall staff sickness within the Trust is showing a slight decline and has been under mean for the past few months, but still remains above the standard, Expert advice and support continues to be provided in the management of complex cases.

Introducton &

Statistical Process Control (SPC) Charts

NHS
North Tees and Hartlepool
NHS Foundation Trust

Introduction

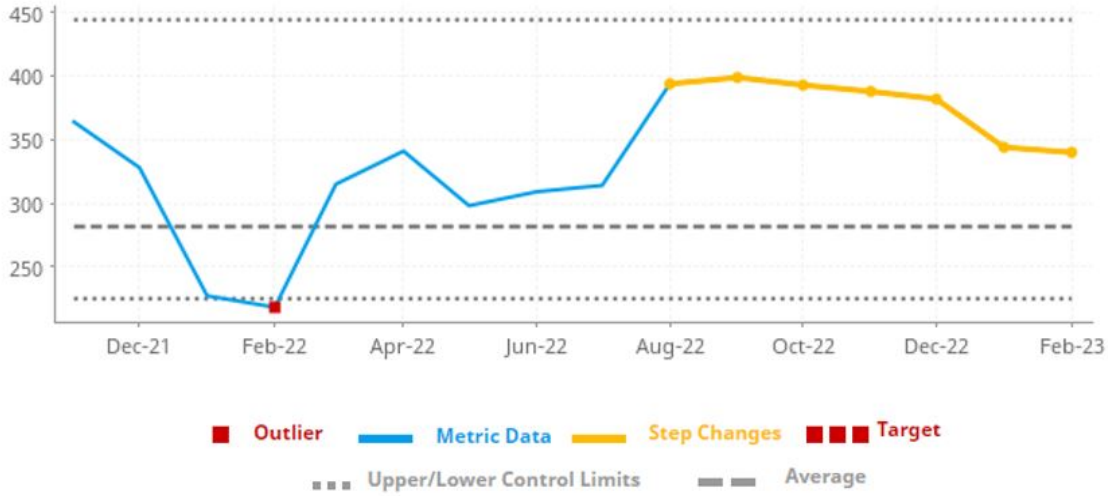
Performance highlights against a range of indicators including the Oversight Framework (OF) and the Foundation Trust terms of licence remains.

The report is for the month of ***April 2023*** and outlines trend analysis against key Compliance indicators, Safe, Effective, Caring, Responsive, Well Led and Finance.

To view the previous months position, please refer to the individual SPC charts.

The key 2023-24 National NHS Objectives are denoated with

SPC Charts



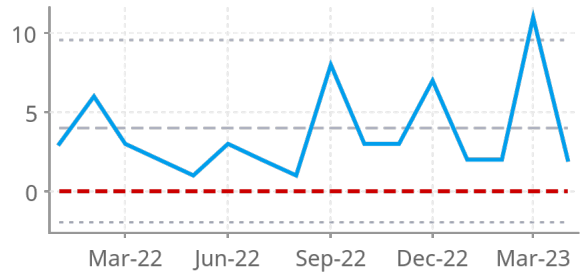
A Step Change occurs when there are 7 or more consecutive points above or below the *average*.

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

Safe

Serious Incidents

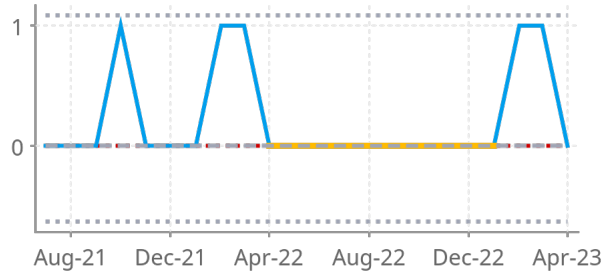


Month	Apr-23
Actual	2
Standard	0

Summary of Current Issues/ Recovery Plans

During April, the Trust reported 2 serious in line with the Serious Incident framework, themes include delay in recognition and medication error(s).

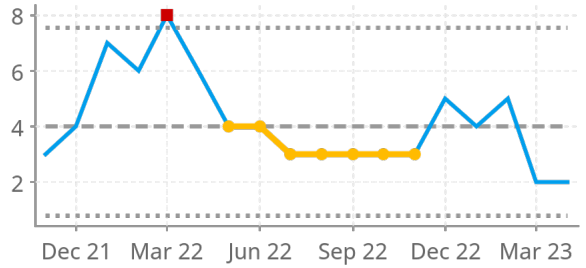
Never Events



Month	Apr-23
Actual	0
Standard	0

During April 2023, there were zero Never Events reported.

High Risks

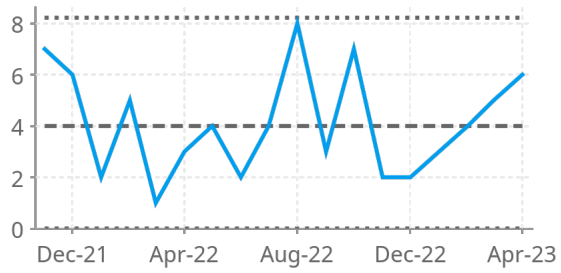


Month	Apr 23
Actual	2
Standard	4

Risks are reviewed in line with Trusts Policy, the 2 risks identified as High risk, relate to: “Trusts Aging Estate” and the “Delivery of Savings”, both are linked to the Board Assurance Framework, 3c Financial Stability and & Sustainability. Regular review is undertaken and monitored through the Finance Committee.

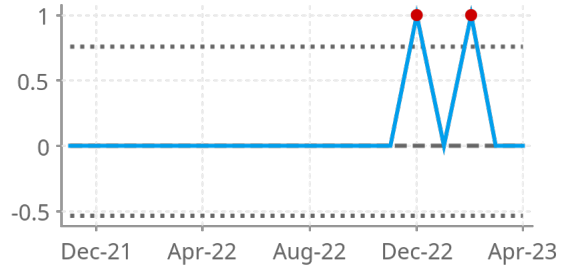
Safe

Clostridium difficile (C. diff)



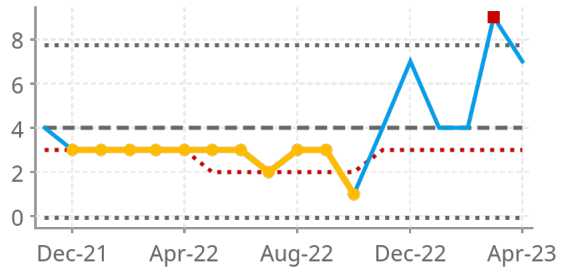
Month	Apr-23
Actual	6
Standard	5

MRSA



Month	Apr-23
Actual	0
Standard	0

MSSA



Month	Apr-23
Actual	7
Standard	3

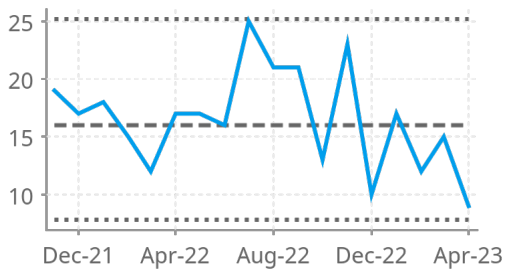
Summary of Current Issues/ Recovery Plans

The annual thresholds for 2023-24 is still awaited from NHSE and therefore trajectory comparisons have been used from March 2023. In April 2023, the Trust reported 6 cases of Clostridioides difficile infection. Root Cause analysis processes are explored for all hospital-onset healthcare associated cases.

There is no national objective set for MSSA, however, the internal trust threshold for 2022-23 will be in line with the national thresholds set for the other organisms by NHSE.

There are 7 healthcare-associated MSSA infections in April 2023, this is a reduction on the previous month, remaining higher than the mean and trajectory. There was a reduction in those linked to intravascular devices, this is likely to be due to improved training and education in relation to the new non-ported cannulas and blood culture sets. 9 CAUTI cases were reported, this a reduction and remains below the standard for the month.

CAUTI

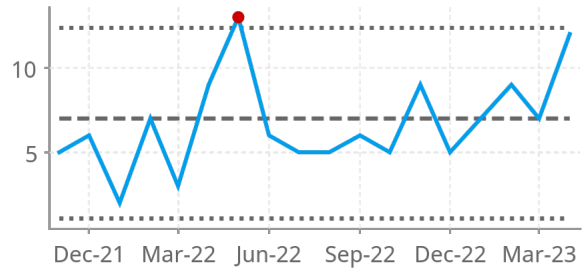


Month	Apr-23
Actual	9
Standard	17

Safe

North Tees and Hartlepool NHS Foundation Trust

Escherichia coli (E. coli)

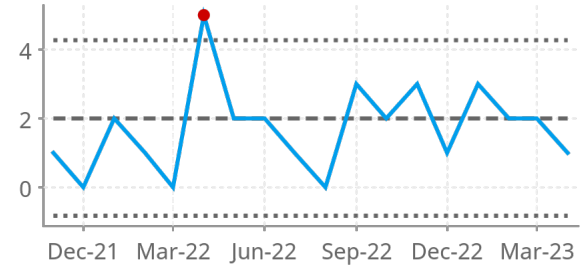


Month	Apr-23
Actual	12
Standard	6

Summary of Current Issues/ Recovery Plans

In April, 12 E-coli bacteraemia were reported, which is higher than the Trust trajectory, the main source was lower urinary tract. Quality improvement work continues with catheter care, prevalence and hydration.

Klebsiella

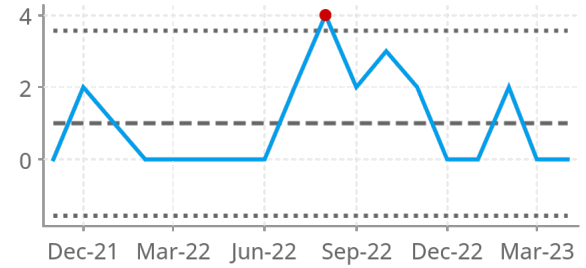


Month	Apr-23
Actual	1
Standard	2

Summary of Current Issues/ Recovery Plans

The Trust reported 1 case of Klebsiella in April 2023, which is below the expected trajectory.

Pseudomonas aeruginosa



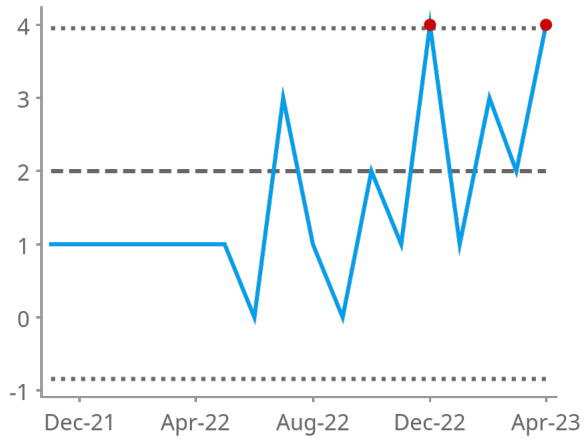
Month	Apr-23
Actual	0
Standard	1

Summary of Current Issues/ Recovery Plans

There has been zero trust attributable cases reported for Pseudomonas infections in April 2023. There have been only 2 reported Pseudomonas bacteraemia since January 2023.

Safe

Falls with Moderate Harm



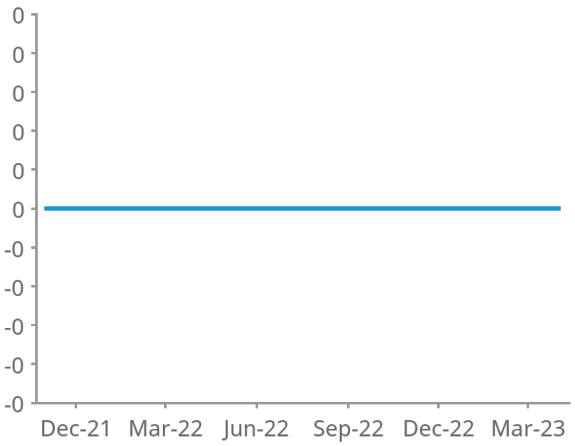
Month	Apr-23
Actual	4
Standard	2

Summary of Current Issues/ Recovery Plans

All falls resulting in moderate harm are thoroughly investigated with any immediate learning implemented at pace. There were 4 falls occurring in April resulting in moderate harm; in all 4 fall reviews learning identified - all 'post falls protocols' and guidelines were followed to an excellent standard, rapid implementation of appropriate treatment demonstrating embedded learning from previous incidents

Communication with the families was highlighted as an area of excellent practice, with one family submitting positive feedback to the Trust.

Falls with Severe Harm



Month	Apr-23
Actual	0
Standard	0

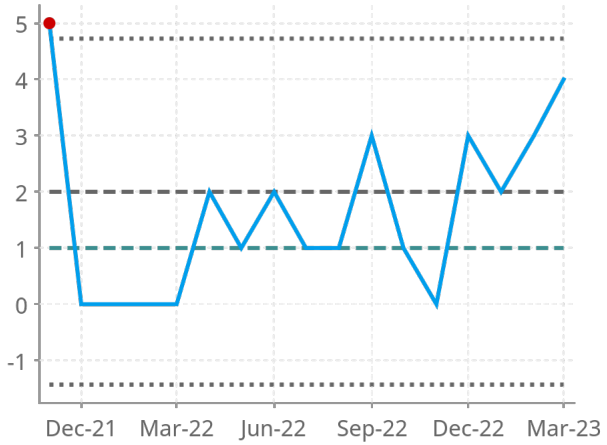
There is a Trust wide educational programme rolled out to all teams in connection with e nursing documentation, which includes the falls assessments. This training is also informing staff of the recently agreed changes to the policy which includes the age requirement of patient falls assessments and also the guidance of completing lying and standing blood pressure.

The National Audit of Inpatient Falls report has been presented at ACE committee. As an Organisation, we are performing exceptionally well which is reflected in the data.

Safe

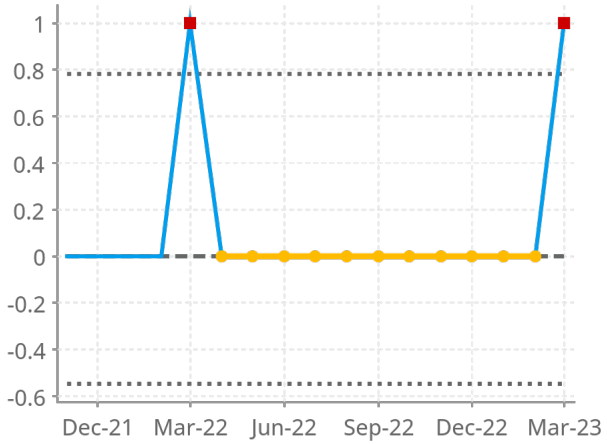
North Tees and Hartlepool NHS Foundation Trust

Pressure Ulcers Category 3



Month	Mar-23
Actual	4
Standard	1

Pressure Ulcers Category 4



Month	Mar-23
Actual	1
Standard	0

Summary of Current Issues/ Recovery Plans

There has been 4 Category three pressure ulcers identified in March 2023. There has also been 1 Category four pressure ulcer reported, this is the first reported case for 11 months.

In March 2023 there were 4 hospital acquired Suspected Deep Tissue Injuries (SDTI) identified and 9 hospital acquired which are ulcers that cannot be staged.

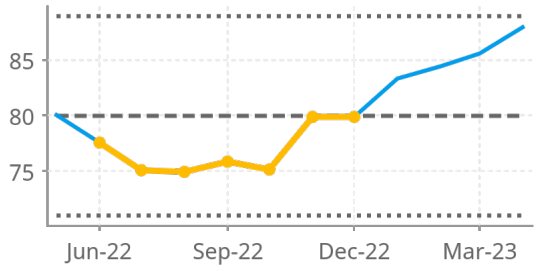
Work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. Pressure ulcer validation education has been provided to the band 6 and 7 nurses working within collaborative care, and a schedule of dates planned across Responsive care

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 is planned on ward 32 and 40 starting in May 23

Safe

North Tees and Hartlepool NHS Foundation Trust

UNIFY Day RCN

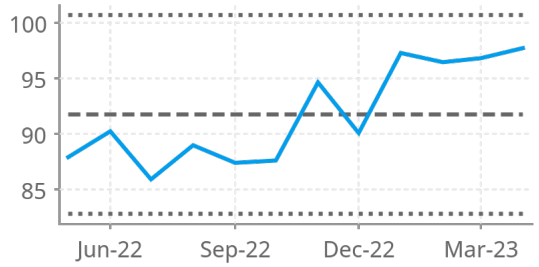


Month	Apr-23
Actual	87.93%
Standard	>=80% and <=109.99%

Summary of Current Issues/ Recovery Plans

Nursing fill rates have been sustained despite the financial incentive bonus scheme ending. The demand rates to NHSP has now started to reduce month on month in line with the RN vacancy level reducing as per the planned trajectory with a further improved position forecasted for the end June 2023. Monthly recruitment processes are on-going for both Registered and Unregistered Nurses and Midwives. On-boarding work with third year nursing students who are due to qualify in September 2023 is progressing with 60 pre-registered nurses expressing an interest to work at North Tees and Hartlepool. Approximately 35 of these nurses have been locked into vacancies with plans for the remaining 25 progressing.

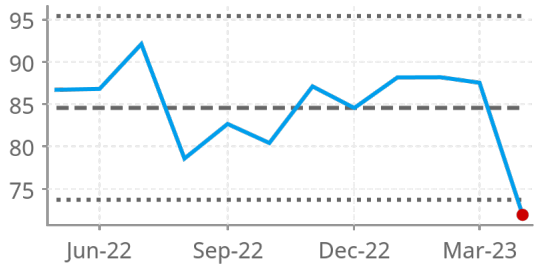
UNIFY Night RCN



Month	Apr-23
Actual	97.72%
Standard	>=80% and <=109.99%

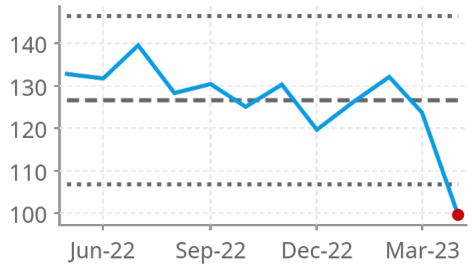
International recruitment (IR) of nurses continues with 60wte nurses now deployed to the UK. There has been a recent agreement to recruit 5wte Registered Midwives as part of IR and an additional 25wte Registered Nurses in 2023 which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level. Three members of the senior nursing team are going to India on the 21st May 2023 to and interviews are taking place on the 11th May 2023 in relation to Maternity IR recruitment.

UNIFY Day HCA



Month	Apr-23
Actual	71.92%
Standard	>=80% and <=109.99%

UNIFY Night HCA

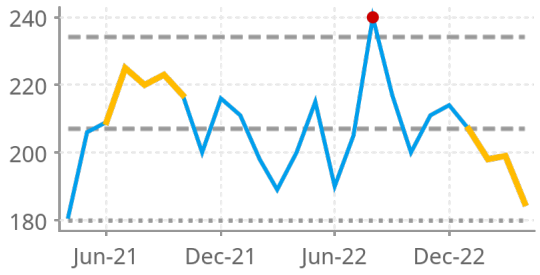


Month	Apr-23
Actual	99.61%
Standard	>=110% and <=125.99%

Safe

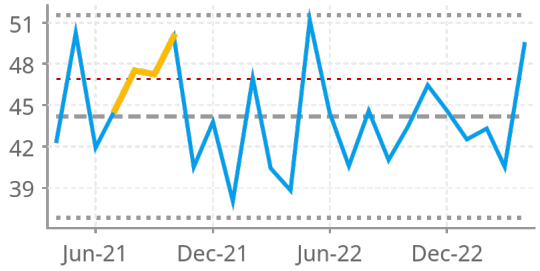
North Tees and Hartlepool NHS Foundation Trust

Number of Babies Born



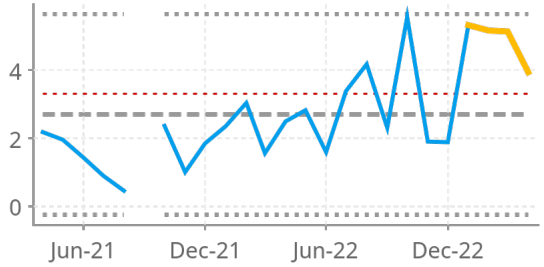
Month	Apr-23
Actual	185
Standard	N/A

Induction of Labour (%)



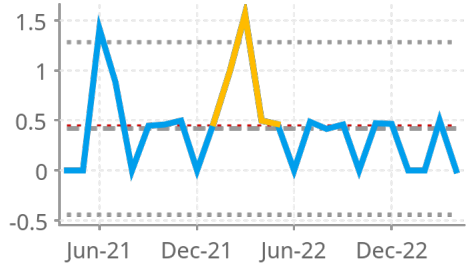
Month	Apr-23
Actual	49.44%
Standard	46.90%

PPH >1,500ml (%)



Month	Apr-23
Actual	3.93%
Standard	3.30%

Still Births



Month	Apr-23
Actual	0.00%
Standard	0.45%

Summary of Current Issues/ Recovery Plans

Induction of Labour rates fluctuate month on month which is expected.

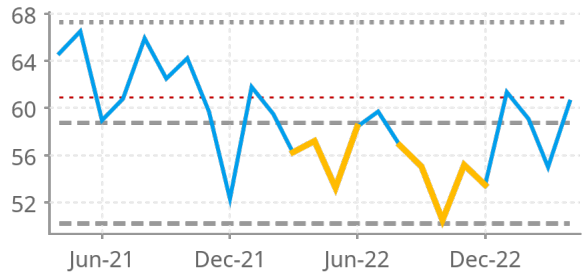
Increase in PPH rates attributed to the recently introduced Quality Improvement (QI) project which 'accurately measures' blood loss rather than 'estimating' blood loss. Next steps include introducing an enhanced risk assessment tool to promote earlier intervention and assess impact of this on major haemorrhages rates.

To ensure there are no other contributing factors, a local thematic case review is to be undertaken.

Stillbirths has sustained downward trajectory can be seen which reflects the national ambition to half stillbirths by 2025.

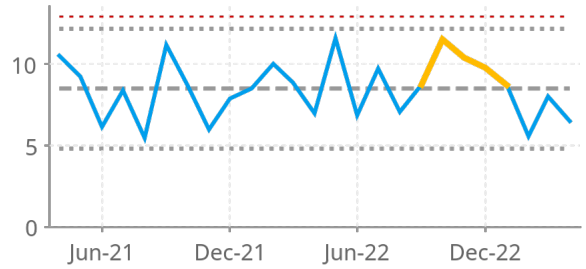
Safe

Spontaneous Delivery



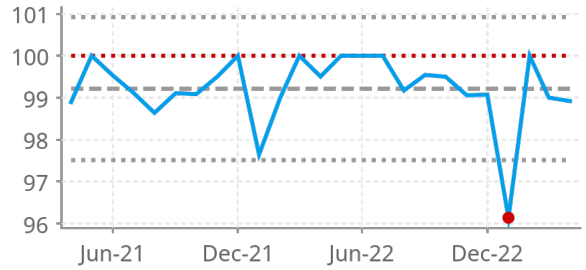
Month	Apr-23
Actual	60.54%
Standard	60.90%

Assisted Birth



Month	Apr-23
Actual	6.49%
Standard	12.90%

Right Place of Birth



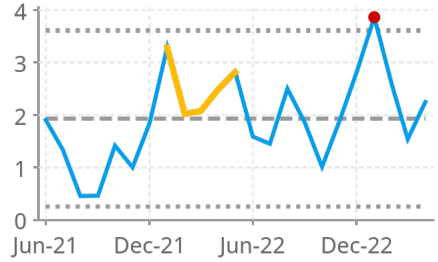
Month	Apr-23
Actual	98.92%
Standard	100.00%

Summary of Current Issues/ Recovery Plans

For assisted births the Trust triangulates rates against other metrics to understand service provision needs such as capacity planning, workforce and training.

The Trust triangulates 3rd and 4th degree tear rates against other metrics to understand service provision needs such capacity planning, workforce and training. An audit is being undertaken to identify if any common themes.

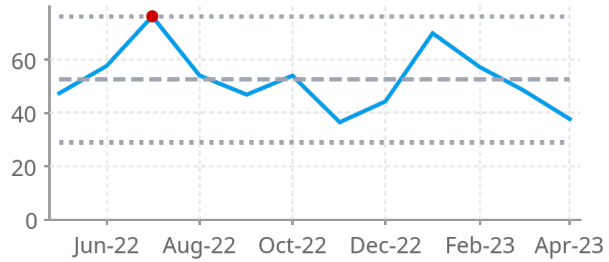
3rd and 4th Degree Tears



Month	Apr-23
Actual	2.25%
Standard	N/A

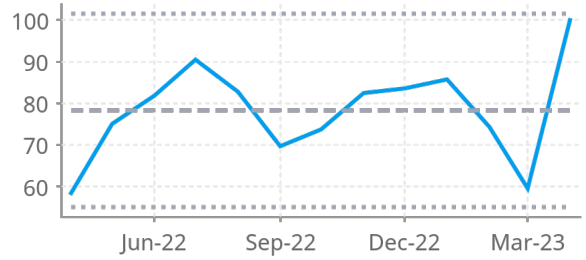
Safe

C-Section Robson Group 1 (a) Rate per 1000: Number R1 CS/ Total nulliparous singleton, cephalic in spontaneous term labour ≥ 37 wk (b) % Contribution to overall CS rate: Number R1 CS/ Total CS



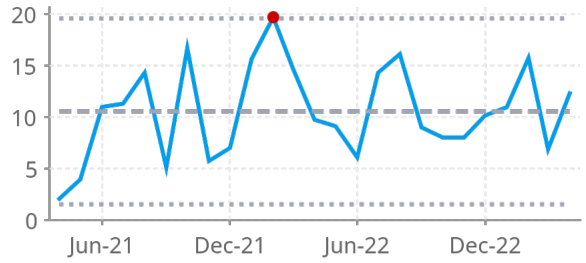
Month	Apr-23
Actual	37.70%
Standard	N/A

C-Section Robson Group 2(a) Rate per 1000: Number R2a CS/Total nulliparous singleton cephalic having IOL or CS before labour (b) Contribution to overall CS rate: Number R2a CS/Total CS



Month	Apr-23
Actual	100.00%
Standard	N/A

C-Section Robson Group 5 - Contribution to overall CS rate: Number CS in term women with previous CS, singleton cephalic/ Total CS



Month	Apr-23
Actual	12.28%
Standard	N/A

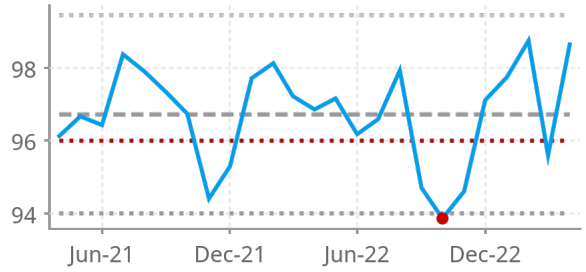
Summary of Current Issues/ Recovery Plans

There are no nationally mandated standards to meet. The caesarean-section Robson criteria for reporting is a new development following the Ockenden report. The data is benchmarked against all maternity units and there are no concerns with local rates.

Safe

North Tees and Hartlepool NHS Foundation Trust

1:1 Care

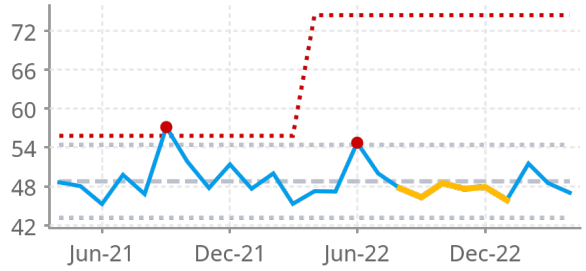


Month	Apr-23
Actual	98.64%
Standard	96.00

Summary of Current Issues/ Recovery Plans

All women in established labour are to receive 1-1 care. This metric is monitored regularly and there are tolerated circumstances when this is not achievable and mitigation is in place.

Breast Feeding Initiated (48 hours)

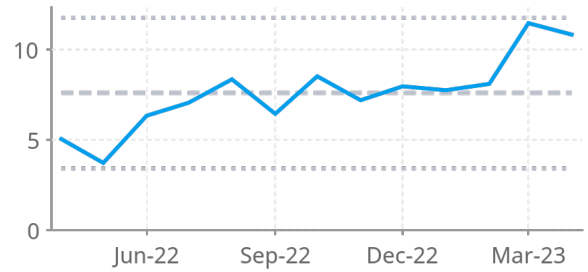


Month	Apr-23
Actual	47.03%
Standard	74.40%

The Maternity services are working towards UNICEF Breast Feeding Initiative (BFI) accreditation with the aim improving breast feeding rates at birth and 6 weeks of age.

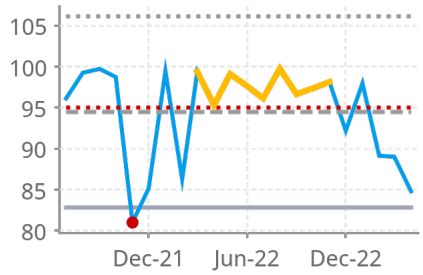
VTE assessment on admission are mandated to be completed. To improve compliance, daily spot checks are to be undertaken to increase awareness, compliance and recording on Trakcare.

Neonatal Admissions over 37 weeks



Month	Apr-23
Actual	10.81%
Standard	N/A

Maternity VTE%



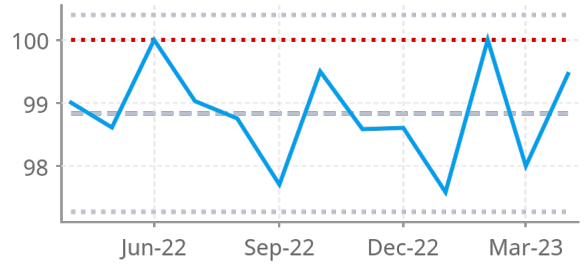
Month	Apr-23
Actual	84.79%
Standard	95.00%

Safe

Pre-term Birth Rate <27 weeks

Month	Apr-23
Actual	0.54%
Standard	0.00%

Pre-term Birth Rate >=32 weeks



Month	Apr-23
Actual	99.46%
Standard	100.00%

Summary of Current Issues/ Recovery Plans

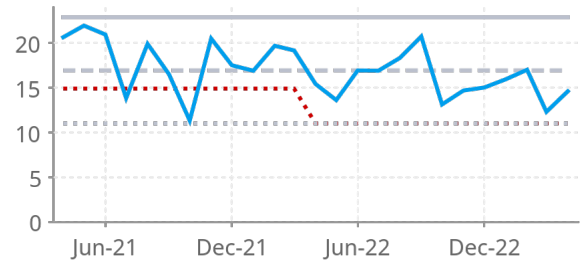
To optimise health of the newborn and mother, it is a recommendation to support a reduction in smoking or a cessation.

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

To aid in the reduction of smoking during pregnancy the Trust has started the following Quality Improvement projects:

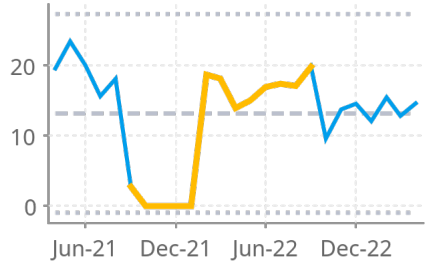
- Community led initiative which aims to embed a 12 week quit programme into Hartlepool and Peterlee which is ran by the midwifery assistants.
- To increase the number of referrals into the tobacco dependency treatment service from the acute setting.

Smoking at Booking



Month	Apr-23
Actual	14.61%
Standard	11.00%

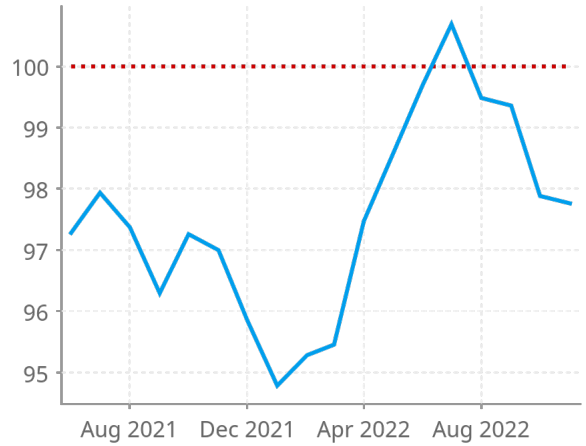
Smoking at Delivery



Month	Apr-23
Actual	14.61%
Standard	11.00%

Effective

Summary Hospital-level Mortality Indicator



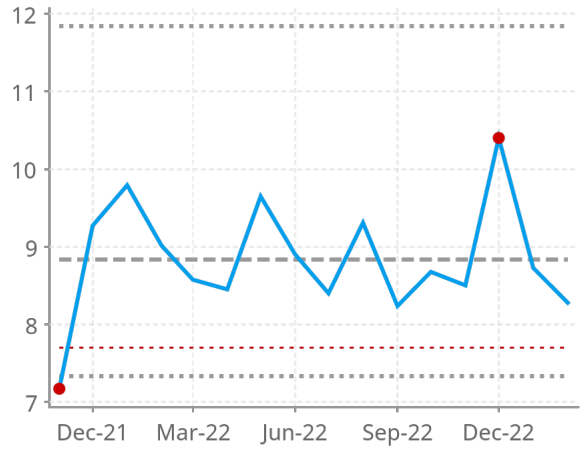
Month	Dec 21 - Nov 22
Actual	97.76
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 97.76 (December 2021 to November 2022) which has decreased from the previous rebased value of 97.88 (November 2021 to October 2022).

The value of 97.76 is 4th lowest in the region, which ranges from 86.86 to 108.96, with the national range between 71.73 to 122.19.

Re-admission Rate



Month	Feb-23
Actual	8.28%
Standard	7.70%

Summary of Current Issues/ Recovery Plans

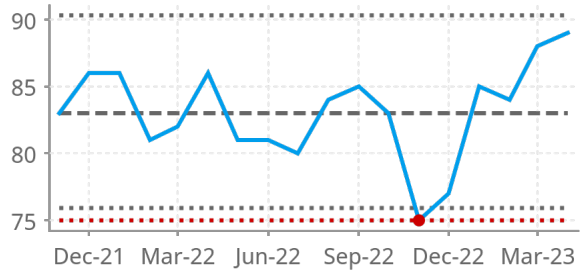
The latest validated position has seen a continued decrease in the rate, with viral pneumonia being the reason for the highest emergency readmission and gastrointestinal disorders being the reason for the highest elective readmission.

A collaborative approach to address a number of the issues is underway to support an improvement of this position.

Caring

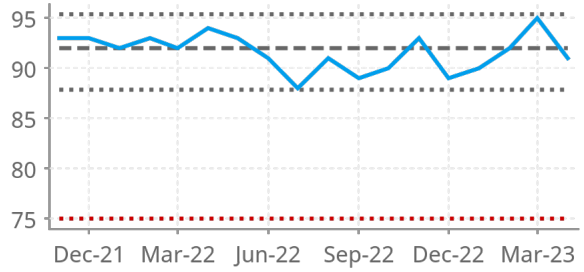
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - A & E



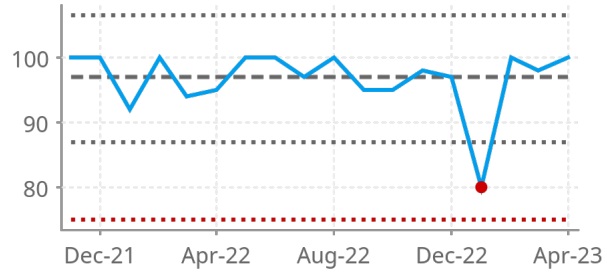
Month	Apr-23
Actual	89.00%
Standard	75.00%

Friends & Family Test - Inpatient



Month	Apr-23
Actual	91.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Apr-23
Actual	100.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

For April 2023 the Trust received 1,674 Friends & Family Test returns, this is a decrease on the previous months updated return of 1,864.

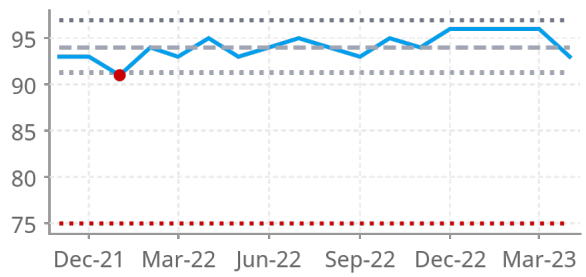
The Very Good or Good responses returned for April 2023 is 92.41%.

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

Caring

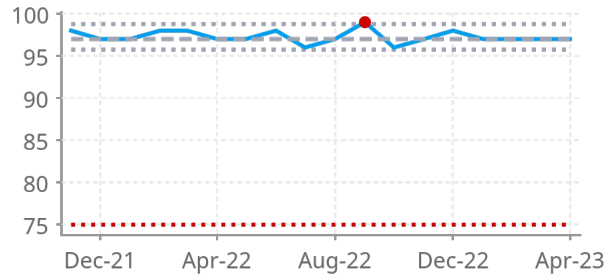
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - Outpatient



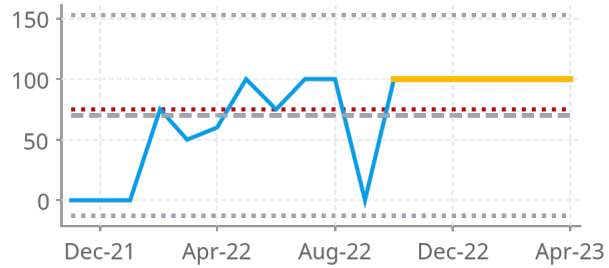
Month	Apr-23
Actual	93.00%
Standard	75.00%

Friends & Family Test - Community



Month	Apr-23
Actual	97.00%
Standard	75.00%

Friends & Family Test - Long Covid



Month	Apr-23
Actual	100.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

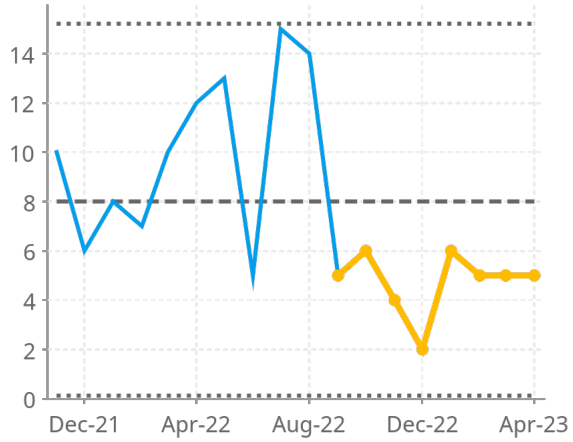
The Friends & Family Test metrics for Outpatients, Community and Long Covid are new to this IPR. All three metrics falling within their relevant control limits with the recent trends displaying natural cause variation.

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

Caring

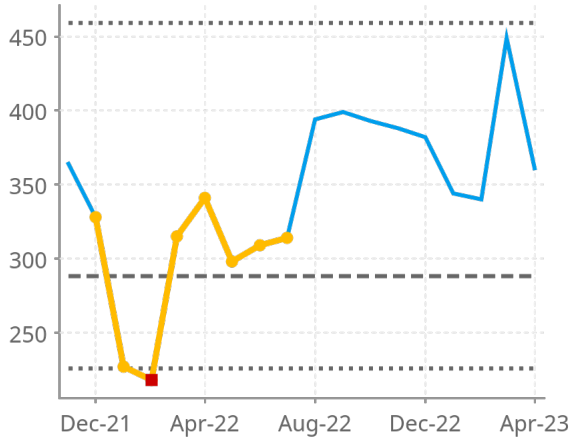
North Tees and Hartlepool NHS Foundation Trust

Complaints - Stage 3



Month	Apr-23
Actual	5
Standard	6

Compliments



Month	Apr-23
Actual	361
Standard	288

Summary of Current Issues/ Recovery Plans

There has been 5 Stage 3 complaints received in April 2023, with local resolution attempted for 90% of the complaints received.

The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings are in place to support this process.

Increased analysis continues to be presented and discussed during the weekly Safety Panel meetings and in the now quarterly Patient Experience Report. Trend analysis is also addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.

The Complaint Improvement Project is continuing, with an evaluation of the revised Stage 3 process underway. The Medical Examiner process has now been reviewed and the Project Group are currently finalising the review of the Stage 2 complaint process. The Stage 1 review will commence in May 2023, with the aim to pilot in July.

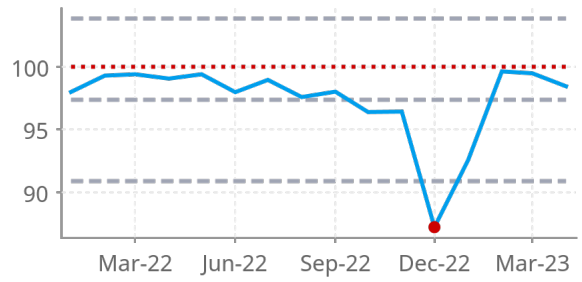
The number of complaints recieved in April 2023 was 361, this is a decrease from the high of 472 in March 2023. However, it is noted that compliments continue to outweigh the number of complaints received by the Trust.

Ward 04 received the highest number of compliments in April, with 34, followed by Day Case Unit with 30 and Ward 24 with 29.

Responsive

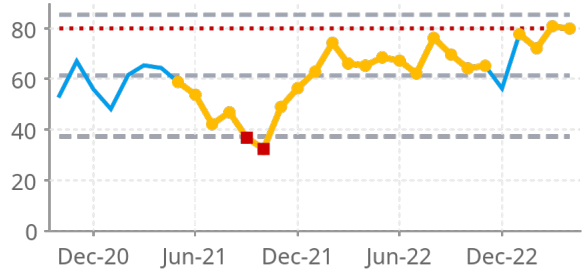
North Tees and Hartlepool NHS Foundation Trust

Ambulance Handovers Completed within 60 mins (%)



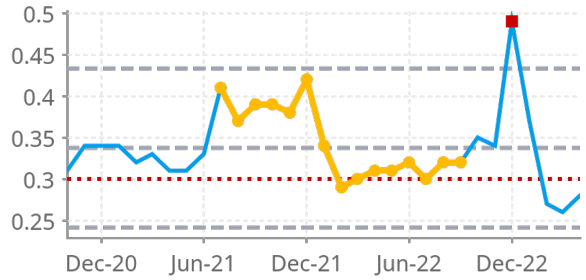
Month	Apr-23
Actual	98.44%
Standard	100.00%

Ambulance Handover Completion Rates (PIN) %



Month	Apr-23
Actual	79.90%
Standard	80.00%

Ambulance Turnaround Time (TAT) - mins



Month	Apr-23
Actual	28
Standard	30

Summary of Current Issues/ Recovery Plans

There were 22 over 59 minute delays which was impacted upon by the level of activity and acuity. 98.4% of completed handovers were recorded within 60 minutes, which places the Trust 4th regionally reporting at 97.1% (range 84.6% - 99.6%).

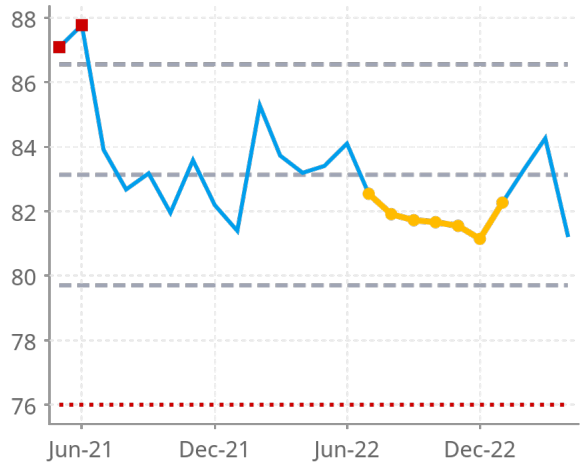
Handover completion (PIN) showed a slight decline with 79.9% of handovers recorded fully, down from 80.82% in the previous month.

The regional target of 30 minute turnaround time, which is reflective of efficient and effective processes in place show the Trust achieving an average of 28 minutes across the month

The support to the system continues although April is reflective of a reduced number of patients received into the organisation as a result of mutual aid, diverts and deflection.

Responsive

4 hr Accident & Emergency Waiting Times

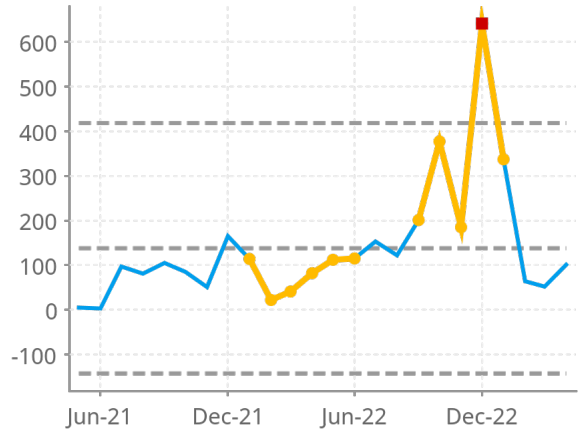


Month	Apr-23
Actual	81.26%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

The national field testing initiative has now ceased with requirement that all Trusts report against the 4 hour waiting time in Accident & Emergency. The achievement of 81.26% of patients were admitted, transferred or discharged within 4 hours is above the new national threshold of 76%

12 hour waits in Accident & Emergency



Month	Apr-23
Actual	101
Standard	0

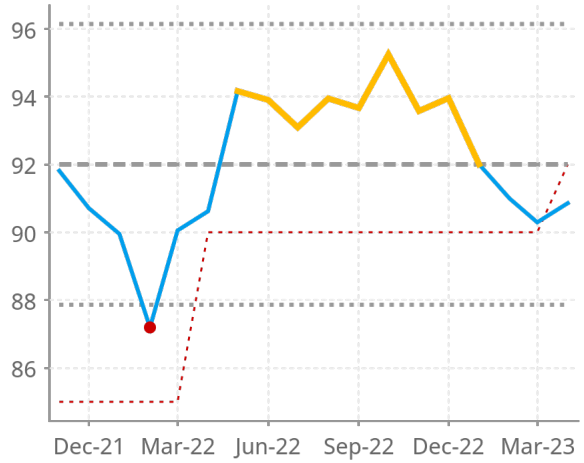
Summary of Current Issues/ Recovery Plans

Based on the new 2023/24 Priorities and Operational Planning Guidance, this metric is now based on the patients waiting 12 hours in department, rather than Decision to Admit (DTA). For April 2023, the Trust had 101 greater than 12 hour waits in the Accident & Emergency department, this is above the Trust standard of zero.

Of the 101 patients, 43.6% were awaiting admission or transfer, 36 of these waits in department (35.64%) occurred on 3 to 5 April, when the Trust occupancy was at 97%, this was the highest level of Trust occupancy since 26 Jan (97.97%).

Responsive

Trust Occupancy



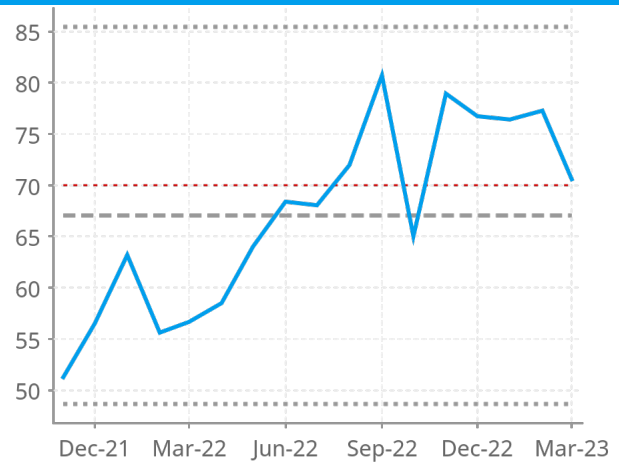
Month	Apr-23
Actual	90.86%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

Trust occupancy throughout April consistently reported below 92% at an average of 90.86% though some surges in activity resulted in 12 occasions where the Trust exceed the 92% standard. The majority of these coincided with increased activity and acuity levels, the Trust saw an 11% increase in Resus level patients and a 5% increase in major level patients.

Covid admissions decreased in April to 121 (142 in March), with 16 patients still in the Trust at the end of April. There were 4 flu admissions which has reduced from 9 admissions in March, with no patients with flu in the Trust at the end of April.

2 hour Community Response



Month	Mar-23
Actual	70.58%
Standard	70.00%

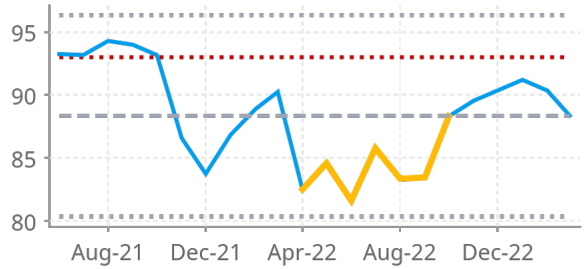
Summary of Current Issues/ Recovery Plans

Out of Hospital Care services continue to report in a positive position against this trajectory underpinned by an improvement plan. To give context, 792 referrals were received, with 64.77% of patients seen via District Nursing in Stockton, 28.79% by District Nursing in Hartlepool and 6.4% from other services.

The established pathway with NEAS which allows them to directly refer to the Trusts Integrated Single Point of Access (iSPA), has seen a decrease impacted by improving response time from NEAS.

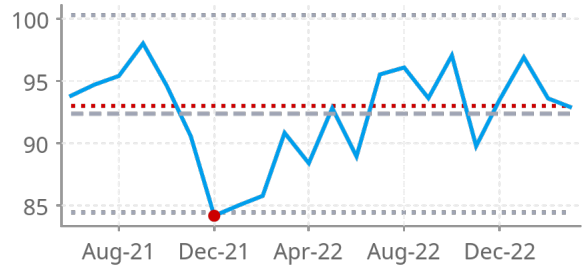
Responsive

New Cancer Two Week Rule



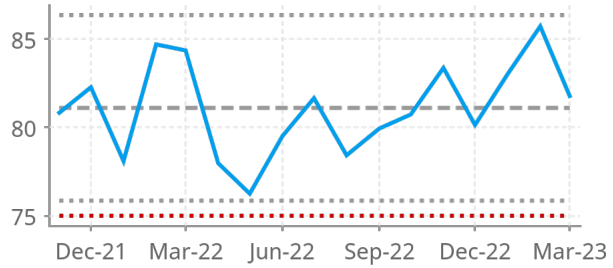
Month	Mar-23
Actual	88.36%
Standard	93.00%

Breast Symptomatic Two Week Rule



Month	Mar-23
Actual	92.92%
Standard	93.00%

Cancer 28 day Faster Diagnosis



Month	Mar-23
Actual	81.97%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

There continues to an increased in the number of referrals across the organisation, specifically gynaecology, with work ongoing with ICB colleagues. The two-week rule standard reported at 88.36% against the 93% target, placing the Trust third across the region. The regional average reported 86.9%.

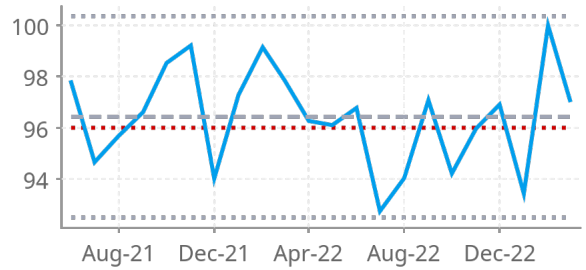
The Trust narrowly missed the March standard for Breast Symptomatic, with the standard remaining on an upward trajectory.

The continued achievement of the 28-day faster diagnosis standard reporting at 81.9% against the 75% target, places the Trust third across the region.

Responsive

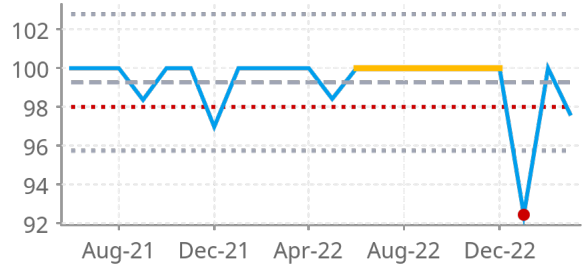
NHS
North Tees and Hartlepool
NHS Foundation Trust

New Cancer 31 Days



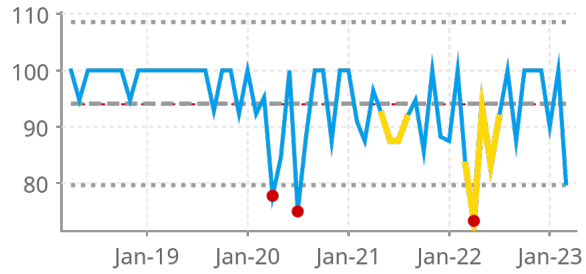
Month	Mar-23
Actual	97.08%
Standard	96.00%

New Cancer 31 Days Subsequent Treatment (Drug)



Month	Mar-23
Actual	97.65%
Standard	98.00%

New Cancer 31 Days Subsequent Treatment (Surgery)



Month	Mar-23
Actual	80.00%
Standard	94.00%

Summary of Current Issues/ Recovery Plans

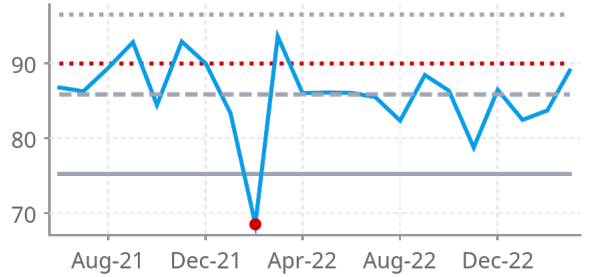
The Trust reported 97.08% against the 31-day cancer standard placing the Trust third across the region, with only 4 Trusts achieving the standard.

Responsive

New Cancer 62 Days

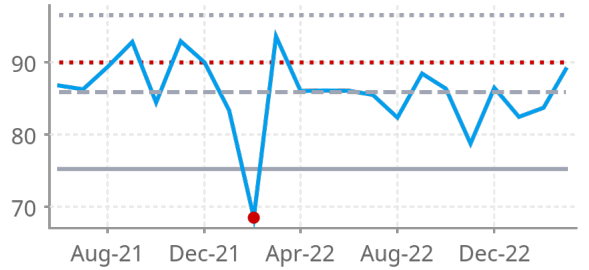
Month	Mar-23
Actual	59.17%
Standard	85.00%

New Cancer 62 Days (Screening)



Month	Mar-23
Actual	89.06%
Standard	90.00%

New Cancer 62 Days (Consultant Upgrade)



Month	Mar-23
Actual	89.06%
Standard	90.00%

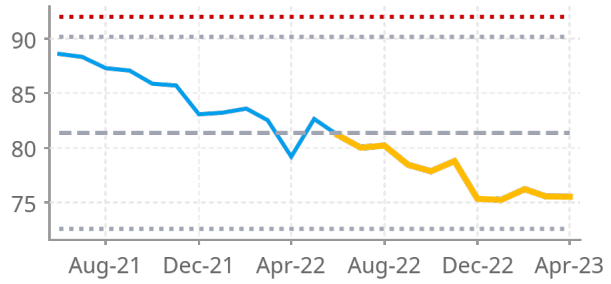
Summary of Current Issues/ Recovery Plans

The Trust reported a decrease in performance against the 62-day cancer standard at 59.17% in March, placing the Trust fifth across the region, noting that no regional Trust achieved the standard.

The Cancer Improvement plan covering all tumour sites responds to the identified areas of improvement through the clinically led Cancer Delivery Groups. Various areas of focus including changes to pathways and work with key stakeholders, with a real focus on implementation of best practice diagnostic turnaround times across all specialties with a Task and Finish Group currently being established for the prostate pathway.

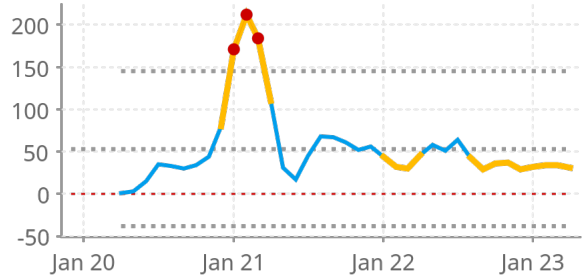
Responsive

Referral to Treatment Incomplete Pathways Wait (92%)



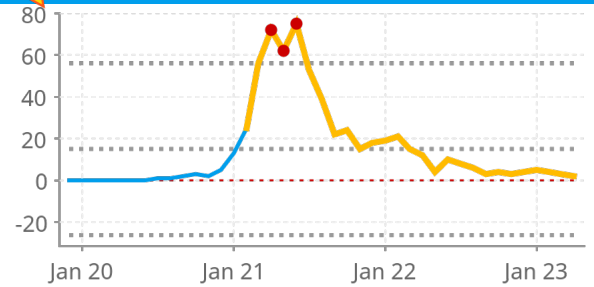
Month	Apr-23
Actual	75.51%
Standard	92.00%

Incomplete Pathways Wait (>52 and >65 Week Wait)



Month	Apr 23
Actual	31
Standard	0

Incomplete Pathways Wait (>65 Week Wait)



Month	Apr 23
Actual	2
Standard	0

Summary of Current Issues/ Recovery Plans

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.

The Trust reported at 75.51% against the RTT incomplete standard of 92% in April. Whilst the SPC demonstrates a general downward trend, the last 4 months have shown a stabilising position. The latest benchmarking position being March, is reflective of a regional average at 69.2% and national reporting at 58.5%.

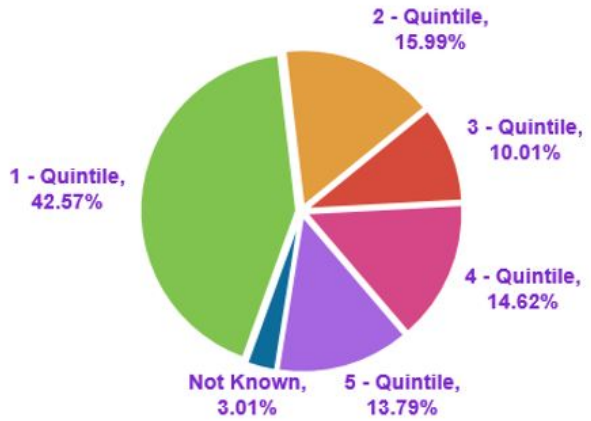
All long waiters are reviewed and validated to ensure pathways are progressed as quickly as possible by expediting appointments.

The Trust reported 33 patients waiting over 52 weeks at the end of April, which was slightly higher than the trajectory of 30. Focussed and sustained work through robust governance structures is taking place to ensure further reductions by the end of May 2023.

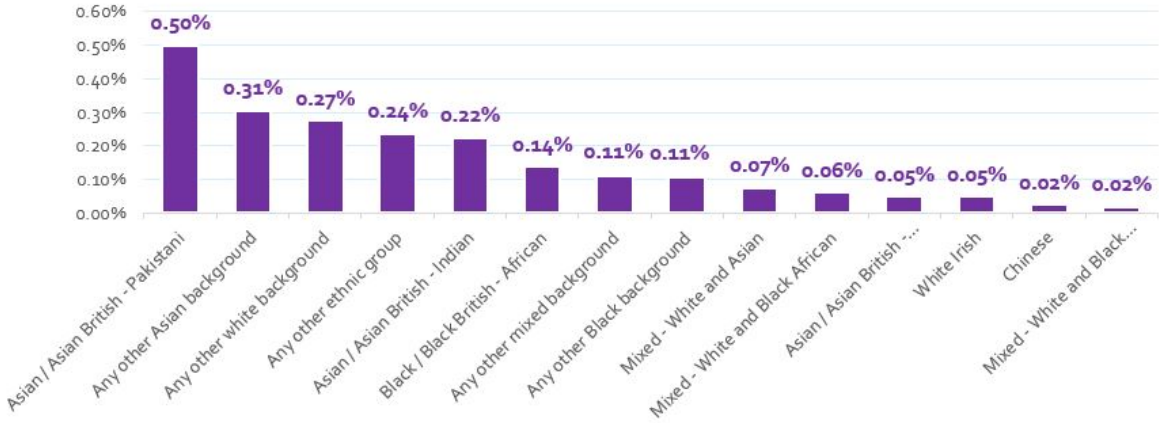
There is a clear split of avoidable and unavoidable factoring in patient choice with 50% of the over 52 week waiters have either been affected by patient choice, or have not attended their planned appointment.

Health Inequalities - RTT Waiting List

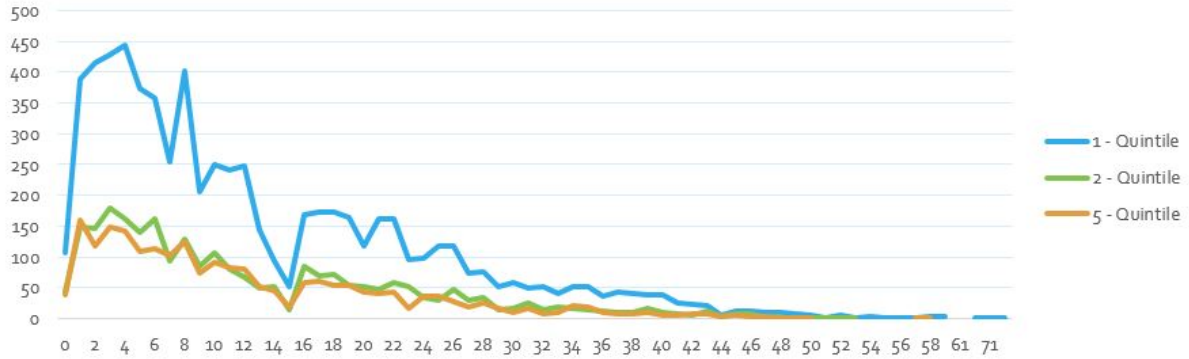
By Deprivation Quintile (1 Most - 5 Least Deprived)

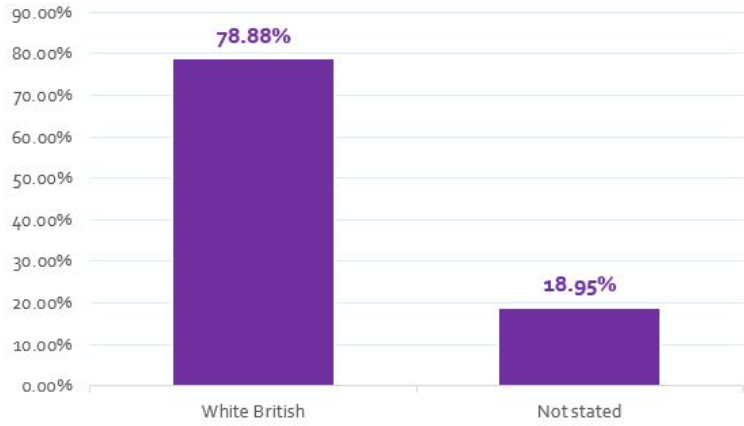


By Ethnicity



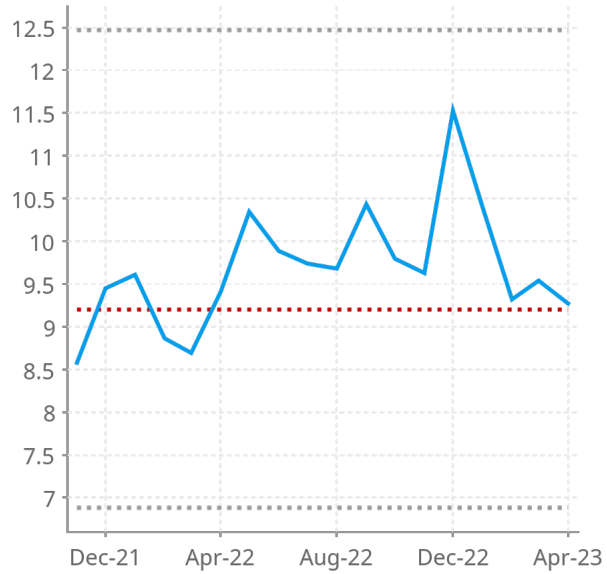
Waiting List by Weeks Waiting and Deprivation Quintile 1, 2 & 5





Responsive

Outpatient Did Not Attend - Combined



Month	Apr-23
Actual	9.27%
Standard	9.20%

Summary of Current Issues/ Recovery Plans

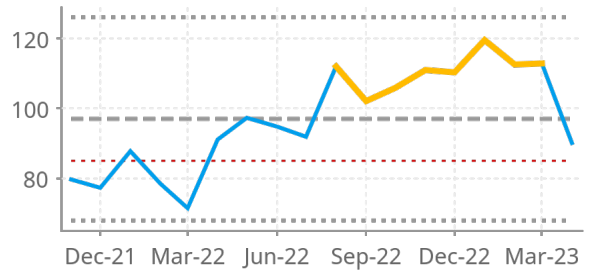
Patients who are unable to attend their appointment (Did not attend – DNA) reported a slight decrease to 9.27% from 9.38% the previous month. The DNA inequality pilot has shown significant improvements in DNA rates for patients contacted in the CORE20 plus 5 across paediatrics, maternity and Gynaecology, 70% improvement in DNA rates. This small scale pilot has had some impact in the Trusts overall DNA rate and work is ongoing to scale this to realise wider benefits, with phase 2 of the project due to go live in July 2023.

Cohorting of virtual clinics to realise workforce efficiencies within the support team and a proactive move to active clinical notes within outpatients is being scoped.

Continued high numbers of referrals being received 109% which is second highest in the NENC ICB.

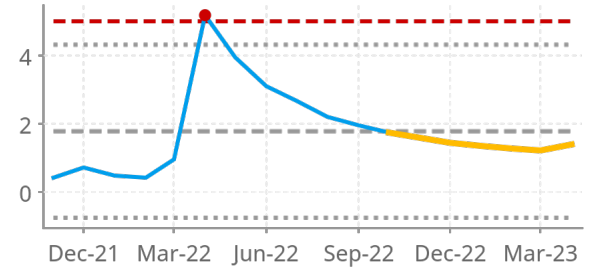
Responsive

Reducing Reviews



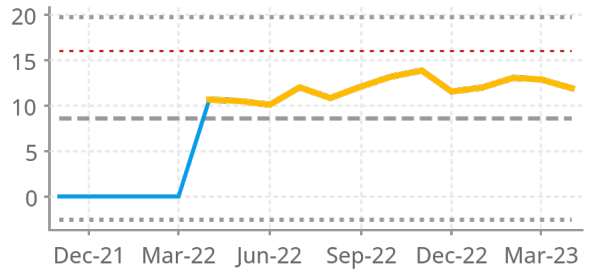
Month	Apr-23
Actual	90.11%
Standard	85.00%

Patient Initiated Follow-Up (PIFU)



Month	Apr-23
Actual	1.39%
Standard	5.00%

Advice and Guidance



Month	Apr-23
Actual	11.92%
Standard	16.00%

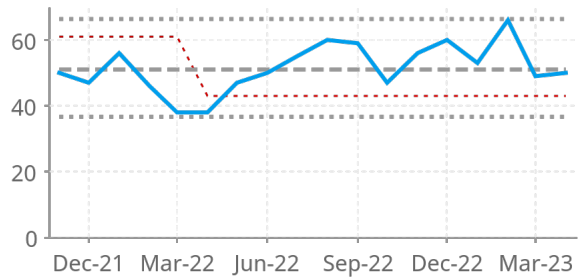
Summary of Current Issues/ Recovery Plans

The Trust has seen a significant redcution in reviews for April 2023, due partly to the Junior Doctors strikes and Bank Holidays. Ongoing work to increase PIFU across specialties to reduce the reivews, as well as being involved in regional work across NENC to understand best practice for review reduction which will influence OP transformation group work. This will aid in achieveing theTrust's plan of a month on month reduction of 1.25% achieving a total reduction of 15% by March 2024.

Further PIFU activity is being scoped in nurse led respiratory clinics, direct from surgery orthopaedic caseload, with the Trust going live in Paediatrics by the end June. Speciality caseloads have been reviewed, considering year on year new to review ratios, to identify possible areas of growth for PIFU. There has been three high impact intervention areas identified that we will focus upon to increase our PIFU numbers in line with our trajectory, these being trauma and orthopaedics, respiratory and general surgery.

Responsive

Super Stranded Patients - 21+ days (average)

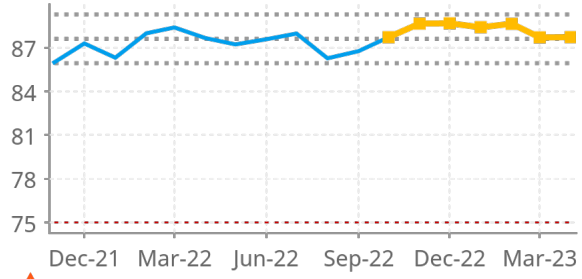


Month	Apr-23
Actual	50
Standard	43

Summary of Current Issues/ Recovery Plans

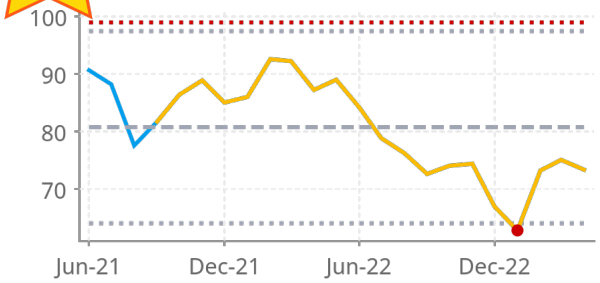
April has seen an average decrease of 16 patients (66 to 50) for those who have been in hospital 21 days or more. The 97.87% of patients are from within Hartlepool & Stockton, this is an increase from the 74.47% in March. The Trust continues to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate. The Trust is currently discharging 36% of clinically appropriate patients by 12pm and 64% by 5pm.

Day Case Rate



Month	Apr-23
Actual	87.71%
Standard	75.00%

Diagnosis <6 weeks (DM01 %)



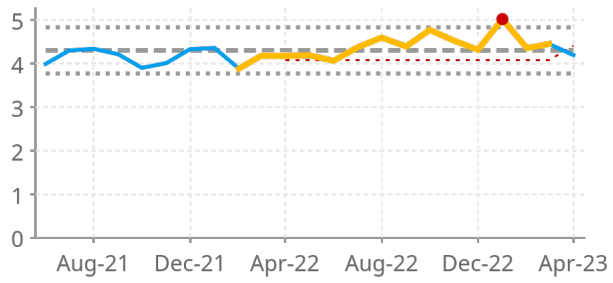
Month	Apr-23
Actual	73.33%
Standard	99.00%

Diagnostic performance for April is 73.33%. Recovery continues, with a 5% (n=484) reduction in the Total Waiting list in comparison to previous month. Improvements can be seen in Endoscopy as a result of an increase in list utilisation. Non-obstetric ultrasound have delivered against planned trajectory in month, with additional capacity planned in May 2023 to support further improvement.

In March, the regional average was 84.12% (range of 75.04 – 97.16%), with England reporting 75%, the trust is ranked 253 out of 344 trusts in England.

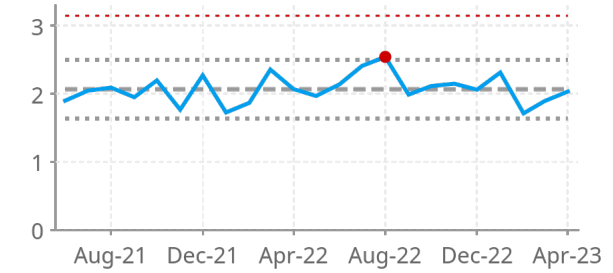
Responsive

Length of Stay (Combined)



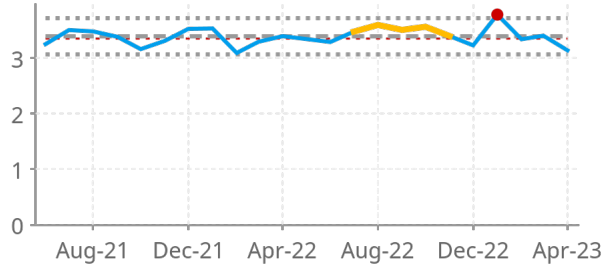
Month	Apr-23
Actual	4.20
Standard	4.41

Length of Stay (Elective)



Month	Apr-23
Actual	2.03
Standard	3.14

Length of Stay (Emergency)



Month	Apr-23
Actual	3.14
Standard	3.35

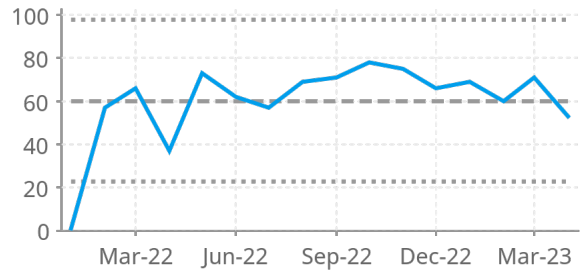
Summary of Current Issues/ Recovery Plans

There has been a continued reduction to the patients' length of stay for emergency, however a slight increase in the elective pathways for April. The combined position is below the standard.

The elective length of stay increased to 2.03 from 1.88, with emergency decreasing to 2.96 from 3.37.

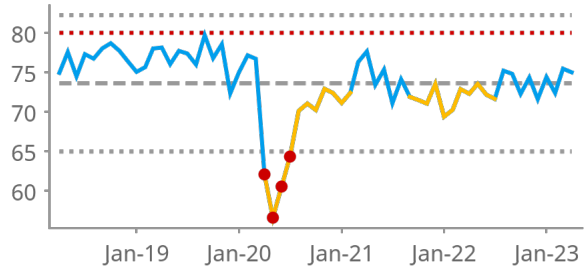
Responsive

Theatre - On the Day Cancellations



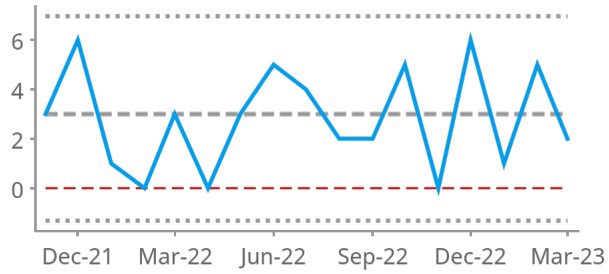
Month	Apr-23
Actual	53
Standard	N/A

Theatre Utilisation (%)



Month	Apr-23
Actual	75.00%
Standard	80.00%

No Re-appointed within 28 days



Month	Mar-23
Actual	2
Standard	0

Summary of Current Issues/ Recovery Plans

Theatre metrics are now included to give oversight to the Board in regard to productivity and efficiencies.

Focused work to be carried out within those specialties with highest number of cancelled on day patients, themes identified include, patients DNA and cancellations for patients unfit for surgery.

The Trust has the daily theatre capacity meeting which ensures that the capacity is used efficiently and effectively, with operations that are cancelled maintained appropriately by ensuring robust oversight on a daily basis. The Trust has re-instated the 642 meetings to ensure the planning of lists are managed appropriatley.

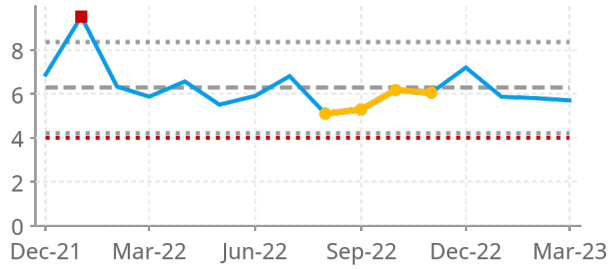
During April, there were two patients theatre were not re-appointed within 28 days with one of these procedures being extremely complex requiring the co-ordination of two consultants.

Both patients not reappointed in 28 days have now received their treatment.

People

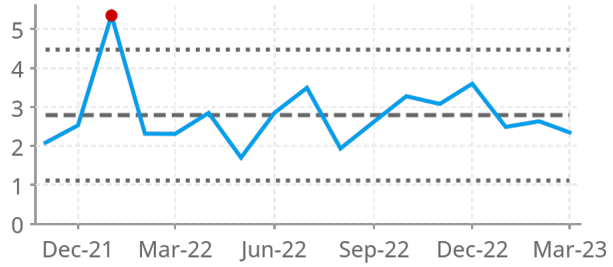
North Tees and Hartlepool NHS Foundation Trust

Sickness % - Trust



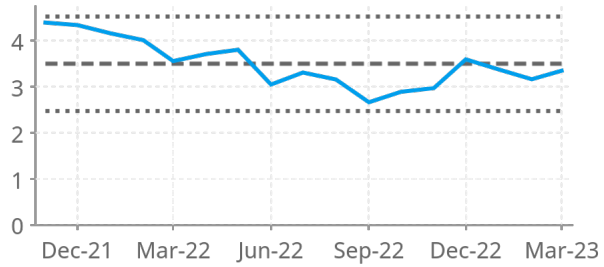
Month	Mar-23
Actual	5.70%
Standard	4.00%

Sickness % - Short Term



Month	Mar-23
Actual	2.35%
Standard	4.00%

Sickness % - Long Term



Month	Mar-23
Actual	3.35%
Standard	4.00%

Summary of Current Issues/ Recovery Plans

The overall absence rate is 5.70% of March 2023. This is against a target of 4%.

Stress/Anxiety/Depression (27.93%), Musculoskeletal (14.44%) as well as Chest / Respiratory (13.74%) related are the top three reasons for absence, collectively accounting for 56.11% of the overall absence.

Covid absences saw a slight increase from 0.44% in February to 0.64% in March 2023. Long term sickness accounted for 3.35% of overall sickness with short term being 2.35%.

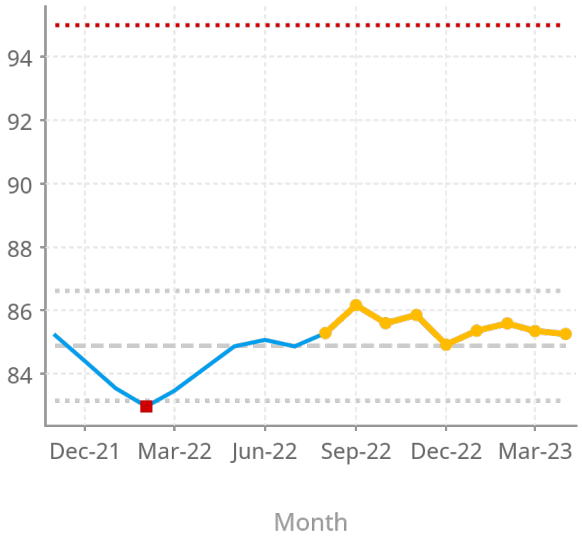
People clinics are undertaken across care groups to oversee and ensure compliance with policy application and appropriate escalation of absence related cases. The clinics provide the opportunity for expert advice and support in the management of complex cases to ensure the appropriate actions and interventions are in place for people management.

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

People

North Tees and Hartlepool NHS Foundation Trust

Appraisal %



Month	Apr-23
Actual	85.26%
Standard	95.00%

Summary of Current Issues/ Recovery Plans

The position for appraisal compliance from March 2023 Trust RAG report stands at 85.26%. The Trust target is 95&%.

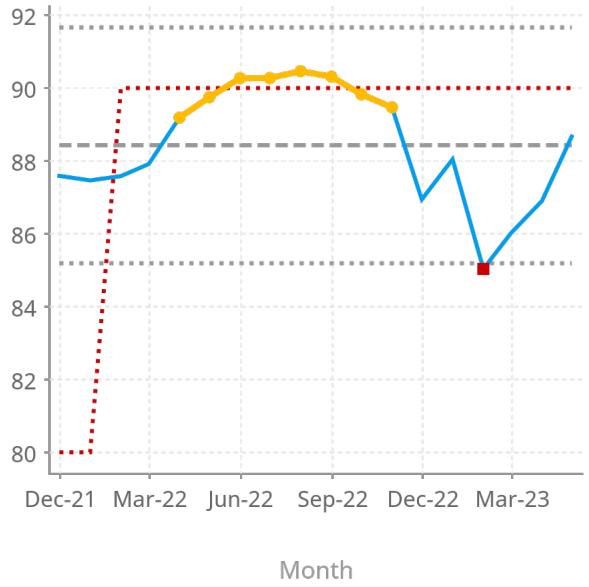
Engagement continues with the Care Groups and Corporate areas in supporting appraisals to take place and an improvement workshop was recently held to identify and address the barriers to achievement.

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.

People

North Tees and Hartlepool NHS Foundation Trust

Mandatory Training %



Month	Apr-23
Actual	88.67%
Standard	90.00%

Summary of Current Issues/ Recovery Plans

Overall compliance saw an increase of 1.77% to 88.67% in April 2023. The Trust overall target is 90%. The Trust has 60 mandatory training modules with 58% of topics available via e-learning modules and therefore flexibility and accessibility can be achieved in consideration of shift and working patterns and pressures.

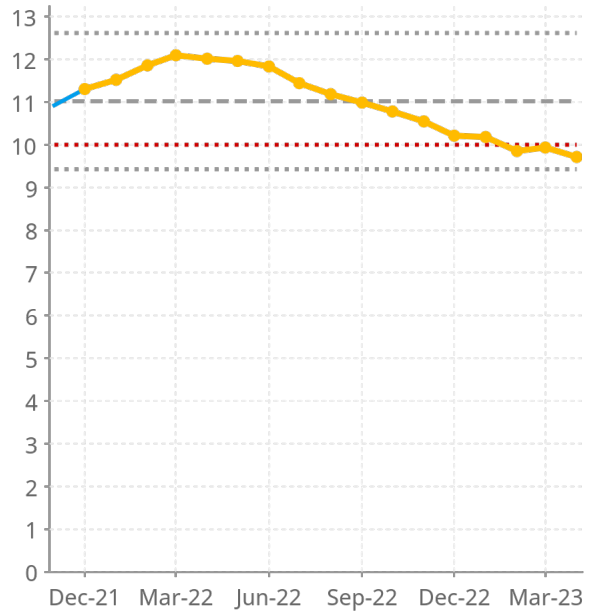
This result is attributable to a number of new additions in the mandatory training plan (Oliver McGowan and Patient Safety). This, combined with significant pressures faced by the Trust over the January period goes some way in explaining this position. The overall compliance rises to 90.10% if the two new topics are excluded from the dataset.

Compliance levels for all face to face training remain a challenge, specifically resuscitation topics. A review of training needs analysis for resuscitation topics is underway as is the introduction of e-ILS. Work continues to benchmark and learn lessons from exemplar organisations to improve our position.

Work is also underway to review the two reporting mechanisms in operation with a view in to consolidating into one single reporting system

People

Staff Turnover %



Month	Apr-23
Actual	9.71%
Standard	10.00%

Summary of Current Issues/ Recovery Plans

The turnover rate is 9.71% in April 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.

Areas of concern and undergoing further exploration are Admin and Clerical which all areas report an above average target. Allied Health Professionals within Healthy Lives. This care group is the largest employer of allied health professionals which is above target. Responsive Care also has an above target rate for additional clinical services staff which are the largest care group employing clinical support staff.

Actions to address these hot spots are developed through the short term cultural and recruitment and retention activity with longer term actions fed through the organisational workforce plans. A working group is established to identify and address specific actions in relation to admin and clerical challenges.

Feedback from staff continues to be important in addressing retention issues, both during employment as well as from people considering leaving employment. Actions from the engagement platform Our Trust, Our Future, has provided valuable intelligence in relation to retention related issues

Finance

Overview - Month 1

The Trust is not required to submit a formal finance return to NHSE for Month 1, therefore a verbal update will be provided by the Deputy Director of Finance.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Workforce Race Equality Scheme (WRES) 2023														
Date:	25 May 2023														
Prepared by:	Nicola Hogarth, Employee Relations Advisor Elizabeth Morrell, Employee Relations Manager														
Executive Sponsor:	Susy Cook, Chief People Officer and Director of Corporate Affairs														
Purpose of the report	The Trust has an obligation under the NHS Contract, to publish the organisation's Workforce Race Equality Standard (WRES) information on an annual basis. This information must be reported to NHS England via the NHS Digital Strategic Data Collection Service (SDCS) no later than 31 May 2023. The Trust is also required to publish a WRES Annual Report on the Trust's corporate website by 31 October 2023.														
Action required:	**Approve**		**Assurance**		**Discuss**	x	**Information**	x							
Strategic Objectives supported by this paper:	**Putting our Population First**		**Valuing our People**	x	**Transforming our Services**		**Health and Wellbeing**								
Which CQC Standards apply to this report	**Safe**		**Caring**		**Effective**		**Responsive**		**Well Led**	x					

Executive Summary and the key issues for consideration/ decision:

In order to meet the requirements for 2023, organisations are required to publish their WRES data no later than 31 May 2023.

This report fulfils our contractual requirements and sets out the work we are doing to improve workforce equality and staff experience across the range of WRES metrics.

The Board of Directors are asked to note the following key points from the data:

- There has been a further increase in the number of ethnic minority staff employed by the Trust - an increase of 1.4% to 12.8%. There is higher representation within the medical staffing group and also at Bands 5 and 8d. There continues to be no representation at VSM level.

- Ethnicity at Board level is under represented at 6.3%. This has reduced since 2022, however this is due to an increase in the number of total Board Members, rather than an reduction in the number of ethnic individuals at Board level.

- Shortlisted ethnic minority applicants are less likely to be appointed following shortlisting than white applicants, and there has been an increase from 2022.

- Ethnic minority colleagues are less likely to enter formal disciplinary processes.

- There has been a positive reduction in the number of ethnic minority staff who:

    - experience harassment, bullying/abuse from patients;
    - experience harassment, bullying/abuse from staff;
    - experience discrimination.

- The number of ethnic minority staff who believe the Trust provides Equal Opportunities for career progression has remained static for 2023.

The information which must be published is summarised below:

WRES Indicators 2023			2023
1	Percentage of BME staff	Overall VSM	12.80% 0.00%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.12
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.78
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.1
			2022
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME White	30.7% 24.8%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME White	26.9% 18.6%
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME White	48.1% 64.9%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME White	12.6% 4.7%
			2023
9	BME Board membership	BME	6.3%

We are pleased to report an improvement in many of the metrics for 2023 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.

NHS England have introduced two new reports for 2023 and NHS Trust's will be 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 were issued to the Trust on 28 April 2023 and the data collection period is 1 – 30 June 2023, therefore a further update will be provided to Executive Team on 6 June 2023.

How this report impacts on current risks or highlights new risks:	
This report impacts on the current risks within the Board Assurance Framework: • Not having appropriate levels of staff with the right skills to deliver safe services (5573). • Adverse Impact from ER outcomes (6426). An action plan will be devised for 2023/24 which will feed into the overall EDI programme of work to ensure a comprehensive and streamlined action plan, which aligns to the Trust's People Plan Strategy. The Trust's nominated EDI Board Sponsor is Liz Barnes, Non-executive Director. Progress on actions is monitored by the EDI Steering Group, which reports to the People Committee to ensure appropriate governance and assurance to the Board.	
Committees/groups where this item has been discussed	Executive Team – 9 May 2023 People Committee – 11 May 2023 Patient Carer and Experience Committee – 16 May 2023
Recommendation	The Board of Directors are requested to: • Acknowledge the Trust's WRES Results (2023) as reported within section 4 of this paper and to confirm their approval for the results to be submitted to the NHS Digital Strategic Data Collections Service (SDCS) by the deadline of 31 May 2023. • Note that improvements to the WRES indicators (alongside other key reporting gaps for protected characteristics) is included in the EDI action plan for 2023/24. • Note that the WRES annual report will be shared at a future meeting of the Trust's Executive Team and Board of Directors, ahead of the mandatory publication date of 31 October 2023. • Acknowledge the additional reporting requirements for 2023 in respect of Medical WRES and Bank WRES, noting that a further report will be provided to ETM detailing this information on 6 June 2023.
Next steps for presentation eg Board Committee/Board meeting	The report will also be shared with the EDI Steering Group.

North Tees & Hartlepool NHS Foundation Trust

Trust Board of Directors

25 May 2023

NHS Workforce Race Equality Standard 2023

1. Introduction

The Workforce Race Equality Standard (WRES) programme was established in 2015. It requires organisations to report against nine indicators of race equality and supports continuous improvement through robust action planning to tackle the root causes of discrimination.

Inequalities in any form are at odds with the values of the NHS. Research shows that the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients.

This report represents the ninth publication since the WRES was established. It is pleasing to report that there are some positive findings for the 2023 report, particularly the reduction for three of the four staff survey metrics: discrimination; experience of bullying and harassment from patients, and; experience of bullying and harassment from colleagues. There are some areas where further analysis of the information is required to fully understand the results, particularly in relation to likelihood of ethnic minority staff being appointed from shortlisting.

The Trust is committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in our diverse workforce. A key tool to understanding and correcting these inequities is the presentation of detailed data to key work streams, which will allow us to identify the targets for action.

2. Trust Requirements

The timescales for WRES 2023 have been amended and brought forward at a national level to allow information to be submitted in a timelier manner, which will then allow NHS England to publish the national WRES report within the current reporting cycle 2023-24.

The annual WRES cycle can be separated into four distinct stages:

- 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**

This report is intended to provide the Trust's Board of Directors with the initial high level detail, ahead of the data collection deadline of 31 May 2023, which is where the WRES metrics are uploaded to NHS England via the NHS Digital Strategic Data Collection Service (SDCS).

Work will then commence to produce the Trust's annual WRES report which will be published on the Trust's internet site no later than 31 October 2023.

3. Additional Reporting for 2023

In addition to the revised data collection timescales introduced in 2023, NHS England have introduced two new reports for 2023 and NHS Trust's will be required to gather data and publish a Medical Workforce Race Equality Standard (MWRES) and a Bank Workforce Race Equality Standard (Bank WRES).

The additional reports will cover the following areas:

MWRES

- Composition of the Medical Workforce
- Clinical Excellence Awards
- Consultant Recruitment
- Complaints, referrals and investigations
- Revalidation

Bank WRES

- Representation by grade and ethnicity
- Formal Disciplinary processes
- Dismissals

The reporting templates were issued to the Trust on 28 April 2023 and the data collection period is 1 – 30 June 2023, therefore a further update will be provided to Executive Team on 6 June 2023.

4. WRES Indicators 2023

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. This includes comparison of the Trust's results covering a five-year period (2019 to 2023).

The baseline data has been extracted from ESR, Workforce databases and the Trac recruitment system to calculate a response to each of the nine WRES indicators.

WRES Indicators 2023			2019	2020	2021	2022	2023
1	Percentage of BME staff	Overall	11.0%	11.0%	11.0%	11.4%	12.80%
		VSM	0.0%	0.0%	0.0%	0.0%	0.00%
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 (CPD) compared to BME staff		0.67	0.77	1.16	0.96	1.1
			2018	2019	2020	2021	2022
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%	28.0%	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	62.5%	57.4%	55.7%	48.2%	48.1%
		White	65.1%	63.6%	61.7%	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%
			2019	2020	2021	2022	2023
9	BME Board membership	BME	6.7%	5.3%	5.6%	7.1%	6.3%

5. Key Findings for 2023

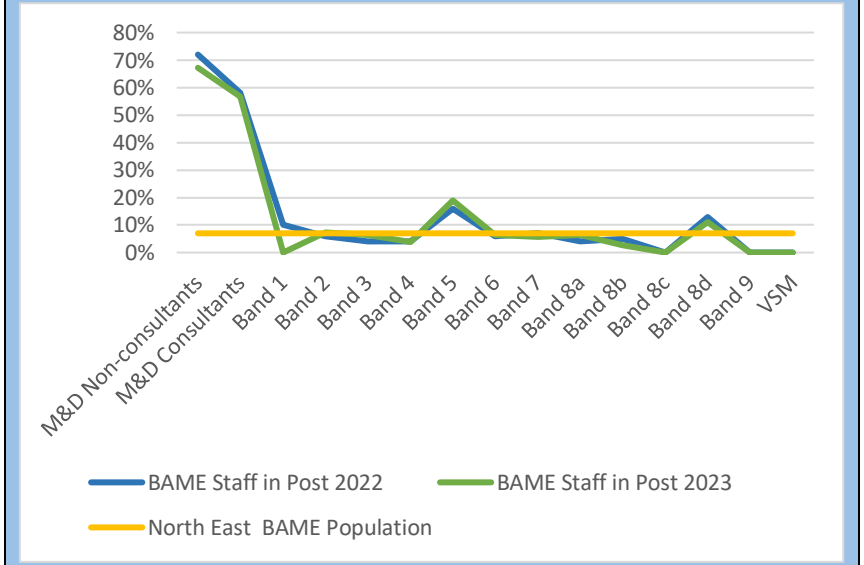
The key findings in respect of the nine WRES indicators for 2023 are summarised below.

We are currently only able to undertake benchmarking for those areas which relate to the staff survey (indicators 5-8). Full benchmarking information is published by the national WRES team and this is expected for March 2024.

The data for the UK Census which took place in 2021 is now available for analysis and reporting and this provides us with a more accurate picture of the UK's ethnicity profile, which can also be broken down by Region and Local Authority Area.

- UK Population 81.7% White and 18.3% BAME
- North East Population 93% White and 7% BAME
- Stockton Population 92% White and 8% BAME
- Hartlepool Population 96.5% White and 3.5% BAME

Indicators 1 and 9 Representation across the organisation



Representative Workforce across all protected characteristics at all levels.

This information is obtained from the Trust's ESR system, as at 31 March 2023.

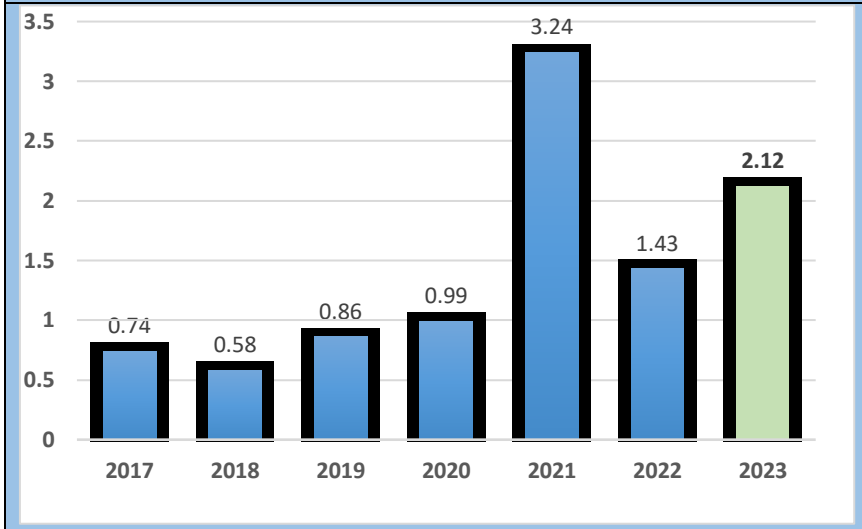
There has been an increase in the number of ethnic minority staff employed by the Trust for 2023 - an increase of 1.4% to 12.8%. When compared to the North East's ethnicity data (2021 census) the Trust has higher representation within the overall workforce, however this is not reflected across all grades.

Consistent with previous years, there is higher representation within the medical staffing group and at Band 5 and Band 8d. There continues to be no representation at VSM level.

Representation of BME at Board and senior management levels.

Representation at Board level is under represented at 6.3%, as compared to the Trust's overall ethnic minority workforce of 12.8%. This has decreased since the 2022 report, however this is due to an increase in the number of total Board Members, rather than a decrease in the number of board members from an ethnic minority background.

Indicator 2 Likelihood of staff being appointed from shortlisting



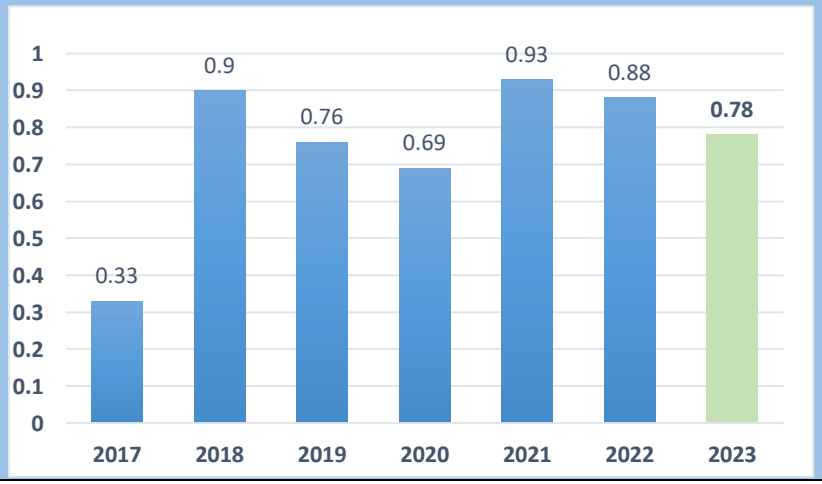
Equity of Experience.

This information is obtained from the Trust's Trac Recruitment System and relates to the period 1 April 2022 to 31 March 2023 and considers a ratio showing the likelihood of being appointed following shortlisting. A figure of 1 indicates equal experience between White and ethnic minority applicants.

The data shows that ethnic minority applicants are less likely to be appointed following shortlisting than White applicants and there has been an increase from the figure reported in 2022.

This continues to a priority area for improvement, with work ongoing with the Ethnic Minority Staff Network regarding inclusive interview panels and support for internal applicants.

Indicator 3 Likelihood of staff entering formal disciplinary process



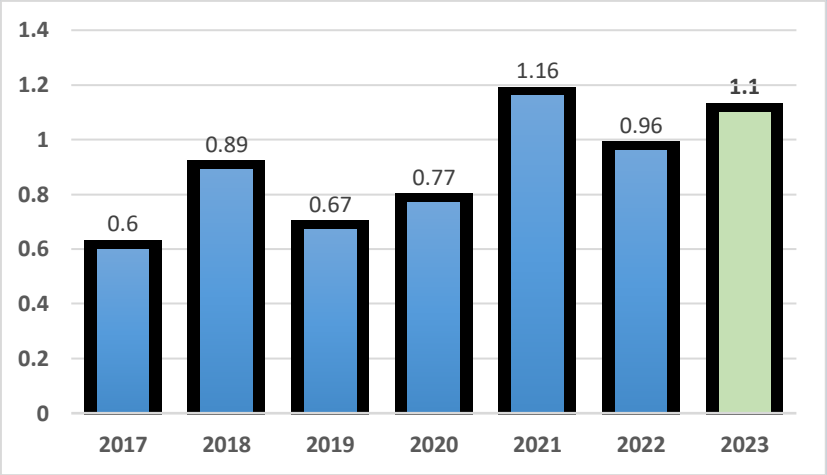
Equality of Experience.

This information is obtained from the Trust's Workforce databases and considers a ratio showing the likelihood of entering formal disciplinary processes. A figure of 1 indicates equal experience between White and ethic minority staff.

The information for this metric was calculated over a two-year period (1 April 2021 to 31 March 2023), with a total of 3 cases recorded, as compared to 26 cases involving staff from a White ethnicity.

The Trust has consistently reported that ethnic minority colleagues are less likely to enter formal disciplinary processes and this figure has reduced further for 2023. Whilst this may appear to be a positve outcome, it is a potential indicator of inequity and therefore this information will be monitored on a more frequent basis and in real time via a new EDI Dashboard to be launched in 2023.

Indicator 4 Likelihood of staff accessing non mandatory training and continuous personal development



Belief in Equal Opportunities.

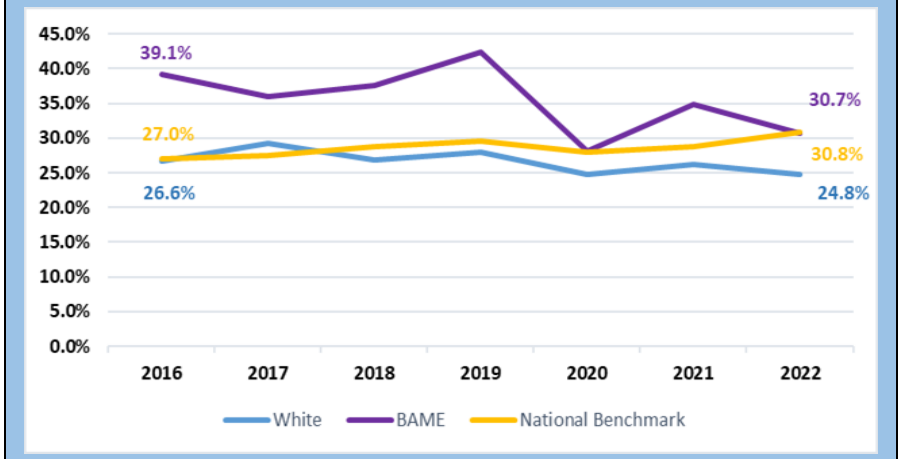
This information is obtained from the Trust's ESR system for the period 1 April 2022 to 31 March 2023.

For this reporting cycle, White staff are more likely to access non-mandatory training and continuous personal development as compared to staff from an ethnic minority background.

This is a slight increase for 2023 and the ratio has crept above 1.0, as compared to 2022 when the figure was below 1.0. The overall differential remains low and does not indicate any real concern in this area.

It is positive to note that the % of ethnic minority staff accessing training has increased from 36.64% in 2022, to 42.40% in 2023. The number of White staff accessing training has also increased from 35% in 2022, to 46.5% in 2023.

Indicator 5 Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public



Staff Survey Key Findings - B&H Public

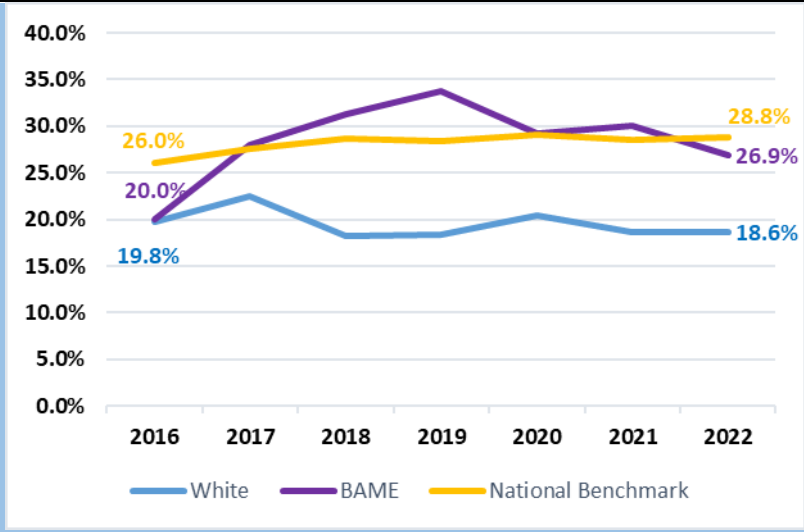
This information is derived from the 2022 staff survey.

Staff survey results show a positive reduction in the number of ethnic minority staff experiencing harassment, bullying and abuse from patients, relatives/public (30.7% as compared to 34.9% for 2021).

Ethnic minority staff continue to be more likely to experience harassment, bullying/abuse from patients than White staff and the gap is reported as 5.9%.

Staff are required to log all incidents of service user violence and harassment via Datix and the information is reported through Yellowfin. The Trust's Keeping People Safe group reviews this information on a regular basis to identify trends and this includes analysis of related themes including race.

Indicator 6 Percentage of staff experiencing harassment, bullying/abuse from staff



Staff Survey Key Findings - B&H Staff

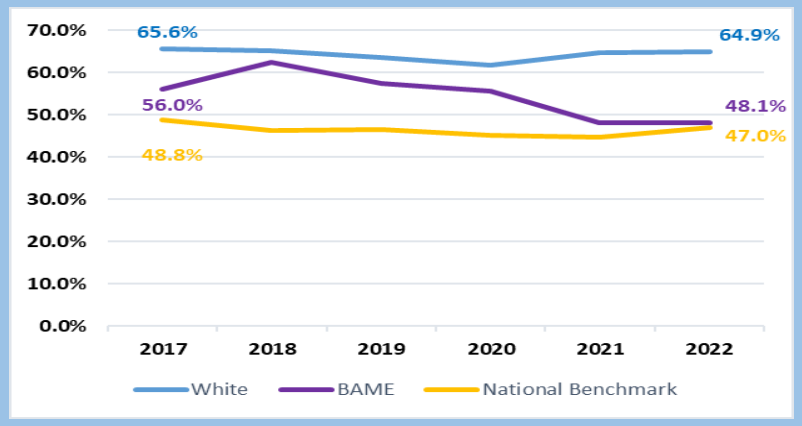
This information is derived from the 2022 staff survey.

Staff survey results show a positive reduction in the number of ethnic minority staff experiencing harassment, bullying and abuse from staff (26.9% compared to 30.1% for 2021).

Ethnic minority staff continue to be more likely to experience harassment, bullying/abuse from colleagues than White staff and the gap is reported as 8.3%.

It is important that our staff feel supported to report concerns regarding bullying and harassment and all cases are logged and monitored by the Workforce Team. This information will be monitored on a more frequent basis and in real time via a new EDI Dashboard for 2023.

Indicator 7 Percentage of staff believing the Trust provides equal opportunities for career progression or promotion



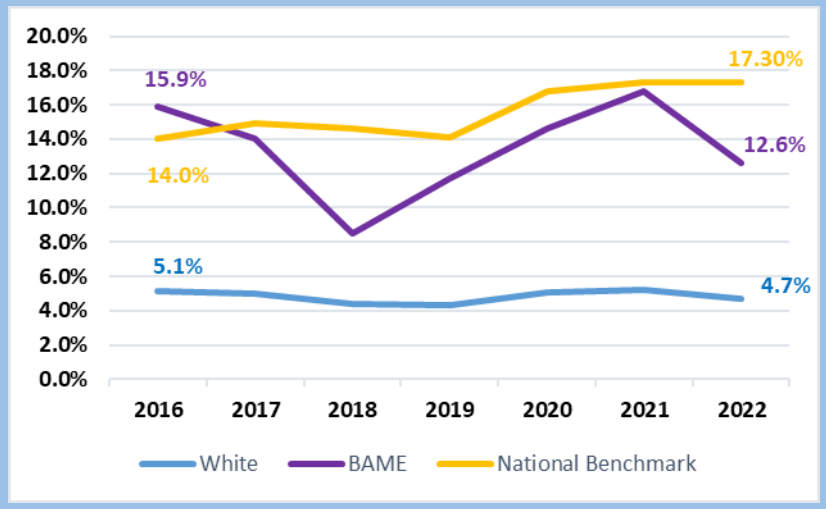
Staff Survey Key Findings - Equal Opportunities

This information is derived from the 2022 staff survey.

The results have remained static in terms of the % of ethnic minority staff who believe the Trust provides equal opportunities for career progression/promotion (48.1% as compared to 48.2% in 2021).

As in previous years, White staff continue to report a higher belief in equal opportunities than ethnic minority staff. The gap in experience is static and is currently reported as 16.8%.

Indicator 8 Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues



Staff Survey Key Findings - Discrimination.

This information is derived from the 2022 staff survey.

There has been a reduction in the % of ethnic minority staff who have reported experience of discrimination at work (12.6% as compared to 16.8% in 2021). There is a continued gap in experience, with ethnic minority staff reporting a poorer experience when compared to White staff, although positive to note that the gap has reduced since 2021, from 11.6% to 7.9%.

It is important that our staff feel supported to report concerns regarding bullying and harassment and all cases are logged and monitored by the Workforce Team. This information will be monitored on a more frequent basis and in real time via a new EDI Dashboard for 2023.

6. Risks and the Board Assurance Framework

The People Directorate Board Assurance Framework (BAF) is reviewed on a regular basis and there are a number of metrics within the WRES which may impact upon our People risks.

Risk	WRES Metric
Not having appropriate levels of staff with the right skills to deliver safe services (5573).	Indicator 1 - Workforce Representation Indicator 2 - Recruitment Indicator 4 - Access to CPD Indicator 7 - Equal Opportunities Indicator 9 - Board Representation
Adverse Impact from ER outcomes (6426).	Indicator 3 - Formal Disciplinary Indicator 6 - B&H from Staff Indicator 8 - Discrimination

There is need to review the BAF to consider levels of risk associated with WRES 2023 and record any mitigation/assurance.

7. Conclusion and Next Steps

Our actions to improve the Trust's WRES metrics align with the Trust's wider organisational strategic goals, specifically 'Valuing our People'. They also support our commitments to the NHS People Plan.

We are pleased to report an improvement in many of the metrics for 2023 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.

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.

It is important to highlight that whilst the WRES is an annual report, the activities which drive the metrics can be reviewed more frequently and therefore we are in the process of developing an EDI dashboard which will support the Trust Board of Directors and Executive Team in monitoring a range of workforce metrics which are focused on EDI. This will ensure that our senior leaders are supported to meet their responsibilities under the Public Sector Equality Duty.

These metrics will include:

- Workforce Profile and representation across the various pay bands, both clinical and non clinical.
- Recruitment information to show the likelihood of employment, by relevant protected characteristics.
- Employee Relations cases – showing the likelihood of staff being involved in formal disciplinary, capability and resolution processes, including dignity at work.
- Staff Survey EDI metrics.

By reviewing the information more frequently, this will allow us to identify any trends or concerns in real time meaning that additional interventions can be undertaken to resolve issues ahead of the next annual report.

We take racial equality seriously and whilst we have already implemented a number of practices which will have a positive impact in this area, we understand that change will require a significant cultural shift within the organisation. We know that our workforce ethnicity profile will not change overnight, however we are starting to see a gradual increase in the number of ethnic minority staff working in the Trust. It is also important that we continue to grow the membership of our BAME staff network to help us facilitate the voices of our ethnic minority staff and improve staff experience.

It is noted that this is a high level report based on the overall workforce metrics. The next stage in the reporting process will be to engage with our workforce to share the results and jointly develop the action plan to be included in the WRES annual report for October 2023.

6.0 Recommendation

The Board of Directors are requested to:

- Acknowledge the Trust's WRES Results (2023) as reported within section 4 of this paper and to confirm their approval for the results to be submitted to the NHS Digital Strategic Data Collections Service (SDCS) by the deadline of 31 May 2023.

- Note that improvements to the WRES indicators (alongside other key reporting gaps for protected characteristics) is included in the EDI action plan for 2023/24.

- Note that the WRES annual report will be shared at a future meeting of the Trust's Executive Team and Board of Directors, ahead of the mandatory publication date of 31 October 2023.

- Acknowledge the additional reporting requirements for 2023 in respect of Medical WRES and Bank WRES, noting that a further report will be provided to ETM detailing this information on 6 June 2023.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Workforce Disability Equality Scheme (WDES) 2023														
Date:	25 May 2023														
Prepared by:	Nicola Hogarth, Employee Relations Advisor Elizabeth Morrell, Employee Relations Manager														
Executive Sponsor:	Susy Cook, Chief People Officer and Director of Corporate Affairs														
Purpose of the report	The Trust has an obligation under the NHS Contract, to publish the organisation's Workforce Disability Equality Standard (WDES) information on an annual basis. This information must be reported to NHS England via the NHS Digital Strategic Data Collection Service (SDCS) no later than 31 May 2023. The Trust is also required to publish a WDES Annual Report on the Trust's corporate website by 31 October 2023.														
Action required:	**Approve**		**Assurance**		**Discuss**	x	**Information**	x							
Strategic Objectives supported by this paper:	**Putting our Population First**		**Valuing our People**	x	**Transforming our Services**		**Health and Wellbeing**								
Which CQC Standards apply to this report	**Safe**		**Caring**		**Effective**		**Responsive**		**Well Led**	x					

Executive Summary and the key issues for consideration/ decision:

In order to meet the requirements for 2023, organisations are required to publish their WDES data no later than 31 May 2023.

This report fulfils our contractual requirements and sets out the work we are doing to improve workforce equality and staff experience across the range of WDES metrics.

The Board of Directors are asked to note the following key points from the data:

- There has been a further increase in the number of staff who have reported their disability status on ESR – an increase from 3% to 4% which is double that reported in 2021. ethnic minority staff employed by the Trust - an increase of 1.4% to 12.8%. There has been a reduction in representation at Bands 1 and 4, Band 8c and VSM. Representation is highest at Band 5 and there are no disabled staff employed at Band 1, 8d, 9 and VSM.

- Disability at Board level is under-represented at 0%. Over 50% of Board Members have not declared their disability status.

- In a change from 2022, shortlisted disabled applicants are now less likely to be appointed following shortlisting than non-disabled applicants.

- There have been no formal capability cases involving staff with a disability or long term condition.

- There has been a positive reduction in the number of disabled staff who:

    - experience harassment, bullying/abuse from their manager;
    - are willing to report experience of harassment, bullying/abuse;
    - feel pressure to attend work when not feeling well enough to do so;

- There has been a negative reduction in the number of disabled staff who:

    - experience harassment, bullying/abuse from patients;
    - experience harassment, bullying/abuse from colleagues;
    - feel valued;
    - have reasonable adjustments in place to enable them to carry out their work;

- The number of disabled staff who believe the Trust provides Equal Opportunities for career progression has remained static for 2023. This is also the case for the disabled staff engagement score.

The information which must be published is summarised below:

WDES Indicators 2023			2023
1	Percentage of staff with a disability or long term health condition	Overall Non-Clinical Clinical	4.0% 4.0% 3.0%
2	The relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff		1.25
3	The relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff		0
			2022
4a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Staff with a disability or LTC Staff without	30.7% 23.5%
4b	Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	Staff with a disability or LTC Staff without	12.5% 6.3%
4c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Staff with a disability or LTC Staff without	23.2% 12.7%
4d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Staff with a disability or LTC Staff without	53.2% 48.1%
5	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Staff with a disability or LTC Staff without	57.3% 65.3%
6	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Staff with a disability or LTC Staff without	26.9% 18.0%
7	Percentage of staff satisfied with the extent to which their organisation values their work	Staff with a disability or LTC Staff without	34.60% 48.40%
8	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	Staff with a disability or LTC	72.9%
9	Staff Engagement Score (0-10)	Staff with a disability or LTC Staff without Overall	6.6 7.2 7.0
			2023
10	Disabled/LTC Board Membership		0.0%

We are pleased to report an improvement in many of the metrics for 2023 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.

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

This report impacts on the current risks within the Board Assurance Framework:

- Not having appropriate levels of staff with the right skills to deliver safe services (5573).
- Adverse Impact from ER outcomes (6426).

An action plan will be devised for 2023/24 which will feed into the overall EDI programme of work to ensure a comprehensive and streamlined action plan, which aligns to the Trust's People Plan Strategy.

The Trust's nominated EDI Board Sponsor is Liz Barnes, Non-executive Director. Progress on actions is monitored by the EDI Steering Group, which reports to the People Committee to ensure appropriate governance and assurance to the Board.

Committees/groups where this item has been discussed	Trust Executive Team – 9 may 2023 People Committee – 11 May 2023 Patient Carer and Experience Committee – 16 May 2023.
Recommendation	The Board of Directors Team are requested to: • Acknowledge the Trust's WDES Results (2023) as reported within section 3 of this paper and to confirm their approval for the results to be submitted to the NHS Digital Strategic Data Collections Service (SDCS) by the deadline of 31 May 2023. • Note that improvements to the WDES indicators (alongside other key reporting gaps for protected characteristics) is included in the EDI action plan for 2023/24. • Note that the WDES annual report will be shared at a future meeting of the Trust's Executive Team and Board of Directors, ahead of the mandatory publication date of 31 October 2023.
Next steps for presentation eg Board Committee/Board meeting	The report will be shared with the EDI Steering Group.

North Tees & Hartlepool NHS Foundation Trust

Trust Board of Directors

25 May 2023

NHS Workforce Disability Equality Standard 2023

1. Introduction

The Workforce Disability Equality Standard (WDES) programme was established in 2019. It requires organisations to report against ten indicators of disability equality and supports continuous improvement through robust action planning to tackle the root causes of discrimination.

Inequalities in any form are at odds with the values of the NHS. Research shows that the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients.

This report represents the fifth publication since the WDES was established. It is pleasing to report that there are some positive findings for the 2023 report, particularly in terms of declaration rates and improvements to some of the staff survey metrics: reduced experience of bullying and harassment from managers; reporting of bullying and harassment, and; reduced experience of feeling pressure to attend work when not well enough to do so. There are some areas where further analysis of the information is required to fully understand the results and to explore the reasons behind the data.

The Trust is committed to tackling disability discrimination to bridge the gaps in experience, opportunity and differential attainment in our diverse workforce. A key tool to understanding and correcting these inequities is the presentation of detailed data to key work streams, which will allow us to identify the targets for action.

2. Trust Requirements

The timescales for WDES 2023 have been amended and brought forward at a national level to allow information to be submitted in a timelier manner, which will then allow NHS England to publish the national WDES report within the current reporting cycle 2023-24.

The annual WDES cycle can be separated into four distinct stages:

- 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 WDES Annual Report: **By 31 October 2023**
- Ongoing review of Actions: **1 November 2023 – 31 March 2024**

This report is intended to provide the Trust's Board of Directors with the initial high level detail, ahead of the data collection deadline of 31 May 2023, which is where the WDES metrics are uploaded to NHS England via the NHS Digital Strategic Data Collection Service (SDCS).

Work will then commence to produce the Trust's annual WDES report, which will be published on the Trust's internet site no later than 31 October 2023.

3. WDES Indicators 2023

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. This includes comparison of the Trust's results covering a five-year period (2019 to 2023).

The baseline data has been extracted from ESR, Workforce databases and the Trac recruitment system to calculate a response to each of the ten WDES indicators.

WDES Indicators 2023			2019	2020	2021	2022	2023
1	Percentage of staff with a disability or long term health condition	Overall	2.0%	2.0%	2.0%	3.0%	4.0%
		Non-Clinical	2.0%	2.0%	2.0%	3.0%	4.0%
		Clinical	2.0%	2.0%	2.0%	3.0%	**3.0%**
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**
			2018	**2019**	**2020**	**2021**	**2022**
4a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Staff with a disability or LTC	35.4%	35.5%	29.6%	28.6%	**30.7%**
		Staff without	26.7%	27.8%	24.1%	26.3%	23.5%
4b	Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	Staff with a disability or LTC	16.3%	14.2%	18.3%	14.2%	12.5%
		Staff without	5.8%	7.3%	7.5%	7.6%	6.3%
4c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Staff with a disability or LTC	33.7%	21.5%	23.4%	19.9%	**23.2%**
		Staff without	12.4%	14.7%	13.8%	13.3%	12.7%
4d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Staff with a disability or LTC	51.2%	45.9%	54.3%	46.2%	53.2%
		Staff without	52.9%	46.3%	47.3%	47.3%	48.1%
5	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Staff with a disability or LTC	54.0%	59.3%	54.5%	57.6%	**57.3%**
		Staff without	67.0%	63.8%	62.6%	65.5%	**65.3%**
6	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Staff with a disability or LTC	43.8%	35.7%	39.0%	27.8%	26.9%
		Staff without	19.2%	24.0%	24.9%	21.0%	18.0%
7	Percentage of staff satisfied with the extent to which their organisation values their work	Staff with a disability or LTC	36.7%	40.7%	36.9%	37.4%	**34.60%**
		Staff without	53.4%	54.1%	53.3%	47.6%	48.40%
8	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	Staff with a disability or LTC	66.7%	77.4%	74.2%	74.1%	**72.9%**
9	Staff Engagement Score (0-10)	Staff with a disability or LTC	6.50	6.7	6.7	6.6	**6.6**
		Staff without	7.2	7.3	7.3	7.1	7.2
		Overall	7.1	7.2	7.1	6.9	7.0
			2019	**2020**	**2021**	**2022**	**2023**
10	Disabled/LTC Board Membership		0.0%	0.0%	0.0%	7.1%	**0.0%**

4. Key Findings for 2023

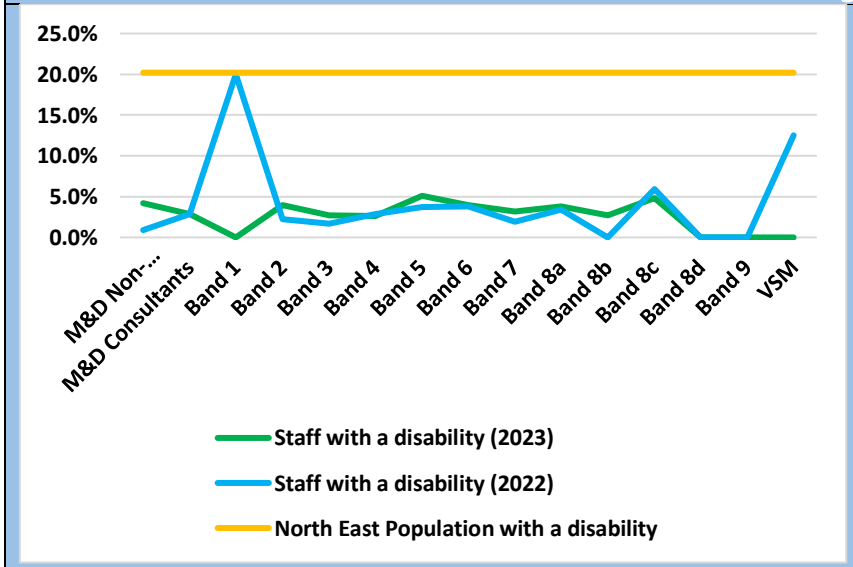
The key findings in respect of the ten WDES indicators for 2023 are summarised below.

We are currently only able to undertake benchmarking for those areas which relate to the staff survey (indicators 4-9). Full benchmarking information is published by the national WDES team and this is expected for March 2024.

The data for the UK Census which took place in 2021 is now available for analysis and reporting and this provides us with a more accurate picture of the UK's ethnicity profile, which can also be broken down by Region and Local Authority Area.

- UK Population 17.8% Disabled and 82.2% Non-Disabled
- North East Population 21.2% Disabled and 78.8% Non-Disabled
- Stockton Population 20.2% Disabled and 79.8% Non-Disabled
- Hartlepool Population 22.9% Disabled and 77.1% Non-Disabled

Indicators 1 and 10 Percentage of staff with a disability or long term health condition



Representative Workforce across all protected characteristics at all levels.

This information is obtained from the Trust's ESR system as at 31 March 2023.

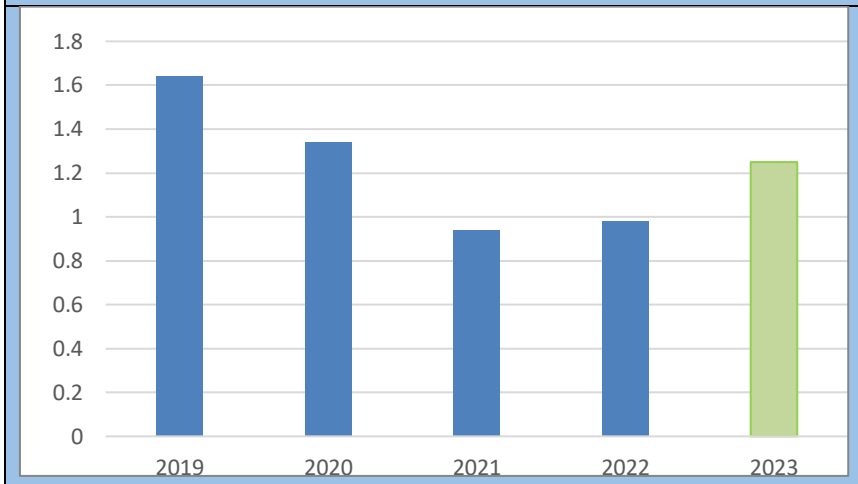
There has been a positive increase in the number of staff who have reported their disability status on ESR - an increase from 3% to 4%, which means that the figure has doubled since 2021. This is a direct result of continued staff campaigns, which included guidance to staff on how to use the online self-declaration service on ESR and also by raising awareness during disability events.

There has been a change to the representation of disabled staff by grade for 2023, with reduced representation at Bands 1 and 4, Band 8c and VSM. Representation is highest at Band 5 and there are no disabled staff employed at Band 1, 8d, 9 and VSM. The North East's disability data (2021 census) is reported at 21.2% therefore representation within the Trust is significantly lower.

Representation of Disabled staff at Board and senior management levels.

Disability at Board level is underrepresented at 0%, as compared to the Trust's overall disabled workforce of 4%. We have seen a positive increase at Bands 8a and 8b. Over 50% of Board Members have not declared their disability status.

Indicator 2 The relative likelihood of Disabled staff being appointed from shortlisting compared to Non Disabled staff



Equity of Experience.

This information is obtained from the Trust's Trac Recruitment System for the period 1 April 2022 to 31 March 2023 and considers a ratio showing the likelihood of being appointed following shortlisting. A figure of 1 indicates equal experience between disabled and non-disabled applicants.

In a change from the previous year, shortlisted disabled applicants are now less likely to be appointed following shortlisting than non-disabled applicants.

This will be a new priority area for improvement, which will align with the work taking place within the Ethnic Minority Staff Network regarding inclusive interview panels and support for internal applicants.

Indicator 3 The relative likelihood of Disabled staff entering the formal capability process compared to Non Disabled staff

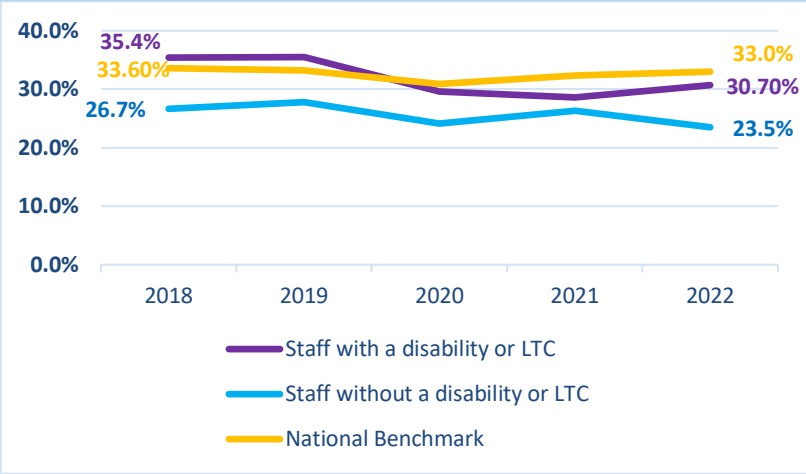
This information is obtained from the Trust's Workforce databases and considers a ratio showing the likelihood of entering formal capability processes. A figure of 1 indicates equal experience between disabled and non-disabled staff.

There have been no formal capability cases involving staff with a disability or long term condition, therefore it remains the case that staff without a disability are more likely to enter a formal capability process.

The data shows us that there were two individuals who had not declared their disability status, which is potentially a missed opportunity where consideration of reasonable adjustments could have taken place to support the member of staff.

Whilst we are not required to declare the number of informal cases, we have reviewed this information and again there are no individuals with a recorded disability or long term condition, however there are 2 individuals with an undeclared status.

Indicator 4a Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



Staff Survey Key Findings - B&H Public

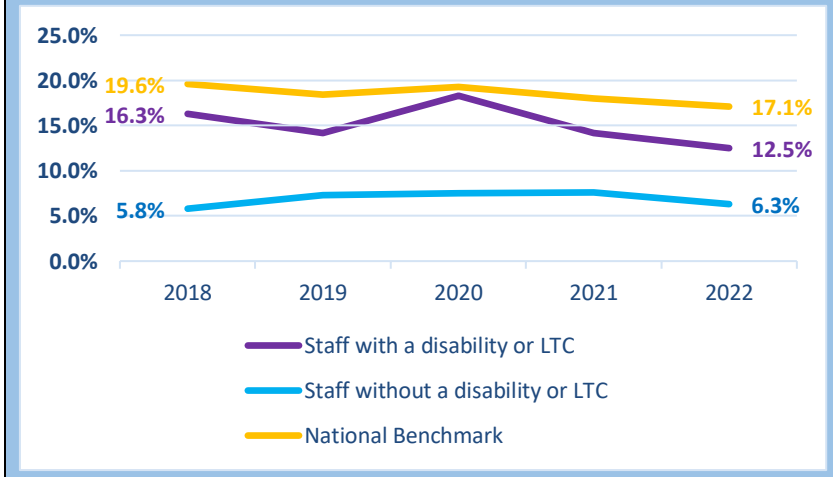
This information is derived from the 2022 Staff Survey.

Staff survey results show an increase in the number of disabled staff who have experienced harassment, bullying and abuse from patients, relatives/public (30.7% compared to 28.6% for 2021).

Staff with a disability/LTC continue to be more likely to experience harassment, bullying/abuse from patients than staff who do not have a disability and the gap is reported as 7.2%.

Staff are required to log all incidents of service user violence and harassment via Datix and the information is reported through Yellowfin. The Trust's Keeping People Safe group reviews this information on a regular basis to identify trends and this includes analysis of related themes where available.

Indicator 4b Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months



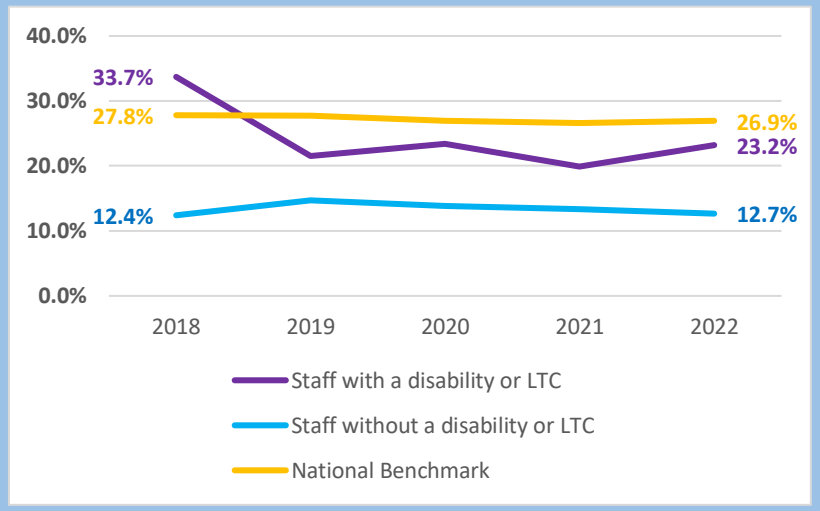
Staff Survey Key Findings - B&H Manager

This information is derived from the 2022 Staff Survey.

Staff survey results show a further reduction in the number of disabled staff experiencing harassment, bullying and abuse from a manager (12.5% compared to 14.2% for 2021).

Staff with a disability/LTC continue to be more likely to experience harassment, bullying/abuse from a manager than staff who do not have a disability, although the gap has narrowed for 2022 and this is currently reported as 6.2%.

Indicator 4c Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



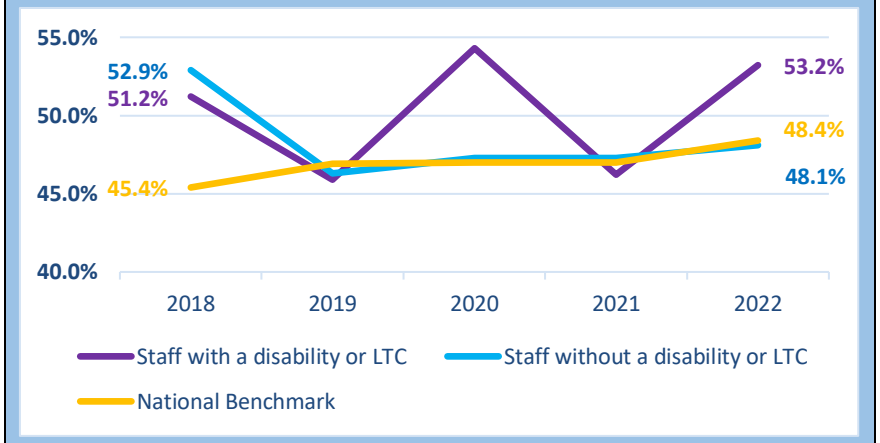
Staff Survey Key Findings - B&H Colleagues

This information is derived from the 2022 Staff Survey.

Staff survey results show an increase in the number of disabled staff experiencing harassment, bullying and abuse from a colleague (23.2% compared to 19.9% in 2021).

Staff with a disability/LTC continue to be more likely to experience harassment, bullying/abuse from a colleague than staff who do not have a disability. The gap has increased for 2022 and this is reported as 10.5% (compared to 6.3% for 2021).

Indicator 4d Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff Survey Key Findings - Reporting

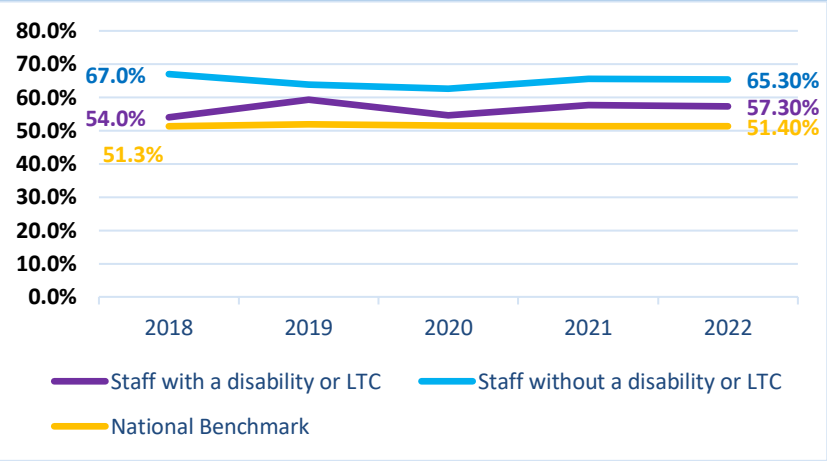
This information is derived from the 2022 Staff Survey.

Staff survey results show a significant (positive) increase in the number of disabled staff who have reported harassment, bullying and abuse (53.2% compared to 46.2% for 2021).

In a change to the previous year, staff with a disability/LTC are now more likely to report harassment, bullying/abuse than staff who do not have a disability, with a reported gap of 5.1%.

It is important that our staff feel supported to report concerns regarding bullying and harassment and all cases are logged and monitored by the Workforce Team. This information will be monitored on a more frequent basis and in real time via a new EDI Dashboard for 2023.

Indicator 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



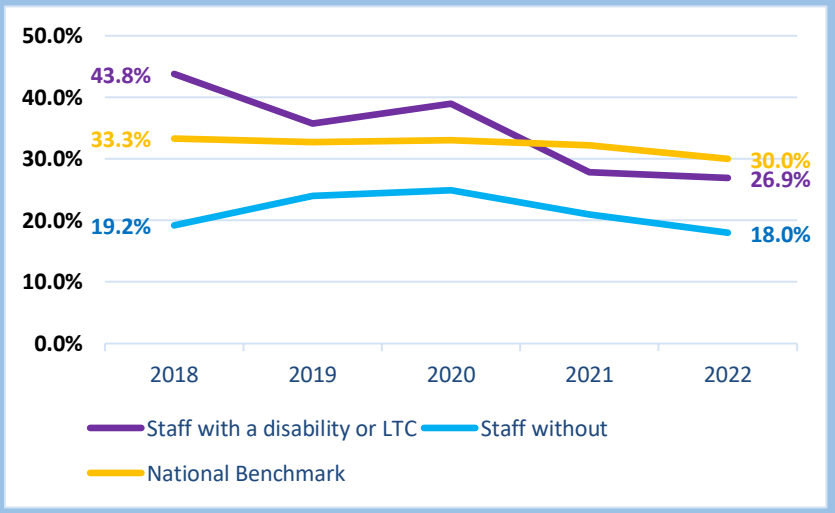
Staff Survey Key Findings - Equal Opportunities

This information is derived from the 2022 Staff Survey.

The results have remained static in terms of the % of both disabled and non-disabled staff who believe the organisation provides equal opportunities for career progression or promotion. The disabled staff the figures are reported as 57.3% compared to 57.6% for 2021.

Staff with a disability/LTC continue to be less likely to report lower levels of equal opportunities than staff who do not have a disability. The gap in experience is static and is currently reported as 16.8%.

Indicator 6 Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



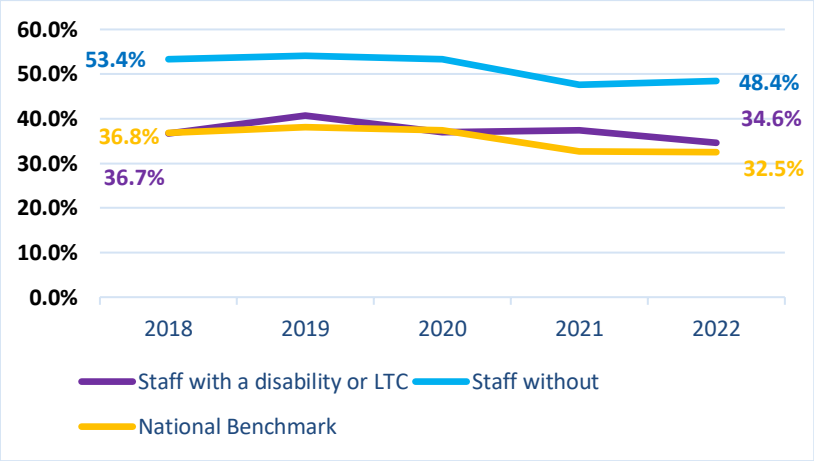
Staff Survey Key Findings - Attendance at work whilst unwell

This information is derived from the 2022 Staff Survey.

The results show a further reduction in the number of disabled staff who have felt pressure from their manager to come to work whilst unwell (26.9% compared to 27.8% for 2021).

Staff with a disability/LTC continue to be more likely to report pressure to attend work whilst unwell than staff who do not have a disability. The gap has increased for 2022 and this is reported as 8.9%, compared to 6.8% for 2021.

Indicator 7 Percentage of staff satisfied with the extent to which their organisation values their work



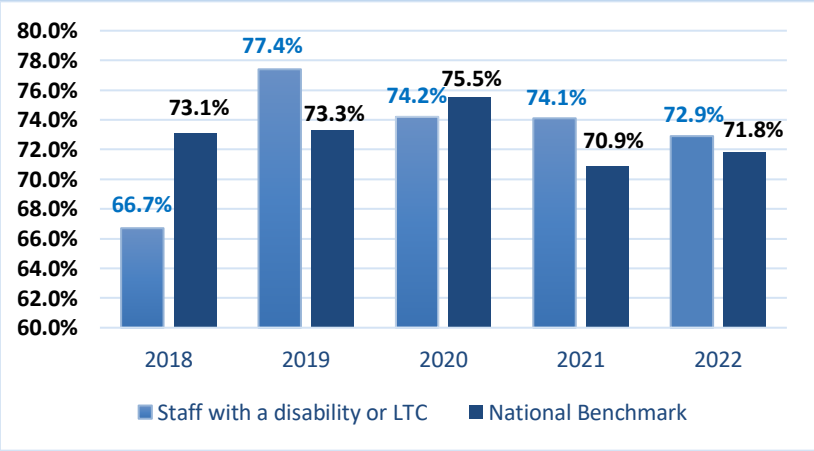
Staff Survey Key Findings - Feeling Valued

This information is derived from the 2022 Staff Survey.

The number of disabled staff who feel satisfied that the organisation values their work has reduced for 2022 at 34.6%, compared to 37.4% for 2021.

Staff with a disability/LTC continue to be less likely to feel valued than staff who do not have a disability and the gap is reported at 13. 8% which is an increase of 6.2% from 2021.

Indicator 8 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



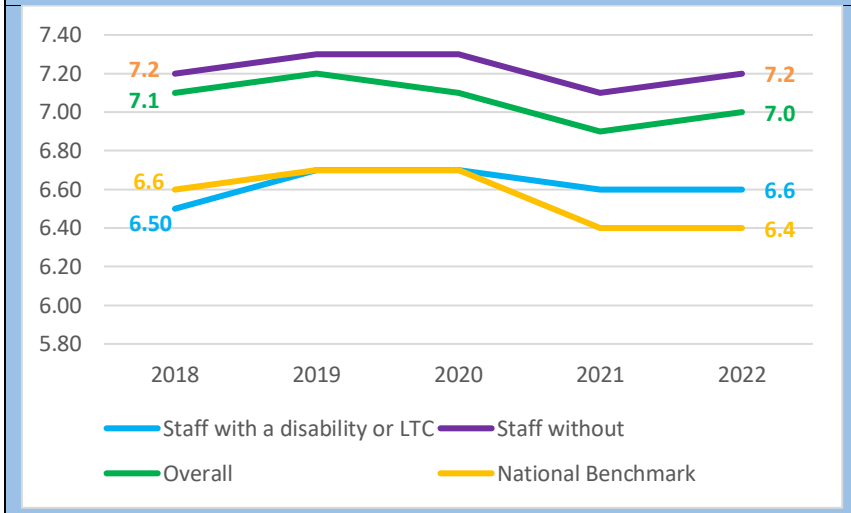
Reasonable Adjustments

This information is derived from the 2022 Staff Survey.

Staff survey results have slightly decreased in terms of the number of disabled staff who have reported that the Trust has made adequate reasonable adjustments to enable them to carry out their work (72.9% compared to 74.1% for 2021), however the figure remains above the national average for this question.

A Task and Finish group has been established to explore further improvements to the Trust's Attendance Management Policy, with the involvement of key stakeholders from across the Trust. Training continues to be delivered to managers on the application of the policy in practice and the People Clinics are now well established and take place every month.

Indicator 9 Staff engagement score (0 10)



Staff Survey Findings - Engagement

Staff survey results show that the staff engagement score for disabled staff is unchanged at 6.6.

Staff with a disability/LTC continue to be more likely to report lower levels of staff engagement than staff who do not have a disability. However, it is positive that we have been able to retain this score for 2022 and the national benchmarking data indicates that the engagement score for disabled staff is 6.4, which is 0.2 lower than the Trust figure.

5. Risks and the Board Assurance Framework

The People Directorate Board Assurance Framework (BAF) is reviewed on a regular basis and there are a number of metrics within the WDES which may impact upon our People risks.

Risk	WDES Metric
Not having appropriate levels of staff with the right skills to deliver safe services (5573).	Indicator 1 - Workforce Representation Indicator 2 - Recruitment Indicator 5 - Equal Opportunities Indicator 7 - Feeling Valued Indicator 8 - Reasonable Adjustments Indicator 9 - Engagement Score Indicator 10 - Board Representation
Adverse Impact from ER outcomes (6426).	Indicator 3 - Formal Capability Indicator 4b - B&H from Managers Indicator 4c - B&H from Colleagues Indicator 4d - Reporting B&H

There is need to review the BAF to consider levels of risk associated with WDES 2023 and record any mitigation/assurance.

6. Conclusion and Next Steps

Our actions to improve the Trust's WDES metrics align with the Trust's wider organisational strategic goals, specifically 'Valuing our People'. They also support our commitments to the NHS People Plan.

We are pleased to report an improvement in many of the metrics for 2023 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.

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.

It is important to highlight that whilst the WDES is an annual report, the activities which drive the metrics can be reviewed more frequently and therefore we are in the process of developing an EDI dashboard which will support the Trust Board of Directors and Executive Team in monitoring a range of workforce metrics which are focused on EDI. This will ensure that our senior leaders are supported to meet their responsibilities under the Public Sector Equality Duty.

These metrics will include:

- Workforce Profile and representation across the various pay bands, both clinical and non clinical.
- Recruitment information to show the likelihood of employment, by relevant protected characteristics.

- Employee Relations cases – showing the likelihood of staff being involved in formal disciplinary, capability and resolution processes, including dignity at work.
- Staff Survey EDI metrics.

By reviewing the information more frequently, this will allow us to identify any trends or concerns in real time meaning that additional interventions can be undertaken to resolve issues ahead of the next annual report.

We take disability equality seriously and whilst we have already implemented a number of practices which will have a positive impact in this area, we understand that change will require a significant cultural shift within the organisation. We know that our workforce disability profile will not change overnight, however we are starting to see a gradual increase in the number of disabled staff who have declared their status. We understand that unlike many of the other protected characteristics, an individual's disability status may change over the course of their employment with the Trust. We are therefore planning for a future ESR 'amnesty' campaign to raise awareness of the reasons for/benefits of recording disability status, to encourage more of our colleagues to update their personal records.

It is important that we continue to grow the membership of our Ability staff network to help us facilitate the voices of our disabled staff and improve staff experience.

It is noted that this is a high level report based on the overall workforce metrics. The next stage in the reporting process will be to engage with our workforce to share the results and jointly develop the action plan to be included in the WDES annual report for October 2023.

6.0 Recommendation

The Board of Directors are requested to:

- Acknowledge the Trust's WDES Results (2023) as reported within section 3 of this paper and to confirm their approval for the results to be submitted to the NHS Digital Strategic Data Collections Service (SDCS) by the deadline of 31 May 2023.

- Note that improvements to the WDES indicators (alongside other key reporting gaps for protected characteristics) is included in the EDI action plan for 2023/24.

- Note that the WDES annual report will be shared at a future meeting of the Trust's Executive Team and Board of Directors, ahead of the mandatory publication date of 31 October 2023.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Utilisation of the University of Hartlepool Elective Hub										
Date of presentation:	25 May 2023										
Prepared by:	Rowena Dean Acting Chief Operating Officer										
Executive/Care Group Director Sponsor:	Neil Atkinson Managing Director										
Purpose of the report	The purpose of the report is to provide the Board of Directors with a report detailing the current utilisation of the University of Hartlepool elective hub, planned developments and future opportunities.										
Action required:	Approve	x	Assurance		Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting Patients First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe		Caring		Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

- An overview of the principles of elective hubs and the direction of travel nationally for their introduction as a means of delivering the elective recovery effort to deliver 30% more elective activity by 2024/25.
- Current physical utilisation of the operating theatres is 65%. Overall activity has increased by 7.67 % compared to 2021-22 on the Hartlepool site. The majority of activity carried out at UHH is Orthopaedic (41.08%) which has increased by 10.72% compared to the previous year.
- The elective hub significantly contributed to over achievement of the elective recovery target in 2022/23 and was able to continue with the elective programme at the height emergency activity escalation on the University of North Tees site. To achieve the planned 111% activity in 2023/24 the elective hub will be a key enabler to delivery.
- The Trust is investing sustainably in the required workforce to deliver this activity on a recurring basis and therefore the elective hub will see an incremental increase in the utilisation of the available physical capacity throughout 2023/24 as workforce is recruited.
- Demonstration of system working in 2022/23 with further opportunities to develop.
- The Trust has been selected to be formally assessed within Cohort 1 of the roll out of the accreditation scheme. The visit is planned to take place on 23rd June 2023. The teams are currently working through the standards and preparing for the visit.

Risks identified from this report/presentation/minutes

The operating theatre estate is aging; maximisation of theatre productivity and development in surgical / anaesthesia innovations is challenged through the current physical estate and could be improved through capital investment.	
Committees/groups where this item has been discussed	*Not applicable*
Recommendation	To be noted by the Board of Directors
Next steps following presentation.	To be agreed.

North Tees & Hartlepool Foundation NHS Trust

Board of Directors

Thursday 25 May 2023

Utilisation of the University of Hartlepool Elective Hub

1. Introduction

The purpose of the report is to provide the Board of Directors with an overview of the current utilisation of the University of Hartlepool elective hub, planned developments and future opportunities.

2. **Elective Hubs**

The development of surgical elective hubs has been driven by the Getting it Right First Time (GIRFT) national team in response to post covid elective recovery delivery. There development is a key element of the elective recovery effort to deliver 30% more elective activity by 2024/25.

There are 91 Elective Surgical Hubs across the NHS in England, the University Hospital Of Hartlepool being one of those recognised. In addition there are 57 new hubs being developed with funding via the Targeted Investment Fund (TIF) process. In the North East, funding was allocated to the Day Case Treatment Centre, Freeman Hospital, Friairage Hospital, Northallerton and South Tyneside and Sunderland Ophthalmology Unit (need to check this.)

There are three types of elective surgical hubs;

Integrated Hub

Elective surgical unit within an existing acute site, with all facilities physically segregated from acute areas

Stand-alone hub

Elective surgical unit in a dedicated building fully separate from any acute provision

(University Hospital of Hartlepool)

Ring Fenced Hub

Elective surgical unit exists as dedicated area within an existing acute site, with ring-fenced elective theatres within the main theatre complex and dedicated inpatient or recovery area

The principles of all the hubs are;

- Exclusively perform planned surgery

- Have ring-fenced facilities & staff who are not used to support operational pressures elsewhere (unless in exceptional circumstances and with decision required at Chief Executive level)
- Have embedded - or are working towards - the High Volume Low Complexity (HVLC) principles of 6-day operating, 48 weeks per year, 2.5 session days and 85% theatre utilisation

The benefits identified through the creation of elective surgical hubs are as follows;

- More efficient use of existing and new theatre capacity and increased throughput of HVLC activity.
- Increased resilience against winter pressures
- Streamlined pathways and shorter length of stay
- Application of innovative, more sustainable workforce models
- Reduced pressure on staff and improving morale, recruitment & retention.

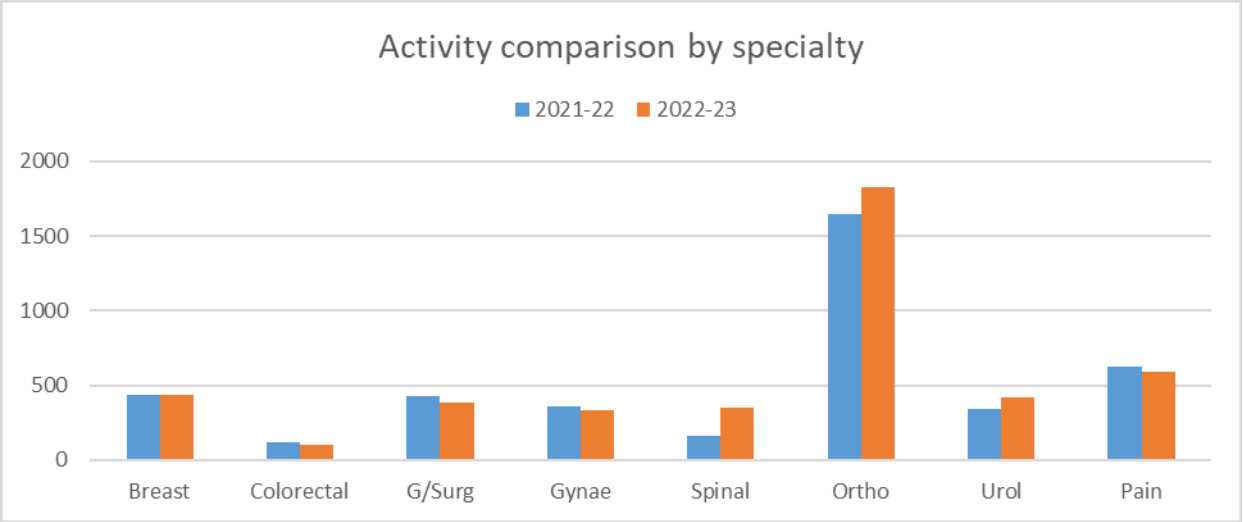
3. Current Utilisation

The elective hub currently has routine scheduled activity 5 days per week, 2 x 4 hour sessions per day. It has 6 x theatres (3 x laminar flow for orthopaedic operations) One theatre has no separate anaesthetic room which limits the efficient utilisation of the capacity and therefore is used mainly for local anaesthetic procedures only. The table below details the number of theatre sessions carried out in 2022/23 compared to the physical theatre capacity available. The current physical utilisation of the theatre capacity is 65%.

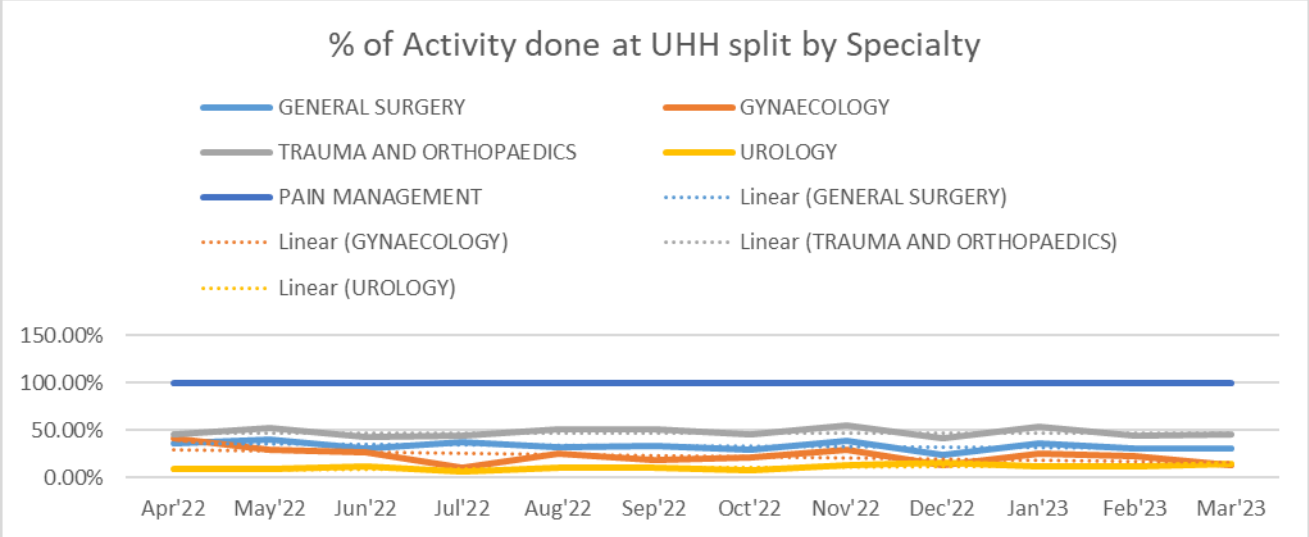
No of PM Lists	No of AM Lists	No of All day lists	Total Lists where all day =2 lists	Target Sessions Per Year	% Against Annual Target
401	587	439	1,866.00	2,880	64.79%

Overall activity has increased by 7.67% compared to 2021-22 on the Hartlepool site, elective activity has remain static and 10.51% (n=329) increase in day case admissions is evident with 100% of pain management day cases now being delivered from the UHH site.

The majority of activity carried out at UHH is Orthopaedic (41.08%) which has increased by 10.72% compared to the previous year. Spinal and Urology have seen an increase in activity as detailed in the graph below.



General Surgery perform 33.50% activity on the Hartlepool site, whilst orthopaedics operate on 48% of its patients. Gynaecology complete 23.13% of activity, however the proportion of patients was higher at the beginning of the year. 10.86% of Urology procedures are carried out at Hartlepool with an upward trend emerging.



It should be noted that the elective hub activity was impacted upon during the ambulance and junior doctor industrial action, which commenced in December 2022.

4. Planned Developments

4.1 Continued delivery of elective recovery targets.

The Trust exceeded the 2022/2023 national target of 104% activity against 2019/20 baseline with an actual delivery of 106%. The elective hub significantly contributed to this achievement and was able to continue with the elective programme at the height emergency activity escalation on the University of North Tees site. The agreed annual

activity target for 2023/2024 is 111% of 2019 /20 base line. The Trust is investing sustainably in the required workforce to deliver this activity on a recurring basis and therefore the elective hub will see an incremental increase in the utilisation of the available physical capacity throughout 2023/24 as workforce is recruited.

4.2 System Working

In addition, to the Trusts own catchment population being treated at the elective hub, throughout 2022/23 there has been partnership working with South Tees Foundation Trust to support capacity for elective recovery. There is now a regular spinal list carried out by a South Tees clinician and a regular foot and ankle session will commence in June 2023. It is anticipated that there will be further opportunities, which are continually being explored as part of the Integrated Care Programme (ICP) elective work stream.

4.3 Elective Hub Accreditation

The GIRFT team in NHS England have piloted an Elective Hub Accreditation Scheme during the second half of 22/23. The scheme is intended to allow trusts to seek formal assessment of their hub sites and external recognition that they work to a defined set of clinical and operational standards. The Royal College of Surgeons and other key clinical and patient groups support it.

The Trust has been selected to be formally assessed within Cohort 1 of the roll out of the accreditation scheme. The visit is planned to take place on 23rd June 2023. The teams are currently working through the standards and preparing for the visit.

The benefits of the accreditation scheme include a clear framework of standards needed to accelerate progress and deliver effective elective hubs at pace. It provides a visible marker of high standards that could be communicated to patients and staff enabling better take up of hub treatment offers. It provides an important improvement tool for the Trust to work within and it recognises and rewards measurable excellence in operational management, clinical standards and patient experience.

5. Future Opportunities

The operating theatre estate is aging and has its limitations for example, the limited number of laminar airflow theatres to significantly increase the orthopaedic elective surgery, the

absence of a block room to facilitate increasing regional anaesthesia, which would, in turn improve the theatre touch time utilisation and ultimately efficiency and productivity.

If capital funding became available, the ability to refurbish, redesign and grow the theatre estate provision would provide increased capacity for the systems HVLC procedure backlog with less reliance on the independent sector.

Work collaboratively with South Tees as they commence the development of the elective hub at the Friairage Hospital Northallerton to explore opportunities in the sharing of pathways into the hubs and development of streamlined processes where appropriate. For example, Gall Bladder pathway currently being developed

6. Recommendations

The board of directors are requested to note;

- The continuous improvement in the utilisation of hub over last financial year and the planned further increase moving forward into 2023/24 as a key vehicle to delivery of the 111% elective recovery challenge.

- The opportunity for the UHH elective hub to be a system resource if workforce infrastructure and potential capital for refurbishment were available to grow and sustain the service provision.

- The Trust has benefited over a significant number of years having the University of Hartlepool hospital as its planned site for the delivery its elective programme. This has included maintaining the elective programme through winter pressures and streamlined pathways. The accreditation process will allow the Trust to focus on next steps advocated through the standards to further improve the model of service delivery.

Rowena Dean
Acting Chief Operating Officer

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Draft Annual Report and Accounts 2022/23
Date:	25 May 2023
Prepared by:	Elaine Jeffers, Deputy Director of Governance & Corporate Affairs Stuart Irvine, Deputy Director of Finance
Executive Sponsor:	Neil Atkinson, Managing Director Susy Cook, Chief People Officer and Director of Corporate Affairs
Purpose of the report	The purpose of this report is to provide the Board of Directors with an overview of the process for the preparation and presentation of the Annual Report and Accounts for 2022/23. The report also identifies the progress to date in the drafting of the information in readiness for submission to NHS England within the agreed timelines, following which they will be laid before Parliament at a date to be confirmed.

Action required:	Approve	x	Assurance	x	Discuss	x	Information	x
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	x	Transforming our Services	x	Health and Wellbeing	

Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	X

Executive Summary and the key issues for consideration/ decision:

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

The draft annual report and accounts 2022/23 provides compliance with the guidance, FT ARM and DHSC GAM and consists of: -

- Opening statement from Chair and Chief Executive
- Performance report comprising overview of performance and performance analysis
- Accountability report comprising directors' report; remuneration report; staff report; disclosures set out in the NHS Foundation Trust Code of Governance; NHS Oversight Framework; statement of accounting officer's responsibilities; and an annual governance statement
- Auditors report including certificates
- Foreword to the accounts
- Four Primary financial statements of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows
- Notes to the accounts

The timetable for the Annual Reporting process for NHS Foundation Trusts was published in February 2023 and the timeline identifies the Annual Report, including the Financial Accounts must be uploaded to the NHS England (NHSE) portal by Friday 30 June 2023, before a full and finalised annual report and full statutory audited accounts is submitted to Parliament by a date still to be confirmed.

The draft Annual Report and Accounts 2022/23 was presented to the Audit Committee at its meeting on 10 May 2023, and the document is provided to all Board members as an opportunity for review and comment. The report and accounts are in draft format and cannot be made publicly available prior to submission to NHSE and laying before Parliament, therefore they are not included as part of the public Board pack of information.

In addition, the annual report and accounts is subject to a full and robust audit process, which will be undertaken prior to presentation of the final documents to the Audit Committee on 19 June 2023. The external auditors Deloitte is working with key leads in the Trust to ensure that all the information contained within the report and accounts complies fully with requirements of the FT ARM, DHSC GAM and other guidance.

It is anticipated there will be further changes to the draft documents arising from the audit process with Deloitte and feedback from the Board, therefore the tabled draft report and accounts will be subject to further updates prior to final sign off and submission in line with regulatory requirements.

Due to there being no Board meeting scheduled prior to the submission date required by NHSE, the Board of Directors is asked to delegate authority for approval of the final report and accounts to the Audit Committee at their meeting on 19 June 2023.

Once the annual report and accounts have been laid before Parliament they will be made publicly available by publishing them on the Trust website and presented to the Council of Governors at the Annual General Meeting on 7 September 2023.

Financial Impact
There are no additional costs in respect to production of the Annual Report and Accounts 2022/23.
How this report impacts on current risks included in the Board Assurance Framework/Risk Register or highlights new risks.
The areas within the Annual Report and Accounts are detailed within the Board Assurance Framework in respect to quality, safety, performance, finance and leadership, therefore are managed through this process.
Legal and Equality and Diversity implications
There are no equality & diversity implications associated with this paper.

Committees/groups where this item has been discussed	Audit Committee
Recommendation	The Board of Directors is asked to: • note the content of the annual report and accounts; • note the work undertaken to date in order to produce this within the timelines; • note the scrutiny on compliance by the external auditors, • acknowledge that changes will continue to be made to the report and accounts in line with audit review; • delegate authority to the Audit Committee to approve the final documents on behalf of the Board of Directors at its meeting on 19 June 2023; and • note submission to NHS England will be in line with guidance and in readiness for submission to Parliament on a date to be confirmed.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

	Annual Self Certifications								
Date:	25 May 2023								
Prepared by:	Elaine Jeffers, Deputy Director of Governance, Corporate Affairs								
Executive sponsor:	Linda Hunter, Director of Planning and Performance Stuart Irvine, Deputy Director of Finance								
Purpose of the report	In line with NHS Improvement Annual Planning requirements and Licence conditions, NHS Foundation Trusts and NHS Trusts are required to complete annual self-certifications of compliance against a number of governance requirements. This summary report provides an overview of the requirements and the Trust's position against each declaration.								
Action required:	Approve	x	Assurance	x	Discuss		Information		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	x

Executive Summary and the key issues for consideration/ decision:

For the year 2022/23 NHS Foundation Trusts are required to make the following declarations to NHS England:

- Systems for compliance with Licence conditions - in accordance with General condition 6 of the NHS Provider Licence requires the Board to review and declare that, in the financial year most recently ended (2022/23), the Trust (Licensee) took all such precautions as were necessary in order to comply with the conditions of the Licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution
- Availability of resources and accompanying statement - in accordance with Continuity of Services Condition 7 of the NHS Provider Licence requires that the Board have a reasonable expectation that the Trust (Licensee) will have the required resources available to it after taking account of distributions, which might reasonably be expected to be declared or paid for the period of 12 months referred to within the declaration, 2022-23 (Appendix 1)
- Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act requires the Board to review and declare compliance that it is satisfied that during the financial year most recently ended (2022/23), that the Trust (Licensee) has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role (Appendix 2)
- Corporate Governance Statement requires the Board to review and declare that it is satisfied that the Trust (Licensee) applies those principles, systems and standards of good corporate governance, which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. The Corporate Governance Statement requires evidence of compliance against a number of key criteria, to support assurance of self-certification (Appendix 3 FT4 declaration)

The Board received an overview of the Trust's Annual Priorities and Planning Programme at the April Board of Directors meeting, outlining the key requirements within the NHSE/I '2023/24 Priorities and Operational Planning' guidance published on 23 December 2022.

The report to the April Board of Directors included the Trust's position against these requirements and future plans to meet any outstanding gaps. The 2023/24 planning requirements build on the guidance of 2022/23 and set out three key task for delivery:

- Recover our core services and productivity;
- Make progress in delivering the key ambitions in the Long Term Plan
- Continuing to transform the NHS for the future

The guidance also outlines the delivery of the goals of the NHS Long Term Plan. The transformation approach focuses on the effective management of long term conditions to improve population health with the publication of a NHS Long Term workforce plan due Spring time. The digital first approach fundamentally underpins the continuous improvement approach.

Recovering our core services and productivity continues to be the theme outlined in the new guidance building on the foundations outlined in the previous guidance from 2022/23, with the focus split over three key areas:

1. **To improve patient safety, outcomes and experience we must:**

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

2. **Our people are key to delivering these objectives by:**

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

3. **Narrow health inequalities in:**

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

The Trust Final Annual Operating Plan was submitted on 22 March 2023 and included further iterations beyond this date, with a further submission on 26 April 2023.

Due consideration has been given against each of the Self-Certifications, based on the 2022/23 performance and the forecast pressures for 2023/24, taking into account the on-going operational pressures.

The individual Self Certifications have been completed, providing evidence of assurance where necessary, with the aim to declare compliance against each of the declarations for the periods of 2022/23 and 2023/24, as applicable.

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

The Trust is fully engaged in system working, with significant input into the development and delivery of the Integrated Care System (ICS) Annual Operating Plan. The Trust has embedded robust recovery plans to ensure both elective and non-elective pathways are delivered, taking into account the wider system pressures and the need to support equitable access to services for the local population, recognising the impact of the high levels of deprivation across the locality.

The Trust continues to work closely with partners across the Integrated Care Board (ICB) and ICS, to ensure continued delivery of agreed financial plans and was successful in achieving a surplus position at the end of 2022/23 of £5.530m against a plan of £4.353m.

Delivery of financial plans will continue to be given appropriate scrutiny and oversight by the Board. The plan currently contains risk associated with the delivery of efficiencies (CIP) and is aligned with system envelope assumptions.

In order to address the system risk, the Trust, and its partners have agreed to work collaboratively to address these financial pressures and will work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2023/24. This demonstrates the commitment of the Trust to work collaboratively and support the wider system returning to financial balance.

Governance and mitigating actions and assurance processes have been appropriately escalated within the Board Assurance Framework.

The Trust remains in Segment 2 of the Oversight Frame. The Trust was not subject to any enforcement undertakings or action during 2022/23.

Committees/groups where this item has been discussed	N/A
Recommendation	The Board of Directors is asked to: • **Note** that due diligence has been paid by the Board of Directors in assessing on-going compliance with governance requirements, specifically those illustrated in regular seminars and committee discussion, in line with the NHS Provider Licence Conditions • **Approve** the requirement for the Board of Directors to delegate responsibility to the Chair and Managing Director to sign the statements of self-certification contained within the enclosed attachments on behalf of the Board.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

North Tees and Hartlepool NHS Foundation Trust *Insert name of organisation*

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Appendix 1

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2022/23

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. — Confirmed

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services. — Confirmed

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Statement of main factors taken into account in making the above declaration
In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

As per the process in 2022/23, by mutual agreement and on a net neutral basis, organisations are able to amend their positions, to reflect an alternative distribution of current resources and the impact of new resources, pressures and policy priorities.

Given that the majority of the system funding has been identified at an individual organisational level, this has become the default position for the allocation of funding.

Like most health economies, significant financial challenges are faced by the local NHS. The Commissioner and Trusts within the Integrated Care Board (ICB) have agreed to work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2023/24. The Trust is confident that it can support the system in this manner and continue to subscribe to its financial plan for 2023/24.

The Trust works collaboratively with the ICB and Integrated Care System (ICS) to address both recovery and overall performance delivery as a system. The Trust continues to increase the levels of activity in order to address the elective backlog and increased demand seen across the organisation for our services.

The organisation has seen activity into the organisation on average at 110% of the 2019/20 levels, with sustained delivery of elective activity over the required 104% for 2022/23. The requirement of the organisation in 2023/24 is to deliver activity at 111% in support of a system delivery at 109%.

Good progress to eliminate those patients waiting in excess of 78 weeks has been made with zero patients currently waiting more than 78 weeks. There will be an enhanced focus on patients waiting over 65 weeks in 2023/24, with a trajectory of zero patients waiting over 65 weeks by March 2024.

2022/23 has also experienced a significant increase in demand for cancer services, with specialities seeing over a 30% increase in demand in year. The organisation continues to strive to achieve the national standards and is currently reporting achievement of six out of the nine standards (as at February 2023). The cancer backlog reports in line with the national requirements to remain below 10%.

Diagnostic compliance continues to improve with a requirement to achieve 95% of patients receiving their diagnostic investigation within the six week standard. The support of additional activity through the Community Diagnostic Centres, additional Endoscopy sessions, together with an improved trajectory in regard to non-obstetric ultrasound ensures the delivery of these trajectories.

There continues to be a focus on outpatient activity, in particular the required reduction of review appointments. The Trust is required to achieve a 25% reduction through the principles of patient initiated follows up, together
with the development of a potentially more productive delivery model through the use of virtual clinic, whether this be phone or video appointments. The Trust submission for 2023/24 is to reduce review appointments by 15% rather than the recommended 25% given the demand on service. This is in line with the rest of the Region.

The plan for 2023/24 requires the Trust to deliver a break even plan, which requires the Trust to deliver a Cost Improvement Programme requirement of £20.1m (approximately 5% of turnover).

The System financial envelope has been set at NENC ICB level over the full 12 month period for 2023/14 (circa £6.1bn).

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

The four strategic risks are identified below and will be reconsidered as part of a refreshed Board Assurance Framework (BAF) for 2023/24:
* Recover compliance and performance
* Risk of delays to patients waiting from referral to treatment and not recovering against plan
* Risk of delays to patients on a cancer pathway and not recovering against plan
* Risk of delays to patients waiting for diagnostic tests and not recovering against plan

A full review of the Board Assurance Framework will be undertaken for 2023/24 to ensure causes of risk are identified that may prevent the Trust from delivering its strategic objectives. The plan does reflect the impact of any industrial action that has or will take place during this financial year.

The Board of Directors is aware of internal and external risks, which pose a threat to quality, service performance and financial balance, within the agreed NHS Improvement Plan, and whilst mitigation is in place, supported by enhanced accountability and governance frameworks, will continue to assess service delivery options and radical efficiency gains to mitigate and maintain assurance.

The Trust remains in Segment 2 of the Oversight Frame. During 2022/23 it was not subject to any enforcement undertakings or action. NHS England undertook an independent review in 2022, to determine whether the Trust had breached two licence conditions relating to governance and leadership. The Trust received the final outcome of the review in September 2022, which identified there had been a breach of the conditions; however it was acknowledged that the Trust had immediately addressed the concerns resulting in zero enforcement action being taken.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Derek Bell	**Name**	Neil Atkinson
Capacity	Joint Chair	**Capacity**	Managing Director
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Appendix 2

Worksheet "Training of governors"

Financial Year to which self-certification relates 2022-23 Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Derek Bell	**Name**	Neil Atkinson
Capacity	Joint Chair	**Capacity**	Managing Director
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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Appendix 3

Worksheet "FT4 declaration"

Financial Year to which self-certification relates | **2022-23**

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Board of Directors certifies on-going compliance with the governance condition, via the Corporate Governance Statement, using performance against governance indicators, financial performance, exception reports and third party information to test the certification. The Trust is focussed on the recovery of activity across the elective, non-elective and cancer pathways. In addition, work continues to reduce and eliminate long waiters. The Trust has achieved a position of zero patients currently waiting in excess of 78 weeks from referral to treatment with a trajectory to have zero patients waiting in excess of 65 weeks by March 2024. The Trust is fully engaged in system working, with significant input into the development and delivery of the Integrated Care System (ICS) Annual Operating Plan for 2023/24. The Trust has embedded robust recovery plans to ensure both elective and non elective pathways are delivered, taking into account the wider system pressures and the need to support equitable access to services for the local population, recognising the impact of the high levels of deprivation across the locality. The Trust works closely with partners across the Integrated Care Board (ICB) and ICS (as well as, representatives from NHS England), to ensure delivery of agreed financial plans and was successful in achieving a surplus position at the end of 2022/23 of 5.530m against a plan of 4.353m. Delivery of financial plans will continue to be given appropriate scrutiny and oversight by the Board. The plan currently contains risk associated with the delivery of efficiencies (CIP) and the plan is aligned with system envelope assumptions. In order to address the system risk, the Trust, and its partners have agreed to work collaboratively to address these financial pressures and will work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2023/24. This demonstrates the commitment of the Trust to work collaboratively and support the wider system returning to financial balance.
			The Board of Directors gains assurance from a number of sources and assurance mechanisms as follows: Internal and external audit plans, which cover a full range of audits: * Annual Governance Statement * Head of Internal Audit Opinion * Integrated Performance Report to the Board of Directors covering quality, performance, workforce and finance * Board Assurance Framework reported quarterly to the Board of Directors * Risk Management Strategy
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Trust remains in Segment 2 of the Oversight Frame. The Trust was not subject to any enforcement undertakings or action during 2022/23.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	The Trust has a robust governance structure with a locally agreed committee structure reporting to the Board of Directors. This ensures that members of the Board are more closely involved in the governance of the organisation and the subsequent assurance on the safety and quality of services (clinical and non-clinical). Each committee has terms of reference, which clearly articulate the purpose, responsibilities, accountabilities, reporting lines and delegated authority they have been given by the Board to carry out work on its behalf. Minutes of the individual sub-committees are reviewed within the Board of Directors meeting. The Board agenda focuses on the key areas of quality, strategy, performance and governance. The terms of reference are reviewed on a regular basis to ensure effectiveness and this will continue in 2023/24. A number of new Non-Executive Directors took up post in 2022/23 and following a period of induction, a review of the sub-committees of the Board has been undertaken, with the Non-Executive Directors aligned to a committee to optimise their experience and knowledge. Significant work has been undertaken during 2022/23, which will continue in 2023/24, to build on the capability, leadership and capacity required to fulfil the future ambitions of the organisation through the Care Group Operating Model, with robust support from corporate services and functions. A significant leadership development programme is in place, which will focus on talent management and the culture going forward. This will support the future sustainability of the Trust to drive the vision, deliver the organisational strategy and the Long Term Plan. A number of documents outline the accountabilities, responsibilities and reporting lines including: * Well-led external review with on-going internal self-assessment * CQC Inspection reports * The Trust's Constitution * Standing Financial Instructions * Scheme of Delegation * Sub-Committee terms of reference * Accountability structures * Third Party/Regulatory visits * Patient and staff feedback * Complaints and Incident Analysis
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Although the Trust has faced a number of challenges in 2022/23, not least the continued impact of Covid-19 and industrial action, it has continued to ensure robust governance in respect to financial decision-making in order to support the management, grip and control of expenditure. The importance of maintaining this has been reiterated for 2023/24. The Trust has remained in Segment 2 of the Oversight Frame during 2022/23, demonstrating a sustained position. In 2022/23, the Trust reported a £5.530m surplus, which was ahead of plan for the year end. The delivery of a sustained improved financial position is due in part to the robust Financial Management Performance Framework and Capital Performance Framework that has operated during 2022/23, which has maintained 'grip and control' over the financial position. The Board has timely and effective oversight, receiving monthly/quarterly reports via the Integrated Performance Report (IPR). Although the IPR has been developed in line with the national reporting frameworks and recommendations it continues to be reviewed to ensure it provides the level of assurance required for the Board of Directors. Consideration is given to both positive and negative variances and progress against monthly, annual and in year improvement targets. The revised report has been developed in Yellowfin and provides detailed trend analysis, presented in SPC format, with additional commentary outlining the underlying narrative of the Trust's position. The Board is also provided with sufficient information in respect to the Oversight Frame and the Trust position in relation to segmentation and use of resources. The Trust has a robust Risk Management process in place, which is supported through a standardised Board Assurance Framework, Trust Risk Management Committee, with each Corporate Risk monitored through the individual Board sub-committees and the overall Trust governance structure. The Board and its sub-committees receive timely information in accordance with its scheduled cycle of business. Performance is also reported to the Council of Governors and Governors are provided with an opportunity of holding the Non-Executive Directors to account for the performance of the Board. Following the Well-led Inspection in May 2022, the rating of 'Good' across all domains was reduced to Requires Improvement overall, with Requires Improvement for the safe, effective and well-led domains and Good for the caring and responsive domains. The final report was published in September 2022. Understandably, the Trust was disappointed with this outcome and have implemented a robust action plan in response to the issues identified. The Trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the frontline staff.
			A review by the Good Governance Institute (GGI) has been commissioned through 2022. The purpose of the review is to better understand the position with respect to the wider Corporate Governance agenda. The review has consisted of a number of activities, including a review of related documentation, observation of Board meetings and sub-committees of the Board and a number of focus groups held with a variety of staff groups from across the organisation. A Board Seminar to look at the effectiveness of the Board Assurance Framework and recognition of strategic risk was held in May 2023. The final report from GGI is expected early June 2023. The recommendations from the report will form the basis of the work programme and further Board development requirements in 2023/24. The Trust has a robust Business Planning cycle in place, which supports the development and delivery of Care Group Specialty Business Plans, and in year service delivery. The Business Planning process has been reviewed by Internal Audit and received 'Good Assurance'. Operational delivery of business plans is monitored through the Care Group Director's meetings in-year, with appropriate oversight and scrutiny by the Chief Operating Officer and the Director of Planning and Performance. Trust financial performance delivery is monitored though the Executive Team and from an ICB perspective, system performance is monitored through the ICP and Leadership (Executive) Group, ICP DoFs / CFOs fortnightly meeting. Governance of compliance with Licence conditions is managed through the Board of Directors and Council of Governors, with assurance provided through the reporting structure outlined above. Evidence to support this statement include: * Well-led external review * Constitutional documents * Internal Audit plans, reports and opinion * Risk Management Processes * Board and Sub-Committee meetings cycle * Safer staffing reports * Financial performance reports to the Board and Sub-Committees * Performance monitoring process and review by the Care Groups * Annual Report, Quality Report, Annual Accounts and Annual Governance Statement * Leadership Walkarounds

5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	There is clear leadership and accountability for the delivery of high quality and safe services within the Trust. This is detailed within the Annual Report and the statements contained therein. The Board of Directors, both directly and through its committee structures ensures that a focus is maintained on the delivery of safe, quality services. The Trust's quality priorities continue to be set having regard to feedback from patients, carers, Governors and other key stakeholders, with regular reporting of delivery against these priorities provided to the Board, Council of Governors and Commissioners. The effectiveness of these processes is considered as part of the Annual Governance Statement, which in turn is subject to consideration by the Audit Committee and the Auditors prior to inclusion in the Annual Report. The Trust has continued to review and focus its attention on the management of strategic risks, supported by the Risk Management Strategy and Board Assurance Framework, which drives the Board's agenda. Board sub-committees and other high-level groups that have defined responsibilities and accountabilities for risk management are in place for the escalation of risks from the front line, through governance channels, to the Board of Directors. Overall decisions in relation to prioritisation of corporate risk issues and resource allocation are taken by the Board of Directors, with delegation of decisions relating to specific risks to sub-committees or the Executive Team as appropriate. This features highly in the planning round to deliver the Annual Operating Plan and the Board of Directors ability to self-certify. In 2022/23 the Board of Directors further reviewed the strategic direction in line with the North East and North Cumbria Integrated Care System objectives and the alignment of operational delivery. This included a refresh, reframe and development of the Corporate Strategy to ensure it is fit for the future and incorporates system-wide integration and financial delivery, reflecting all external influences accordingly.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	The Board of Directors has a range of skills, experience maturity and expertise to deliver the key objectives. Where capacity is a risk, an infrastructure of support has been considered and agreed. The Board of Directors has a track record of making intelligent decisions and tackling risks to clinical, operational and financial stability in a proactive and timely manner. The Well-led principles have been reviewed and key areas of development supported to fit the strategic agenda. The Trust has an established process that ensures that all Board members are 'fit and proper' persons. This process is applied on appointment and thereafter on an annual basis. An assessment of continued fitness for the role, by completion of the fit and proper person test and declaration has been completed for 2023, this has included applying the 'fit and proper person' test to all Deputy Directors and the Council of Governors. Registration with a professional body is checked on an annual basis to ensure on-going validation for those senior staff for who this applies. This information is presented to the Board of Directors annually in January each year. The Board and its Committees, through receipt of workforce reports, has been assured over the actions taken to manage the workforce risks in relation to recruitment and retention and the review of People BAF risks. There remains a challenge to the organisation with the recruitment of staff to some specialities. Recruitment plans have been developed in order to address any gaps and discussions are taking place across the Integrated Care System and Integrated Care Board to look at collaboration and network approaches. Regular reports are also provided to the Board on the Trust's compliance with the nursing safer staffing levels and the revalidation of its nursing and medical workforce. All transformation schemes are subject to a rigorous Quality Impact Assessment (QIA), including those schemes, which have a workforce impact. This process ensures the Board is assured that the Trust retains an appropriately qualified workforce to deliver safe, high quality services.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____ **Signature** _____

Name Derek Bell **Name** Neil Atkinson

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

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North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Freedom To Speak Up Annual Report							
Date:	25 May 2023							
Prepared by:	Fiona Gray, Freedom To Speak Up Guardian							
Executive sponsor:	Lindsay Robertson, Chief Nurse, Director of Patient Safety and Quality							
Purpose of the report	The purpose of the paper is to present to the Board of Directors, the Annual Report in relation to Freedom To Speak Up (FTSU) key achievements, including key activity over the last 12 months, themes, number of cases and ongoing work promoting and continuing to embed the FTSU ethos across the organisation.							
Action required:	Approve		Assurance		Discuss		Information	
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services		Health and Wellbeing	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	

Executive Summary and the key issues for consideration/ decision:

The National Guardian Office (NGO) and the Freedom to Speak Up Guardian (FTSUG) role was established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and the recommendations from the subsequent inquiry led by Sir Robert Francis QC and his report 'The Freedom to Speak Up' (2015).

The Trust has a full time FSTUG supported by an increasing network of Freedom to Speak Up Champions (14) across the Trust and NTH Solutions, which is an increase of 4 from last year. The network now includes two Foundation Year 1 Doctors.

The FTSUG attends monthly North East Regional Guardian meetings, which is a supportive forum. A positive alliance has been established with neighbouring Guardians at South Tees NHS Foundation Trust and Tees Esk and Wear Valley NHS Foundation Trust. The FTSUG also has an established "buddy" alliance with the Guardian at North Lincolnshire and Goole NHS Foundation Trust. The aim is to work collaboratively, seek support and share ideas to evolve service provision.

This paper sets out the work undertaken by the FTSUG across the organisation through 2022/23 and highlights activity planned for 2023/24. This includes the adoption of a new National Speaking Up Policy that has been created in partnership with NHS England, which was ratified by the Trust Joint Forum in April 2023.

The paper also provides a breakdown of the data relating to Freedom to Speak Up activity, with 101 concerns being raised during the 2022/23 reporting period. This is an increase of 51 contacts in this financial year, noting the increase related to individual staff seeking advice and support.

Future initiatives include the implementation of the Reflection and Planning Tool, with reporting required to the Board of Directors, the National Guardian Office and NHS England. A number of elements are in train and the final sections of the Tool are due to be completed in June 2023.

How this report impacts on current risks or highlights new risks:	
Identified control linked to BAF 1a Putting Patients First and 2b Valuing our People; No new risks identified in this period. The Trust has received 'good' assurance from Audit One	
Committees/groups where this item has been discussed	Monthly reports to Executive Team Quarterly reporting to Patient Safety and Quality Standards Committee
Recommendation	The Board of Directors are asked to: • Note the content of the report and the progress to date in embedding and developing the FTSUG role across the organisation • To support the future developments outlined in section 10 noting the request for mandatory training considered as part of the Trust wide review and agreement via the People Committee.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

May 25th 2023

Freedom to Speak Up Guardian

Annual Report

Background to the Freedom to Speak Up Guardian (FTSUG)

The National Guardian Office (NGO) and the Freedom to Speak Up Guardian role was established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust, the recommendations from the subsequent inquiry led by Sir Robert Francis QC and his report "The Freedom to Speak Up" (2015).

The Freedom to Speak Up Report raised over 200 recommendations. One of the recommendations was to have a designated person who was impartial and independent working in every Trust. This role would facilitate staff to speak to in confidence about concerns at work including any public interest disclosure. It was acknowledged that staff should be listened to, taken seriously and would not suffer detriment for speaking up. The NGO train and support Guardians as well as providing appropriate resources to help establish a healthy "Speak Up, Listen Up, Follow Up" culture.

Guardians have handled over 75,000 cases since the NGO first started collecting data in 2017.

1. Introduction

- A full time, trained FTSUG is in post (since August 2021). The FTSUG is formally registered on the NGO database, including contact details. The FTSUG completed NGO refresher training in June 2022, which is now an annual requirement to maintain registration and practice.

- The NGO and the National Guardian for the NHS (Dr Jayne Chidgey-Clark) continues to support all Trusts to embed the "Speak Up, Listen Up, Follow Up" ethos. The NGO partnership is an important one, in particular, embedding their values within organisations: **Courage, Empathy, Impartiality and Learning**.

- There are now over **900** Guardians in the NHS, independent and third sector organisations and national bodies who provide an additional way for workers to speak up about anything which impacts on their ability to do their job.

- This is an annual report in relation to FTSU key achievements, progress across North Tees and Hartlepool NHS Foundation Trust and NTH Solutions over the last 12 months, themes, number of cases and ongoing work required promoting and continuing to embed the FTSU ethos.

- This report also seeks to provide an update on the service in relation to on-going developments as a means of enhancing the service provision over the next year and beyond.

2. Governance and support

- The FTSUG is supported in the role by the Chief Executive Officer, Managing Director(s) of the Trust and NTH Solutions, the Executive Sponsor for FTSU (Chief Nurse and Director of Patient Safety and Quality), the senior leadership team, Non-Executive Director for FTSU, the NGO, Regional Guardian network across the North East as well as the Trust's Psychology and Chaplaincy Teams.

3. Key Achievements

- A new speaking up policy was implemented in April 2023. This is a national policy created in partnership between NHS England and the NGO. All Guardians and a number of Human Resource professionals across the UK were invited as stakeholders / subject matter experts prior to its rollout to ensure these voices were included. The final template was issued in June 2022 and all Trusts were expected to adopt this new national policy as minimum before the end of January 2024. The new policy was agreed at the Trust Joint Forum in March 2023 and was received positively i.e. its welcoming language, available resources and identifiable routes for speaking up.

- An easy to read staff leaflet is available on the staff intranet which explains the FTSU role and how to get in touch. This leaflet (alongside pens showing FTSU contact details) are now being distributed to staff during promotional events including staff network days, patient safety events as well as staff inductions going forward.

- The FTSUG role was externally audited via Audit One and the assurance rating moved from reasonable to good. Several improvements were noted including the recruitment of a full time Guardian, creation of a standard operating procedure, an easy to read staff guide and allocation of a contingency Guardian who is also trained and registered on the NGO database.

- A second FTSU promotion took place in October 2022. This is an annual event, every October forming part of the National Freedom to Speak Up campaign. This year included communication from the Chief Executive Officer re-iterating the importance of FTSU, meet and greet sessions for the new NTH Solutions Champions, screensavers promoting the Speak Up, Listen Up, Follow Up ethos (including Executive staff pledges) and the North Wing building lit up green throughout October to symbolically represent the Trust's support of the campaign. In additions the FTSUG undertook floor walking opportunities across North Tees, Hartlepool and Peterlee with the Non-Executive Director for FTSU. Staff acknowledged the importance of FTSU albeit shared their reticence about possible repercussions or inaction.

- The FTSUG and FTSUG Team based at The James Cook University Hospital have established and sustained a good working alliance to work collaboratively as the Joint Partnership evolves. Both Trusts now use the same promotion material in relation to the "Speak Up" staff poster which shows the internal routes for speaking up. Guardians from both Trusts have also jointly presented to Allied Healthcare Professional students at Teesside University prior to them commencing placements at each respective Trust.

- Building a relationship with senior leaders, board directors and governors is essential to set the tone of a healthy speak up culture. Regular "Keep in Touch" meetings continue to work well with our senior leaders, Care Group Directors and Associate Directors. The purpose of these meetings is to maintain a proactive and relational approach to speaking up i.e. to embed the NGO ethos of "making speaking up business as usual". Feedback from senior staff suggests that over the last 12 months, FTSU has become increasingly "socialised" i.e. staff awareness has increased and staff 'buy-in' is developing. Building on this, the ultimate aim is for speaking up to become "normalised".

4. Strategic Direction and Progress to Date

- The fundamental premise of the NGO strategic framework is that *"Freedom to Speak should be available to everyone in the healthcare system, irrespective of where they work"*

- Based on this premise, the local strategic framework continues to be implemented to establish, build, maintain and sustain a relationship with FTSU:

  Have staff heard of FTSU?
  Do they know why it exists?
  Do they know how to make contact?
  Do you they know who their FTSUG is?

- The FTSUG attends all new staff inductions including the main trust induction programme as well as induction sessions for student nurses, preceptorship staff, volunteers and more recently Foundation Year 1 Doctors.

- The FTSUG also proactively works with teams, attend team meetings including senior management team meetings, team away days, Junior Doctor F1 wellbeing events, Junior Doctor F2 Patient Safety Events, staff network meetings / drop ins, community staff forum and Patient Safety Council to name a few. The FTSUG also joined the Organisation Development Team to discuss staff survey results in specific areas as a further opportunity to meet staff / promote the role.

- FTSU is promoted as an additional / alternative channel for speaking up about work related concerns and not as replacement for the other available routes for speaking up. Staff continue to be encouraged to speak up via number of routes including their line manager, People Services, Professional Nurse or Midwife Advocate, staff side representative or the FTSUG. The FTSUG role ultimately aims to empower staff to speak up directly themselves albeit the role can take concerns forward accordingly.

- The FTSUG prepares a monthly progress report for the Executive Sponsor and joins the Executive Team meeting monthly to discuss themes and challenges as well as positively promoting the role as well as encouraging senior colleagues to complete training modules for leaders setting the tone for a healthy speak up culture. The FTSUG and Executive Sponsor agree that a good working partnership has been established with senior colleagues. Going forward, a development session has been suggested for senior staff, to enhance their knowledge and understanding of FTSU for senior leads. This would also be an opportunity to share results from the Reflection and Planning Tool exercise which is scheduled for June 2023.

- All Executive staff have been asked to complete National Guardian Office training, in particular, "Follow Up" Training for senior leaders which was released in April 2022. **Please refer to Section 4, Freedom to Speak up Training Resources, for further information.**

- The FTSUG has established a good working alliance with the assigned Non-Executive Director for FTSU and meets monthly for governance and assurance. The FTSUG has been invited to share learning and progress (including ongoing challenges) at Governors Seminar as well as Non-Executive Director group sessions. Further sessions will include discussions around training resources and promoting the NGO values.

- Future developments include strengthening the FTSU Champion Network. There are now 14 Freedom to Speak Up Champions across the Trust and NTH Solutions which is an increase of 4 from last year. The network now includes two Foundation Year 1 Doctors. Going forward, the FTSUG role will work closely with service areas to promote and develop this network further.

- The FTSUG trains and supports FTSU champions to promote the role and to signpost staff to appropriate speaking up routes. The first Champion group meeting has been arranged for

May 2023 where promotional ideas will be discussed. Champions are not expected to manage cases but are there to encourage staff to speak up about patient safety and other work related concerns. The message is clear - we want staff to have the chance, choice and confidence to speak up and our champions can effectively spread this message through their daily work and interactions. It is proposed that our FTSU champions will meet as a group bi-annually but will meet the FTSUG separately on a quarterly basis to collate themes.

- The FTSUG attends monthly North East Regional Guardian meetings which is a supportive forum. A good alliance has been established with neighbouring Guardians at South Tees NHS Foundation Trust and Tees Esk and Wear Valley NHS Foundation Trust. The FTSUG also has well established a "buddy" alliance with the Guardian at North Lincolnshire and Goole NHS Foundation Trust. The aim of these alliances is to work collaboratively, seek support and share ideas to evolve service provision.

- The FTSUG reports data and themes quarterly to the NGO, participates in NGO surveys and attended the annual conference (virtually) in March. Resources, reports, or articles of interest are subsequently shared with the Executive Team alongside the monthly FTSU report.

4. **Freedom to Speak Up Training Resources**

The NGO e-learning modules have been developed in association with Health Education England and are for everyone wherever working in the health service. They explain in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. All three modules are not currently mandated but are available on Electronic Staff Records for staff to complete. The Speaking Up policy also makes reference to these courses and encourages staff to complete them as follows:

- The first module **"Speak Up"** is core training for everybody. This module covers what speaking up is and why it matters. It will help staff understand how you can speak up and what to expect.

- The second module **"Listen Up"** is specifically for managers or aspiring managers. It builds upon the first and focuses on listening and understanding the barriers to speaking up.

- The third module **"Follow Up"** is specifically for senior leaders (including Board members) to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems.

A full review of mandatory training is being undertaken by the Chief People Officer and includes consideration that the modules are completed once only.

5. National Guardian's Office Annual Report 2022 – "Making Speaking Up business as usual"

- The NGO's Annual Report was laid before Parliament by the Secretary of State for Health and Social Care in January 2023 and following this, was subsequently released for public review. Due to parliamentary events during 2022, release of this report had been delayed by several months and had been expected sooner. This report covers the period January 2021 – March 2022.

- The Annual Freedom to Speak Up Index Report, which is a league table used to help Trusts build a picture of what speaking up culture feels like for workers, has been stood down by the NGO this year. There are currently are no plans for this to be re-introduced albeit requests have been made by some Trusts in the region to re-instate the Index Report for comparative purposes.

- Dr Jayne Chidgey-Clark, the National Guardian Office for the NHS has been in post since December 2021 and continues to promote and align the speaking up culture with the annual NHS staff survey results which were published in March 2023. National Staff survey results note a **decrease** in staff feeling *"safe to speak up about anything that concerns them"* in their

organisation reducing from 65.7% in 2020 to 61.5% in 2022 The greatest deterioration was seen in the percentage of staff who would feel secure about raising concerns about unsafe clinical practice.

Key Findings from the Report

- Freedom to Speak Up Guardians do not and cannot work in isolation. Leaders must set the tone when it comes to fostering a healthy Speak Up, Listen Up, Follow Up culture. 71% of Freedom to Speak Up Guardians who responded said senior leaders supported workers to speak up. This was a fall from 80% in 2020.

- In the annual staff survey of Freedom to Speak Up Guardians, 72% of respondents agreed that detriment was taken very seriously however, 42% said the response to detriment was not effective. This is a reminder that we may have a "zero tolerance" to detriment after speaking up but our approaches do not always bring about the required result i.e. an appropriate listen up response if someone raises a concern.

- The report by Donna Ockenden into the Maternity Services as Shrewsbury and Telford Hospital NHS Trust shared the voices of workers who were fearful of speaking up about concerns they had about care. Correlating with this, the main barriers for speaking up continue to be **fear and futility**. Freedom to speak up perceptions of what stops people from speaking up are 1. Concern that nothing will be done (58.3%) 2. Fear of retaliation / suffering as a result of speaking up (69%).

6. FTSU Data

National Data Key Points

- Nationally, 2021/22 saw a very small decrease in cases reported via the FTSUG route (20,362) but overall, number of cases raised are similar to the previous reporting year (20, 388).

- A new category of worker safety was introduced as a result of the Covid-19 pandemic. This includes concerns raised by staff such as equipment, working appropriately according to skill set, competency or training as well as staffing levels.

- There were mentions of racism in some case albeit these were historic issues that are being addressed now because there are avenues to do so.

- Anonymous reporting dropped to 10.4% (↓ **1.3%)** which the NGO consider as a positive shift.

- **Q3** had the largest amount of reported cases in a single quarter since FTSUGs were established in 2016 (5,705). This may be as a result of the awareness raising during October as part of the national speak up month campaign.

Local Data Key Points

- At North Tees and Hartlepool NHS Foundation Trust, **101** concerns / contacts were made via the Freedom to Speak Up route during the period April 2022 – March 2023. This is an increase of 51 from the previous reporting period (April 2021 – March 2022)

- The FTSUG received more contacts from individual staff seeking advice and support during the reporting year and fewer collective concerns than the previous reporting year (i.e. groups of staff from the same service reporting the same concerns).

Data Summary:

National Data			Local Data		
Cases Raised	**National Themes / Data 2021/22**	**Who is speaking up (Top 4 Groups)**	**Cases Raised**	**Local Themes / Data 2022/23**	**Who is speaking up (Top 4 Groups)**
2021/22: **20,362** 2020/21: **20,388** 2019/20: **16,199**	Bullying and Harassment 32.3% **(↑ 2.2%)** Patient Safety / Quality 19.1% **(↑ 1.1%)** Worker Safety 13.7%[1] Detriment as a result of speaking up 4.3% **(↑ 1.2%)** Anonymous reporting 10.4% **(↓ 1.3%)**	Nurses and midwives (28.5%) Administration, clerical & ancillary (21.2%) Allied Health Professionals (13.1%) Nursing or Healthcare Assistants (10.3%)	2022/23: **101** 2021/22: **50** 2020/21: **12**	Behavioural / Relationship 26.73% Worker Safety 15.84% System / Process 13.86% Patient Safety / Quality 8.91% Detriment as a result of speaking up 2.98% Anonymous reporting 10.89%	Nurses and midwives (37.62%) Administration, clerical & ancillary (18.81%) Medical (12.87%) Allied Healthcare Professionals (6.93%)

Local Data Summary 2022/23

Per Quarter Reporting:
Q1 Apr 22 – Jun 22: **18**
Q2 Jul 22 – Sep 22: **31**
Q3 Oct 22 – Dec 22: **27**
Q4 Jan 23 – Mar 23**: 25**
TOTAL: 101

Q2 was the largest amount of reported cases albeit these were based on individual concerns from a smaller number of areas, in particular, Maternity Services.

Of the 101 contacts made:

- **95** cases have been closed, resolved or have received final outcomes.
- **6** cases remain open due to awaiting further discussions and / or follow up actions.
- **8** staff contacted the FTSUG informally i.e. for a supportive conversation only with no signposting advice requested or further action required. These cases are logged as informal contacts only and not included in formal case data.
- **23** cases which were open and carried forward from the previous reporting period (2021/2022 data) have now been closed, resolved or have received final outcomes.

[1] Worker safety is a new reporting category

Further Reporting Elements (Information required by the NGO)

- **92** contacts contained an element of worker safety or wellbeing
- **71** contacts contained an element of inappropriate behaviour or attitudes
- **24** contacts contained an element of patient safety / quality
- **23** contacts contained an element of bullying or harassment

Method of Reporting Concerns

- **70** contacts were received confidentially (69.31%)
- **20** contacts were received openly (19.80%)
- **11** contacts were received anonymously (10.89%)

- 69.31% of FTSU contacts requested their concerns should be raised confidentially i.e. permission is granted for their identity to be shared with the FTSUG or appropriate staff in other services (for example, People Services) with the caveat that their identity should not be shared outside the speaking up process unless there is a legal requirement / request to do so.

- Anonymous reporting at the Trust is just above the national average of data reported to the NGO (10.4%). It is also the lowest percentage of all concerns received via the FTSU route, with the highest percentage of concerns being raised confidentially. This could be considered an indicator of our "speak up" culture i.e. staff want to start with a conversation albeit they do not want their identity shared beyond the FTSUG or limited to specific staff.

- As per the NGO guidelines and previously discussed all Trusts should be working towards a culture where speaking up is "business as usual". The FTSU ethos is therefore based on organisations moving into a confidential – open speak up culture. It is important to note that anonymous reporting happens in many organisations and confidentiality remains an important aspect of some cases and processes. Speaking up is accepted in all formats and colleagues are encouraged to report concerns responsibly, with civility and to include any suggested outcomes / improvements if able to.

7. Staff Feedback

- For quality assurance purposes, staff are invited to provide feedback at the end of the FTSU process. Staff also to continue to offer feedback on an ad hoc and voluntary basis during the FTSU process as well as in general.

- Staff feedback provides invaluable insight into the Speak Up, Listen Up, Follow Up process included what is needed to support staff whichever route they take to speak up as well as support for the listen up, follow up aspects. Feedback over the last 12 months shows that appropriate communication regarding next steps or follow up actions are appreciated and welcomed even when there is little to report. The FTSUG explains next steps and where actions will be taken forward but is not always able to offer information if concerns are being investigated formally. Whilst staff appreciate that communication updates are not always possible due to confidentiality, further discussions are required to how improve communication with staff involved in larger or more complex concerns. This feedback was received from Midwifery colleagues following concerns raised during the previous reporting period.

- Feedback also suggests that more complex concerns (e.g. those which require further fact-finding, investigations or cases which result in employment tribunals) can be lengthy which can have a significant effect on staff wellbeing. The Trust is exploring ways to improve on timescales for resolution, noting that this is not always within the Trusts control. The Speak Up process and raising concerns can impact mental health which means offering support is essential. The FTSUG offers support to staff throughout the Freedom to Speak Up process, checks in with staff and also signposts to external psychological support if necessary or requested. Staff feedback this year

has shown a particular focus on the need for 'check ins' from managers and People Services, especially when involved in a speak up process, formal HR processes or if absent from work due to work related stress.

- Staff continue to be encouraged to report any detriment or disadvantageous responses to speaking up. **3 cases** of detriment were recorded this year via the FTSU route with two cases reported for information only i.e. no further action required and were informally resolved. The remaining case is considering next steps.

8. Case Study – "Listen Up" – A Manager's Perspective and Feedback

"I was contacted by the Freedom to Speak Up Guardian regarding some process issues relating to patient discharge. The Guardian told me she had been contacted by colleagues from another service area but didn't know who to speak to. They also felt that the working environment including certain behaviours were contributing to them not feeling comfortable or able to do their job to the best of their abilities for the patients.

When you think about being contacted by the Freedom to Speak Up Guardian, I think as a manager, it becomes very easy to get worried and have your guard up. No-one likes it if they feel that their teams or services are not being ran well. However, the approach of the Guardian was so supportive i.e. a concern has been raised and could you help?

I didn't feel criticised and was very grateful that these issues had been raised because I was not aware that staff had concerns. On reflection, had these issues not been raised at this point, it may have become a more serious issue.

After talking the concerns through with the Guardian and then the other parties involved, a clear plan of action was agreed which included process changes and ongoing supervision for specific staff. This was not the end of the matter though because it encouraged me to review the supervision structure for the whole of the team to ensure every team member had access to a supervisor and also that staff were aware of who I was if they wanted to raise concerns with me going forward.

I feel that after speaking to the Guardian and getting to know more about the Guardian role really helped put me at ease and decide on appropriate follow up action. Firstly, I wanted to ensure all my teams are aware of Freedom to Speak Up. Of course I want my staff to speak to me directly but I am OK if they speak up to the Guardian too. It is their information that matters. I also invited Fi to a team meeting and the discussion was well received by staff." ***Head of Patient Flow Services.***

9. Review of the Service

A **Reflection and Planning Tool** is available from the National Guardian Office. Completion of this is underway with contributions to date from the Chief People Officer and NED for FTSU. The final sections will be completed by the FTSUG and Executive Sponsor, scheduled for completion in June 2023. Completion is based on the recommendation from the NGO that all Trusts complete this tool every two years to help identify strengths and any gaps that need work, including senior leadership buy-in. Results of the Reflection and Planning Tool must be shared at a senior level (Board) and proof will be required by the NGO / NHSE by January 2024.

10. Next Steps

In order to further facilitate developing the FTSU ethos, the following priorities include:

- Increase and maintain awareness across the organisation via staff inductions, walkabouts, joining staff meetings, visiting community settings.
- Consideration to be given for "Speak Up, Listen Up and Follow Up" training modules to be one off mandatory requirements, dependent on role.
- Follow Up Training to be completed on a voluntary basis by the leadership team including board members and governors to further help set the tone of a healthy speak up culture

- Establish bi-annually keep in touch meetings for the FTSU Champion Network
- Expand the FTSU Champion Network to include staff from services who have previously reached out for support.
- Maintain “Keep in Touch” Meetings with the leadership team
- Continue to work collaboratively with team leaders, managers, staff side, People Services, Education (including Medical Education), Organisational Development and Lead Independent Investigator.

11. Recommendations

The Board of Directors are asked to note the content of the report and the progress to date in embedding and developing the FTSUG role across the organisation.

12. Final Comments

The FTSUG would like to express thanks for their ongoing support from all colleagues who have helped promote and embed the Freedom to Speak Up ethos over both reporting periods.

Author
Fiona Gray
Freedom to Speak Up Guardian
May 2023

Executive Sponsor
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Chief Nurse/Director of Patient Safety & Quality