North Tees and Hartlepool NHS
NHS Foundation Trust

Board of Directors Meeting

Thursday, 1 February 2024
at 9.00am

Boardroom
University Hospital of North Tees

North Tees and Hartlepool
NHS Foundation Trust

University Hospital of North Tees
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30 January 2024

Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 1 February 2024 at 9.00am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely

Professor Derek Bell, OBE
Joint Chair

Agenda

			Led by
1.	(9.00am)	Apologies for Absence	Chair
2.	(9.00am)	Declaration of Interest	Chair
3.	(9.00am)	Learning from Lived Experience	L Robertson
4.	(9.15am)	Minutes of the meeting held on, 9 November 2023 **(enclosed)**	Chair
5.	(9.20am)	Matters Arising and Action Log **(enclosed)**	Chair
Items for Information			
6.	(9.25am)	Report of the Joint Chair **(enclosed)**	Chair
7.	(9.35am)	Joint Partnership Board Update **(enclosed)**	Vice Chair
8.	(9.40am)	Report of the Managing Director **(enclosed)**	N Atkinson
9.	(9.50am)	Board of Directors Annual Declaration of Interests Register **(enclosed)**	S Irvine
Performance Management			
10.	(9.55am)	Board Assurance Framework Quarter 3: 2023/24 **(enclosed)**	S Irvine
11.	(10.05am)	Integrated Performance Report **(enclosed)**	R Dean, L Robertson, K Hudson-Halliday, G Wright
Governance			
12.	(10.20am)	Fit and Proper Person Test Framework Compliance **(enclosed)**	S Irvine
13.	(10.30am)	Learning from Deaths Report **(enclosed)**	E Gouk

14. (10.40am)	Guardian of Safe Working Hours Quarterly Report **(enclosed)**	E Gouk

Comfort Break - Working lunch

Quality

15. (10.50am)	Professional Workforce Bi-Annual Report **(enclosed)**	L Robertson
16. (11.05am)	Perinatal Quality Surveillance Model Reports **(enclosed)**	L Robertson

Operational

17. (11.15am)	Responsible Officer's Medical Appraisal and Revalidation Report **(enclosed)**	E Gouk
18. (11.20am)	Sexual Safety Charter **(enclosed)**	G Wright

Items to Receive

19. (11.25am)	Freedom To Speak Up Update and a Reflection and Planning Tool **(enclosed)**	Jules Huggan
20. (11.40am)	Assurance Report of Audit Committee **(enclosed)** (30 October 2023)	A Fellows
21.	Assurance Report of Quality Committee **(enclosed)** (23 October, 27 November 2023 and 22 January 2024)	F Scullion
22.	Assurance Report of People Committee **(enclosed)** (27 November 2023 and 25 January 2024)	A Baxter
23.	Assurance Report of Resources Committee **(enclosed)** (24 October, 28 November 2023, 5 January and 23 January 2024)	C Macklin
24.	Assurance Report of Risk Management Group **(enclosed)** (27 October, 31 November, 22 December 2023 and 26 January 2024)	N Atkinson
25.	Assurance Report of Charitable Funds Committee **(enclosed)** (30 October 2023)	C Macklin
26.	Assurance Report of Investment Committee **(enclosed)** (28 November 2023)	C Macklin
27. (11.55am)	Any Other Business	

Date of next meeting
(**Thursday, 4 April 2024, Boardroom, University Hospital of Hartlepool**)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing 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

Agenda Item 4

North Tees and Hartlepool NHS Foundation Trust

DRAFT Minutes of a meeting of the Board of Directors held in Public on Thursday, 9 November 2023 at 1.00pm at the University Hospital of North Tees / Via Video Link

Present:

Professor Derek Bell, Joint Chair	DB
Ann Baxter, Vice Chair/Non-Executive Director* (Chair)	AB
Chris Macklin, Non-Executive Director*	CM
Fay Scullion, Non-Executive Director*	FS
Alison Fellows, Non-Executive Director* via video link	AF
Professor Liz Barnes, Non-Executive Director*	LB
Neil Atkinson, Managing Director*	MD
Dr Elaine Gouk, Interim Chief Medical Officer	EG
Kate Hudson-Halliday, Acting Director of Finance*	ADoF
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Susy Cook, Chief People Officer/Director of Corporate Affairs*	CPO/DoCA
Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary	DoSA&C/CS

In Attendance:

Heidi Holliday, Secretary to the Trust Board [note taker]
John Hugill, Communications & Marketing Deputy Manager
Stephanie Worn, Associate Director of Midwifery (Item 14 only)
Alan Smith, Elected Governor for Hartlepool via video link

BoD/5178 Apologies for Absence / Welcome

The Joint Chair welcomed members and members of the public to the meeting.

There were no apologies for absence received.

BoD/5179 Declaration of Interests

The declarations of interest register was referenced by the Joint Chair and it was not considered that the agenda would result in a potential conflict. However, if individuals considered a conflict arises during the meeting, this should be raised.

BoD/5180 Network Story

The CN/DoPS&Q welcomed Vikki Pickering, Critical Care Coordinator and Sian Alexander, Physiotherapist from the Community Integrated Assessment Team (CIAT) and Marc and Michelle Ions to the meeting who shared Marc's story following the amputation of his lower right limb.

Marc described the condition he suffered with resulting in poor blood circulation, which was felt to have stemmed from an accident he had had at the age of 18. It was felt there wasn't a cure moving forward and a decision was made to amputate the limb.

The amputation took place on 25 November 2022 at James Cook University Hospital and his rehabilitation took place at North Tees Hospital. Marc highlighted that Rehabilitation Unit services and staff were fantastic. The only issue encountered was that the bars used in his rehabilitation were not height adjustable and therefore needed to be adapted, which had subsequently been replaced by the Trust.

Vicky and Sian commented on Marc's hard work, determination and great mind-set whilst undertaking

the rehabilitation. An overview of Marc's treatment was provided and as he had set himself some ambitious goals it was completed within 6 months, which they were all really pleased with. The great partnership working also helped in achieving the goals. Marc did not want to see himself in a wheelchair for the rest of his life and as he had two young children he wanted to give them quality of life and not to feel like they had missed out, which they had prior to this whilst he was suffering with pain. Marc was now pain free and said that the use of his prosthetic limb had become second nature and was comfortable.

Following a number of queries Marc and Michelle highlighted that the relationships they had built with the team were very good and they brought some humour to the appointments to relieve some of the stress. They always knew what to expect with a plan agreed for the week ahead and they looked forward to every week. Marc also highlighted that the only improvement that he thought could be made was around last minute cancellations of surgery, he appreciated that emergencies would arise however he had prepared himself for such a huge surgery so was disappointed that it had been cancelled at the very last minute for his first planned surgery date.

The Board of Directors thanked Marc and Michelle for attending and sharing the story and congratulated him on his successful rehabilitation.

Resolved: that, the story be noted.

BoD/5181 Minutes of the meeting held on, Thursday, 5 October 2023

Resolved: that, the minutes of the meeting held on, Thursday, 5 October 2023 be confirmed as an accurate record.

BoD/5182 Matters Arising and Action Log

There were no matters arising from the minutes of the previous meeting and an update was provided against the action log.

Resolved: that, the update be noted.

BoD/5183 Report of the Joint Chair

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

- Hartlepool Audit and Governance Committee meeting – the Joint Chair attended the meeting held on Tuesday, 7 November where there was discussion regarding developments on the Hartlepool site.
- North East and North Cumbria ICS and Foundation Trust Chairs meeting – themes discussed at the meeting held on Tuesday, 17 October included further development of the Digital Strategy and the requirement for greater co-operation between organisations in respect of the request and provision of mutual aid. FT Chairs also met with the Integrated Care Board and the Vice Chairs of North Tees and South Tees Hospitals would be attending future meetings going forward.
- Staff Engagement – the Joint Chair was involved in Board Walkabouts with Governors and feedback from staff and those that attended was very positive. Further walkabouts were scheduled on a regular basis.
- Faculty for Learning, Leadership and Improvement – the first of the Faculty Launch events took place at the University Hospital of Hartlepool on Thursday, 26 October and the second was planned that day at the University Hospital of North Tees. The first event was well attended and feedback had been positive with all staff and display stands being really engaging and very effective. Feedback was being collated to ensure it was linked to 'you said, we did'. It was also noted that there was improved feedback in the visit to areas that did not receive positive feedback last time.
- Flu and Covid Vaccination Programme – the emergency care system was under pressure and a reminder was given for staff to protect themselves, their family and patients by getting their

flu and covid vaccinations. The Joint Chair thanked everyone for their support to date.

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

BoD/5184 Joint Partnership Board Update

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

- Key topics discussed at the JPB meetings were highlighted in report and in particular the Partnership Agreement (PA). Communication and engagement events had been held over the past few weeks and the next JPB meeting scheduled for Wednesday, 15 November would receive the final PA report.
- At the last JPB meeting, a number of actions were agreed and a staff story was shared, which provided a powerful real life example of the trusts working collaboratively and with partners to develop a bid for the Urgent Care Services in response to the tender issued by the ICB, the results of which were still awaited.
- A number of emerging risks were identified and a joint risk register was being developed.

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

BoD/5185 Report of the Managing Director

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

- Staffing Update – Stacey Hunter had been appointed to the post of Joint Chief Executive and would be commencing in post in January 2024. Dr Elaine Gouk had been appointed to the role of Interim Chief Medical Officer (ICMO) for a six month period and would be supported by Dr Hamish McLure who was the Independent Advisor to the ICMO. Ken Anderson had been appointed to the post of Chief Information & Technology Officer (CITO) and commenced in post on 30 October 2023. The Board of Directors congratulated the successful candidates and welcomed them to the Trust.
- Industrial Action – a letter had been received the previous day from NHS England addressing the significant financial challenges created by the industrial action in 2023/24 and a number of immediate actions the NHS had been asked to take to manage the financial and performance pressures created by the industrial action. In response, ICBs and providers were asked to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year and to agree steps required to live within the re-baselined system allocation, reflecting the impact of the reduced elective activity goal. A system response was required by 22 November 2023 and a meeting was scheduled for the following week to discuss this further.
- Elective Recovery – there had been a reduction in 52-week waits in September 2023, there had been no patients waiting over 78 and 104 weeks and there had been 5 patients waiting over 65 weeks. The Trust remained fully compliant with regards to the 'Protecting Elective Capacity Programme'.
- Operational Challenges – in September 2023 bed occupancy reported at an average of 91.64%, compared to the August position reported at 92.28%. The ward decant programme was completed on 4 September 2023 and there was a plan for an earlier phased opening of the winter resilience ward on 5 October 2023 to proactively manage demand. There had been a slight reduction in super stranded patients from the previous month reporting 45 patients and work continued with Local Authorities. The Trust, along with system partners, had received further visits from national and regional teams to share best practice with the wider system and it was noted that the Trust was currently the best performer regionally and nationally. Readmission rates were reporting higher than expected and focused work was being undertaken within relevant departments.
- Urgent and Emergency Care – the Trust continued to exceed the overall four-hour standard, achieving 86.44% in September, against the national standard of 76%, with focussed work concentrating on Type 1 pathways. Ambulance handovers remained in a positive position,

achieving 99.43% of patients being handed over in less than 59 minutes for the month of September.

- Research – the final deed of surrender to terminate the lease of the trials facility in the Middlefield Centre with Synexus had been signed and Future Meds were preparing to take over the lease. A joint press release was due to be released shortly.
- Staff Survey – the national staff survey had been launched on 19 September and the MD reported that the Trust completion rate was now at 47%.
- Women in Leadership – the Trust held its first Women in Leadership event in September, which had been very well attended and focused on engaging, inspiring and developing women leaders in the NHS. Following the event, a number of action set learning groups had been established and a Network was also being developed.
- Integrated Care System (ICS) – Chief Executives across the North East and North Cumbria continued to meet the ICB Executive Team with key issues discussed around elective recovery, industrial action and finance. Julian Kelly, Deputy Chief Executive and Chief Financial Officer, NHS England was attending the next Chief Executive's Strategic Session.
- North East and North Cumbria Financial Position – the ICS deficit plan was £49.9m for 2023/24 and at Month 6, the ICS was reporting a year to date deficit of £65.68m, which had been reduced from the Month 5 reporting position as income had been recognised in the year to date position for Elective Recovery Fund income. A major focus was around what the financial position would look like over the next three to five years.
- Clinical Strategy Event – a very successful and well attended clinical strategy event had been held on 9 October where discussions took place around clinical ambitions for the future, plans for a joint partnership agreement and plans on how the organisations would prioritise services for development. There had been a lot of agreement between the clinical teams across the organisations and it was agreed that another event be scheduled before Christmas.
- Vaccinations Update – the current uptake for covid vaccinations was 19.2% and flu was 35.5%. An action plan had been developed with focus being on areas of low uptake and providing access to vaccines in the wards/departments as well.
- Clinical Support Worker Staff – the Trust were fully committed and supported the staff that would transition from a Band 2 to a Band 3 as their job roles had changed and the staff were taking on more activities. The current issue faced was with regards to backdating arrangements. The Trust had agreed to apply an uplift to July 2021 however, at the last Public Board of Directors meeting a group of affected staff presented a collective grievance relating to the Trust's approved backdated arrangement and requested that the uplifts be backdated for four years. The issue had been raised regionally to ensure a collective agreement was made moving forward.

It was noted that it was still unclear as to the decision being made within the ICB and therefore, broader discussions within the North East and North Cumbria were required to ensure a consistent position was agreed.

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

BoD/5186 Retrospective Approval of Documents Executed Under Seal

The MD presented the Retrospective Approval of Documents Executed Under Seal report and highlighted the key issues.

Three transactions had been carried out that required documents to be executed under seal, details of which were highlighted within the report and which had been signed by two Executive Directors. Retrospective approval was required from the Board of Directors and it was noted that there had been no risk implications identified.

The Board of Directors granted retrospective approval of the signing of the documents executed under seal.

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

BoD/5187 Board Assurance Framework Quarter 2: 2023/24

The DoSA&C/CS presented the Board Assurance Framework (BAF) Quarter 2: 2023/24 report and highlighted the key issues.

Following the Trust's implementation of revised governance and reporting arrangements at Board of Directors and Committee level, the Trust undertook a review of its BAF in terms of the domains and content, which had now been concluded. The Trust was currently in a controlled and transitional stage of moving from 12 domains to 7 domains and detailed benchmarking had been undertaken. It was anticipated that this would be completed by Thursday, 30 November 2023, with Committees and Board of Directors having full oversight of the process. All domains would be reviewed and reported to the relevant Committee on a regular basis.

A key development was the decision to create a separate BAF domain to specifically focus on the Trust's Estate due to this being a long standing and strategic red risk. This would enable the risk to be fully understood due to the multi-faceted nature. The Trust's Chief Medical Officer would be the responsible Executive Director and the lead author would be the Assistant Director of Estates and Capital, NTH Solutions LLP. The risk was to be reported to the Resources Committee.

The Trust continued to report on 12 domains currently and two principal risks had been identified with a current high risk rating that was outside of the approved risk appetite, which were 6188: Delivery of Savings and 6581: Ageing Estate. It was noted that there were a number of controls in place to mitigate the risks.

The Joint Chair reported that part of the ICB's agenda was to review estate and estate costs and that work was ongoing across the region. It was also noted that this was on the agenda for the JPB.

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

BoD/5188 Integrated Performance Report

The CN/DoPS&Q, CPO/DoCA, ADoF and the ACOO presented the Integrated Performance Report (IPR) for 2023/24 and highlighted the key points.

Safe:

- A risk was reported in regard to Neonatal Children and Young People's acute service delivery and associated pathways, which had now reduced from high to moderate following work undertaken within the Healthy Lives Care Group.
- Significant work continued in relation to infections, with the Trust being a positive outlier.
- There had been no reported falls resulting in moderate or severe harm in September 2023.
- Focussed work continued with regards to pressure ulcers and the Trust was part of the national collaborative due to the significant work carried out to date and all work would influence the national strategy.
- Nursing fill rates had been sustained and was within the recommended standard of >80%. Nurse vacancy levels continued to reduce. Monthly recruitment remained ongoing and all newly registered nurses from the September 2023 cohorts had taken up their positions across the Trust. This was a very positive position as the organisation moved forward into the winter period.

Following a member's query regarding infections and whether they were seasonal, it was noted that infection rates increased when occupancy increased, which sometimes related to seasons however, the Trust was effective at cohorting those patients and monitoring systems were in place to manage this.

Caring:

- The number of Friends and Family Test (FFT) returns had seen a reduction in response rates however, maintained a rate at 92.22%. Staff had been employed to focus on this and an improvement had already been seen.

- The Complaint Improvement Project continued, with an evaluation of the revised Stage 2 and Stage 3 process now complete. Of the 170 complaints received in September, 93% were to be resolved locally, 3% to be resolved with a face to face meeting and the other 4% requested a written response.
- The number of compliments received in September was 467, which was a decrease from the previous month. Leading themes arising from compliments were care provided, followed by compassion and communication.

Following a member's query it was noted that work continued to encourage staff to record compliments and to raise awareness on the process.

Responsive:

- The Patient Initiated Digital Mutual Aid System (PIDMAS) had been launched which would allow trusts to proactively offer patients who have been waiting 40 weeks or more, for an inpatient or outpatient appointment, the ability to transfer their care to a trust with a shorter waiting list.
- Gastroenterology was live with PEP, which allowed patients to effectively manage their appointments and this would be rolled out to other services as part of a phased plan.
- Diagnostic waiting times remained a key focus area within the Cancer Improvement Plan across all specialties.
- DNA rates continued to be reviewed and the work continued with the Health Inequalities Project where patients or carers from low deprivation areas were contacted prior to their appointment.
- The Trust continued to focus on reducing review outpatient appointments to free up capacity for long waits and was on track to meet the agreed 15% reduction agreed against the annual planning submission. The Trust continued to strive towards national best practice in line with GIRFT guidance.
- Patient Initiated Follow Up (PIFU) activity had continued to increase, particularly within Orthopaedics. Urology and Pain services. There were further developments linked to 'straight from theatre' and consideration of procedures from the elective hub.
- Theatre cancellations had been particularly impacted in September with industrial action despite trying to offer alternative capacity, although elective cancer procedures had not been affected. Cancellations had also been affected by anaesthetics resource and the ability to cover lists, which was on the risk register.
- The Trust continued to see improvements in day case rates following a tailored piece of work.
- An improved position had been seen in September with regards to the new Cancer Two Week Rule, reporting above the regional average, with the third highest performance. The Trust continued to manage the impact of industrial action with the absolute minimal number of 2 week rules appointments cancelled as a result. Appointments cancelled were re-appointed within 7 days.
- The new Cancer 62 day and 62 day screening standards continued to be a challenge however, improvements were being made.

Following a query regarding theatre utilisation it was reported that the Trust had recently implemented the national initiative, concentrating on the Hartlepool Hospital site and which would now be implemented on the North Tees Hospital site. It was agreed that a high level overview report be provided at a future Board of Directors meeting.

Well Led (People & Finance):

- The sickness absence rate had reduced from 5.39% in July to 5.19% in August. A significant review of the whole sickness absence process had been undertaken and the next piece of work would be to review all psychological support the trust provided. A query was raised as to whether this could be a joint piece of work with South Tees Foundation Trust.
- A piece of work had been undertaken around how to ensure sickness absence was monitored effectively and it was felt that the Trust would start to see a reduction in short term sickness.
- The top themes of sickness absence remained anxiety, stress and depression and a robust action plan had been developed. The joint collaborative work with South Tyneside and Sunderland Foundation Trust regarding occupational health would also help support a reduction.
- There had been an increase in appraisal compliance and following the engagement and

improvement workshops the updated appraisal document had been fully rolled out across the organisation.

- Following a review of Training Needs Analysis, work had been undertaken to update competency requirements for specific roles. Further training dates had been provided for Intermediate Life Support (ILS) and Basic Life Support (BLS) and an improvement in compliance rates had been achieved.
- A significant piece of work was being undertaken with ESR to review what models could be turned off. Work was also ongoing to identifying ways to attract and retain staff.
- At Month 6, the Trust was reporting an in-month surplus of £1.439m against a planned deficit of £0.432m, which was £1.891m ahead of plan.
- The Trust was reporting a year to date surplus of £2.514m against a plan of £2.541, which was £0.027m behind plan.
- The key risks at Month 6 related to the reduction of run rates, the identification and delivery of CIP within the Care Groups and the financial impact of the industrial action.
- The Trust remained red for agency spend on the system oversight framework however, corrective actions were being taken.

Following a query regarding challenges in workforce, it was noted that a piece of work was being undertaken to identify areas of challenge, how that could be managed and to look at workforce needs for now and in the future. A review of high risk areas were also being reviewed and a report was being finalised.

Maternity:

- This item was covered in the Maternity Report

Resolved: (i) that, the content of the report be noted; and
(ii) that, a high level overview report be brought to a future Board meeting regarding work around theatre utilisation.

BoD/5189 Fit and Proper Person Framework Requirements

The DoSA&C presented the Fit and Proper Person Framework Requirements report and highlighted the key issues.

An overview of the background of the Fit and Proper Person requirements was provided. It was reported that moving forward the portfolio of evidence for each board member was to be held locally and entered onto ESR, which had been updated with new fields to reflect the additional requirements.

The Chair of an organisation had overall responsibility of this with a number of key individuals assisting and carrying out and recording the outcomes of the assessments for each board member. Organisations were required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There was also a new FPPT attestation form that board members were required to complete. These checks were to be carried out as part of the appointment process and repeated on an annual basis.

To help inform the fitness assessment a new Leadership Competency Framework (LCF) for board roles was to be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework was being produced which could incorporate the LCF, both of which had not yet been published.

The Trust was applying the new FPPT guidance to existing staff and was being undertaken in two phases, which were detailed within the report. The approach goes above and beyond the requirements of the FPPT guidance, which demonstrated and evidenced the Trusts commitment to comply with the new FPPT requirements and the assurance this work would provide.

The guidance now includes a number of new requirements, including a social media check, a check on the removal as a Charitable Trustee from the Charities Commission register and a check regarding

information relating to finalised and ongoing investigations into disciplinary matters, complaints, grievances and speak-ups against the board member.

An informal meeting with NHS England's Lead for the new FPPT guidance had been arranged, to share the Trust's approach to undertaking the tests and to ensure the guidance was being applied correctly.

The Trust was currently subject to an internal audit based on the FPPT guidance up to 30 September 2023, with audit findings expected in November 2023.

It was anticipated that work would be completed ready for an update to be brought to the next meeting in February 2024.

The Board of Directors thanked the DoSA&C/CS and staff involved for the work carried out to date.

Resolved: (i) that, the content of the report be noted; and
(ii) that, an update on work completed be provided at the next meeting in February 2024.

BoD/5190 Provider Collaborative Responsibility Agreement

The MD presented the Provider Collaborative Responsibility Agreement report and highlighted the key issues.

In July 2022, the Provider Collaborative provided an update to Trust Boards noting the agreement for the 11 Foundation Trusts in the North East and North Cumbria to formally work together as set out in the Collaboration Agreement, which was supported by an aims and aspirations document as well as an operating model.

To meet the requirement the Collaborative and ICB had established a Responsibility Agreement (RA), which defined and described the working relationship between the ICB and the Collaborative, which was under discussion.

The RA set out the specific work programme agreed between the ICB and the Collaborative for 2023/24, which was summarised in the report and included the continued implementation of the aseptic manufacturing hub and would also support the development of the overarching ICB Clinical Strategy. The programme was also linked with the Getting It Right First Time Programme (GIRFT).

The RA established a collaborative operational budget of £1.3m for 2023/24 however, it was noted that the North of England Commissioning Support Unit (NECS) was now unable to provide financial support therefore, there was a gap in the budget. A budget to deploy resources to deliver workstreams had been agreed and a review was being undertaken on how that could support this and what the impact of that would be.

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

BoD/5191 Maternity Board Report Quarter 2: 2023/24

Stephanie Worn, Associate Director of Midwifery joined the meeting and presented the Maternity Board Report Quarter 2: 2023/24 and highlighted the key issues.

Maternity services undertook a rapid response to learning following any safety events for Perinatal Mortality Review Tool (PMRT), Healthcare Safety Investigation Branch (HSIB) and Serious Incidents and an investigation was commenced in line with required processes and timeframes. The aforementioned, along with feedback from complaints, was triangulated with the Trusts claims scorecard to inform a shared learning plan, including developing plans for a patient safety incidents response plan. The maternity dashboard was reported on a monthly basis to ensure the service was responsive and to identify quality improvements. On-going work continued and areas of focus were increasing breast feeding rates and VTE compliance, with action plans developed.

The first Ockenden Insights Visits took place in 2023 and positive feedback had been received. The team agreed that the Trust was on track with progress made to date and acknowledged all the work that had been undertaken. The work being undertaken would also feed in to the three year Maternity and Neonatal Delivery Plan.

Maternity Incentive Scheme (MIS) Year 5 compliance was discussed and reported, demonstrating a current projection of compliance with the ten safety actions. On 26 October 2023, the Trust received confirmation of compliance for the Maternity Services Data Set (MSDS) MSDS data quality, supporting compliance of safety action 2.

Saving Babies Lives Care Bundle Version 3 (SBLCBv3) was discussed and the Local Maternity and Neonatal System had scheduled quarterly quality improvement reviews for SBLCBv3. The Trust monitored and evidenced compliance through the national implementation tool, which demonstrated compliance was on track.

An improvement in ATAIN rates was demonstrated in Quarter 2. The outcomes informed the development of an action plan. Developments in services for the implementation of a transitional care pathway for late preterm babies continued with a detailed action plan.

The midwifery funded establishment was compliant with BirthRate+ recommendations including clinical staff, management staff and specialist midwives. Staffing levels had continued to be challenging and the report detailed the mitigations and escalation processes that were in place to address staffing pressures. Recruitment continued at pace and the forecasted trajectory demonstrated an improvement for November, which in turn would support an improved positon of the midwife: birth ratio. Red flags were highlighted via the BR+ acuity app, which the escalation process supported if required and monitored safe staffing. Quarter 2 red flags had been reviewed and the adjusted position was that the Labour Ward Co-ordinator (LWC) retained supernumerary status. There was planned work to develop and recruit to the medical workforce.

Neonatal services had undertaken an annual BAPM nurse staffing standards review, with an action plan to achieve compliance. Monthly monitoring of nurse to baby ratios were monitored to ensure recommendations were met through local internal escalation.

A Standard Operating Procedure (SOP), which was in line with RCOG guidance on compensatory rest for consultants, had been implemented with planned quarterly audits. A local audit for long-term locums had been undertaken with a corresponding action plan to strengthen the process.

The Trust had implemented the national Core Competency Framework (CCFV2) for maternity services and the current trajectory was on course for compliance for MIS requirements. The MNVP continued to develop their work plan and were actively involved with the LMNS. The MNVP attended bi-monthly meetings with the maternity and neonatal safety champions, sharing feedback and contributed to an action plan.

The Trust's perinatal quadrumvirate were undertaking the national Perinatal Culture and Leadership Programme (PCLP) and planned to launch the SCORE (Safety Culture, Operational risk, Reliability/burnout and Engagement) staff survey in October 2023. The Board Maternity Champion and Non-Executive Director Maternity Champion met with the perinatal quadrumvirate on a bi-monthly basis. The quadrumvirate requested the continued support of both the Board of Directors and Board Safety Champions for the next steps of the SCORE survey.

The maternity service had launched the implementation of a new electronic patient record system known as Badgernet. The system had been adopted by all 8 maternity services within the local maternity and neonatal system, enabling cross boundary communication and care planning.

It was reported that the ICB commended the Trust for the support it provided to neighbouring trusts when they were in times of surge.

Positive feedback had been received through various routes regarding staff morale, with staff feeling listened to and that the Trust was more open and transparent. Following the recent Board Walkabout and the visit to the Maternity Unit, a member highlighted that staff were commenting on how different things were and it was noted how very enthusiastic the team were. Staff were also very positive with regards to the new Badgernet system.

Following a member's query regarding social media, it was noted that the Communications Team monitored information and comments received and responded as and when necessary.

The Board of Directors received and approved all action plans that were included in the Maternity Report.

The Board of Directors thanked Stephanie Worn for her excellent leadership and the team for all the outstanding work carried out to date.

Stephanie Worn left the meeting.

It was agreed that a review of agenda item timings be undertaken to allow sufficient time for each report.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the action plans included in the report be approved; and
(iii) that, a review of agenda item timings be undertaken to allow sufficient time for each report.

BoD/5192 Winter Resilience Plan

The ACOO presented the Winter Resilience Plan report and highlighted the key issues.

At the beginning of the financial year, the Trust had agreed investment in clinical services on a recurring basis. In recognition of that and to deliver the agreed planning and priorities framework for 2023/24, there was a need to develop services on a sustainable basis. The number of interventions for winter escalation only had been reduced through this approach as the Trust had implemented a stepped increase in infrastructure to support achievement of its standards throughout the year.

The report detailed the Trust's approach to managing escalations in demand, which included:

- 80% 4-hour performance
- 90% of category 2 ambulance handovers within 30 minutes
- High impact interventions.

At ICB level there had been a number of developments in policies, one of which was the ambulance handover policy and the introduction of a zero tolerance to over 59 minute delays, deflections and diversions. At present, the Trust had 45 patients that had been waiting over 59 minutes and work was ongoing to review pathways of investment and its response, in line with Home First principles.

The national Operational Pressure Escalation Levels (OPEL) framework had also been revised and the OPEL approach supported the timely and consistent identification of operational pressures both internally and externally. Subsequent actions had been advised and were detailed within the report.

An overview of the developments that were being implemented to support achievement of the Delivery Plan where highlighted in the report. It was agreed elective capacity and priorities be balanced and managed at system level.

A number of winter schemes were funded recurrently through the delivery plan, which included:

- Resilience ward open for 7 months from 1 October, supporting an additional 29 beds. A decision was made not to open the ward all year round as the ward needed to be used as a decant facility.
- Additional portering services to assist with patient flow at peak times.
- Theatre lists moved to the University Hospital of Hartlepool in January with a change in appropriate case mix for the site to ensure only emergency, urgent and cancer patients were prioritised for the inpatient beds on the University Hospital of North Tees site during this heightened period of emergency pressures.

They key issue to note was that plans were in place and that there would be capacity to deal with an increase in patients although, mitigations were in place if needed. These included an agreed escalation process through the OPEL framework, an agreed and implemented Full Capacity Protocol and escalation at system level supporting appropriate mutual aid, diverts and deflections.

Work continued with regards to the delivery plan and a further update would be brought to a future meeting.

Following a member's query regarding bank and agency staff the CN/DoPS&Q confirmed that the Trust was committed to agency staff however, there should not be an expediential rise in that as seen in previous years. It was also confirmed that a Temporary Staffing Group met on a weekly basis to manage this.

Resolved: (i) that, the content of the report be noted; and
(ii) that, a further update be brought to a future meeting on developments of the delivery plan.

BoD/5193 NHS Core Standards for Emergency Preparedness, Resilience and Response 2023/24

The ACOO presented the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2022/23 report and highlighted the key issues.

In June 2023, it was confirmed that all providers across the North East and Yorkshire were required to transition to a new core standards assessment process for the 2023/24 core standard period. It was acknowledged that the change to the core standards process would provide a mechanism for achieving greater depth of internal and external assurance. However, it had been recognised across the region that, due to the short notice for rolling out the new process and changes to the evidential threshold within the EPRR core standards process, that there would be a reduction in the Trusts compliance against the EPRR Core Standards for the upcoming year.

As a result of the regional timeline for the assessment process, the report provided a preliminary status of the Trust's compliance against the core standards following completion of the initial self-assessment. Additional information had been submitted to NHS England and a report had been received. Work was ongoing to review the report and a final statement was to be submitted by Monday, 20 November 2023.

It was noted that following the re-assessment there had been no gaps identified with a significant concern.

The Board of Directors acknowledged the extensive amount of work being undertaken and that a further report would be submitted to the Board of Directors in February detailing the Trust's final level of compliance, a summary of work completed and a forward EPRR work programme for the upcoming year. It was also agreed that the report would include an update on the full cycle of business with regards to major incident exercises, as a table top exercise had not been carried out since prior to the pandemic.

The Board of Directors agreed to delegate responsibility to the Executive Directors

Resolved: (i) that, the content of the report be noted; and

(ii) that, a further report be brought to the February meeting detailing the Trust's final level of compliance, a summary of work completed, a forward EPRR work programme for the upcoming year and an update on the full cycle of business, including major incident planning; and
(iii) that, delegated authority be given to the Executive Directors.

BoD/5194 Report of Quality Assurance Committee

FS presented the Report of the Quality Assurance Committee and highlighted the key issues.

The positive areas highlighted were around the increase in organ donations and the offer of meals for family members.

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

BoD/5195 Report of Resources Committee

CM presented the Report of the Resources Committee and highlighted the key issues from its inaugural meeting that went very well.

An excellent Digital update report was provided and highlighted the important perspective of how this and the associated risks would be managed.

All members were asked to ensure that they were up to date and compliant with cyber security mandatory training as soon as possible.

Resolved: (i) that, the content of the report be noted; and
(ii) that, all members ensured they were up to date and compliant with cyber security mandatory training as soon as possible.

BoD/5196 Risk Management Group Report

The CN/DoPS&Q presented the Risk Management Group Report and highlighted the key issues.

There were no new risks that required escalation and agreed actions were around the need to ensure that all outstanding governance structures were completed by the next meeting, that a schedule of staff that were required to undertake the Healthcare Financial Management Association (HFMA) Governance Training be produced and that the team look at software applications to make Board to Ward training around risk much easier to understand.

The DoSA&C/CS reported that open and overdue recommendations would be a standing agenda item moving forward.

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

BoD/5197 Data Protection SIRO Report – DSPT Year End 2022/23

The Joint Chair welcomed Ken Anderson, Chief Information and Technology officer to the meeting. The CITO presented the Data Protection SIRO Report – DSPT Year End 2022/23 and highlighted the key issues.

The four main key areas to note were:

- Data Security and Protection Toolkit (DSPT) June 2023 Submission – the annual self-assessment had been submitted in June 2023. The DSPT set out 113 mandatory evidence items which covered the ten data security standards. The Trust must evidence compliance against all ten in order to gain full compliance. The 2023 DSPT was also subject to an external audit assessment and the overall confidence level of the independent assessor in the veracity of the self-assessment was rated as 'Substantial', which was the highest rating that could be

obtained.

- Data Protection by Design – the Trust continued to see a strong compliance and buy in from services with 'Data protection by design' principles and this was reflected in the number of new Data Privacy Impact Assessments (DPIAs) which had been submitted in 2021/22 for projects which met the national criteria.
- Data Protection and Security Audits 2022/23 – to ensure compliance with policies and procedures audits in 33 different randomly chosen locations, with a split between clinical and non-clinical departments, had been undertaken, 23 at North Tees, 7 at Hartlepool and 3 in community settings. There had been no major actions identified and a full audit report had been submitted to the I&TS Governance Group for assurance.
- Cyber Security Month November 2023 – the main area of focus had been on personnel and to ensure a high level of understanding was seen across the organisation.
- Trend Analysis – trend analysis was to be included in future reports going forward.

Following discussion it had been agreed that a Board Development Session be held on Cyber Security as soon as possible.

Resolved: (i) that, the content of the report be noted; and
(ii) that, trend analysis information be included in future reports going forward; and
(iii) that, a Board Development Session be confirmed to focus on Cyber as soon as possible.

BoD/5198 Nursing, Midwifery, Nursing Associate and Allied Health Professional Revalidation Report

The CN/DoPS&Q presented the Nursing, Midwifery, Nursing Associate and Allied Health Professional Revalidation Report and highlighted the key issues.

The report detailed the current revalidation process that was in place for registered nursing, maternity, Nursing Associates and Allied Health Professionals and outlined the expectations of the registrants from the Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC) and the Trust level monitoring that was required to ensure all staff were compliant with revalidation requirements and standards.

The Trusts nursing, midwifery and Allied Health Professional Revalidation Policy was in place and the Business Intelligence team produced a monthly report that highlighted all staff who were due to revalidate, which allowed robust monitoring and oversight of the nursing midwifery and Allied Health Professional staff within each of the Care Groups. If a registrant failed to renew their registration or to revalidate an alert was flagged centrally and to a member of the Workforce team and the Head of Employee Relations.

Of the 109 registered nurses that were due to revalidate, 96 completed their revalidation. A full review was undertaken for those that were not compliant and it was noted that there were mitigating circumstances in place, which were detailed within the report.

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

BoD/5199 Any Other Business

a) Remembrance Day

It was noted that the Vice Chair and DoSA&C/CS would be attending and representing the Trust at the Remembrance Day.

b) Carol Service

It was noted that the ADoF was attending and representing the Trust at the NHS Carol Service.

BoD/5200 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Thursday, 1 February 2024 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 4.00pm.

Signed:  Date: 01.02.2024

Agenda Item 5

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
27 April 2023	BoD/5047	***Report of the Managing Director*** Board Development Session to be held at a later date regarding the Health and Care Academy and the wider picture.	SC/SI	31 March 2024	Ongoing	A review of board meetings, development sessions and board seminars has been undertaken and five sessions were agreed to be delivered by Aqua. Two sessions have been delivered and an evaluation meeting was held with Aqua in January 2024 to agree areas of coverage and this needs to be finalised. Two further Board seminars were held on PSIRF on 29 November and new CQC Single Assessment Framework on 7 December 2023. A future session in the Health & Care Academy will be planned.
09 November 2023	BoD/5188	***Integrated Performance Report*** High level overview report to be brought to a future Board meeting regarding work around theatre utilisation.	RD			
09 November 2023	BoD/5189	***Fit and Proper Person Framework Requirements*** An update to be provided at the next meeting regarding work that had been completed following the November meeting.	SI	01 February 2024	Completed	The outcome from the F&PPT exercise for 2023/24 is on the Board agenda on 1 February 2024.
09 November 2023	BoD/5191	***Maternity Board Report*** A review of agenda item timings to be undertaken to allow sufficient time for each report.	SI/SH	01 February 2024	Completed	This is routinely reviewed as part of the Board agenda setting process and also the level of discussion required for each agenda item. Following each Board meeting, the learning is applied to future processes.
09 November 2023	BoD/5192	***Winter Resilience Plan*** A further update be brought to a future meeting on developments of the delivery plan.	RD			
09 November 2023	BoD/5193	***NHS Core Standards for EPRR*** A further report be brought to the next meeting detailing the Trust's final level of compliance, a summary of work completed, a forward EPRR work programme for the upcoming year and an update on the full cycle of business, including major incident planning.	RD	01 February 2024		
09 November 2023	BoD/5195	***Report of Resources Committee*** All Board members to ensure they are up to date and compliant with cyber security mandatory training as soon as possible.	ALL	01 February 2024		
09 November 2023	BoD/5197	***Data Protection SIRO Report - DSPT Year End 2022/23*** Trend analysis information to be included in future reports going forward. A Board Development Session be confirmed to focus on Cyber as soon as possible.	KA SI/SH			The Cyber Development Session has been confirmed for 15 Fberuary 2024.

Agenda Item 6

Board of Directors

Title of report:	Joint Chair's Report										
Date:	1 February 2024										
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 from the Joint Chair and provides important information from health and wider contextual related news and issues that feature at a national, regional and local level. Key areas covered in this report include;

- Group and Joint Working
- Fit and Proper Person Test Framework
- Staff Engagement
- Trust Volunteer Service

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

There are no new risk implications associated with this report.

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
N/A	N/A

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

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1 February 2024

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 Group and Joint Working

I would like to formally welcome our new Group Chief Executive, Stacey Hunter who officially starts in post with us today (1 February 2024).

The Joint Partnership Board met on 15 November 2023 and 17 January 2024. Work is progressing regarding governance arrangements for the Group, the workforce enabling strategy and the clinical services strategy. A further clinic engagement event took place on 24 January 2024, which was well attended by staff from both North and South Tees. An important event will be the signing of the Group agreement which will take place in February and will be attended by Sir Liam Donaldson, Chair, North East North Cumbria Integrated Care Board (NENC ICB).

We were very pleased as a Trust to welcome Sir Julian Hartley, Chief Executive, NHS Providers to North Tees and take him on a tour of the site. Sir Julian has previously worked at both North and South Tees trusts so it was great to bring him up to date with developments.

2.2 Fit and Proper Person Test Framework

In the autumn of 2023 NHS England issued new guidance regarding the Fit and Proper Person Test (FPPT) and the implementation of a new framework to support the test, following recommendations in the Kark Report led by Tom Kark KC. I am pleased to report that the updated FPPT has been undertaken for all Board/Director led staff at the Trust and as Chair, I have signed off the declaration that will be submitted to NHS England confirming there are no issues to report.

2.3 Staff Engagement

We had another successful Board and Governor Walkabout on 18 January 2024 visiting areas at both the North Tees and Hartlepool sites. The visits provide a great opportunity to meet staff and understand both the positives and challenges they face. Positives included great culture, energy and commitment from staff. Challenges included limitations of the trust estate and digital systems to support greater effectiveness.

The Trust's Charitable Funds have provided funding for the creation of a Covid Memorial at both the North Tees and Hartlepool sites and ideas were being sought from local higher education establishments and local artists.

2.4 Trust Volunteer Service

The Trust's Volunteer Service are looking at ways to expand volunteer activity at the Hartlepool Site including the welcomer role. I am pleased to announce that on 5 June 2024 the Trust will once again be hosting its 'Thank You' volunteer event, which will take part during national volunteer week, this year we will also extend an invitation to some of our colleagues from South Tees.

3. Recommendation

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

Professor Derek Bell
Joint Chair

Agenda Item 7

Board of Directors

Title of report:	Joint Partnership Board Update										
Date:	1 February 2024										
Prepared by:	Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary										
Executive sponsor:	Ann Baxter, Vice Chair										
Purpose of the report	The purpose of the report is to provide an update to the Board of Directors regarding the Joint Partnership Board meeting that took place on 17 January 2024.										
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:

This report provided a summary update of the Joint Partnership Board meeting that took place on 17 January 2024.

Key topics that were discussed in the meeting included;

- Chair's report covering;
  - The in common meetings of the Council of Governors of North Tees & Hartlepool NHS FT and South Tees Hospitals NHS FT to support collaborative working arrangements.
  - Progress of applying the new Fit & Proper Persons Test guidance.
  - Planning for the Education Event that is taking place in February 2024 with key stakeholders.
  - The success of both Trust's and key stakeholders in being awarded the urgent care contract for the provision of services across Teesside.

- A programme update was provided by the Associate Director of Group Development relating to the progress of group arrangements. The programme has now moved from the initial phase into mobilisation and delivery within the four work streams – board governance; executive structure; clinical strategy and enabling strategies.
- An updated was provided by the Company Secretaries relating to the Governance work stream and the planning to ensure robust governance arrangements are in place to support the group developments.
- A presentation was made which set out the consultation process to form a joint Executive Team for the Group, with the consultation process commenting on 22 January 2024.
- An update was provided for the Clinical Strategy Event that was taking place on 24 January 2024, with extensive engagement prior the meeting to maximise attendance to support outcomes from the meeting.
- An engagement plan update was also provided as well as a finance update.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This paper doesn't identify any new risks and is a discussion item at the monthly meeting of BAF domain authors for consideration.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity, inclusion		Reputational	x
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Board of Directors are asked to note the content of this report.		

Agenda Item 8

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Report of the Managing Director										
Date:	1 February 2024										
Prepared by:	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary Donna Fairhurst, Senior Project Support Officer										
Executive sponsor:	Neil Atkinson, Managing Director										
Purpose of the report	The purpose of the report is to provide an update to the Board of Directors on key local, regional and national issues.										
Action required:	Approve			Assurance			Discuss			Information	x
Strategic Objectives supported by this paper:	Putting our Population First	x		Valuing 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 related news as well as issues that feature at a national, regional and local level.

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

Key issues for this month include:

- Operational Challenges (including elective recovery and industrial action);
- Culture and Leadership Development;
- Research and Development;
- Integrated Care System and Integrated Care Board;
- North East and North Cumbria Provider Collaborative;
- Tees Valley Group Model;
- Clinical Services Strategy;
- NHS Planning Guidance;
- North Tees and Hartlepool NHS Foundation Trust Estates Strategy (including RAAC);
- Community Diagnostic Centre;
- Faculty of Learning, Leadership and Improvement;
- Workforce Development;
- Vaccinations Update;
- Clinical Support Worker Update, and;
- Consideration of the wider national and regional contributions;

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report relates to all Trust strategic objectives and Board Assurance Framework (BAF) domains and the content of this report should be considered by Executive Leads and BAF authors.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity, inclusion	x	Reputational	x
Workforce	x	Environmental	x
Financial/value for money		Estates and Facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Board of Directors is asked to note the content of this report including, the pursuance of strategic objectives, work to improve system working and operational resilience.		

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1 February 2024

Report of the Managing Director

1. Introduction

This report provides information to the Board of Directors on key local, regional and national issues and is linked to the strategic objectives of the Trust.

2. Strategic Objective: *Putting our Population First*

2.1 Operational Challenges

During December, there was an increase in operational pressures across the majority of specialities as anticipated within the winter months however, industrial action and partners pressures also impacted on the Trust. The Trusts bed occupancy in December continued to be just above the standard with an average occupancy of 92.13%. However, medicine occupancy was reporting at 97.44%. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings.

Delivering an alternative to attending the emergency department via the Urgent 2 Hour Community response remains above the national standard of 70% (actual 79.27%). The service continues to progress, this month receiving referrals from 111 and Paramedics evidencing a wider uptake of urgent community response pathways. The team continue to work in collaboration with North East Ambulance Service (NEAS) to ensure hospital avoidance and support patients in the community where appropriate.

The Trusts '*home first principle*' remains at the forefront of decision-making and our medium to long-term clinical services planning. These services are vitally important to ensure the acute service provision does not get overwhelmed. From January 2024, there has been the establishment of Acute Respiratory Infection hubs (ARI) across the localities led by Primary Care. Hubs have been developed to manage demand over winter, providing additional surge capacity to support primary and secondary care pressures.

There continues to be an increase in the number of super stranded patients from previous months but a slight decrease from 62 patients to 59 patients between November and December. In addition to a surge in complex discharges this increase is also attributed to the discharge decision making panel at Stockton Borough Council for level two and level three discharges. It should however, be acknowledged that the localities use of intermediate care bed provision which results in permanent nursing / residential home placements is an outlier nationally and a focused piece of work is being undertaken to ensure, where possible, patients / clients are being cared for within their own homes. In addition, the Local Authorities are seeing pressures to facilitate discharges due to the availability of staff to deliver care packages. There has been a temporary reduction in the number of beds available at Rosedale in Stockton.

2.2 Urgent and Emergency Care

Following a procurement exercise undertaken by the Integrated Care Board (ICB) for an integrated Urgent and Emergency service across Teesside, the Trust and its partners (South Tees NHS Foundation Trust, NEAS and Hartlepool and Stockton Health (HaSH)) have been awarded the contract with the Trust taking the lead from a contracting perspective. The operational teams across

have now commenced mobilisation for delivering the service. The service specification is based upon the current delivery model in place at the Trust.

The Trust continues to exceed the overall four-hour national standard, achieving 82.99% in December (against a national standard of 76%) despite a significant increase in urgent and emergency attendances compared to the previous month (+8.8%). There is an acknowledgement that pressures remain within Type 1 pathways. A steering group continues to review progress with improvements already evident.

Worthy of note is how the Trust performs compared to other providers within the North East and North Cumbria (NENC). Detailed in table 1 is the NENC performance data for November 2023 which is the latest available position at the time of writing).

Table 1

Nov-23	Gateshead	Northumbria	NUTH	CDDFT	STSFT	N Tees	S Tees	NCIC	NENC	England
A&E performance	70.5%	87.0%	73.1%	72.5%	71.4%	85.0%	68.0%	62.4%	**74.8%**	**69.7%**
A&E performance rank (/144)	57	23	44	49	54	24	74	106	**5 (/42)**	
A&E performance Type 1	53.7%	73.1%	57.4%	51.6%	54.1%	50.9%	54.0%	55.8%	**56.7%**	**55.4%**
12 hour DTA delays	0	6	90	18	0	2	99	568	**783**	**42,854**
% A&E Attendances >12hrs from arrival	7.8%	1.0%	3.2%	11.0%	0.0%	1.2%	4.8%	11.8%	**6.10%**	**10.90%**
Ambulance HO delays - 60+ mins	58	119	44	307	96	4	233	186	**1047**	

NB - The top 22 Trusts in the A&E ranking are providers with type 2 and / or type 3 activity only.

An increase in the number of ambulance arrivals to the A&E department were seen during December at 2,017 (+8.7%), with a handover completion rate of 97.35%. During December, 44 ambulance handovers were completed outside of the required 59 minutes. There was a mean ambulance handover time of 20 minutes and a turnaround time (arrival to clear) of 30 minutes, placing the organisation as one of the most consistent and best performers in the region for both of these metrics. The Trust continues to focus on preventing ambulance handover delays, recognising the negative system impact when this does occur. There is focused collaborative work with colleagues across the region and NEAS, with a dedicated ambulance handover team now working in the department with a registered nurse supporting care (when required on a temporary basis) and administration support to assist with PIN compliance.

2.3 Elective Recovery

Following the GIRFT elective hub accreditation visit on the 20th November 2023 the Trust was notified at the end of December that it had received accreditation. The teams are now working through the action plan to ensure that the elective hub becomes a key planned care resource for the Trust, Group and the wider system going forward.

The Referral to Treatment incomplete pathway standard continues to be a challenge both within the Trust and nationally. In December, the Trust reported 71.70% against a standard of 92.00% with 157 patients waiting over 52-weeks. It has been noted that the position increased in December with work ongoing to address the position within all specialties to ensure these patients are appointed as soon as possible.

Across the NHS, elective recovery is challenged and there is a drive to reduce the number of patients waiting over 78 weeks by the end of March 2024. There are a number of organisations who are currently outliers in this regard, organisations are being asked to support, with the Trust looking to support where possible.

2.4 Industrial Action

The Trust continues to plan and respond to Doctors in Training industrial action to ensure our patients are safe and minimise the impact on normal emergency activity during the challenging winter period. The strike from the 20th – 23rd December was managed well with senior decision makers supporting the urgent and emergency pathways across the Trust. The cumulative impact on strike action since December 2022 continues to have an impact on the Trusts planned programmes of care including a growth in both admitted and non-admitted waiting lists and number of patients waiting over 52 weeks. The strike action to date and future strikes will continue to place pressure on delivery. It should be recognised by the Board for the continued support and dedication of the Trusts clinical teams in ensuring that urgent, emergency, and priority patient care is delivered whilst industrial action continues.

3. Strategic Objective: *Health and Wellbeing*

3.1 Culture and Leadership Development

The Code of Conduct for the Trust was launched in December 2023, with a programme of sessions planned for 2024. Work is in progress to strengthen performance management, aligned to the work with the code.

The three levels of leadership identified within the Leadership Strategic Plan continue to progress, and the Foundation Programme, *'It all starts with me'* has seen an increase in numbers accessing the training with over 350 staff successfully completing the course. The second level '*Leading with Care'* has commenced with six cohorts launched.

The *'Leading with Unity'* first cohort is in progress, delivered by Teesside University. Twenty-one members of staff are enrolled on the six-month programme, due to complete in March 2024.

In addition, a Talent Management strategic plan has been developed, to ensure the Trust supports talent and succession planning across the organisation. Work has commenced to roll out targeted succession planning with initial focus on business critical roles.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment into clinical research trials remains high with 3,135 patients recruited into the National Institute for Health and Care Research (NIHR) portfolio studies this year at North Tees and 4,821 for South Tees, giving a cumulative Tees Valley Research Alliance (TVRA) total of 7,956. This positive position, puts the Group second in the region behind Newcastle Hospitals NHS Foundation Trust who have recruited 8,146 patients.

The PRE-DX breast study has now closed and the Trust was the highest recruiting site in the country. Up to date news and performance data is available on the TVRA newsletter https://infogram.com/tvra-newsletter-1hmr6g7rdm3ro6n

3.2.2 Embedding Research

Caroline Fernandez-James was the successful applicant for the Trust's first PhD Fellowship with Teesside University aimed at growing research competencies and experience within our Nursing, Midwifery and Allied Health Professional staff.

3.2.3 Future Meds Clinical Trial Facility

The Master Collaboration Agreement and lease agreement between Research and Development (R&D) and Future Meds has been signed. The official launch will be on 30th January 2024 between within the Future Meds Clinical Trials Facility.

3.2.4 Additional Collaborations

Jane Greenaway, Associate Director of Tees Valley Research Alliance has been appointed as a member of the steering committee for the North Health Futures Digital Health Hub to ensure opportunities for investment and research are maximised for the TVRA. Jane is also a member of the Research & Innovation work stream of the new '*Tees Valley Health and Social Care Innovation Zone* in Stockton. Jane will ensure any opportunities for research within this proposal are considered and shared with the wider TVRA.

4. Strategic Objective: *Transforming our Services*

4.1 Integrated Care System (ICS)

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system. At the Chief Executive strategic session on 15th December 2023 discussion centred on the current Urgent and Emergency Care and NEAS performance; pending industrial action and the ICB financial position.

4.1.1 North East and North Cumbria Financial Position

The Integrated Care System (ICS) submitted a deficit plan of £49.9m for 2023/24. Within that plan, three providers have a planned deficit, one a planned surplus and the remaining providers have break-even plans, which includes North Tees and Hartlepool NHS Foundation Trust.

The Month 9 YTD position is a £33.7m deficit, compared to a deficit YTD plan of £51.0m, indicating that the ICS is ahead of plan by £17.3m. All providers continue to forecast delivery of original financial plans with the exception of Northumbria Healthcare NHS Foundation Trust who are forecasting to be ahead of plan by £14.875m by the end of the financial year. This results in the delivery of a £34.9m deficit across the ICS at year-end.

In terms of contribution to the ICS position, the Trust's break-even plan is based upon the delivery of a surplus in the first half of the year, impacted by a deficit in the second half of the year to achieve an overall break-even position at year end.

At Month 9, the Trust is reporting an in-month surplus of £0.9m against a planned deficit of £0.3m, which is £0.6m ahead of plan. The Trust is reporting a year to date surplus of £2.7m against a plan of £1.5m, which is £1.2m ahead of plan. This position recognises additional national non-recurrent funding to address the financial impact of industrial action and other pressures.

4.2 North East and North Cumbria Provider Collaborative (PvCv)

Every month, Chief Executives across the eleven Provider Collaborative Foundation Trusts meet in the Provider Leadership Board (PLB). In December it was announced Dr Chris Snowden has been appointed as Clinical Lead for the collaborative.

At the meeting on 12 December 2023 the PvCv priorities were agreed for 2024.

These include:

- The delivery of a comprehensive elective recovery plan in line with the ICS to deliver the '*Getting it Right First Time'* Programme;
- The delivery of a diagnostics programme encompassing both Pathology and Community Diagnostic Centres;
- The mapping of major acute services across the ICB to ensure a strategic approach to clinical services;
- The development of an aseptic manufacturing hub at Seaton Delaval;
- The development of an Estates Framework to inform the ICS infrastructure strategy, and;
- A workforce programme including a scaling up programme across payroll, job evaluation, collaborative bank, occupational health, employee relations, recruitment, leadership development and workforce planning.

4.3 Tees Valley Group Model

Work continues to develop the Group model between North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trusts. Development meetings continue to take place on a regular basis, chaired by the Managing Directors of both Trusts to sustain momentum for the Group arrangements, which reports to the Joint Partnership Board.

As colleagues are aware, Sue Page, Chief Executive of South Tees Hospitals NHS Foundation Trust departed from her post as Chief Executive at the end of December 2023 and Rob Harrison, Managing Director will take up the opportunity to work with Sir James Mackey at Newcastle upon Tyne NHS Foundation Trust at the end of January 2024. I am sure you will join me in thanking them for their contribution to the Tees Valley Group Model and wish them both well for the future.

4.4 Clinical Services Strategy

Following the update to the Board of Directors on 9th November 2023, a series of digital clinical engagement workshops commenced on 15 January 2024 and a third clinical structure and development session took place on 24th January 2024. A verbal update will be provided at the Board meeting.

4.5 Thirlwall Submission

The Trust received a request to complete a questionnaire as part of the Thirlwall Inquiry; this questionnaire was sent to all Trusts with a Neonatal Unit designation. It is being used to help the Inquiry to understand how babies in hospital are kept safe and well looked after. This includes understanding the effectiveness of NHS management and governance structures in neonatal units and, in that context, a consideration of NHS culture.

The Chair of the Inquiry requested that a copy of the questionnaire is completed by both the Trust Medical Director and a Non-Clinical Director with responsibility for the Trust's neonatal services. Each should complete the questionnaire separately and with as much detail as possible. The instructions also requested that Trusts did not discuss their responses with other organisations and that NHS England would not be involved in the completion.

The questionnaire came with some specific instructions and a "frequently asked questions" to support the two colleagues completing it. These identified that key members of relevant teams could be approached confidentially to assist them in gathering the details to appropriately respond to the questions set out.

Within the questionnaire there were 43 questions, some with several sections and broad ranging. The requests ranged from factual information about the services, policies, procedures and data; to some asking specifically, the opinions of the people completing the questionnaire. A group of key

staff were asked to support in gathering the relevant information to assist in the responses, this was then checked and enhanced further as needed until it was considered there was sufficient details to support completion.

The Chief Medical Officer and a Non-Executive Director completed the questionnaires on behalf of the Trust; they did not discuss their individual responses with any other staff and the signed responses were sent back to the Inquiry within the agreed timescales. The Inquiry will use all replies to further inform the scope of the terms of reference and will share learning as part of the recommendations in their final report.

4.6 NHS Planning Guidance

It is to be noted that the NHS Planning Guidance due to be published at the end of December 2023 was released mid-January to allow NHS Organisations to plan for the forthcoming year.

4.7 Secretary of State for Health

During the cabinet reshuffle in November 2023, Steve Barclay was replaced as Secretary of State for Health and Social Care by Victoria Atkins who takes up post following her role as Financial Secretary to the Treasury. Mrs. Atkins is the sixth conservative MP to hold the Secretary of State for Health post in the last five years.

4.8 Service and Estate Developments

4.8.1 New Hospital Outline Business Case (OBC)

The early stages of the development of the Outline Business Case has highlighted the clinical service priorities for the University Hospital of North Tees (UHNT) and University Hospital of Hartlepool (UHH) sites.

These clinical priorities have been tested and agreed during clinical workshops, Operational Delivery Group and Clinical Leaders Group meetings. The agreed priorities for UHNT are critical care and inpatient wards. The agreed priorities for UHH are the Elective Hub, Centralised Surgical Sterilisation Department (CSSD), Same Day Emergency Care (SDEC) and neuro-rehabilitation. The next step is to ensure these are consistent with the Group clinical priorities.

4.8.2 Reinforced Autoclaved Aerated Concrete (RAAC)

The Trust have instructed RAAC specific surveys of all three hospital sites and the update is as follows:

- Peterlee Community Hospital - completed with no RAAC identified;
- University Hospital of Hartlepool - completed and verbally advised no RAAC identified, final report expected at the end of January 2024;
- University Hospital of North Tees - completed and report expected at the end of January 2024.

On the University Hospital of North Tees site, RAAC has been found within the seven residency blocks and the Lecture Theatre within the Middlefield Centre. Four residency blocks and the lecture theatre were identified as requiring urgent work to make safe, with the other three recommended for annual inspections. The making safe work has now been completed on three of the residency blocks.

The making safe works to the final residency block and the lecture theatre commenced in early January 2024 with completion by the end of March 2024.

Please note that all works to date are purely making buildings safe and have been funded from the Trusts capital programme for 2023/2024. Eradication of the RAAC requires external funding from NHS England. The cost for the replacement of the RAAC roofs including the Lecture Theatre is circa £4.9M.

The Trust has sought assurance in relation to the community estate we occupy as a Trust. Of those that have responded no landlords have confirmed RAAC however, for additional assurance the Trust have commissioned Capsticks LLP to write to each landlord, collate the responses and advise on next steps. This is in line with the approach adopted by the other Trusts within the Region.

4.8.3 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. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust. It 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.

The joint clinical leads have been developing pathways with clinical specialities that will be supported by the CDC. These are initially focused on urology, respiratory, musculoskeletal and cardiology. The digital systems interoperability work is progressing to ensure that systems are aligned to support the CDC. Staff engagement is underway across both Trusts building on previous communication. All clinical and operational management teams receive regular updates on progress and feedback is positive.

The construction work on the CDC continues to progress to plan. The foundation piling is completed and work continues on the foundations and build. The contract for the supply of radiology diagnostic equipment for the CDC has been signed and orders placed.

5. Strategic Objective: Valuing our People

5.1 Staff Survey

The National Staff Survey closed late November 2023. An electronic census was undertaken which allowed all staff the opportunity to respond. 2,444 surveys were completed which gives a response rate of 50%. This equates to 81 more responses than in 2022.

High level results are now available, however, these are embargoed until early March 2024. There were one hundred questions asked in this year's survey, with three new questions included.

The Trust's Organisation Development team will continue to evaluate the data at Trust, Care Group and department level, working with business intelligence to ensure the data can be accessed via the Yellowfin platform. Once thematically analysed, communication and action plans will be developed and shared.

5.2 Faculty for Learning, Leadership and Improvement

The Trust is committed to developing the capacity and capability in supporting quality improvement and continues to roll out training via the Quality Service Improvement Redesign (QSIR) Foundation and Practitioner programmes, and these have continued with a positive uptake across the Trust.

A work programme for the strategic plan has been developed. Current priorities in delivering the Strategic Plan include:

- The development of an intranet site for staff to access resources, training and QI leads;

- To raise the profile of QI in the Trust, and;
- The development of new training model to ensure awareness of all projects and alignment to strategic priorities.

The Trust's continuous improvement maturity level was assessed using the NHS IMPACT Self-Assessment tool. Using the scores generated the areas of priority have been ranked. The top five areas include:

- Lived Experience;
- Co-production;
- Improvement work aligned to strategic priorities;
- Enabling staff through a coaching style of leadership and Improvement, and;
- Capacity and Capability Building strategy.

The purpose of the NTH 100 programme is to teach the selected cohort of Trust individual's basic improvement tools and techniques that can be used in their day-to-day jobs to enhance how they improve the service to patients, carers, and other staff. They practice the use of these tools and techniques through the delivery of improvement projects that have Trust wide significance, with the aim of delivering tangible benefits.

Cohort three of the NTH 100 is focussing on delivering improvement benefits within 100 days across five categories of Trust wide themes. The five Trust wide themes being addressed include: patient communication; health and well-being specifically weight management; flexible working; service users, and quality improvement and improving patient lifestyles.

5.3 Workforce Development

As part of the Hartlepool Towns Deal initiative, the Trust has been successful in attracting capital funding (£1.25m) to develop a regionally significant Health and Social Care Academy. Working with key stakeholders including Hartlepool College of Further Education, the academy will be located in the heart of our current estate within Ward 10 at the University Hospital of Hartlepool.

In late 2023, VEST construction were awarded the build programme following a thorough tendering evaluation process. Construction work commenced on 8 January 2024 with an estimated 22 week build.

In addition to the capital funding, a successful bid for funding (circa £200k) has been made to the Local Skills Improvement Fund (LSIF) to support with costs associated with additional equipment. The successful bid for funding is specifically focused around technology and will support the academy having the latest immersive technology available for staff / students.

5.4 Vaccinations Update

As a Trust we have a duty to protect both patients and staff through the use of vaccinations. Evidence shows that healthcare professionals are an important part of communicating information about vaccinations and they are highly trusted by patients. A high level of knowledge and a positive attitude in relation to vaccinations is acknowledged as being important determinants in achieving and maintaining high vaccine uptake.

As with previous years, Covid and Influenza vaccinations are been offered to staff led by the People Directorate, supported by a range of staff across the Trust, volunteer vaccinators and peer vaccinators.

Current uptake for Covid vaccination is 23% with Influenza uptake at 49%. An action plan has been developed with the focus being on areas of low uptake and providing access to vaccines in the

wards / departments as well as at the dedicated vaccination hub. Vaccines are also offered at shift handovers and weekends.

5.5 Consultant Appointments

Since the last meeting held on 9 November 2023, the Trust has appointed Dr Ashley Brown, Consultant in Colorectal Surgery who will take up post on 1st June 2024.

5.6 Clinical Support Worker (Band 2 / Band 3)

The release of updated Agenda for Change national profiles for clinical support workers (in the combined nursing job family), resulted in concerns that the duties and tasks in some clinical support worker (CSW) and maternity support worker (MSW) roles had changed significantly over time and job descriptions may not have been reviewed regularly and updated. As a consequence some banding outcomes may have become out of date and inconsistent when viewed against other NHS jobs.

Following discussion and approval by the Trust Board of Directors work has begun to apply an uplift to approximately 500 eligible staff from July 2021 when new Agenda for Change National Profiles were published. Implementation will take place in a phased manner due to the complexities associated with calculating payment for each of the affected staff members and provision has been made for the estimated costs.

Whilst locally there is positivity regarding the uplift and back pay arrangement, regional UNISON representatives continue to request back pay equivalent to four years. The Trust continues to engage with local and regional union representatives on this matter as well as engaging fully with colleagues across the region.

5.7 Wider National and Regional Contribution

5.7.1 University Hospital of Hartlepool surgical hub accreditation

The Trust is thrilled to reveal that NHS England's *'Getting It Right First Time'* team has granted the University Hospital of Hartlepool's surgical hub accreditation status in recognition of our dedication to making Hartlepool our centre for elective care.

5.7.2 Asthma services transformed

Over the last nine months, the Trust have created a special asthma treatment pathway for hospital patients, which provides even greater support for inhaler technique, reviews of medications and exploration of any triggering factors like smoking and mental health. Service user Janice Hutchinson said: "*The team have made several improvements to the way I treat my asthma and have really helped me."*

5.7.3 First in series of new skills development days for T Levels

Trust education leads and allied health professionals hosted students from Hartlepool Sixth Form College to undertake health-related training sessions and 'soft skills' including communication, problem solving, teamwork and leadership.

5.7.4 Extra special Christmas gift for Hartlepool couple

Hartlepool couple Cloe and Kieran Payne welcomed baby Arlo on Christmas Day. The little bundle was due a few days later but surprised his mum and dad, becoming the best Christmas gift they could imagine.

5.7.5 New Year's Honours List

Finally, I am sure you would wish to join me in congratulating recipients from the North East and North Cumbria who were honoured from health and care in the North East and North Cumbria as part of the Kings New Year's Honours List, they include:

- Professor Amritpal Singh Hungin OBE DL Emeritus Professor of General Practice, Newcastle University honoured for services to medicine who received a Knights Bachelor;

- Consultant Urologist Dr Alice Hartley, who specialises in renal and prostate cancer care and is based at Sunderland Royal Hospital, in recognition of her pioneering work to deal with bullying and undermining in surgery who was awarded an MBE, and;

- Jacqueline Savage**,** volunteer from Stockton-on-Tees, was honoured for services to social care who received an MBE and Penelope Jean Walters for services to the community in Byker, Newcastle upon Tyne, particularly during Covid-19 who received a Medallists of the Order of the British Empire (BEM*).*

6. Recommendation

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

Neil Atkinson
Managing Director

Agenda Item 9

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Board of Directors Annual Declaration of Interests Register								
Date:	1 February 2024								
Prepared by:	Sarah Hutt, Company Secretary								
Executive sponsor:	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary								
Purpose of the report	The report presents the annual declaration of interests for members of the Board of Directors.								
Action required:	Approve		Assurance	x	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		Caring		Effective	x	Responsive		Well Led	x

Executive Summary and the key issues for consideration/ decision:
In accordance with Annex 7, of the Trust's Constitution, the Board of Directors of NHS Foundation Trusts are required to declare interests that may conflict with their position as a Director or Non-Executive Director of the Trust. Interests are to be declared at an open meeting of the Board, minuted as such, and then recorded in a register which is referred to in the Trust's Annual Report and is available for inspection by the public. A copy of the register is appended to this report for information.
Board Assurance Framework/Corporate Risk Register risks this paper relates to:
No risks were identified in relation to this report.
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
N/A	N/A

Recommendation	The Board of Directors is asked to: • note the contents of the appended updated register; and

	• note that the register will be referred to in the Annual Report 2023/24 and will be available for public inspection.

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services
Prof Derek Bell Joint Chair	NHS Scotland Non-Remunerated Clinical Advisor Chair of NHS South East London (SEL) Same Day Emergency Care (SDEC)	None	None	None	None
Ms Ann Baxter Non-Executive Director / Vice Chair	None	None	None	Independent Scrutiny – Darlington Safeguarding Partnership Governor – Thirsk School & Sixth Form College	None
Mrs Fay Scullion Non-Executive Director	None	None	None	Governor – Jarrow School Associate Tutor – Learning Curve Group	None
Mr Chris Macklin Non-Executive Director / SID	Chairman of Partnership Board – Audit One	None	None	None	None
Prof Elizabeth Barnes Non-Executive Director	Non-Executive Director and Vice Chair – Aspire Housing Governor – University of Sunderland Governor – Middlesex University Trustee – Peter Coates Foundation	None	None	Board Member – Lifelong Education Institute Member – Queen Elizabeth Grammar School Multi-Academy Trust	None
Mrs Alison Fellows Non-Executive Director	Non-Executive Director and Committee Chair – Gentoo Group (Housing Association)	None	None	Governor of the Board, Northumbria University and Member of its Audit Committee Independent Member of Newcastle City Council Audit Committee with effect from 6.12.23	Husband is a Partner at Ward Hadaway Solicitors
Mr Neil Atkinson Managing Director	None	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services
Dr Elaine Gouk, Interim Chief Medical Officer	None	None	None	None	Additional post for 6 months at NENC ICB Local Maternity and Neonatal System
Mrs Lindsey Robertson Executive Director	None	None	None	None	None
Dr Susy Cook Executive Director	None	None	None	Governor, Laurence Jackson School	None
Mrs Kate Hudson-Halliday Executive Director	Trust Representative – NTH Solutions Management Board, a Trading Company for North Tees and Hartlepool NHS Foundation Trust	None	None	None	Substantive post of Director of Finance held at NENC ICB Husband is an employee at Gateshead Council Acquaintances who work in senior positions at Alice House
Rowena Dean Acting Chief Operating Officer	None	None	None	None	None
Mr Stuart Irvine Director of Strategies, Assurance and Compliance / Company Secretary	Chair – Hartlepool College of Further Education Trustee – Hospitals Trust of the Hartlepool's Charity	None	None	None	Family employed by the Trust and NTH Solutions
Ken Anderson Chief Information and Technology Officer	None	None	None	None	None
Michael Houghton Director of Transformation	None	None	None	None	None
Linda Hunter Director of Planning, Performance and Improvement	None	None	None	None	None

Agenda Item 10

Excellence as our standard

North Tees and Hartlepool NHS Foundation Trust

Report to the Board of Directors

Title of report	Board Assurance Framework Report – Quarter 3 (2023/24)										
Date	1 February 2024										
Prepared by	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary Stephen Green, Associate Director of Risk Management										
Executive sponsor	Susy Cook, Chief People Officer and Director of Corporate Affairs										
Purpose of the report	The aim of this paper is to provide assurance to the Trust Board on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF). This is report covers the period 30th September 2023 to 31st December 2023 and includes actions for addressing the identified gaps in controls and assurance during that period.										
Action required	For Decision		For Assurance	X	For Information	X					
Strategic Objectives supported by this report	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Board and Committee Structure

The Trust implemented revised Board and Committee governance and reporting structures, with effect from 1st September 2023. This now results in the Trust operating with three assurance committees below the Trust Board of Directors (Quality Committee, People Committee and Resources Committee).

The Resources Committee amalgamates the previous Planning Performance & Compliance Committee, Finance Committee, Digital Strategy Committee and Transformation Committee. This is consistent with practice in other FTs. The Audit Committee remains unchanged and is an independent committee that will obtain assurance from the operation of the three assurance committees.

The annual schedule of meetings was finalised and distributed to all Non-Executive Directors, Executive Directors, Directors and Personal Assistants who support the function and operation of committees. Two full monthly cycles of business have now been completed and no issues have been identified or reported.

This builds upon existing governance arrangements and provides the framework to allow all Trust business to be reported in a timely, coordinated and chronological order, whilst following good governance requirements.

Board Assurance Framework

The reported position to 31st December 2023 is reporting 7 Board Assurance Framework domains, noting one is in draft format (Trust Estate).

The exercise to review and refresh the content of the BAF has now been concluded and throughout the process, this has been closely monitored and controlled and clear and detailed explanations of content changes have been reported to the assurance committees. This has been overseen by the Director of Strategy, Assurance & Compliance/Company Secretary and the Associate Director of Risk Management. It is important to note that throughout the transition process, there has been no reduction in the effectiveness of the risk management reporting processes.

To ensure timely and robust reporting of the BAF, each section of the BAF is required to be updated on a monthly basis and submit to the Associate Director of Risk Management, no longer than 10 working days after month end and submissions form the basis of this report.

Reported Position (31st December 2023)

The reported position to 31st December 2023 is reporting 7 Board Assurance Framework domains.

The Trust continues to report two red strategic risks relating to the finance BAF, relating to the Trust's ageing estate (current risk score of 20) and delivery of savings (current risk score of 16). These two current risk scores are outside of the approved risk appetite of the Resources Committee (8 – 12). Each risk has planned actions to mitigate the risks and are contained within the BAF report to 31st December 2023.

All BAF domains have identified committee oversight. The exercise to seek approval of risk appetites, risk descriptions and risk scores for the 7 BAF domains by the BAF authors is almost complete. This will then enable more detailed reporting of the strategic risks that are outside of the approved risk appetite at a BAF domain level.

The Trust has operated with new reporting arrangements of the BAF into the assurance committee structure four months and his can now be considered to be embedded. Feedback continues to be sought.

Next Steps

An exercise has commenced to collate the overall position on the BAF domains for the meeting in February 2024, with confirmation to be sought from the BAF authors that the risk appetites, risk descriptions and risk scores have been approved by the relevant assurance committees. Furthermore, injects will continue to be provided to BAF authors to determine whether current and future risks/issues have been sufficiently considered and reflected in the BAF domains.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This paper relates to all domains of the Board Assurance Framework.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and inclusivity	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and Facilities	X
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X

Board committees where this item has been considered	Management Group meetings where this item has been considered
• Audit Committee – 29 January 2024	• Directors Performance Team – 18 January 2024

Recommendation	The Board of Directors is asked to; • Note the content of the Board Assurance Framework Report Quarter 3 (2023/24) and note that the transitional period of reviewing and updating the content of the Board Assurance Framework has been completed; • Note that two red and high risks are outside of approved risk appetite, linked to the delivery of the Trust's strategic objectives. • Note the development of the Trust's Estate as a separate BAF domain. • Note that risks identified within the Trust continue to be identified, recorded, reported and managed via the Operational Delivery Group and Risk Management Group and also reported at Committee level.

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1 February 2024

Board Assurance Framework – Quarter 3 2023/24

Report of the Director of Strategy, Assurance & Compliance

1 Purpose

1.1 The purpose of the report is to provide assurance to the Trust's Board of Directors regarding 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 that may impact on the delivery of strategic objectives. The BAF also provides core evidence to support the formulation of the Annual Governance Statement.

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

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

- Assignment of oversight of specific BAF domains
- Identified risks and causes of risk
- Controls in place
- Assurances in place and whether they give positive or negative assurance
- Gaps in controls or assurance
- Actions to mitigate risk and support the movement towards targeted risk scores
- Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board of Directors.

2.4 Board Committees receive BAF reports aligned with their delegated responsibility at each meeting and are presented by the responsible Director (or nominated deputy). This enables the review and scrutiny of the management and mitigation of strategic risk via the committees and for upward reporting to the Board of Directors.

2.5 The Board Assurance Framework and broader governance processes were subject to an independent governance review, following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commission in November 2022 and the final report has been provided to the Trust and presented to the Board of Directors meeting on 5th October 2023.

2.6 The review focused on the Trust's responsibility for maintaining a sound system of internal control and governance that supports the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives, and that those systems remain fit for purpose.

2.7 The Trust continues to receive positive external assurance relating to the Board Assurance Framework, with Good Assurance being provided by AuditOne in 2022/23 (the Trust's Internal Auditors). The next planned audit will take place in Quarter 4 of 2023/24.

2.8 The Trust has concluded a full internal review of the risk management process including the Board Assurance Framework to ensure that the process and procedures remain fit for purpose and to ensure that the process of risk management is embedded at all levels within the Trust.

2.9 Following the review of the BAF, the Trust undertook a transitional and controlled process to move from 12 original BAF domains to 7 and this has taken into account benchmarking of a number of NHS Foundation Trusts (including an NHS FT rated outstanding by CQC, overall and for being well led) and PWC Top 10 risks in the NHS 2023.

2.10 A key development was the decision to create a separate BAF domain to specifically focus on the Trust's Estate due to this being a long standing and strategic red risk. This has enabled a greater focus on the potential impact of the Trust's Estate and to evidence the multi-faceted nature of this risk e.g. service delivery, impact on quality and safety and finance. The Trust's Chief Medical Officer is the responsible Executive Director and the lead author will be the Assistant Director of Estates and Capital (NTH Solutions LLP). This will be reported on a monthly basis to the Resources Committee.

2.11 Applicable content from BAF domains that will no longer continue have now been transferred to appropriate BAF domains that will continue to be maintained, monitored and reported and has been underpinned by close liaison between BAF authors. This process was completed by 31st December 2023, with Committees and Board of Directors having full oversight of the process.

2.12 The table below sets out the new state of the BAF domains, the responsible authors and Directors and importantly, the Committee of the Board of Directors that will be responsible for oversight of the BAF domains. The BAF remains under constant review and remains subject to change.

BAF Domain	Responsible Director	BAF Author	Committee oversight
Quality	Chief Nurse/Director of Patient Safety & Quality	Associate Director of Patient Safety	Quality Committee
Performance	Director of Planning & Performance	Director of Planning & Performance	Resources Committee
People	Chief People Officer/Director of Corporate Affairs	Head of Workforce Planning, Quality & Projects	People Committee

BAF Domain	Responsible Director	BAF Author	Committee oversight
Integration & Collaboration – Service & Care Pathways	Chief Operating Officer	Care Group Director, Healthy Lives	Quality Committee
Finance	Director of Finance	Deputy Director of Finance	Resources Committee
Digital	Chief Information & Technology Officer	Deputy Chief Information & Technology Officer	Resources Committee
Trust's Estate	Chief Medical Officer	Associate Director of Estates & Capital (NTH Solutions LLP)	Resources Committee

2.13 The Trust's Business Team meets on a weekly basis, which is chaired by the Chief Operating Officer and Director of Planning & Performance. This meeting reviews all newly proposed risks, providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances, prior to approving the risk. This also facilitates the consideration of risk across care group/corporate areas and the links between operational risks and strategic risks.

2.14 A formal Executive Risk Management Group meet on a monthly basis and reviews all risks that where approved in the preceding month, corporate and strategic, to provide oversight and assurance to the Trust Board. This also includes a review of all red risks.

2.15 The Board Assurance Framework continues to be managed through the Committee structure, Audit Committee and Trust Board and further updates will continue to be presented.

Benchmarking

2.16 The Trust has undertaken a benchmarking exercise throughout the development and transition stage of the BAF, utilising BAFs from South Tees Hospitals NHS FT (STHFT), County Durham & Darlington NHS FT (CDDFT) and Liverpool Heart & Chest Hospital NHS FT (LHCHFT). The rationale for the selection of STHFT and CDDFT was to provide a meaningful comparator from a regional perspective. The selection of LHCHFT was due to the overall outstanding CQC rating and outstanding rating for Well-Led as the Trust continues on its journey towards returning to a Good rating.

2.17 A summary of the benchmarking exercise is provided in the table overleaf and this demonstrates that the Trust's revised 7 BAF domains are broadly comparable with all three FTs that formed the basis of the benchmarking exercise. Furthermore, when comparing with LHCHFT, the Trust is closely aligned with the exception of innovation and system working. However, within the Trust's existing BAF domains, reference is made to the innovation and system working.

NTHFT (7 domains)	LHCT (7 domains)	STHFT (6 domains)	CDDFT (8 domains)
Quality	Quality & Patient Experience	Safe, Effective Care & Experience	Quality Matters
Performance	Operational Effectiveness	Major Incidents	People Matters
People	Workforce	Attract, Develop, Retain Workforce	Improvement Matters
Integration & Collaboration – services/pathways	System Working	Research, Education & Innovation	Health Informatics Matters
Finance	Finance	Working With Local Health & Care Partners	Communication & Engagement Matters
Digital	Digital	Financial Objectives & Responsibilities	Finance Matters
Trust's Estate	Innovation		Estate Matters
			Green Plan

2.18 As the internal audit provider to the Trust, AuditOne participate in an annual national exercise relating to Board Assurance Frameworks. The Trust participates in this exercise and once the benchmarking information is made available, the Trust will have a further opportunity to compare the key strategic risks facing organisations across the country.

PWC – Managing Risk in the NHS

2.19 PWC issued an annual report in July 2023, following engagement with 42 FTs across the country to develop the Top 10 risks to inform analysis exercises at an organisational level. Their report should be used by NHS organisations to inform their process for a regular review of the Board Assurance Framework. This should be used for purpose;

- Consider the risks and whether that are included in the BAF.
- If there is a difference or the risk is deemed not applicable, a rationale should be documented and understood; and
- Whether this creates new risks or opportunities.

Risk	Trust position
Patient Care	Quality BAF domain
Workforce	People BAF domain
Financial performance	Finance BAF domain
IT Infrastructure	Digital BAF domain
Partnerships	Referenced in separate BAF domains e.g. CQC/ LAs/ICB etc.
Estates Infrastructure	Estates BAF domain
Strategic Objectives	Each Trust BAF domain is linked to a strategic objective
Covid-19	Recorded as a cause of risk in BAF domains as this is business as usual – not a strategic risk
Regulatory action	Recorded as a cause of risk in BAF domains
Sustainable Services	Referenced in separate BAF domains

2.20 Upon review of the PWC risks and when taken in consideration of the Trust's revised 7 BAF domains, there is no further action to be taken by the Trust at this stage. These risks will remain under review and future reports will also be considered. This provides further assurance that there are no omissions from the Trust's BAF.

2.21 As the new reporting arrangement becomes further embedded, it will strengthen the clear line of accountability and responsibility for each BAF domain and the reporting arrangements into Board Committees, including quarterly reporting to the Audit Committee and Board of Directors.

Trust Ageing Estate BAF Domain – Update

2.22 Following the Directors Performance Monthly Meeting on 21st September 2023, it was agreed that a new BAF domain would be created specifically to focus on the Trust's Estate due to this being a long standing strategic red risk and the potential impact across multiple services delivered by the Trust.

2.23 A meeting took place on Monday 23rd October 2023 to agree the content and develop the Trust's Estate BAF domain and a further session has been held to develop a draft BAF domain, including risk articulation, inherent, current and target risk scores and associated action plans. The Chief Medical Officer will be the responsible Executive Director and the lead author will be the Assistant Director of Estates and Capital. This will be reported to the Resources Committee.

2.24 A draft list of strategic risk have been identified under the Trust's Ageing Estate BAF domain and considers the internal and external implications;

1. Failure of Trust infrastructure (including buildings, IT systems etc.).
2. Insufficient capital funding to maintain Trust estate.
3. Trust estate doesn't allow for the provision of optimal clinical services.
4. Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation.
5. Non-compliance with legal and regulatory standards of the Trust's estate.

It has also been identified that there may be a negative impact on recruitment and retention due to the Trust's Estate. This has been communicated to the People BAF author to ensure this is included in the People BAF domain going forward.

2.25 The draft version of the BAF domain was completed by 31st December 2023, including controls, assurances, gaps in controls and assurances and planned actions, including the risks scoring of the inherent, current and target risks scores. This will be presented to the Resources Committee on 23rd January 2024 for approval, including the risk appetite for the domain. The impact of the Trust's Estate on the reported position of number of strategic risks and risks scores that are outside of approved risk appetite will be full reported as part of the Quarter 4 Board Assurance Framework report.

2.26 The exercise to review and refresh the content of the BAF has now been concluded and throughout the process, this has been closely monitored and controlled and clear and detailed explanations of content changes have been reported to the assurance committees. This has been overseen by the Director of Strategy, Assurance & Compliance/Company Secretary and the Associate Director of Risk Management. It is important to note that throughout the transition process, there has been no reduction in the effectiveness of the risk management reporting processes.

Based on the revised 7 BAF domains and the extensive benchmarking exercise undertaken, the Trust has a BAF that supports the effective management, monitoring and reporting of strategic risks that may impact on the delivery of strategic objectives.

3. Details

3.1 In support of the production of the Quarter 3 BAF report, all BAF domains have been reviewed and updated by the responsible authors and Directors and has been reported via the relevant assurance committee in January 2024 and also to the Audit Committee on 29th January 2024. It is important to note that the BAF domain for the Trust's Estate is in draft until this has been reported to and approved by the Resources Committee.

3.2 Following the completion of the review of the BAF, the Quarter 3 BAF report is reporting **7 risk domains** associated with delivery of the four strategic objectives;

Within the 7 risk domains, there are **35 threats** and are set out in the risk radar contained within this report **(see Appendix 1).** For transparency and reporting, the risk radar reported in Quarter 2 is reported (**see Appendix 2**) showing the reduction from 12 to 7 BAF domains.

3.3 There are currently two principal risks identified with a current high risk rating that are outside of the approved risk appetite (Open – which is a current score range of 8 - 12) of the Resources Committee. The two red risks relate to the delivery of the strategic aim of Transforming our Services, with the objective to ensure financial stability and sustainability. These risks are highlighted below;

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6188	Delivery of Savings	**3C**	**16**	**16**	**9**
6581	Ageing Estate	**3C**	**25**	**20**	**9**

3.4 **Risk 6188** (Delivery of savings) remains a current risk score of 16 and relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) for 2023/24 which is £20.7m. This reported position acknowledges the significant challenge to deliver the CIP programme for 2023/24 and the potential impact of increased CIP that is required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions and the external system requirement to deliver additional savings in year.

3.5 Controls in place to mitigate this risk include CIP workshops and support to Care Groups from the PMIO team to identify and delivery of schemes to deliver the cost improvement plan, supported by 'Quad' meetings. Further work is ongoing to scope and cost identified schemes to support overall delivery. This is underpinned by the established Financial

Management Performance Framework and the associated levels of escalation to the Executive Team. The Resources Committee receive monthly reports on the financial position for 2023/24, including CIP delivery and future planning. This will remain a red risk throughout 2023/24 and will be reassessed during annual planning.

3.6 **Risk 6581** (Trust's ageing estate) is a current risk score of 20 (increased from a score of 16 in 2022/23) and relates to the ongoing concern linked to the Trust's ageing estate at University Hospital of North Tees following an independent 6 Facet Survey of Tower Block, South Wing and North Wing whereby the buildings were identified as having a useful economic life of 10 years. A 6 Facet Survey was undertaken over 12 months ago, therefore the effective lifespan of the buildings is reducing year on year, with less than eight years remaining. The buildings are deemed to be beyond their UEL by 2031 and this was highlighted at Board of Directors Seminar on 16 March 2023.

3.7 This presents a significant risk to the Trust from 1) a health and safety perspective i.e. condition of concrete within the fabric of the buildings which could endanger staff, patients and the general public if left unmaintained, and 2) the ability or inability to secure capital funding to regenerate/rebuild purposeful buildings within the North Tees site and the subsequent cost of the strategic business case process required to proceed further.

3.8 The annual capital allocation to deliver backlog maintenance to the three buildings on an annual basis only supports maintenance of the estate and is estimated to rise to circa £300m by 2030/31 (when the current lifespan of the buildings is exhausted). An application to the Government's New Hospital programme for capital funding to develop an estate that is fit for purpose was submitted and was unsuccessful and an OBC is being developed in 2023/24 to split the capital requirement across a five year period in order to take advantage of any additional capital funding that may be made available.

3.9 A further planned action is to undertake an exercise to develop a contingency plan if the Trust receives a notification that it can no longer use the Tower Block, South Wing and North Wing buildings to host patients and staff. This exercise is planned to take place at the end of January 2024 and the planned action is contained in the draft BAF of the Trust's Estate.

3.10 There remains a risk that if a funding solution is not identified to support the redevelopment of the Trust's estate, the Trust may be unable to deliver safe and effective healthcare services in future years.

3.11 Following a water leak in 2023, the Trust identified that there was reinforced autoclaved aerated concrete (RAAC) in all seven residences, with 4 requiring make safe action (Farndale House, Everley House, Goathland House and Ingleby House) and all making safe work will be completed by the end of January 2024. This was funded from the backlog maintenance capital programme. There has been an impact on a small number of affected staff who were temporarily decanted and were provided with suitable alternative accommodation. The remaining 3 residences are in good condition and will be monitored in accordance with national RAAC advice.

3.12 Upon the conclusion of the Trust-wide RAAC review, it was identified that RAAC was found in the lecture theatre in the Middlefield Centre. Make safe work will commence on 8th January 2024 and will be completed by 31st March 2024. This is also being funded from the backlog maintenance capital programme. All planned events during this period will take place in alternative venues.

The “making safe” work does not remove the RAAC. A bid to fund RAAC removal will be submitted to NHSE by 31st March requesting £5m funding in FY24/25 to remove the RAAC from the 7 blocks and the Middlefield Centre lecture theatre.

4 Recommendations

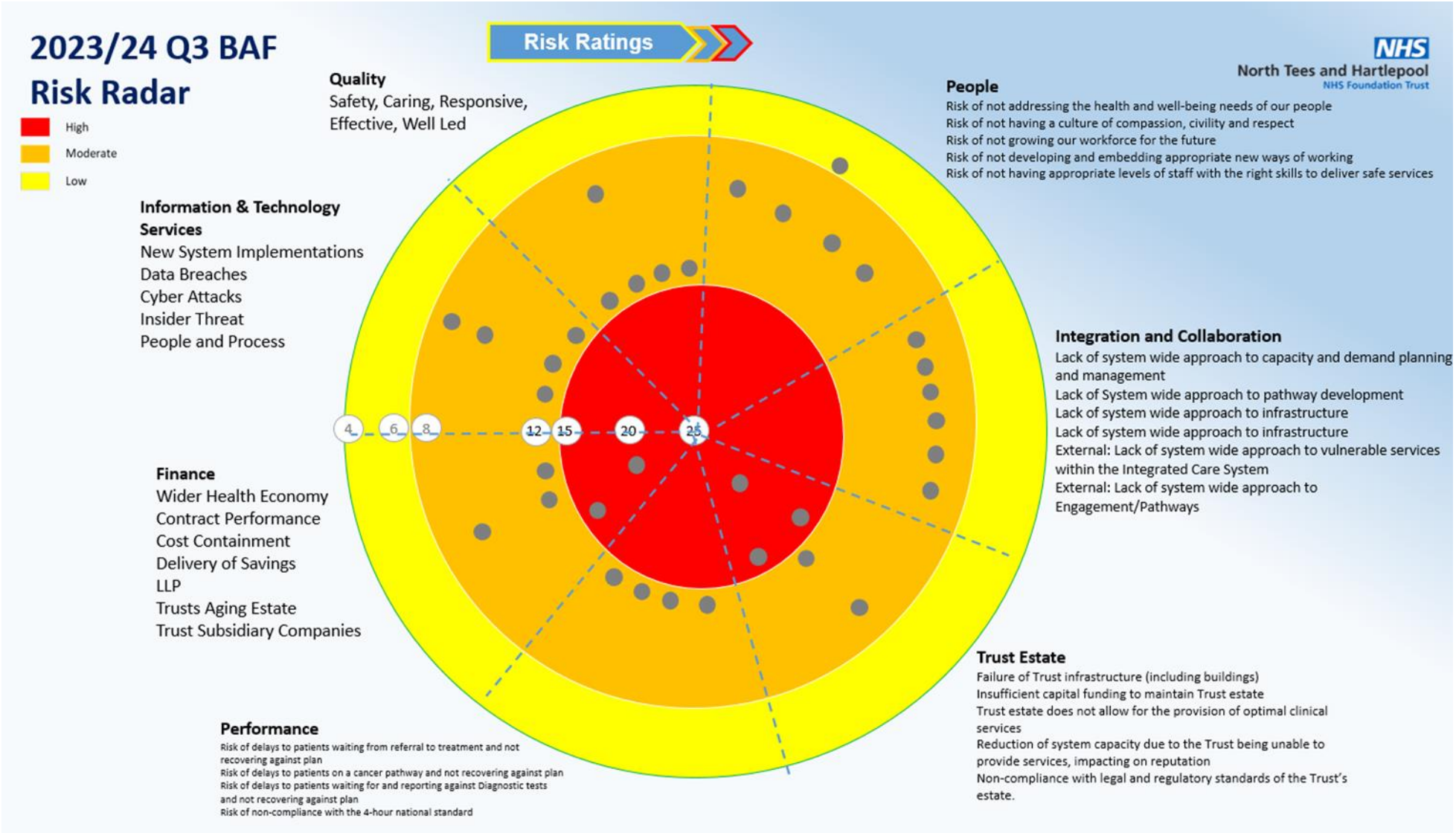
4.1 The Trust Board is asked to;

- Note the content of the Board Assurance Framework Report Quarter 3 (2023/24) and note that the transitional period of reviewing and updating the content of the Board Assurance Framework has been completed;
- Note that two red and high risks are outside of approved risk appetite, linked to the delivery of the Trust’s strategic objectives.
- Note the development of the Trust’s Estate as a separate BAF domain.
- Note that risks identified within the Trust continue to be identified, recorded, reported and managed via the Operational Delivery Group and Risk Management Group and also reported at Committee level.

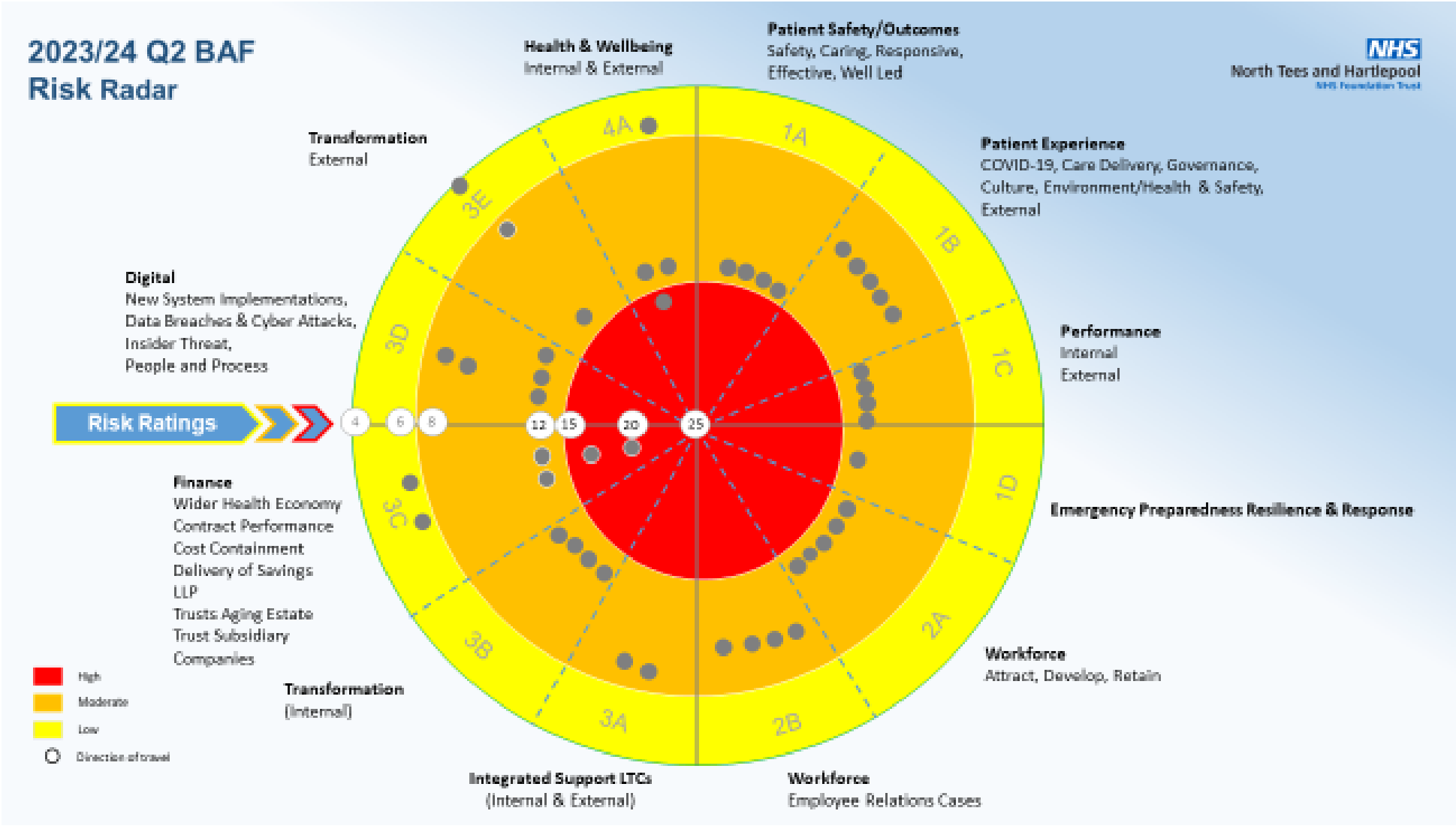
Stuart Irvine
Director of Strategy, Assurance & Compliance/Company Secretary

Appendix 1

2023/24 Q3 BAF Risk Radar



Appendix 2


2023/24 Q2 BAF
Risk Radar
NHS
North Tees and Hartlepool
NHS Foundation Trust
Health & Wellbeing
Internal & External
Patient Safety/Outcomes
Safety, Caring, Responsive, Effective, Well Led
Transformation
External
Patient Experience
COVID-19, Care Delivery, Governance, Culture, Environment/Health & Safety, External
Digital
New System Implementations, Data Breaches & Cyber Attacks, Insider Threat, People and Process
Performance
Internal
External
Risk Ratings
4
6
8
12
15
20
25
4A
1A
3E
1B
3D
1C
3C
1D
3B
2A
3A
2B
Finance
Wider Health Economy
Contract Performance
Cost Containment
Delivery of Savings
LLP
Trusts Aging Estate
Trust Subsidiary Companies
Emergency Preparedness Resilience & Response
Workforce
Attract, Develop, Retain
Transformation
(Internal)
High
Moderate
Low
Direction of travel
Integrated Support LTCs
(Internal & External)
Workforce
Employee Relations Cases

Agenda Item 11

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Integrated Performance Report										
Date:	1 February 2024										
Prepared by:	Linda Hunter – Director of Planning & Performance										
Executive sponsor:	Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Rowena Dean – Acting Chief Operating Officer Susy Cook - Chief People Officer & Director of Corporate Affairs Kate Hudson - Halliday– Director of Finance										
Purpose of the report	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.										
Action required:	Approve		Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	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 following is a summary of the performance for December 2023:

Safe
The Trust reported no serious incidents during December.

The trend of zero never events reported continues in December.

Increased infection reporting in month, most noticeably, Clostridium Difficile (C diff), cases during December exceeding the internal annual threshold. This increase is mirrored regionally and nationally, with antimicrobial stewardship and use broad-spectrum antibiotics being a common theme

Effective

Readmission rates are higher than the Trusts threshold (Standard 7.70% Actual 9.08%), real time data is now available with the early identification of themes to provide full overview of real time findings providing the ability to address proactively.

Caring
All Friends and Family Test (FFT) returns seen a reduced response rate this month, with the exception of Maternity,

Care provided, compassion and end of life care are just some of the themes identified in the reported compliments for December.

Responsive
Ambulance handover compliance saw a decrease in month with 44 ambulance handovers outside of the 59 minute, that said the average handover time for the month was 20 minutes and turnaround time was at 30 minutes placing the Trust joint first across the region.

The Trust continues to exceed the overall four-hour national standard, achieving 82.99% in December (against a national standard of 76%) despite a significant increase in urgent and emergency attendances (16,969) compared to the previous month (+8.8%). There is an acknowledgement that pressures remain within Type 1 pathways. A steering group continues to review progress with improvements already evident.

Patients waiting for a hospital bed within the emergency department (ED) have significantly increased in month from 57 patients waiting over 12 hours in November to 225 patients waiting in December

Delivering an alternative to attending the emergency department via the Urgent 2 Hour Community response remains above the national standard of 70% (actual 79.27%).

Reporting against the new standards compliance for each of three standards being the November position:-

- 28-day faster diagnosis standard has been achieved against the 75% standard with an actual delivery of 79.36%.
- Cancer 31-day target was achieved, actual 96.05% against a target of 96%.
- 62-day target was not achieved; actual 66.01% against a target of 85% an improvement on the previous month

Referral to Treatment incomplete pathway standard continues to be a challenge nationally and within the Trust. In December, the Trust reported 71.70% against a standard of 92%. 52- week waits have seen a significant increase in December at 157.

Well Led
People

The absence rate continues to report above standard, although a slight decrease in the reported rate at the end of November at 5.69%.

In order to support an improvement in the appraisal compliance, the Organisational Development Team have undertaken a 100-day project. The aim of the project was to understand the data, the impact of reporting in the different systems and barriers to improving compliance. Actions are now being implemented following this work to improve the position.

Finance
The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.

At Month 9, the Trust is reporting an in-month surplus of £0.296m against a planned deficit of £0.305m. The year to date position includes recognition of the year to date position including elective recovery over performance of £4.321m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, therefore is £1.127m ahead of plan.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
The IPR relates to a number of BAF areas 1A, 1B, 1C, 2A, 2B And 3C.

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	X
Workforce	X	Environmental	
Financial/value for money	X	Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Resource Committee – 23 January 2024 Quality Committee – 22 January 2024 People Committee – 25 January 2024		Directors Performance Meeting – 18 January 2024	

Recommendation	The Board is asked to note: • The performance against the key operational, quality and workforce 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)

January 2024 Report

(December 2023 data)

Executive Summary

Domain	Summary
Safe Page 6 to Page 12	Zero serious incidents were reported in December 2023. The Summary Hospital-level Mortality Indicator (SHMI) is regionally low and within the expected National range. Although reported cases of Catheter Associated Urinary Tract Infection (CAUTI) are within threshold, there is a significant increase in comparison to the last reporting month. This is attributed to increased activity and acuity. No falls resulting in significant harm are reported in December 2023.
Effective Page 13 to Page 18	Outpatient transformation continues to reflect a positive position in terms of advice and guidance offered, however, Other elements of outpatient delivery are below the standard. Although Patient Initiated Follow-up (PIFU) remains below the standard there is a positive trajectory with month on month improvement evident. Continued improvement plans reflecting "Getting it Right First Time" (GIRFT) directives, via the Outpatient Transformation Group are in place to improve patient access, choice and reduce waiting times. Theatre utilisation continues to report below the standard of 80%, however, with increased use of the Elective Hub, and efficiencies identified across specialities, it is anticipated that this position will improve. Length of stay for Elective and Emergency pathway continue to report a positive position.
Caring Page 19 to Page 22	The Friends and Family Test (FFT) demonstrates a very positive position and in most areas exceeds the standard. However, it is noted that Maternity is below the 75% standard achieving 57%. A reduction in Stage 3 complaints is noted in December 2023. There is a notable decrease of Compliments received in December 2023; however, this is likely due to the decrease in activity during this period.

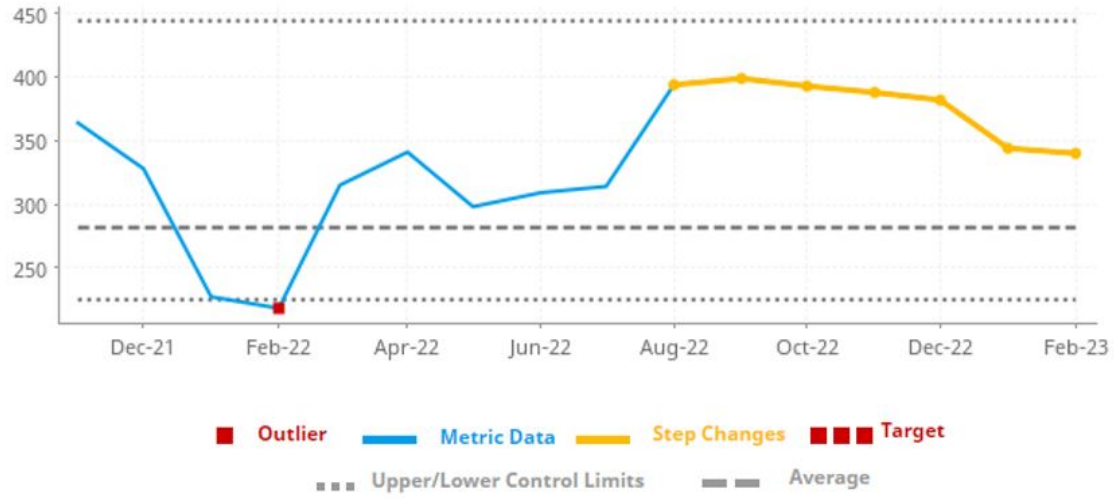
Executive Summary

Domain	Summary
Responsive Page 23 to Page 30	Ambulance Handover time (less than 59 minutes) continues to exceed the National standard. However, The Trust standard was not met and has reduced from the November 2023 position. Trust Occupancy and Super Stranded Patients (+21 days) do not meet the standard, although there is a significant decrease in Super Stranded Patients noted compared to the November 2023 position. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings. Cancer 28-day faster diagnosis and Cancer 31 days both meet the standard. The 62-day standard is not met; there is an improvement in performance compared to the previous month, achieving this has been consistently below the standard of 85%. Referral to treatment incomplete pathways are below the standard, and patients waiting 52 weeks and over for appointment has increased. Focused work continues in utilisation of the Elective Hub and additional clinic provision to maximise capacity.
Well-Led **People** Page 31 to Page 34 **&** **Finance** Page 35	The Trust has a sickness absence has exceeded threshold of 4%, at 5.69% and has increased from the previous reporting month. Stress, anxiety and depression remain a theme, accounting for 30.41% of all recorded absences. Both mandatory training and appraisal fall below the standard in December. There is a gradual decrease in mandatory training compliance since July 2023. Appraisal compliance is relatively static since July 2023. At month 9, the Trust is reporting an in-month surplus of £0.296m against a planned deficit of £0.305m, which is £0.601m ahead of plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.312m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, which is £1.127m ahead of plan. Key risks at month 9 relate to the reduction of run rates and industrial action will continue to have a financial impact at the Trust's financial position.

Executive Summary

Domain	Summary
Maternity Page 36 to Page 47	Focused work continues to reduce smoking in pregnancy, Smoking at booking is reporting within the Regional average at 10.41%. An increase in postpartum haemorrhage has been noted for November and is inline with the regional average. Complaints received in Maternity services has increased, only 2 complaints were received in October 2023 compared to 5 in the reporting month of November 2023.

Statistical Process Control (SPC) Charts



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

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

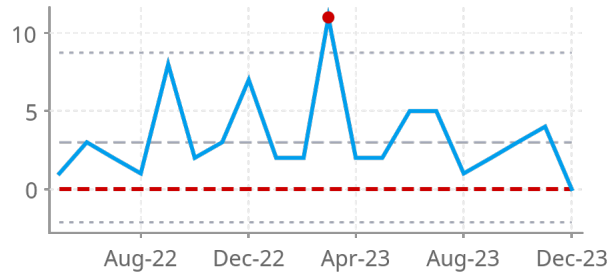
The *Upper and Lower control limits* adjust automatically so they are always 2 Standard Deviations from the average.

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

Safe

North Tees and Hartlepool NHS Foundation Trust

Serious Incidents

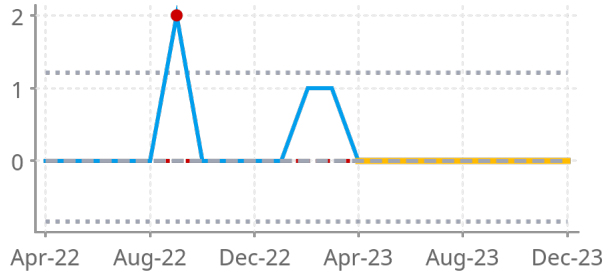


Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

During December 2023, staff reported 1,545 safety events across all types of adverse events. None of the safety events are serious incidents.
The Trust has changed the patient safety reporting platform at the end of December 2023 from Datix to Inphase. During January 2024, a Patient Safety Event Response Plan will be implemented to support compliance with the National Patient Safety Incident Response Framework, which supersedes the National Serious Incident Framework.

Never Events

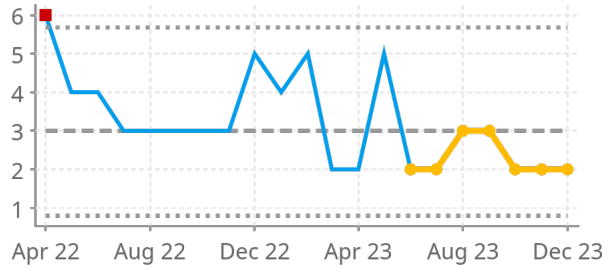


Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

They have been zero Never Events reported since April 2023.

High Risks



Month	Dec 23
Actual	2
Standard	N/A

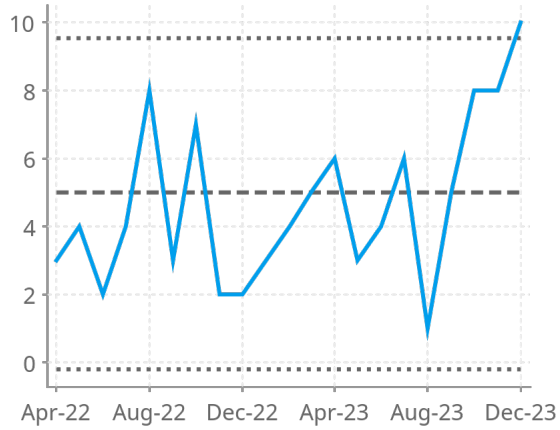
Summary of Current Issues/ Recovery Plans

Two high risks remain in December 2023, which relate to the Trust's ageing estate and the delivery of savings. These risks are agreed through the Trust's governance process.

Safe

North Tees and Hartlepool NHS Foundation Trust

Clostridium difficile (C. diff)

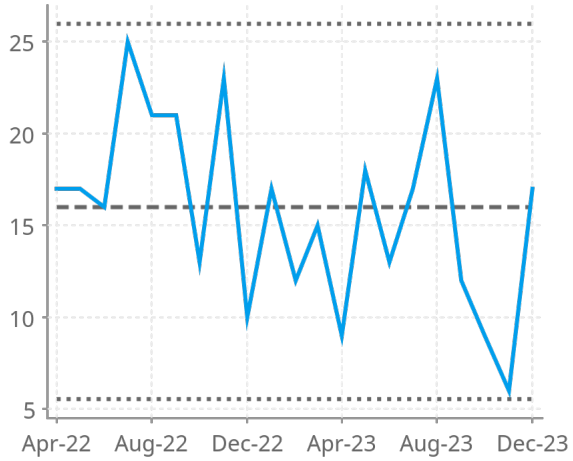


Month	Dec-23
Actual	10
Standard	4

Summary of Current Issues/ Recovery Plans

Currently there are 51 cases of C. diff against internal threshold of 46 across 2023. There have been 10 healthcare associated cases reported in December 2023, with two clinical areas reporting two cases in within month. The increase in cases is mirrored regionally and nationally, with antimicrobial stewardship and the use of broad-spectrum antibiotics being a common theme. Additionally, increased activity and flow impacted upon deep cleaning turnaround.

Catheter Associated Urinary Tract Infection (CAUTI)



Month	Dec-23
Actual	17
Standard	17

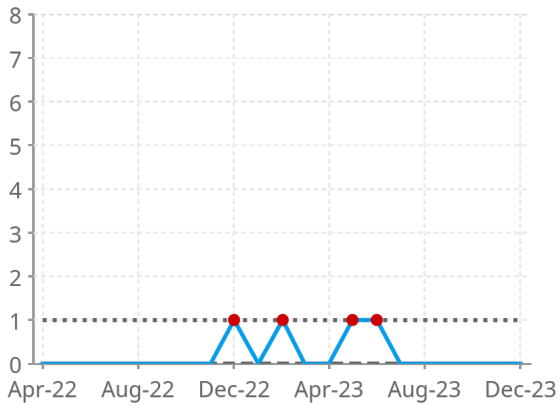
Summary of Current Issues/ Recovery Plans

There have been 17 CAUTI reported in December 2023, which is a significant increase on the previous month. There were no common themes with the type of bacteria or specific ward areas with higher than expected cases. This fluctuation is likely due to the increase in activity and acuity of patients who have been admitted. The CAUTI audit was completed during November by an external team and feedback provided in January 2024.

Safe

North Tees and Hartlepool NHS Foundation Trust

MRSA

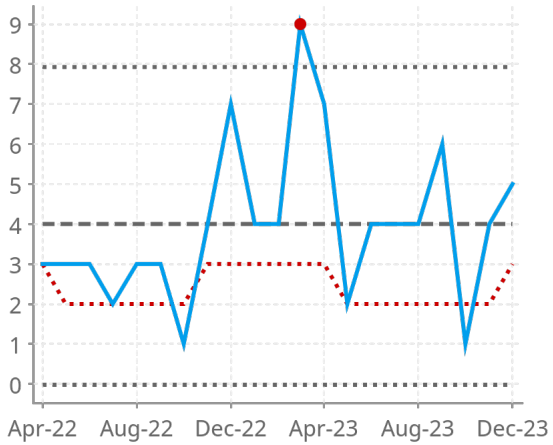


Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

MRSA bacteraemia continues to achieve the standard with Zero reported in December 2023.

MSSA



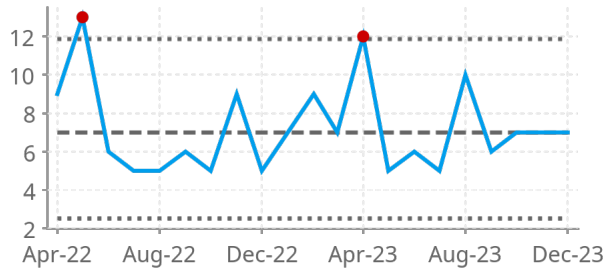
Month	Dec-23
Actual	5
Standard	3

Summary of Current Issues/ Recovery Plans

The trust reports five MSSA bacteraemia. Although there is no external threshold, this exceeds the internal standard.

Safe

Escherichia coli (E. coli)

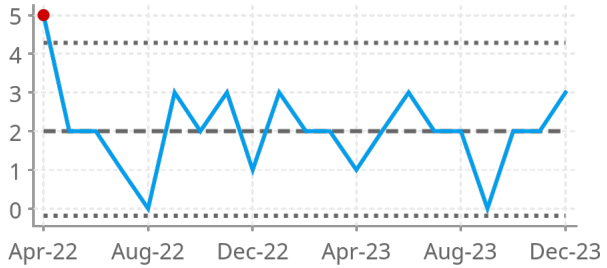


Month	Dec-23
Actual	7
Standard	6

Summary of Current Issues/ Recovery Plans

Seven E-coli bacteraemia were reported, which is slightly above the expected standard. Total reported cases to date are 66 against a threshold of 69 cases, with lower urinary tract remaining the highest reported source.

Klebsiella

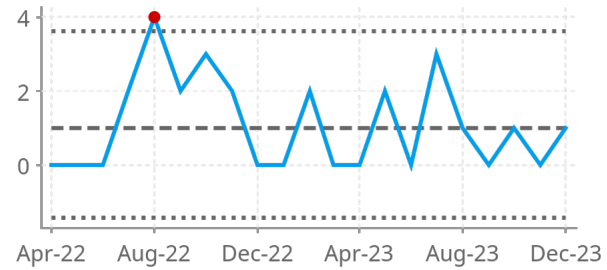


Month	Dec-23
Actual	3
Standard	2

Summary of Current Issues/ Recovery Plans

Klebsiella bacteraemia across the Integrated Care Board (ICB) remains above trajectory, the Trust reported three cases in December, with 19 cases against a threshold of 20. All cases in December are recorded in differing clinical areas, and from varied sources.

Pseudomonas aeruginosa



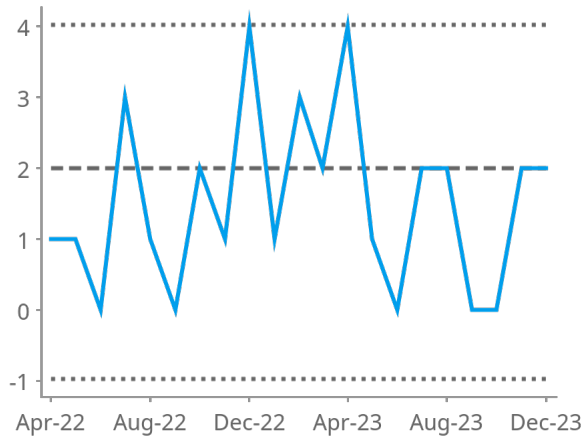
Month	Dec-23
Actual	1
Standard	1

Summary of Current Issues/ Recovery Plans

Pseudomonas infections across the Integrated Care Board (ICB) remain above trajectory. The Trust is currently reporting one new case in December 2023, with eight cases reported against a threshold of 11 to date.

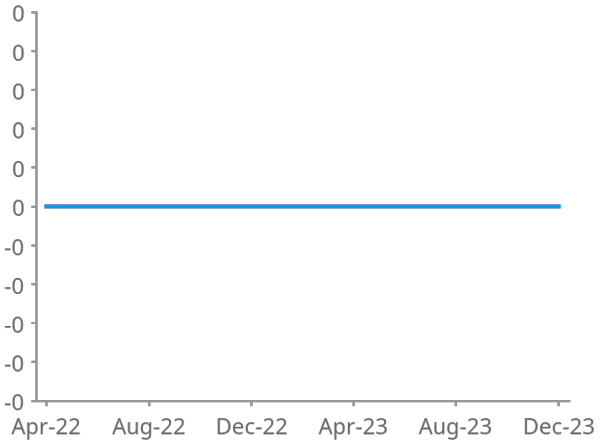
Safe

Falls with Moderate Harm



Month	Dec-23
Actual	2
Standard	2

Falls with Severe Harm



Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

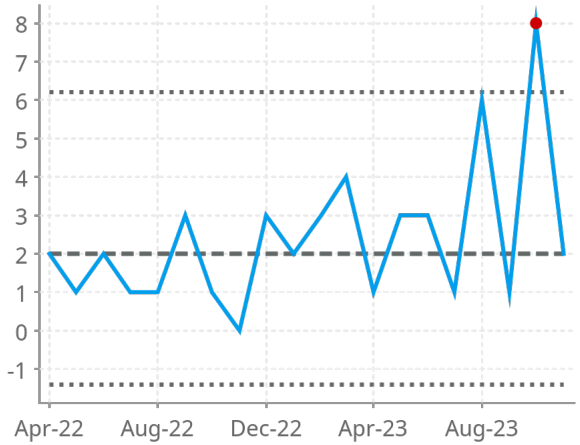
During December 2023, there were 89 reported inpatient falls, of which 72 resulted in no harm, 15 low harm, and two resulted in moderate harm. None resulted in severe harm.

Two falls with moderate harm are not limited to one specific area. Both falls are subject to review through the Trust's Safety Response process, with Duty of Candour applied as required.

This provides positive assurance that staff continue to appropriately assess patients, identifying those at risk and implementing any risk mitigation strategies in a timely manner.

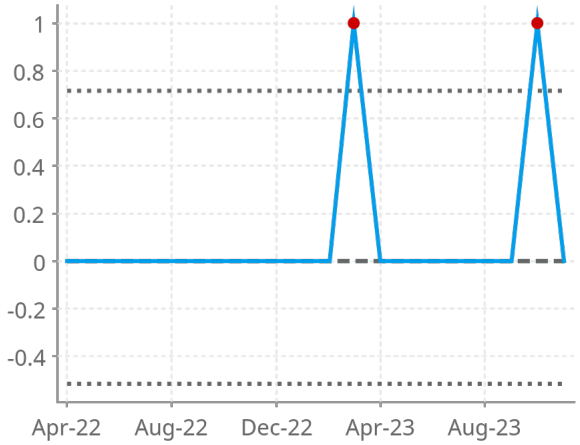
Safe

Pressure Ulcers Category 3



Month	Nov-23
Actual	2
Standard	2

Pressure Ulcers Category 4



Month	Nov-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

There has been a decrease in category 3 pressure ulcers reported in November 2023, in both community and hospital settings. This provides assurance that the reported increase in October 2023 was likely a fluctuation as a result of increased activity and acuity.

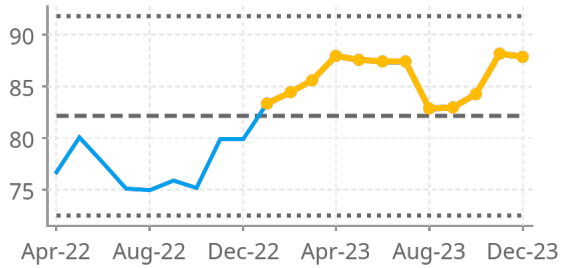
In hospital, there remains an elevated number of category 1 reported pressure ulcers, which demonstrates early identification of skin damage.

There is an increase in reports of category 2 damage, however, this is line with a higher number of overall reporting.

The numbers of reported category 4 pressure damage reduced to zero across both community and hospital settings.

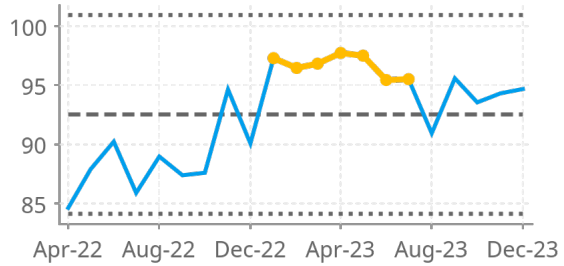
Safe

UNIFY Day RCN



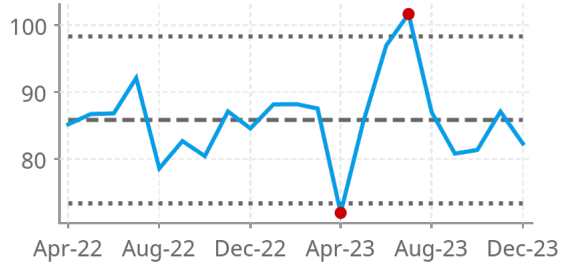
Month	Dec-23
Actual	87.84%
Standard	>=80% and <=109.99%

UNIFY Night RCN



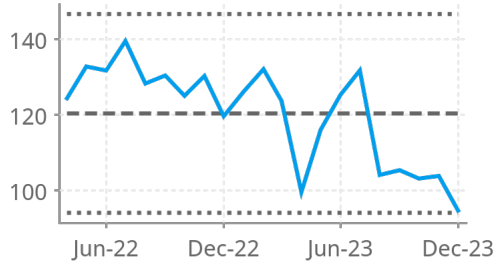
Month	Dec-23
Actual	94.67%
Standard	>=80% and <=109.99%

UNIFY Day HCA



Month	Dec-23
Actual	82.29%
Standard	>=80% and <=109.99%

UNIFY Night HCA



Month	Dec-23
Actual	94.72%
Standard	>=110% and <=125.99%

Summary of Current Issues/ Recovery Plans

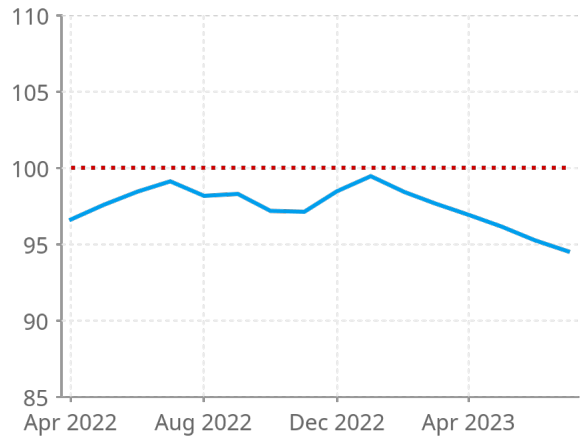
Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended standard of >80%. Nurse vacancy levels continue to reduce in line with the planned trajectory, which will naturally increase the nurse fill levels as the new establishments are recruited into. Monthly recruitment remains on going for both registered and unregistered nurses and midwives. The January 2024 cohort of pre-registered nurses are now preparing to take up their positions across January and February 2024 on receipt of their planned registration.

The recruitment of Internationally Educated Nurses (IEN) remains a priority for the Trust, and to date 86wte nurses have arrived in the UK. 100% of these nurses are now OSCE passed and 84wte are working within establishments (2wte remain supernumerary due to passing OSCE in January 2024).

Effective

North Tees and Hartlepool NHS Foundation Trust

Summary Hospital-level Mortality Indicator (SHIMI)



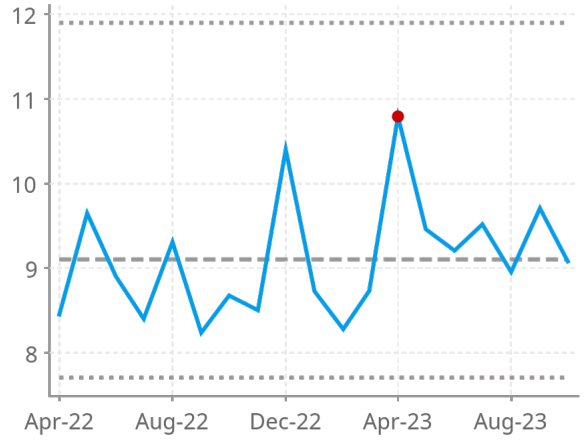
Month	Aug 22 - Jul 23
Actual	94.52
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 94.52 (August 2022 to July 2023) which has increased from the previous rebased value of 94.45 (July 2022 to June 2023).

The value of 94.52 is 6th lowest in the region, which ranges from 89.89 to 120.69, with the national range falling between, 71.04 to 120.74.

Re-admission Rate



Month	Oct-23
Actual	9.08%
Standard	7.70%

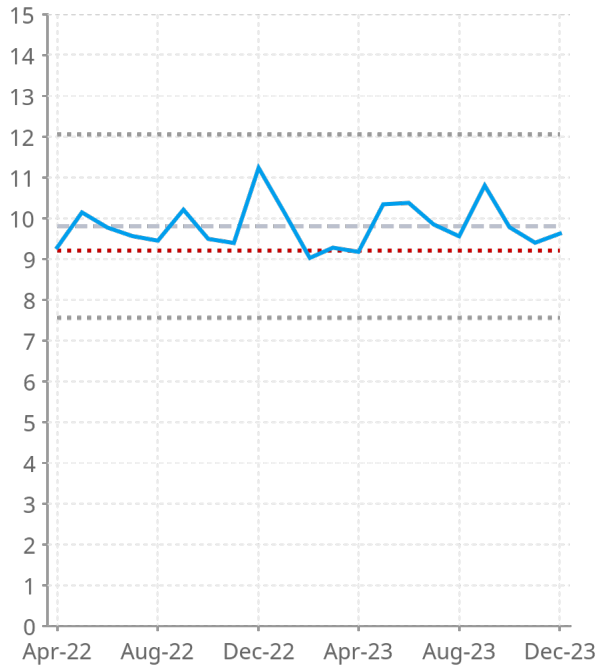
Summary of Current Issues/ Recovery Plans

The Trust has not met the standard for the re-admission rate, although, a slight improvement on the September 2023 position is noted.

Review of real time re-admission data to cleanse and validate before reporting is underway, in order to identify themes. Findings will be reported to Senior Management Team meeting in February 2023.

Effective

Outpatient Did Not Attend - Combined



Month	Dec-23
Actual	9.62%
Standard	9.20%

Summary of Current Issues/ Recovery Plans

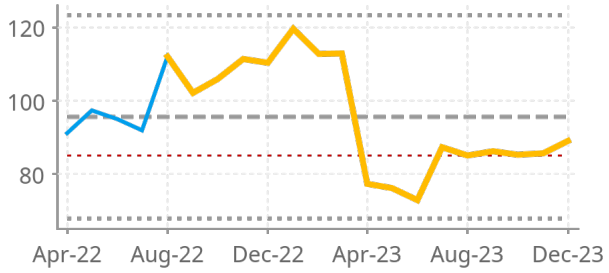
Outpatients not attending appointment for new and review appointments combined has marginally increased from November 2023, and continues to be outside of the standard. Diabetic Medicine (32.36%) and Pain management (22.81%) have the highest DNA rate across the specialities for new appointments in month. This elevated position is reflected in review appointment DNA rates for Diabetic Medicine, with a rate of 21.69% in December.

Waiting list validation continues, and has resulted in 297 patient discharges up to December 2023. Work continues to progress validation of review activity in order to improve this position.

The "myHealthCall" Patient Engagement Platform (PEP) project plans are in place to increase the specialities offering patients access to manage their outpatient appointments via the NHS app.

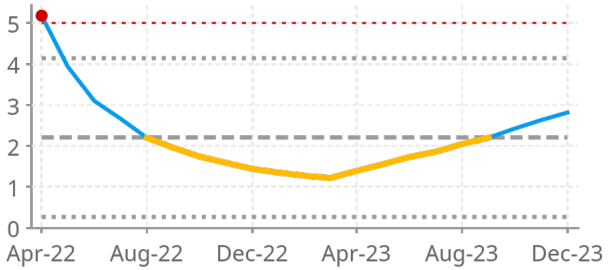
Effective

Reducing Reviews



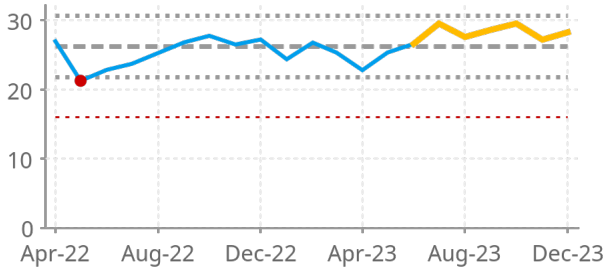
Month	Dec-23
Actual	88.99%
Standard	85.00%

Patient Initiated Follow-Up (PIFU)



Month	Dec-23
Actual	2.81%
Standard	5.00%

Advice and Guidance



Month	Dec-23
Actual	28.27%
Standard	16.00%

Summary of Current Issues/ Recovery Plans

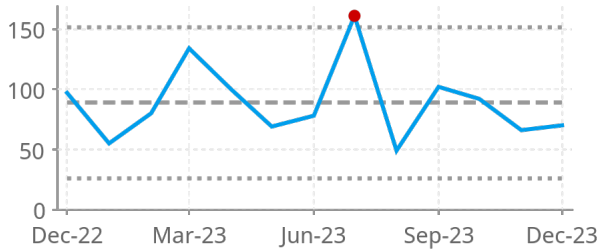
Performance against the standard has not been met in December 2023 and review activity has increased from the November 2023 position.

PIFU activity levels continue to increase and a month on month improvement is noted. Work is ongoing through the Outpatient Steering Group to ensure PIFU activity increases, with Care Group focused discussions. Implementation guides, including clinical protocols, are established to support the process for specialities utilising PIFU.

Advice and guidance continues to exceed the standard, with an increase seen in month of 1.07%.

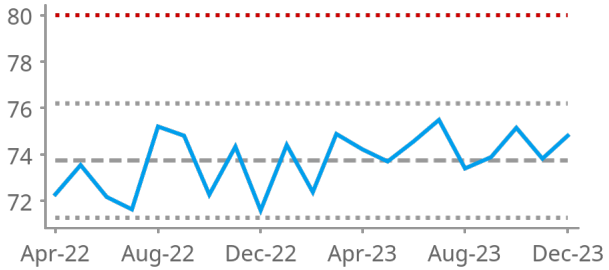
Effective

Theatre - Reportable Cancellations



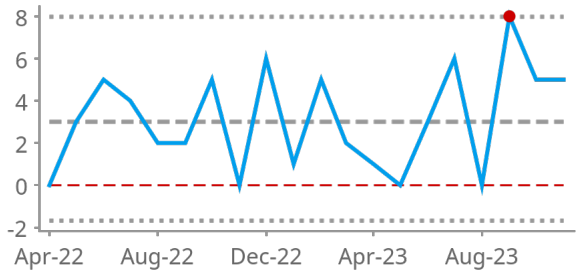
Month	Dec-23
Actual	70
Standard	N/A

Theatre Utilisation (%)



Month	Dec-23
Actual	74.80%
Standard	80.00%

Not Re-appointed within 28 days



Month	Nov-23
Actual	5
Standard	0

Summary of Current Issues/ Recovery Plans

70 cancellations are reported in December 2023, a slight increase from the previous month. The main reason for these cancellations is clinical prioritisation, for both urgent cases and cancer patients. Industrial action has had an impact on reportable cancellations along with staff sickness across theatres, surgery and anaesthetics. It is anticipated winter pressures and industrial action may continue to impact upon the number of cancellations, however, robust planning to mitigate continues.

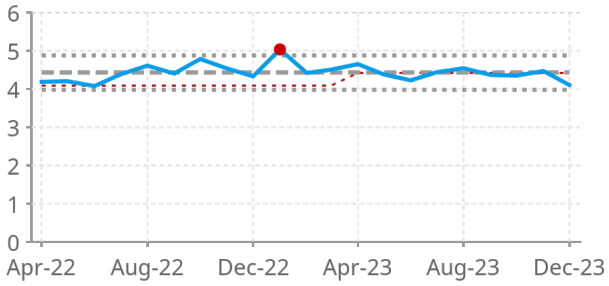
Theatre utilisation has increased in December 2023, with work within the elective hub to increase. Many variables affect this standard across all Care Groups as users of theatres; efficiencies are identified via the Perioperative Steering Group.

Five patients were cancelled and not reappointed within 28 days. Industrial Action and Bank Holidays resulted in reduced capacity, which impacted re-appointing patients within 28 days. Two patients have now been re-appointed and there is escalation of the three patients outstanding appointment.

Effective

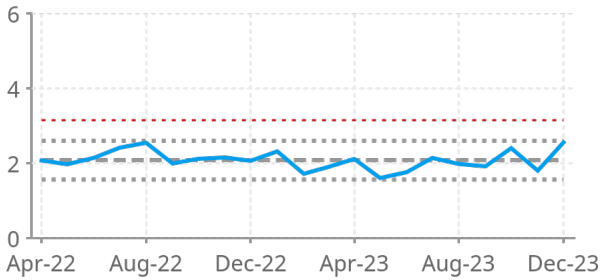
North Tees and Hartlepool NHS Foundation Trust

Length of Stay (Combined)



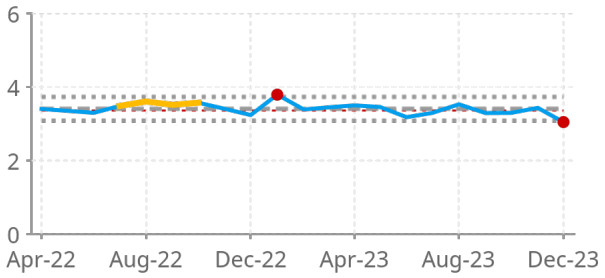
Month	Dec-23
Actual	4.10
Standard	4.41

Length of Stay (Elective)



Month	Dec-23
Actual	2.55
Standard	3.14

Length of Stay (Emergency)



Month	Dec-23
Actual	3.04
Standard	3.35

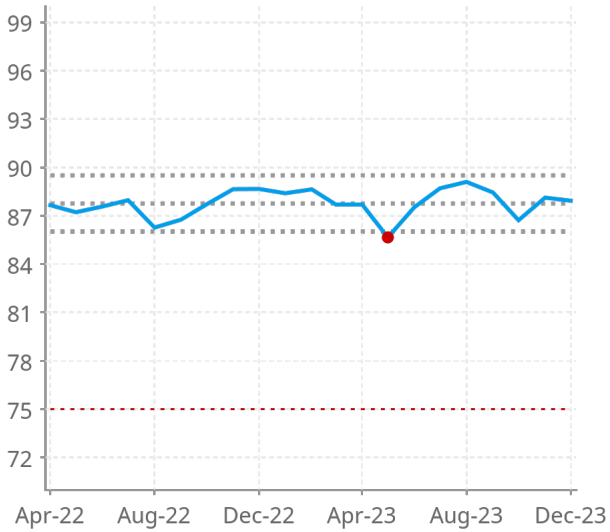
Summary of Current Issues/ Recovery Plans

Length of Stay standards have been achieved for both elective and emergency pathways, this work is supported by in-hospital and Community teams working collaboratively with system partners. Challenges are noted with the introduction of Local Authority Panels, to review patients who do not meet the criteria to reside, with potential to delay discharges.

Effective

North Tees and Hartlepool NHS Foundation Trust

Day Case Rates



Month	Dec-23
Actual	87.93%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

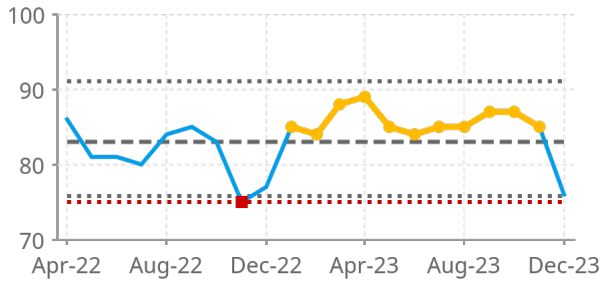
Day case rates remain in a positive position. With further reviews ongoing to increase in line with "Getting it Right First Time" (GIRFT) initiatives.

There is a month-on-month increase within the Elective Hub, and there is focussed work on- going for day case Arthroplasties.

Caring

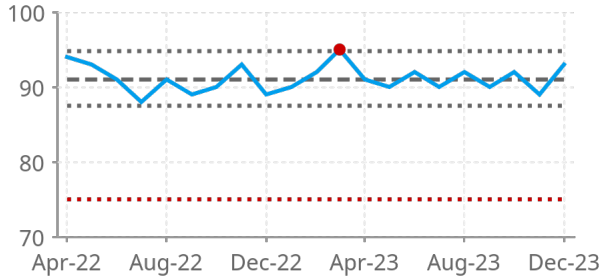
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - A & E



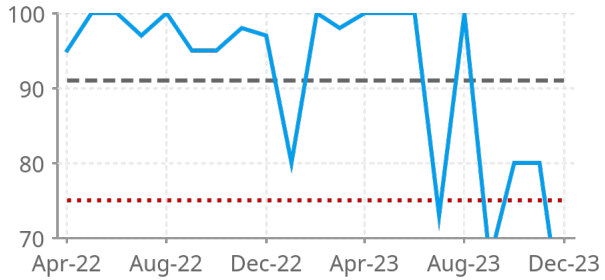
Month	Dec-23
Actual	76.00%
Standard	75.00%

Friends & Family Test - Inpatient



Month	Dec-23
Actual	93.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Dec-23
Actual	57.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

The Trust received 1,612 Friends & Family (FFT) test returns this month; this is a decrease on the figure reported in the previous month. The Very Good or Good responses returned for December is 2023 is 90.69%.

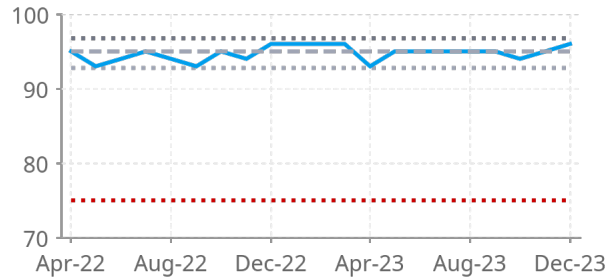
Friends & Family Test metrics fall within their relevant control limits and above the minimum standard of 75% with the exception of Maternity. Work to improve FFT returns across Maternity services continues.

The Volunteer Service continues to be used to encourage uptake, particularly in the inpatient and A&E areas.

Caring

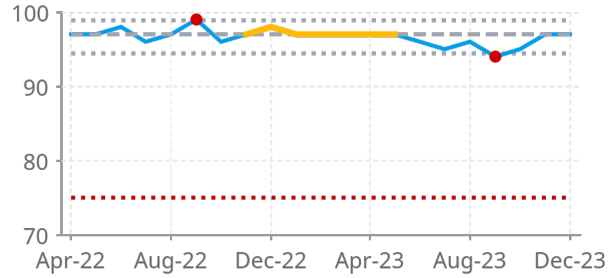
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - Outpatient



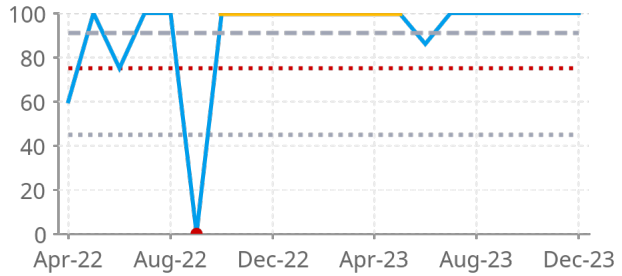
Month	Dec-23
Actual	96.00%
Standard	75.00%

Friends & Family Test - Community



Month	Dec-23
Actual	97.00%
Standard	75.00%

Friends & Family Test - Long Covid



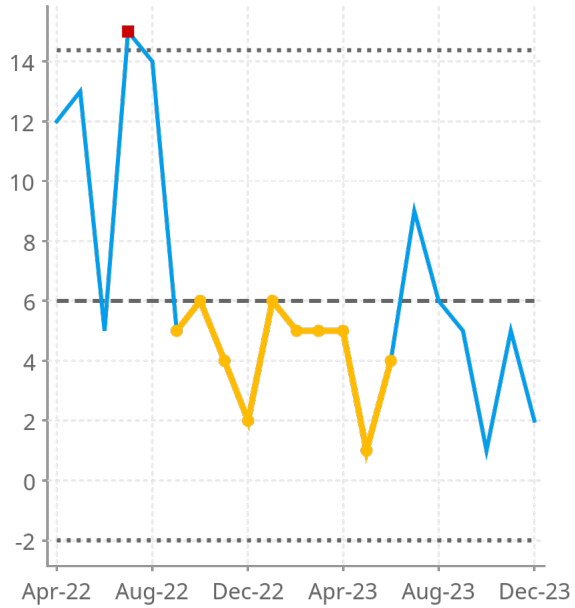
Month	Dec-23
Actual	100.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

Outpatients, Community and Long Covid FFT continue to demonstrate exceptionally positive feedback and returns are achieving above the standard.

Caring

Complaints - Stage 3



Month	Dec-23
Actual	2

Summary of Current Issues/ Recovery Plans

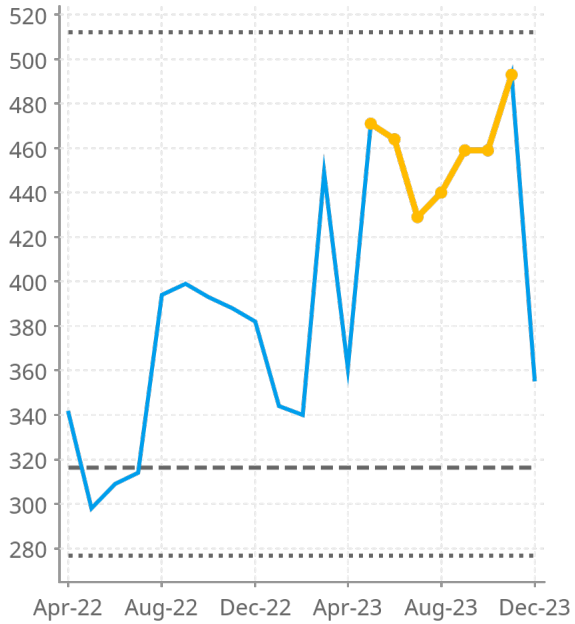
Complaint themes continue to be monitored daily, with a continued aim of achieving local or face-to-face resolution. Of the 100 complaints received in the month, 90% were locally resolved (Stage 1), 8% were resolved via a face-to-face meeting, (Stage 2) (two cases) required a written letter of response. Two stage 3 complaints received are being progressed.

The two Stage 3 complaints are attributed to different wards and departments, and relate to lack of verbal communication, delay in procedures, concerns regarding follow up care, and a lack of information about treatment options.

An evaluation of the Complaint Improvement Project will take place in early 2024. A revised Stage 1 complaint process went live on 1st January 2024.

Caring

Compliments



Month	Dec-23
Actual	356

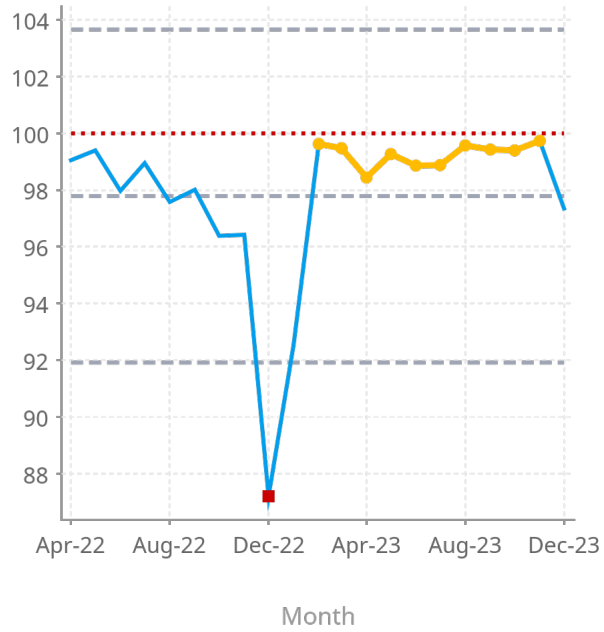
Summary of Current Issues/ Recovery Plans

A reduction in compliments has been seen this month. Leading themes of compliments are care provided, compassion, end of life care and staff-to-staff and communication compliments.

Examples are shared in Trust bulletins and on social media platforms.

Responsive

Ambulance Handovers <59minutes



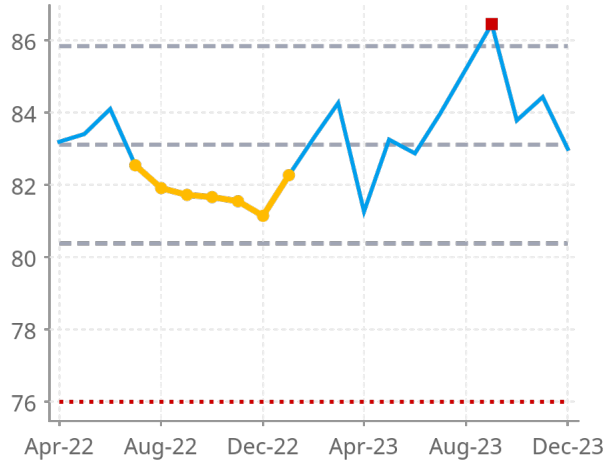
Month	Dec-23
Actual	97.35%
Standard	100.00%

Summary of Current issues /Recovery Plan

An increase in the number of ambulance arrivals to the A&E department were seen during the month of December at 2,017, with a handover completion rate of 97.35%, with 44 Ambulance handovers completed outside of the required 59 minutes. There was an average ambulance handover time of 20 minutes and a turnaround time (arrival to clear) of 30 minutes, placing the Trust joint first in the region for both of these metrics. To maintain our position focused collaborative work with colleagues across the region and NEAS continues, with a dedicated ambulance handover team now working in the department; a Registered Nurse supporting corridor care and admin support to assist with PIN compliance.

Responsive

4 hr Accident & Emergency Waiting Times

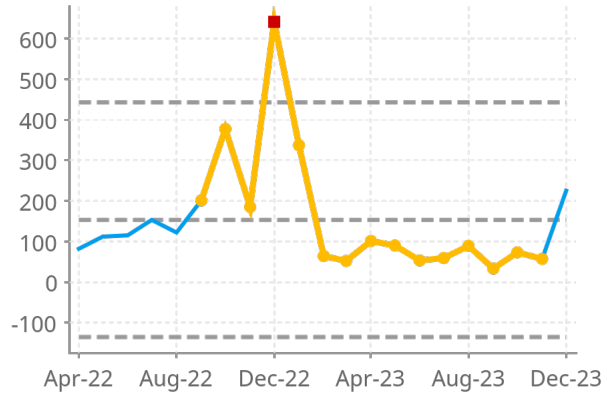


Month	Dec-23
Actual	82.99%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to meet the National standard of 76% despite a significant increase in Urgent and Emergency attendances (16,969). There is an acknowledgement that pressures remain within Type 1 pathways. The improvement trajectory is on track, and adjusted for December 2023 and January 2024 to account for winter pressures. There is a continued focus on flow, standardised ways of working, collaboration and education. Despite industrial action during the month improved flow was noted, due to increased presence of senior decision makers.

12 Hour Waits in Accident & Emergency

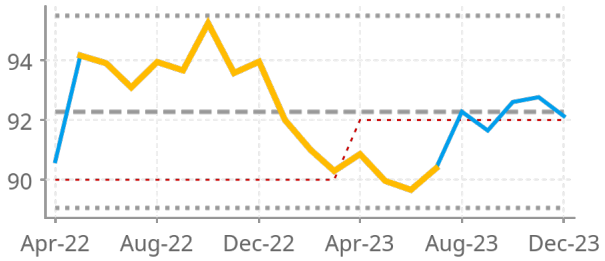


Month	Dec-23
Actual	225
Standard	0

225 patients waited over 12 hours in the department, which equated to 1.3% of total attendances in month. This is a reduction compared to December 2022, with unprecedented levels of demand with 641 12+ hour waits reported (3.5%). Waits are attributed to bed waits and flow.

Responsive

Trust Occupancy

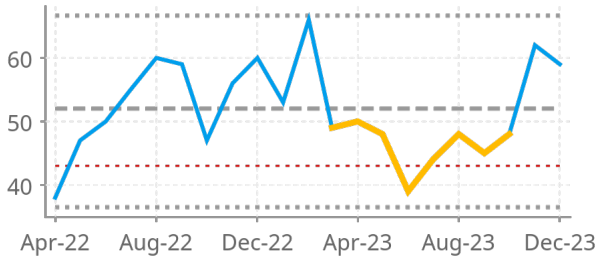


Month	Dec-23
Actual	92.13%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

The Trust reported just over standard at 92.13%, however medical occupancy averaged 97.44%. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings. Working collaboratively with partners, Mutual Aid, re-partition and a focus on discharge continues. During the reporting period the Trust experienced significant surges in demand, as anticipated during winter, and Junior Doctor industrial action between 20th - 22nd December 2023. The Trust reported OPEL 3, with high levels of bed occupancy up until commencement of industrial action, when the Trust de-escalated to OPEL 2 and bed occupancy improved, a positive impact of the increased presence of senior medical decision makers.

Super Stranded Patients (21+days)



Month	Dec-23
Actual	59
Standard	43

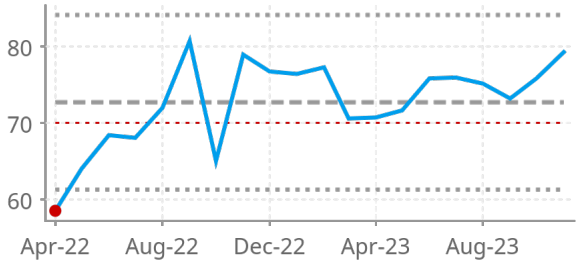
Summary of Current Issues/ Recovery Plans

During December a surge in complex discharges was noted; this increase is attributed to both the Decision Making Panel for level two and three pathway discharges, and Local Authority pressures in order to facilitate discharges.

Additional winter beds are open in response to the increase of patients admitted which equates to 11.57%, and remains below the National trajectory of 12%.

Responsive

2 hour Community Response



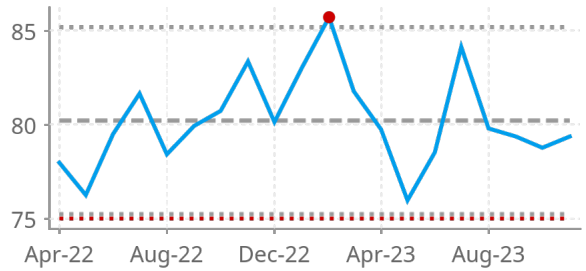
Month	Nov-23
Actual	79.27%
Standard	70.00%

Summary of Current Issues/ Recovery Plans

The service continues to progress and within the month referrals from 111 and Paramedics were received, evidencing a wider uptake of Urgent Community Response (UCR) Pathways. The team continue to work in collaboration with North East Ambulance Service (NEAS) to ensure hospital avoidance, and support patients within the community setting where appropriate.

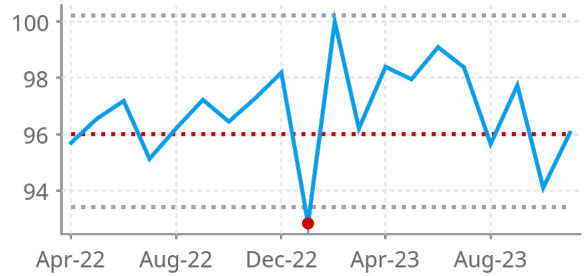
Responsive

Cancer 28 Day Faster Diagnosis



Month	Nov-23
Actual	79.36%
Standard	75.00%

New Cancer 31 Days



Month	Nov-23
Actual	96.05%
Standard	96.00%

New Cancer 62 Days

Month	Nov-23
Actual	66.01%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

An improved performance against the 62-day standard is noted, although focus is required across tumour site specific pathways.
The continued increase in referrals resulted in additional pressures for outpatient and diagnostic services. To mitigate the impact there is provision of evening and weekend clinics. However, outpatient staffing for these clinics remains a challenge, therefore, a solution will be sought via the Transforming Outpatients Project.

Radiology reporting turnaround times are impacted due to increased demand, and specialist reporting. Mitigation through routine and inpatient reporting out-sourcing will increase capacity for specialist reporting.

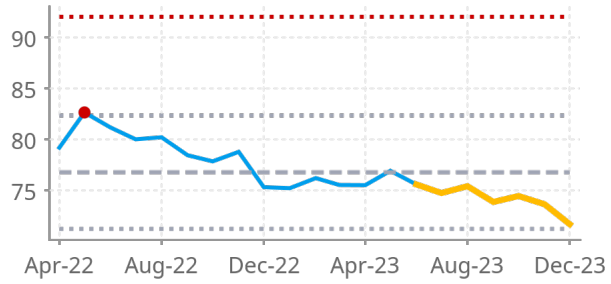
Vacancies and long-term sickness have impacted upon pathology reporting turnaround times. As with radiology, routine reporting is being out-sourced to increase capacity for cancer reporting. Locum support from South Tees Hospitals NHS Foundation Trust forms part of the pathology collaboration across the Group.

The number of patients treated for cancer has seen a 22% increase in 2023 compared to 2022, with increased treatment numbers reported across the majority of tumour sites. This increased demand has impacted on elective capacity; additional in-sourced weekend theatre sessions are planned until the end of March 2024.

Increased demand for advanced 'gold standard' treatments i.e. robotic surgery, with limited capacity, is a Trust pressure. This is particular evident within the prostate pathway, and delays for treatment reported at the tertiary centre. This is mitigated with the implementation of a robot on site, which will increase capacity, however this still remains limited due to the required training for Consultants undertaking the procedures.

Responsive

Referral to Treatment Incomplete Pathways Wait (92%)



Month	Dec-23
Actual	71.70%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

Clinical prioritisation and validation continues across Paediatrics and Gynaecology specialities where pressures are noted in capacity and subsequent performance. Clinical and Operational review of elective care continues in order to maximise capacity across specialities improve the Trust's position and reduce waiting times for patients.

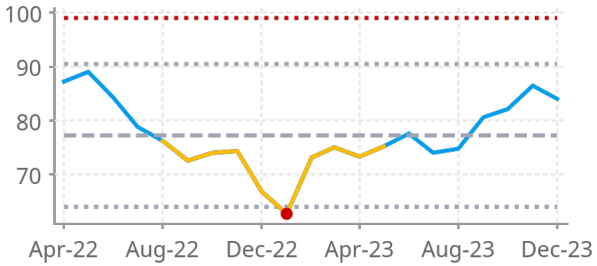
Incomplete Pathways Wait (>52 Week Wait)

Month	Dec 23
Actual	157
Standard	0

Clinical validation and increased capacity continue in order to reduce the number of patients waiting over 52 weeks, through evaluating if appointments are still required and appropriate, and clinically prioritising patients with long waits. Junior Doctor industrial action during periods in December will impact upon pathway waiting times, following activity cancelled across specialities.

Responsive

Diagnosis <6 Weeks (DM01 %)



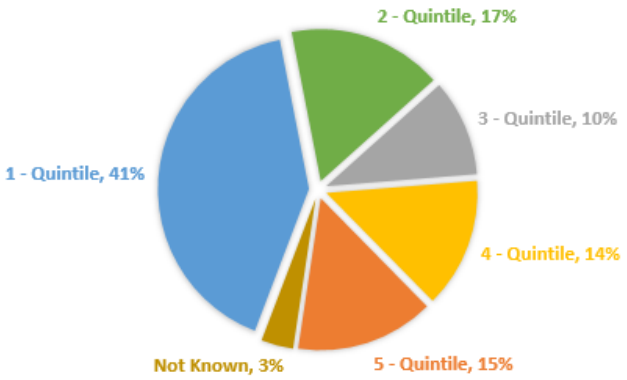
Month	Dec-23
Actual	84.03%
Standard	99.00%

Summary of Current Issues/ Recovery Plans

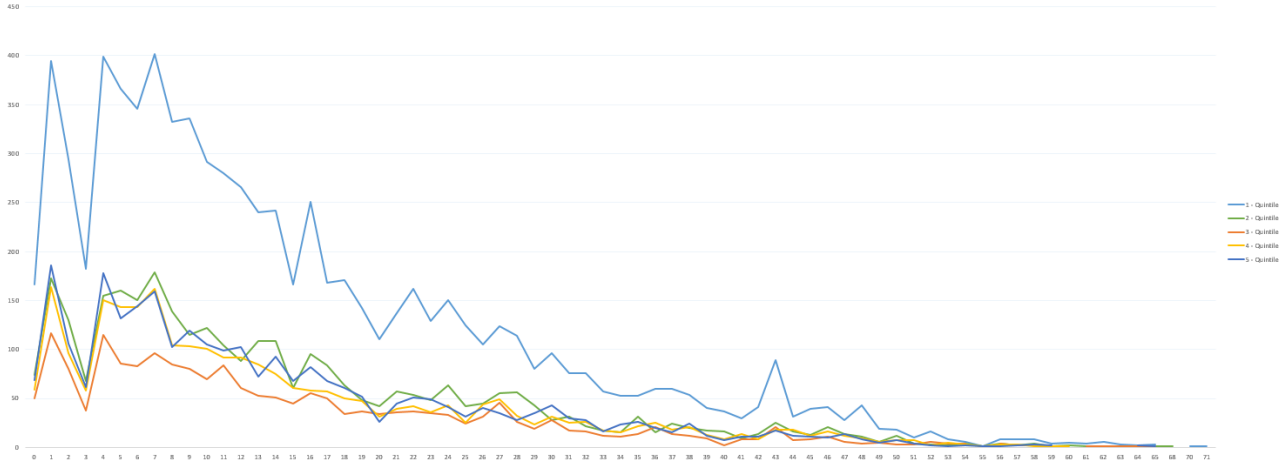
The number of patients waiting for diagnostic tests has reduced slightly from the end of November 2023 position, however the projected number of patients waiting over 6 weeks has increased given the impact of reduced capacity, primarily the impact of capacity over the period and the loss of the mobile MRI scanner, however, this will be reinstated on site as of 8th January 2024.

Responsive - Health Inequalities - RTT Waiting List

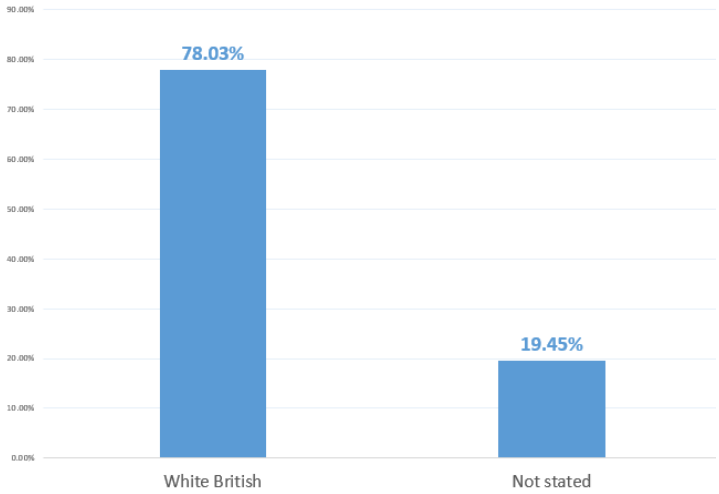
By Deprivation Quintile (1 Most - 5 Least Deprived)

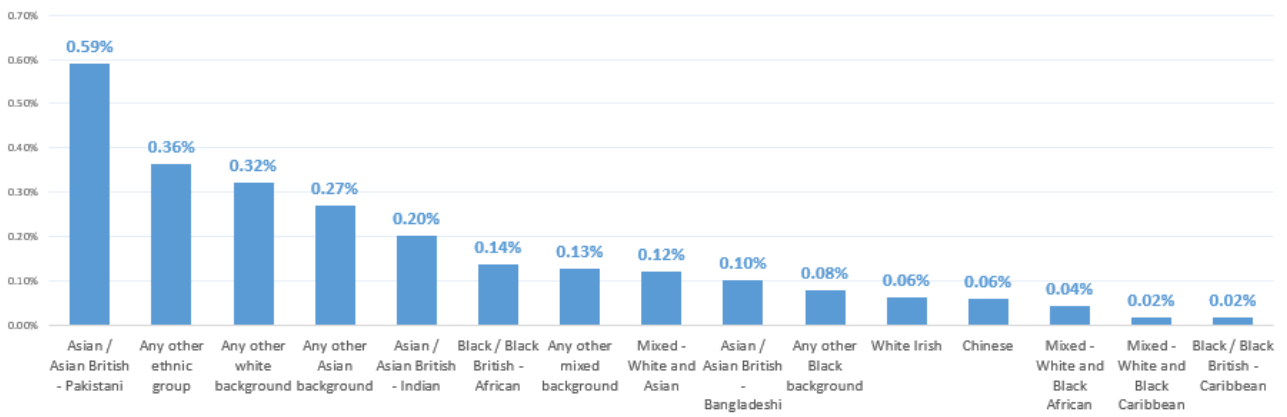


Waiting List by Weeks and Deprivation (Quintile 1-5)



Waiting List by Ethnicity

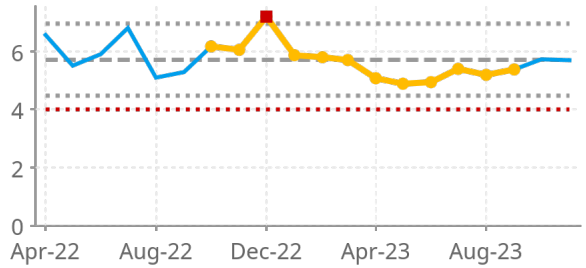




Well-Led People

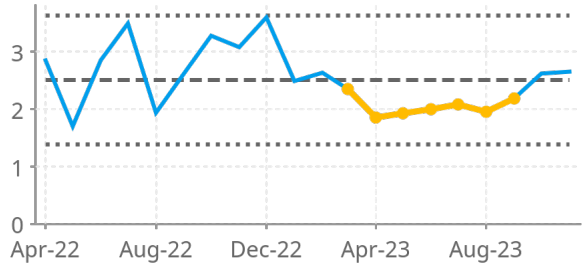
North Tees and Hartlepool NHS Foundation Trust

Sickness % - Trust



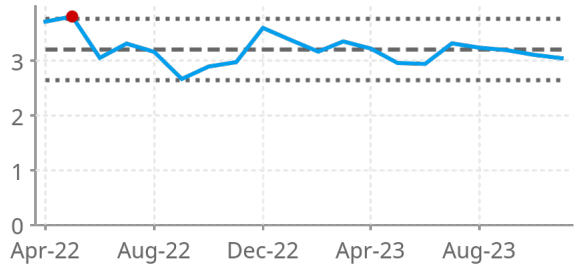
Month	Nov-23
Actual	5.69%
Standard	4.00%

Sickness % - Short Term



Month	Nov-23
Actual	2.65%

Sickness % - Long Term



Month	Nov-23
Actual	3.04%

Summary of Current Issues/ Recovery Plans

The Trust has a sickness absence threshold of 4%.

The current Trust absence rate as at end of November 2023 is 5.69%. This is a decrease on the previous month's rate of 5.72% and exceeds the current Trust absence threshold of 4%.

Stress/Anxiety/Depression remains the highest reason for absence and accounts for 30.41% of all absence. Covid absences saw a slight decrease to 0.10% in November 2023.

Long-term sickness accounted for 3.04% of overall sickness with short term being 2.65%.

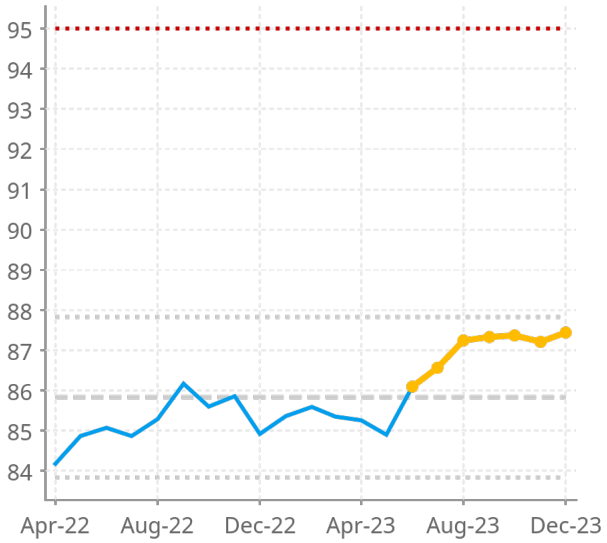
2.65% of the 5.69% of absence reported in November 2023 was due to short-term absences – this is a slight increase from the previous months reported rate of 2.62%. This is due to more cases reported as anxiety and depression and Asthma. There has been a reduction in short term absence reported as other MSK problems although this does remain within the top 3 reasons for absence. Work continues on addressing with managers on coding issues and education for longer-term address.
3.04%, of the 5.69% rate was due to long-term absences; this is a decrease from the previous months reported rate of 3.11%. Long-term absence related to anxiety/stress/depression accounts for 1.24% of absence.

This is correlated to increased activity within the Occupational Health and Well-Being service and other associated support services including the Alliance counselling service and Trust Psychology service.

Well-Led People

North Tees and Hartlepool NHS Foundation Trust

Appraisal %



Month	Dec-23
Actual	87.44%
Standard	95.00%

Summary of Current Issues/ Recovery Plans

The Trust has a tolerance of 95% compliance for staff annual appraisals. The position for appraisal compliance for December 2023 stands at 87.44%, which is a slight increase of 0.23% from the previous month.

In order to support an improvement in compliance, the Organisation Development Team have undertaken a 100-day project. The aim of the project was to understand the data, the impact of reporting in RAG report versus ESR and barriers to improving compliance.

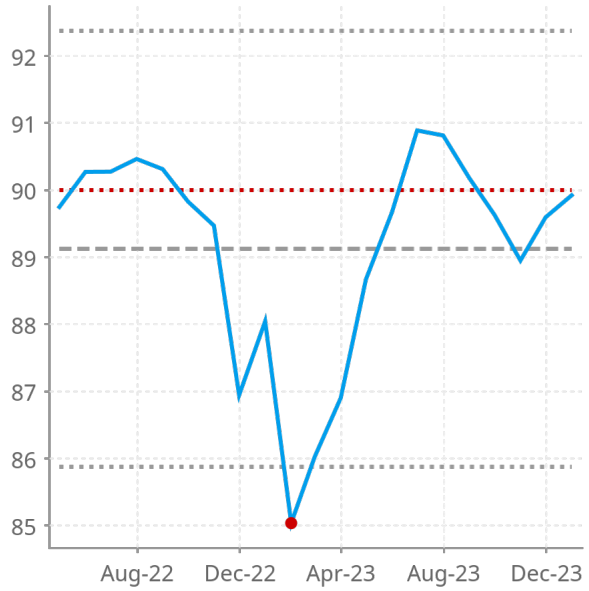
The project has strengthened understanding of how data is reported and allowed the people business managers to work closely with the care groups to target specific areas. In order to support manager awareness and planning for appraisals, the education team provide monthly summary reports by department and directorate levels to aide in application of process and achieve compliance.

Following feedback from appraisers and appraises, further work is underway to streamline the appraisal paperwork and reporting process.

Well-Led People

North Tees and Hartlepool NHS Foundation Trust

Mandatory Training %



Month	Dec-23
Actual	89.92%
Standard	90.00%

Summary of Current Issues/ Recovery Plans

Mandatory training compliance for December 2023 is 89.92%, which represents an increase on the previous month of 0.32% (against a tolerance of 90%). Following a comprehensive review of mandatory training, agreement has been reached to move to a 'core' and' non-core' approach and a single reporting system via ESR for individual and department level. The Education team and BI team are co-producing a dashboard within Yellowfin, which will allow oversight of the 'core' topics at Trust, Care Group and Department level.

There is a targeted approach to improving Immediate Life Support (ILS) compliance, with additional capacity created during November and December 2023. 30% of available places have been ring-fenced for front of house (ED & EAU). Plans are in place to improve capacity across 2024, with bookings currently open for staff.

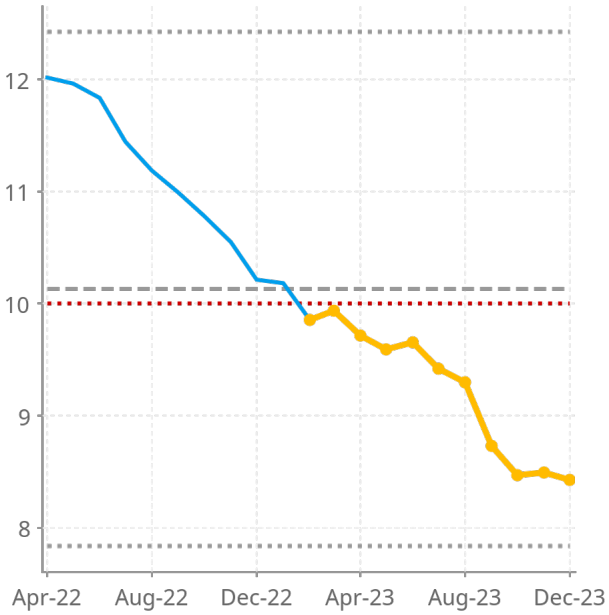
To target improvement a development of a dashboard will feature ranked compliance across care groups.

Mandatory training for medical staff remains an area of low compliance. The appointment of a new Medical Staffing Manager will support both the Care Groups and educators in identifying and addressing improvements required to achieve compliance.

Well-Led People

North Tees and Hartlepool NHS Foundation Trust

Staff Turnover %



Month	Dec-23
Actual	8.43%
Threshold	10.00%

Summary of Current Issues/ Recovery Plans

The Trust recognises and acknowledges a healthy turnover is good for the organisation as staff develop within their careers, specialism, and others who decide to retire after years of service to patients. The Trust therefore tolerates a turnover rate at 10% of the workforce.

Turnover for December 2023 is 8.43%, which is comparable to the previous reporting period.

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

A key focus is on going to identify route cause of reason for leaving where staff have resigned within 12 months of commencement.

Mandatory training for medical staff remains an area of low compliance. The appointment of a new Medical Staffing Manager will support both the Care Groups and educators in identifying and addressing areas of concern and improvements required to achieve compliance.

Well-Led Finance

North Tees and Hartlepool NHS Foundation Trust

Overview - Month 9

Income/Expenditure	Plan (£000)	Actual (£000)
In Month	(305)	296
Year to Date	1,524	2,651

Capital	Plan (£000)	Actual (£000)
In Month	1,497	2,276
Year to Date	6,849	13,700

Balance Sheet	£m
Cash Actual	61.5
Cash Plan	64.8

NHS Oversight Framework — Issued 27 June 2022

Financial Efficiency

Financial Stability

Mental Health Investment

Agency Spending

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.

At month 9, the Trust is reporting an in-month surplus of £0.296 m against a planned deficit of £0.305m, which is £0.601m ahead of plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.312m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, which is £1.127m ahead of plan.

Total Trust income in month 9 is £34.973m (including donated asset income and finance income), with pay expenditure totalling £24.234m and non-pay expenditure totalling £9.084m.

The month 9 year to date net contribution from Optimus is £0.189 m against a plan of £0.128m (£0.061m ahead of plan) and the year to date net contribution from the LLP is £1.581m against a plan of £1.222m (£0.358m ahead of plan).

The Trust's cash position is £61.5m, against a plan of £64.8m, which is £3.3m behind plan.

The key risks at month 9 relate to the reduction of run rates and identification and delivery of CIP within the Care Groups. Industrial action continues to have a financial impact on the Trust's financial position and the delivery of elective recovery

Maternity

Maternity Overview

	Current Month	Actual	*National Standard or Average*	*NENC Average*
Antenatal				
Smoking at Booking	Nov-23	10.42%	*n/a*	*11.00%*
VTE Compliance	Nov-23	83.52%	*95.00%*	*n/a*
Right Place of Birth	Nov-23	97.53%	*100%*	*n/a*
Birth				
1:1 Care in active Labour	Nov-23	100.00%	*100.00%*	*n/a*
Number of babies born	Nov-23	240	*n/a*	*n/a*
Induction of Labour	Nov-23	38.84%	*46.90%*	*46.90%*
PPH >1500mls (%)	Nov-23	3.30%	*3.30%*	*3.30%*
3rd & 4th Degree tears	Nov-23	1.96%	*n/a*	*2.70%*
Assisted Birth	Nov-23	8.43%	*n/a*	*12.90%*
Still Births	Nov-23	0.00%	*0.40%*	*0.45%*
Postnatal				
Smoking at Delivery	Nov-23	13.22%	*n/a*	*11.00%*
Breast Feeding Initiated within 48 hours	Nov-23	42.85%	*n/a*	*74.40%*
Neonatal				
ATAIN Neonatal Admissions >=37 weeks	Nov-23	5.43%	6.00%	*n/a*
Feedback				
Complaints	Nov-23	5	*n/a*	*n/a*
Compliments	Nov-23	33	*n/a*	*n/a*

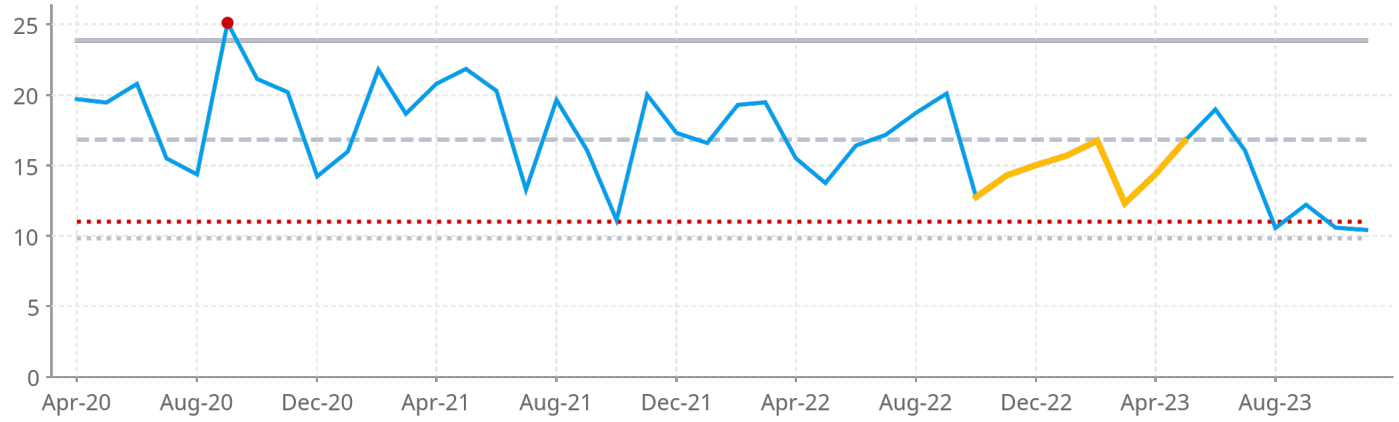
The overview is split into the following sections:

- **Antenatal**
- **Birth**
- **Postnatal**
- **Neonatal**
- **Feedback**

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

Maternity - Safe

Smoking at Booking (%)



Month	Nov-23
Actual	10.41%
NENC Average	11.00%

Measure Summary

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

The Trusts local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population. To optimise health of the newborn and mother, there is a National recommendation to support a reduction in smoking or a cessation. This month has seen a decrease in the rate of women smoking at booking, we continue to implement the actions listed

It is to be noted the data for smoking at booking and smoking at delivery are not the same cohort of women.

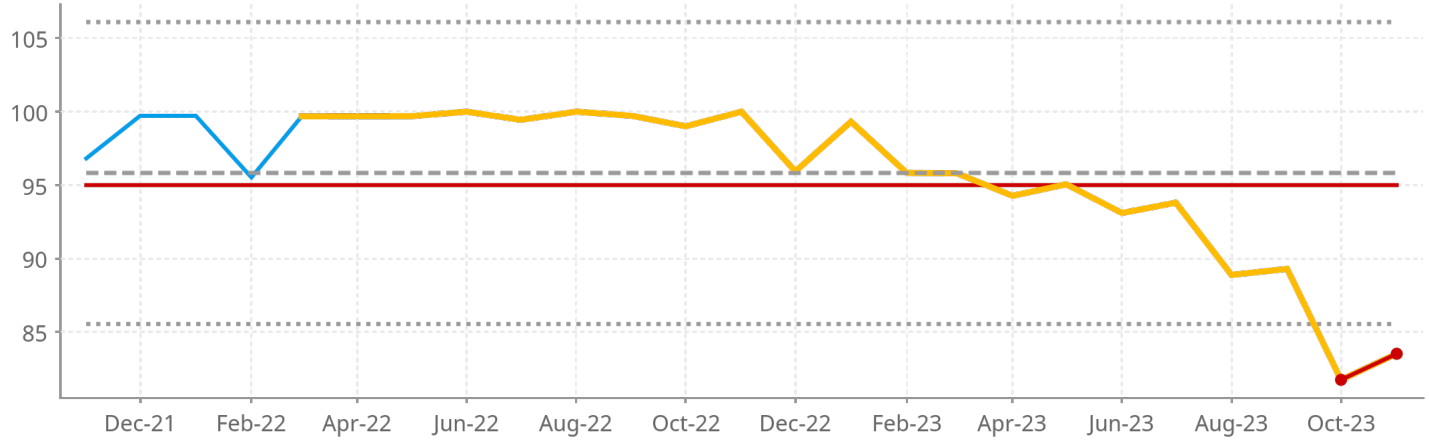
Actions

The Quality Improvement lead has initiated 4 projects:

1. **Community led 12 week quit programme - initial results are positive although this will be reflected in the coming months.**
2. **Increasing the rate of measuring Co2 levels on admission**
3. **Increasing Referrals on admission to Tobacco dependency**
4. **Issuing Nicotine Replacement Therapy within maternity services**

Maternity - Safe

VTE compliance (%)



Month	Nov-23
Actual	83.52%
Trust Standard	95.00%

Measure Summary

The graph presents a increase in compliance since the implementation of a new electric patient record system. The service continue to promote VTE assessment to achieve Trust compliance

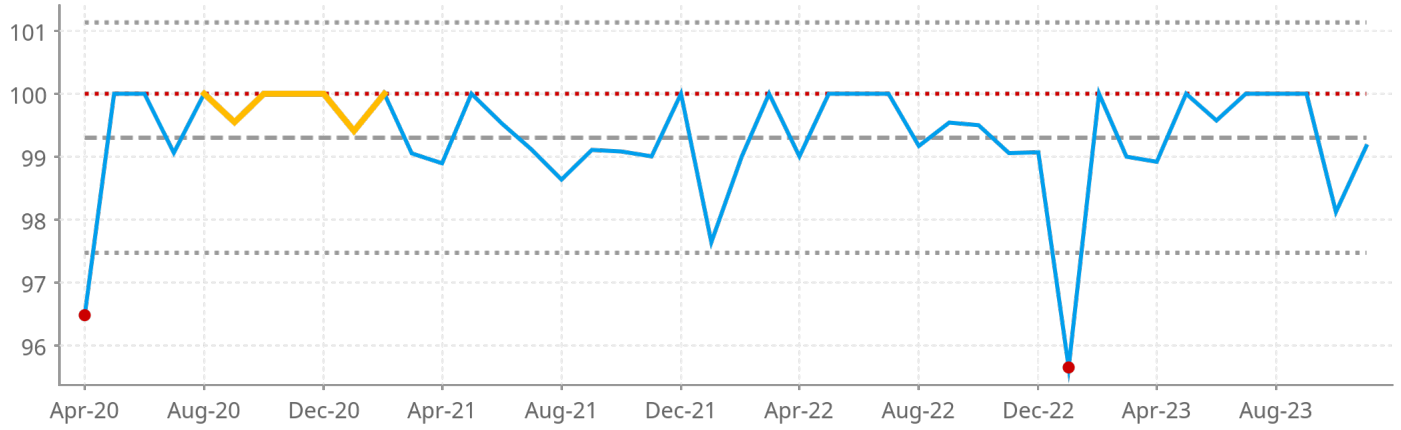
Actions

1. Appropriate Coding: correct coding for out of hours ward attenders to be actioned by October 2023.
2. Administration support: recruitment plan to address vacancies.
3. Digital records: implementation plan to adopt a new electronic patient record system commenced October 2023.

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

Right place of birth (%)



Month	Nov-23
Actual	99.17%
National Standard	100.00%

Measure Summary

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

In order to optimise outcomes for babies born with less than 30 weeks gestation, care should be delivered at a maternity service with a Neonatal Intensive Care Unit (NICU).

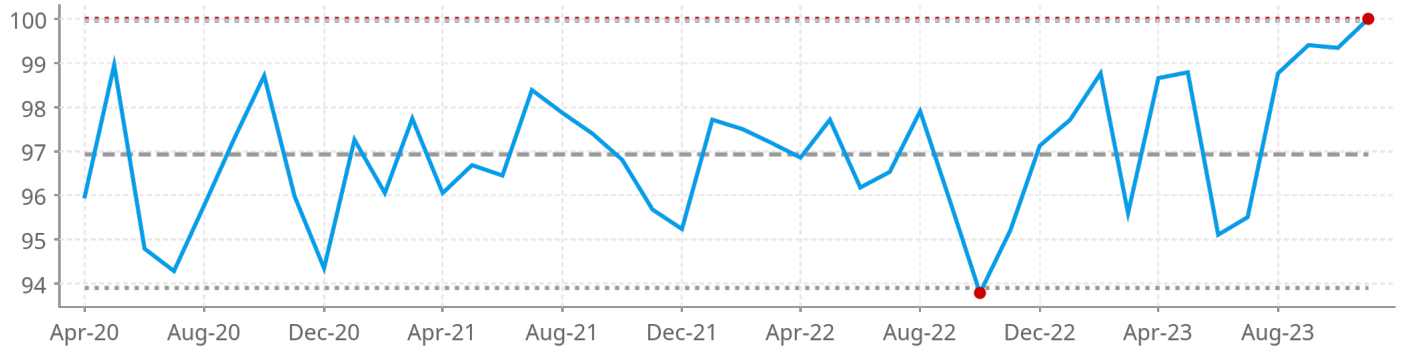
Actions

1. Continue to undertake a Multi Disciplinary Team case review for babies born at North Tees who had less than 30 weeks gestation period to identify themes and learning points.

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

1:1 care in active labour (%)



Month	Nov-23
Actual	100.00%
National Standard	100.00%

Measure Summary

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

Actions

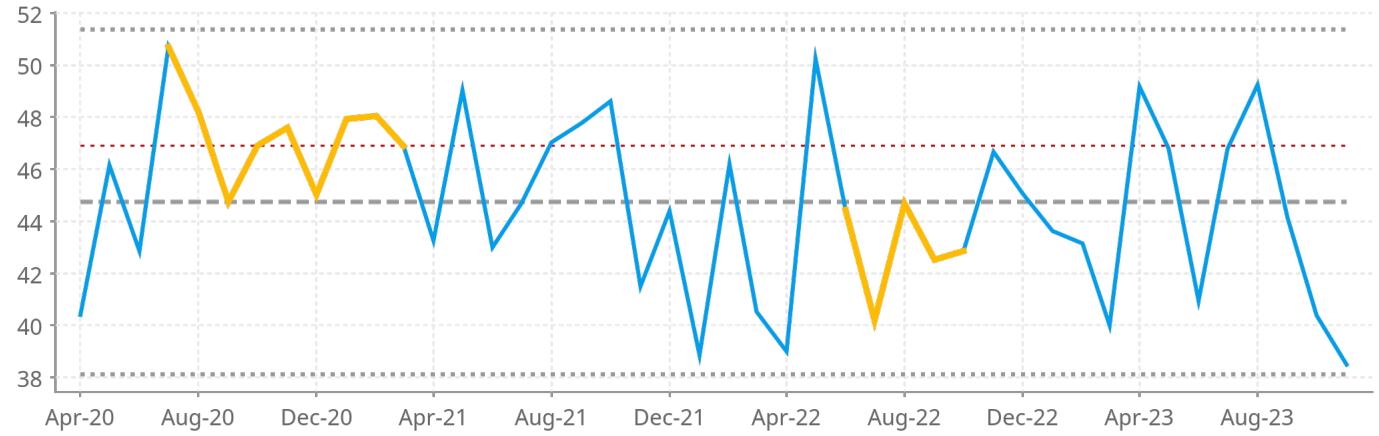
1. On-going work with the Labour ward Coordinators to ensure appropriate use of the acuity app and clinical decision making.
2. Typical escalation and mitigation include:
   - Redeploying staff
   - Utilisation of on-call staff
   - Reviewing and temporarily pausing elective activity

   At time of escalation mainly around out of hours, a midwife can oversee care of a postnatal women awaiting transfer whilst supporting a woman in active labour.
3. A full data validation process has commenced after a full data validation process has commenced and initial findings have shown there are 2 data sources; BR+ acuity tool and Trakcare. The questions on Trakcare will be removed in time for Badgernet EPR implementation. Data will sourced from the BR+ acuity tool will be the only data source.

Maternity - Safe

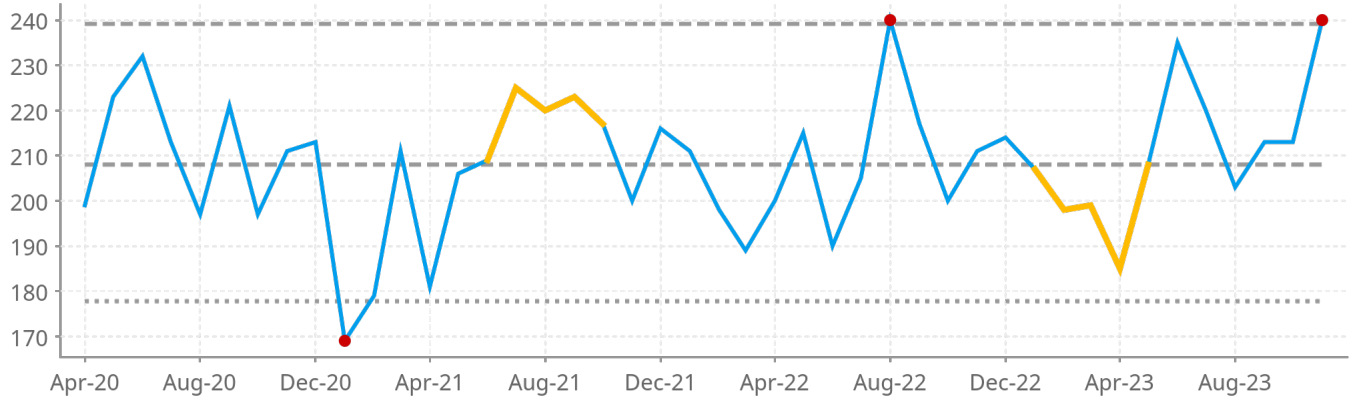
NHS
North Tees and Hartlepool
NHS Foundation Trust

Induction of Labour (%)



Month	Nov-23
Actual	38.49%
NENC Average	46.90%

Total Births



Measure Summary

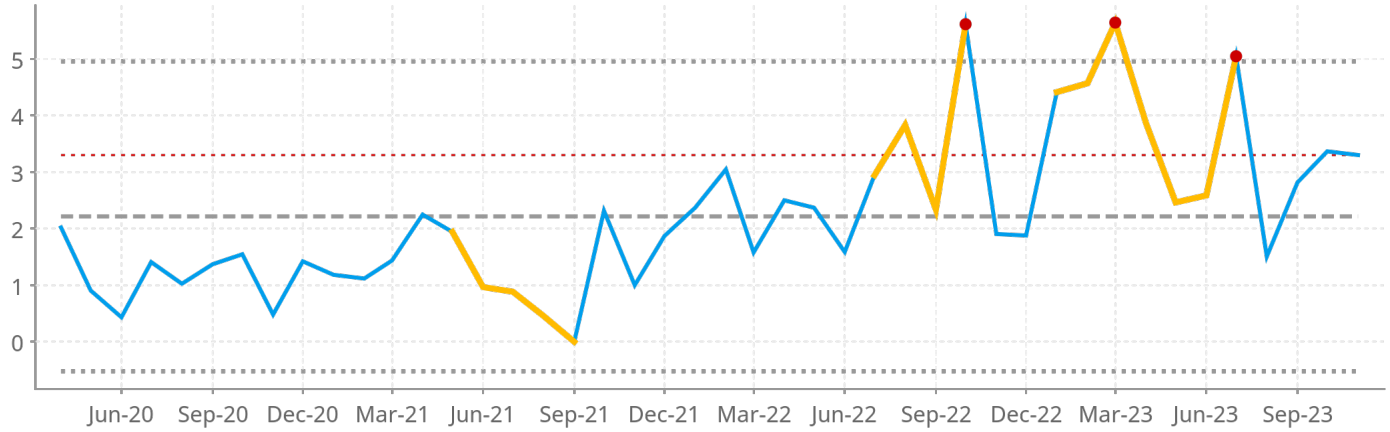
The Induction of Labour (IOL) rate at North Tees and Hartlepool is representative of the national increase in rates.

There is no local or National standard associated with this metric.

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

Postpartum haemorrhage > 1500mls (%)



Month	Nov-23
Actual	3.30%
NENC Average	3.30%

Measure Summary

Postpartum Haemorrhage continues to be monitored by the Quality Improvement (QI) project which accurately measures blood loss rather than estimating.

Actions

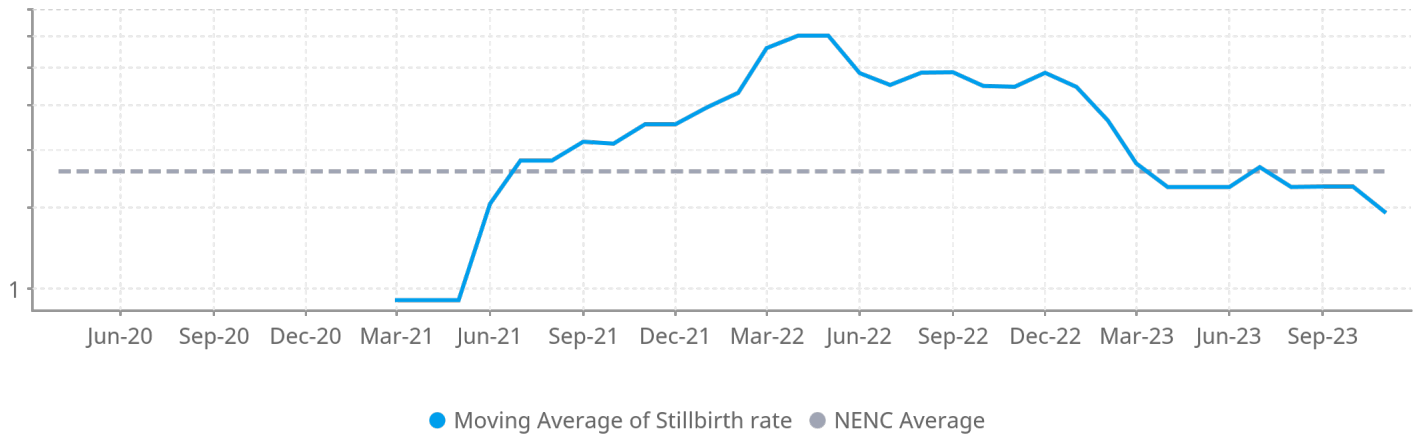
Next steps of the project include:

1. Introducing an enhanced risk assessment tool to promote earlier intervention and assess impact of this on major haemorrhage rates.
2. A thematic case review did not identify any themes. The rise in PPH rates corresponds to the QI project to measure blood loss.
3. Relaunch of QI project to include real time measurement.

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

Still births (%)



Month	Nov-23
Actual	0.00%
NENC Average	2.60

Measure Summary

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

From April 2023, a bereavement midwife commenced with the Trust.

This measure was changed to a 12 month rolling average per 1000 births, in line with national reporting standards.

Actions

1. Key focuses include support offered to women and their families and benchmarking services against the National Bereavement Care pathways.
2. Continue with Smoking in Pregnancy Quality Improvement Project.

Maternity - Safe

NHS
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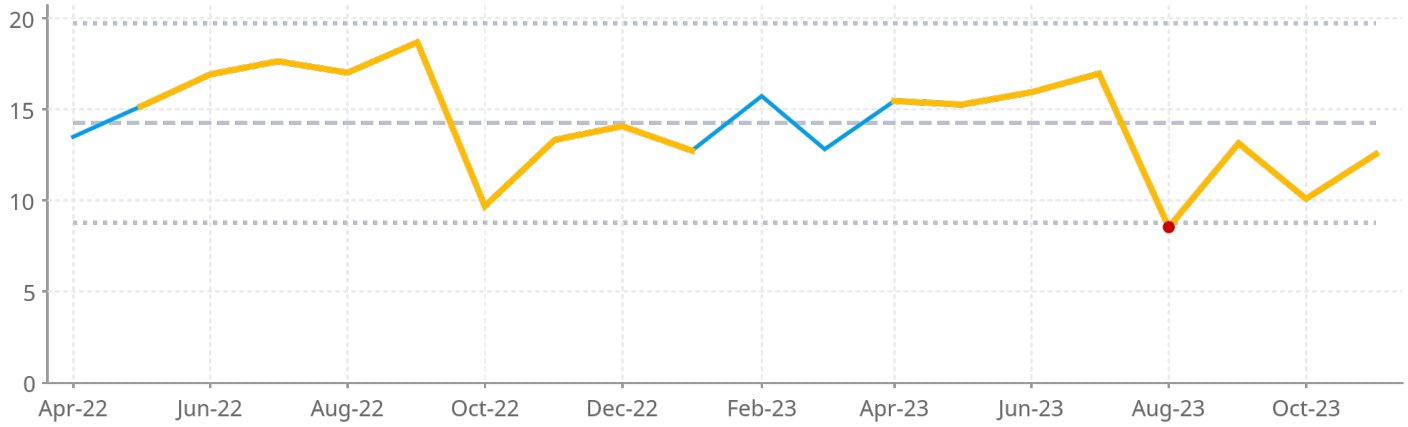
NHS Foundation Trust

Smoking at Delivery (%)



Month	Nov-23
Actual	12.55%
NENC Average	11.00%

Measure Summary

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

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

Actions

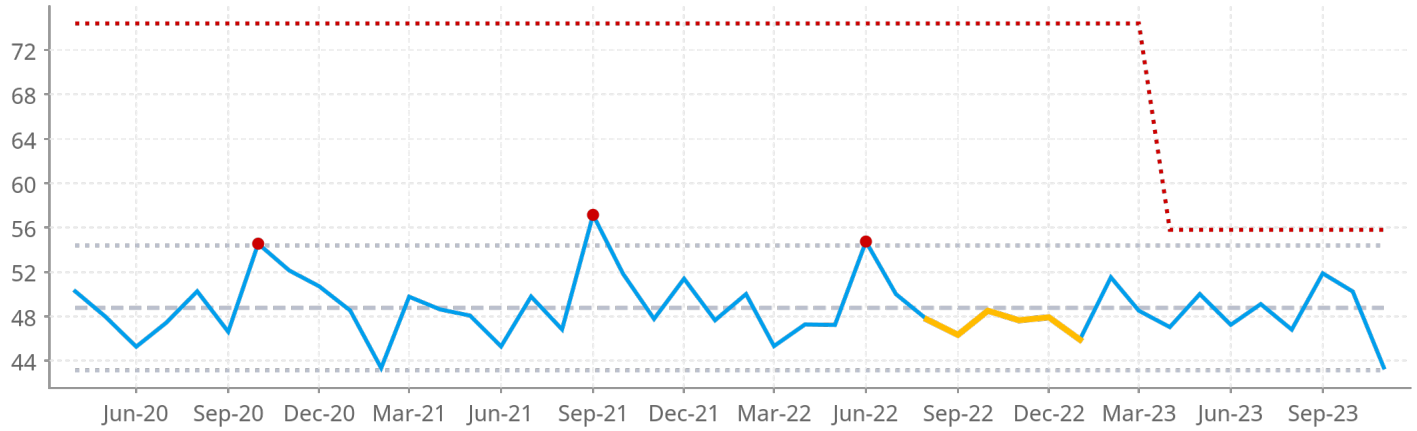
The Quality Improvement lead has initiated 4 projects:

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

Maternity - Effective

NHS
North Tees and Hartlepool
NHS Foundation Trust

Breast feeding initiated after birth



Month	Nov-23
Actual	43.39%
NENC Average	55.80%

Measure Summary

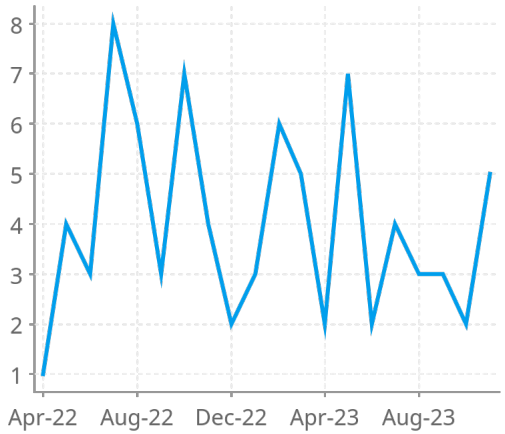
The Trust has some of the lowest rates of breast feeding in the North East.

To provide assurance and to increase rates through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation. The service has achieved BFI stage 1 acreditation, Stage 2 acreditation plans are in developement .

Maternity - Responsive

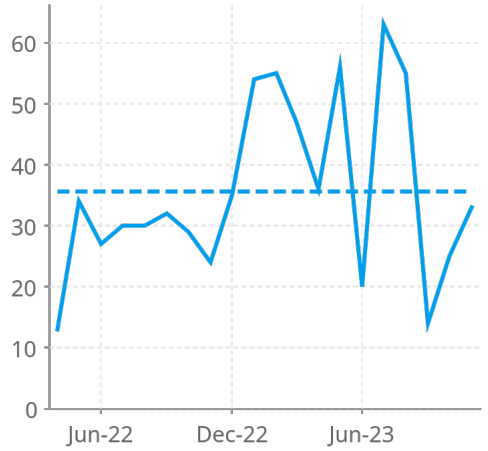
NHS
North Tees and Hartlepool
NHS Foundation Trust

Complaints



Month	Nov 23
Stage 1	3
Stage 2	2
Stage 3	0

Compliments



Month	Nov-23
Actual	33

Measure Summary

There were 5 complaints in November around maternity services with themes of:

1. **Communication**

Staff attitude and communication was identified as a theme in 2 complaints. Information not shared through departments. This will be actioned via mandatory training, staff briefings, staff handovers and meetings.

Actions

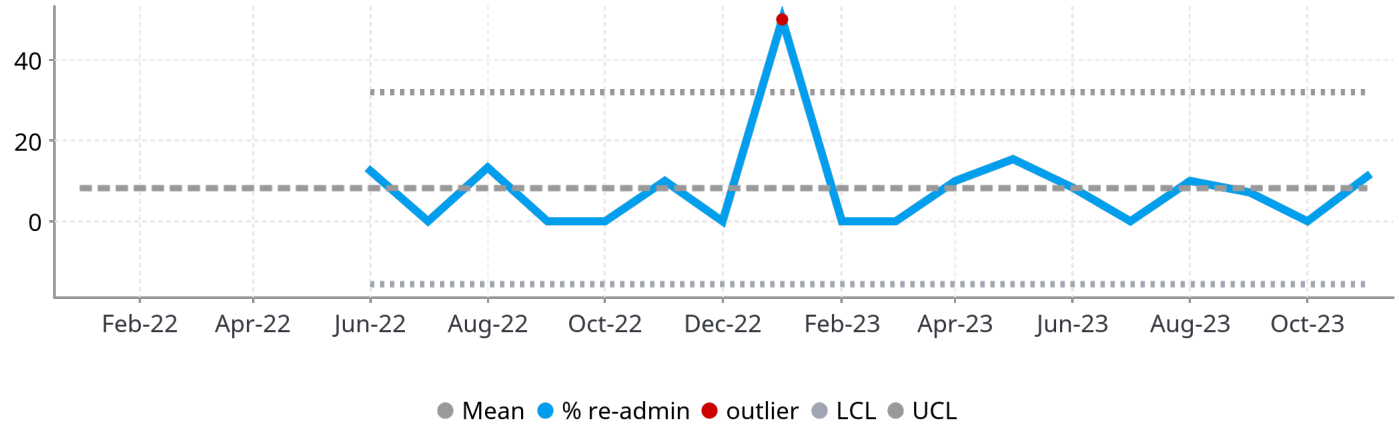
Maternity services recieved 33 compliments in November, the themes of compliments were:

1. **Friendliness**
2. **Kind and caring department**

Maternity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Re-admissions of babies



Month	Nov-23
Actual	11.11%
Standard	N/A

Measure Summary

As a quality metric the perinatal team are being proactive in monitoring and reviewing readmission of babies to identifying any themes and learning points.
The maternity services have appointed an Infant Feeding Specialist Midwife and undertaking the Breast Feeding Iniative (BFI) accreditation programme. Infant feeding training and education is a possible contributory factor for readmissions for weight loss.

Actions

1. Continue with ongoing thematic reviews
2. A seperate review for weight loss and juandice to be conducted by the Infant Feeding Specialist Midwife

Agenda Item 12

Board of Directors

Title of report:	New Fit & Proper Person Framework Report – 2023/24										
Date:	1 February 2024										
Prepared by:	Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary										
Executive sponsor:	Susy Cook, Chief People Officer & Director of Corporate Affairs										
Purpose of the report	The purpose of the report is to provide an update to the Board of Directors regarding the implementation of the revised requirements for the Fit and Proper Person Test process for board members and the outcome of testing against the new guidance that related to 2023/24.										
Action required:	Approve		Assurance		Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	x	Transforming our Services		Health and Wellbeing				
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	x	

Executive Summary and the key issues for consideration/ decision:

Background

On 2nd August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies – the Care Quality Commission and NHS England.

The purpose of strengthening the F&PPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.

The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member, advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued in October 2023.

The Chair of an organisation has overall accountability for F&PPT, however nominated individuals, such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the F&PPT requirements based upon the evidence collected,

Organisations are required to make an annual submission to NHS England confirming the outcome of F&PPT for their board members. There is also a new F&PPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.

A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should be competed and retained locally for any board member leaving the organisation.

To help inform the fitness assessment in the F&PPT, a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal formwork is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be issued to appraise 2023/24 performance with appraisal taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the F&PPT recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part.

Trust Approach

The Board of Directors took the decision to apply the new F&PPT guidance to existing Board Directors and also extended this to Directors without an executive portfolio and to Deputy Directors within the Trust.

To meet the requirements of the Board of Directors, the Trust will undertake testing in two Phases;

- **Phase 1** – The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors, Executive Directors and Directors (without an executive portfolio) as if they were new appointments. Within this testing, there are two individuals who are substantively employed by other organisations and their employing organisations have advised that the guidance would be applied on a prospective basis. At the time of testing, neither individual was a board member of their employing organisation and would not be covered by the new guidance and would not be covered by the nee guidance. With the agreement of the individuals, the Trust has applied the F&PPT checks, where possible.

- **Phase 2** – The new F&PPT requirements will be applied to Care Group Directors and Deputy Directors.

The approach noted, goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023 for new employees or those leaving the Trust. The approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and for ensuring that Directors are compliant with F&PPT requirements

Reported Outcomes

The Trust has completed Phase 1 of the testing relating to the new F&PPT guidance. The process followed by the Trust is highlighted below;

- **Privacy Notices** were issued to individuals on 6th October 2023, advising of the new F&PPT guidance requirements and the need to collect additional information, including the right to opt out. All members of staff agreed to the new guidance and additional testing.
- **Self-attestation forms** were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice-Chair signed to confirm receipt of the Joint Chair's attestation form.

- **F&PPT Checklist** (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual.
- This included **additional checks** on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances/and speak ups, against board members. This included information relating to open/ongoing investigations, upheld findings and discontinued investigations that are relevant to F&PPT and social media checks.
- A **summary of the key checks** and draft declarations have been collated and the **ESR system** has been updated for the mandatory fields and provides a **dashboard** to display the F&PPT outcomes.
- Results for **Executive Directors and Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Managing Director**.
- Results for the **Joint Chief Executive and Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).
- Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
- Results for the **Joint Chair** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).

Conclusion

The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24.

The Trust is operating under Group arrangements with South Tees Hospitals NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payrolls and administrative purposed. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT.

Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regards to the governance process, this will be presented to the Council of Governors meeting on 15th February 2024 for information.

Once the required documentation has been signed off by the Joint Chair and submitted to NHSE, the Trust will be able to evidence that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: **Regulation 5** - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Upon conclusion of Phase 1 testing, Phase 2 will commence, with the aim to complete this work by 31st March 2024.

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

This paper relates to the People BAF domain.

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

Equality, diversity, inclusion		Reputational	x
Workforce	x	Environmental	

Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Audit Committee – 29th January 2024		Trust Directors Team – 16th January 2024	

Recommendation	The Board of Directors is asked to; • Discuss and note the content of the report. • Note that this report provides assurance that the Board of Directors (and wider staff tested) are fit and proper and comply with the F&PPT guidance. • Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors. • Note that confirmation outcome letters will be issued to South Tees FT for the Joint Chair and Joint Chief Executive. • Note that this will be reported to the next Council of Governors meeting on 15th February 2024; and • Phase 2 of testing is planned to be completed by 31st March 2024.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1 February 2024

New Fit and Proper Person Framework Report 2023/24

Report of the Director of Strategy, Assurance & Compliance/ Company Secretary

1. Introduction/Background

1.1 On 2 August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies - the Care Quality Commission and NHS England.

1.2 The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.

1.3 The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued on 6th October 2023.

1.4 The Chair of an organisation has overall accountability for the FPPT, however, nominated individuals such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the FPPT requirements based upon the evidence collected.

1.5 Organisations are required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There is also a new FPPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.

1.6 A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should also be completed and retained locally for any board members leaving the organisation.

1.7 To help inform the fitness assessment in the FPPT a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be used to appraise 2023/24 performance with appraisals taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the FPPT recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part.

See link to NHSE guidance: NHS England » NHS England fit and proper person test framework for board members

2. Main content of report

2.1 The Board of Directors took the decision to apply the new F&PPT guidance to existing Board Directors and also extended this to Directors without an executive portfolio and to Deputy Directors within the Trust.

2.2 To meet the requirement of the Board of Directors, the Trust will undertake testing in two Phases;

- **Phase 1:** The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors, Executive Directors and Directors (without an executive portfolio) as if they were new appointments.

- **Phase 2:** The new F&PPT requirements will be applied to Care Group Directors and Deputy Directors.

2.3 The approach above goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023, for new employees or those leaving the Trust. This approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and the important of ensuring Directors are compliant with the F&PPT requirements.

Reported Outcomes

2.4 The Trust has completed Phase 1 of the testing relating to the new F&PPT guidance. The individuals that were tested as part of Phase 1 are listed below;

- Prof Derek Bell – Joint Chair
- Stacey Hunter – Joint Chief Executive
- Ann Baxter – Vice Chair/Non-Executive Director
- Chris Macklin – Senior Independent Director/Non-Executive Director
- Liz Barnes – Non-Executive Director
- Fay Scullion – Non-Executive Director
- Alison Fellows – Non-Executive Director
- Neil Atkinson – Managing Director
- Elaine Gouk – Interim Chief Medical Officer
- Dr Susy Cook – Chief People Officer/Director of Corporate Affairs
- Rowena Dean – Acting Chief Operating Officer
- Lindsey Robertson – Chief Nurse/Director of Patient Safety & Quality
- Kate Hudson-Halliday – Interim Director of Finance (*)
- Linda Hunter – Director of Planning & Performance
- Michael Houghton – Director of Transformation
- Ken Anderson – Chief Information & Technology Officer
- Mike Worden – Managing Director (NTH Solutions)
- Ian Simpson – Chair of Trust Subsidiaries (NTH Solutions and Optimus Limited)
- Deepak Dwarakanath – Chief Medical Officer
- Stuart Irvine – Director of Strategy, Assurance & Compliance/Company Secretary
- Hamish McLure – Independent Advisor to interim CMO (*)

(*) The individuals are not substantively employed by the Trust and at the time of undertaking testing, neither were Board members of their employer. Only the Interim Director of Finance is a Board member and voting member of the Board.

Employing organisations advised that that guidance would be applied on a prospective basis and due to their substantive roles, they would not be covered by the new guidance. With the agreement of the individuals, the Trust undertook F&PPT checks, were possible (including attestation form completion, disciplinary checks, Director checks and social media checks). Furthermore, an annual report for 2023 was provided by Leeds FT for the Independent Advisor to interim CMO (at which time he was a Board Director).

Privacy notices

2.5 Privacy notices were issued to 21 members of staff on 6th October 2023 advising of the new F&PPT guidance requirements and the need to collect additional information, including the right to opt out. All members of staff agreed to the new guidance and additional testing.

Self-Attestation Forms

2.6 Self-attestation forms were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice Chair signed to confirm receipt of the Joint Chair's attention form.

F&PPT Checklists

2.7 A F&PPT checklist (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual included as part of Phase 1 testing.

This included the additional checks on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT and social media checks.

ESR Recording

2.8 As part of the new guidance, the Electronic Staff Record (ESR) has been updated to enable the recording of key information relating to the F&PPT and a dashboard of the findings can be produced.

A summary of the checks and declarations have been collated and the ESR system has been updated for the mandatory fields to record F&PPT outcomes and this was checked as part of validation processes.

Outcome Validation

2.9 In order to ensure appropriate and independent checks were performed in relation to individual outcomes, the following approach was undertaken;

- Results for **Executive Directors and Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Managing Director**.
- Results for the **Joint Chief Executive and Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).
- Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
- Results for the **Joint Chair** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).

3. Key issues, significant risks and mitigations

3.1 The risk relating to this paper is the potential breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

3.2 The Trust has undertaken a thorough and comprehensive process to apply the new F&PPT guidance and independent checks have been performed in relating to the outcomes and this can be evidenced by a robust audit trail.

4. Conclusion/Summary/Next steps

4.1 The Trust has strictly followed the new F&PPT guidance and applied this to 21 members of staff as part of Phase 1 of testing.

4.2 In accordance with the new Fit and Proper Person Test Framework requirements, the Board of Directors of North Tees & Hartlepool NHS Foundation Trust and additional staff who were included in Phase 1 testing are compliant with the new guidance.

4.3 This evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Next Steps

4.4 The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24 and is subject to formal sign off by the Joint Chair.

4.5 The Trust is operating under Group arrangements with South Tees Hospitals NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payroll and administrative purposes. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT and issued by the Senior Independent Director of the Trust.

4.6 Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regard sot the governance process, this will be presented to the Council of Governors meeting on 15th February 2024 for information.

4.7 Upon conclusion of Phase 1 testing, Phase 2 will commence, with the aim to complete this work by 31st March 2024.

5. Recommendation

5.1 The Board of Directors is asked to;

- Discuss and note the content of the report.
- Note that this report provides assurance that the Board of Directors (and wider staff tested) are fit and proper and comply with the new F&PPT guidance.
- Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors.
- Note that confirmation outcome letters will be issued to South Tees FT for the Joint Chair and Joint Chief Executive.

- Note that this will be formally signed off by the Joint Chair and submitted to NHSE.
- Note that this will be reported to the next Council of Governors meeting on 15th February 2024; and
- Phase 2 of testing is planned to be completed by 31st March 2024.

Stuart Irvine

Director of Strategy, Assurance & Compliance/Company Secretary

Agenda Item 13

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Trust Board

Title of report:	Learning from Deaths Report										
Date:	1st February 2024										
Prepared by:	Dr Julie Christie, Dr Katie Elmer, Trust Mortality Leads										
Executive sponsor:	Dr Elaine Gouk, Interim Chief Medical Officer										
Purpose of the report	To provide Mortality Data and update on the development of the Learning from Deaths Process.										
Action required:	Approve	x	Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People		Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

- The latest SHMI value is 94.52 (August 2022 to July 2023), this is a minor increase from the previous value of 94.45 (July 2022 to June 2023). This is within the 'as expected' range.
- No preventable deaths or deaths due to problems in care have been identified.
- There are now more trained Structured Judgement reviewers and progress is being made working through the backlog.
- Some details of themed learning are identified and a plan outlined for Trustwide feedback to support the provision of further thematic analysis and quality improvement implementation.
- The Trust Leads for Mortality and Learning from Deaths continue to establish a comprehensive process, overseen by the Learning From Deaths Steering Group.

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

The Learning From Deaths programme is covered in BAF 1, quality, relating to the strategic risk in relation to effectiveness.

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
Quality Committee, 22nd January 2024	Quality Assurance Council, 10th January 2024

Recommendation	• The Board of Directors is asked to note the content of this report and the information provided in relation to how we learn from deaths within the Trust. • The Board are asked to note the on-going work programme to promote learning and quality improvements resulting from reviews of deaths, adhering to NHSE best practice guidance, Best Practice Guidance • The Trust Board are asked to support the current business case to facilitate a robust Learning from Deaths process including timely Structured Judgement Reviews, structured and systematic sharing of finding and linking to quality improvement.

North Tees and Hartlepool NHS Foundation Trust

Trust Board

Learning from Deaths Report, Q1 and Q2 2023-24

Report of the Chief Medical Officer

1. Introduction

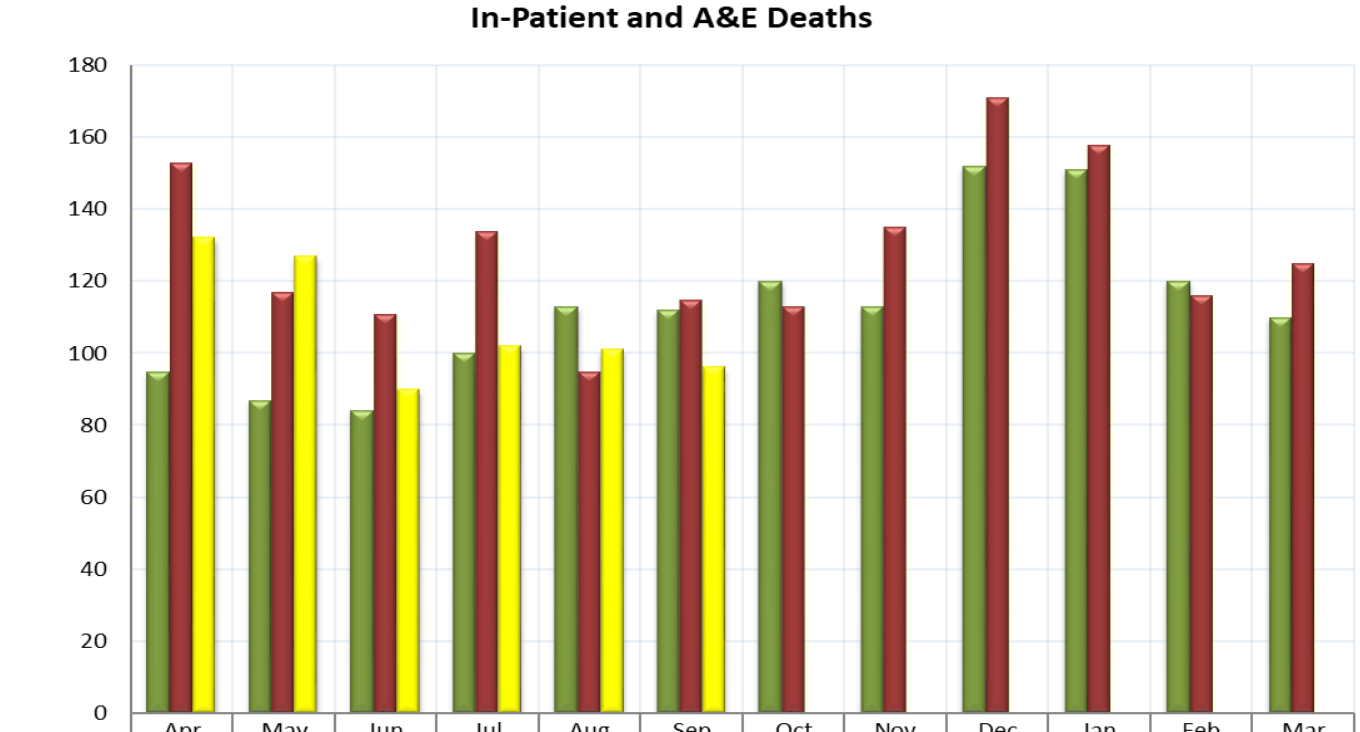
1.1. In March 2017, the National Quality Board (NQB) published **"Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care", i**ncluding stipulations for the Quality Account. The report sets out the requirements necessary for a focused approach to learning from the deaths of patients under our care.

1.2. Through identifying and understanding issues related to the provision of safe, effective and quality care, learning can be shared and improvements made.

1.3. This report presents both quantitative and qualitative data about the number of deaths and the care received by those patients. We also include our plans to develop a robust Learning from Deaths process for the Trust, including ensuring we conduct an appropriate number of mortality reviews (Structured Judgement Reviews) to support this process.

2. Mortality Data

The chart below details the monthly mortality numbers for the Trust since April 2021; this includes deaths in the emergency department as well as inpatient deaths.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	95	87	84	100	113	112	120	113	152	151	120	110
2022/23	153	117	111	134	95	115	113	135	171	158	116	125
2023/24	132	127	90	102	101	96	0	0	0	0	0	0

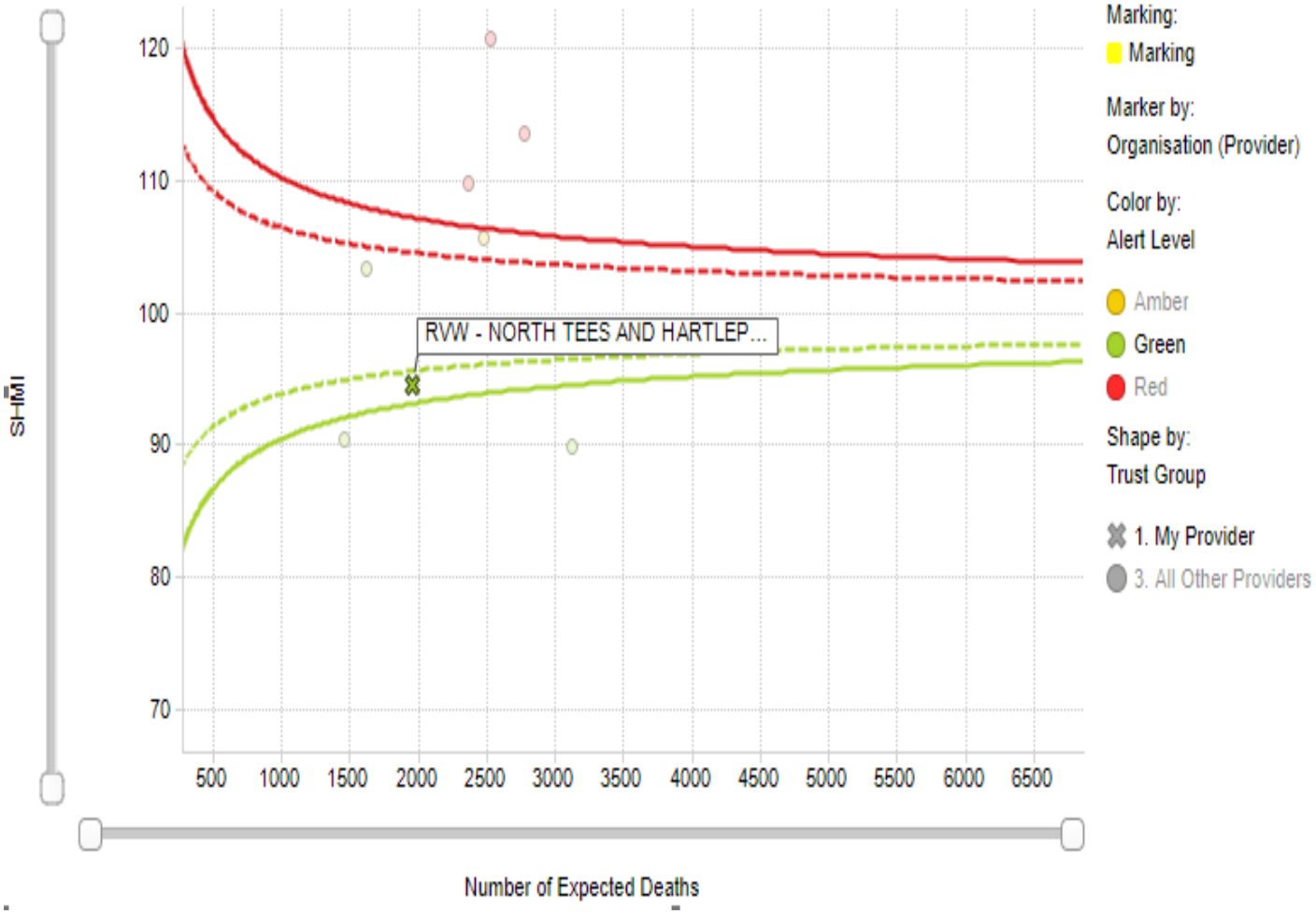
2.1. The Trust supplies data to the national system where all Hospital Episode Statistics (HES Data) is collated. There are two measures derived from these figures. Previous reports have included **The Hospital Standardised Mortality Ratio (HSMR).** HSMR is no longer in use by the trust as of the end of March 2023 and will no longer be covered in this report.

2.2. **The Summary Hospital-level Mortality Indicator (SHMI),** along with other measures such as Structured Judgement Reviews (SJR's) will form our overall mortality picture.

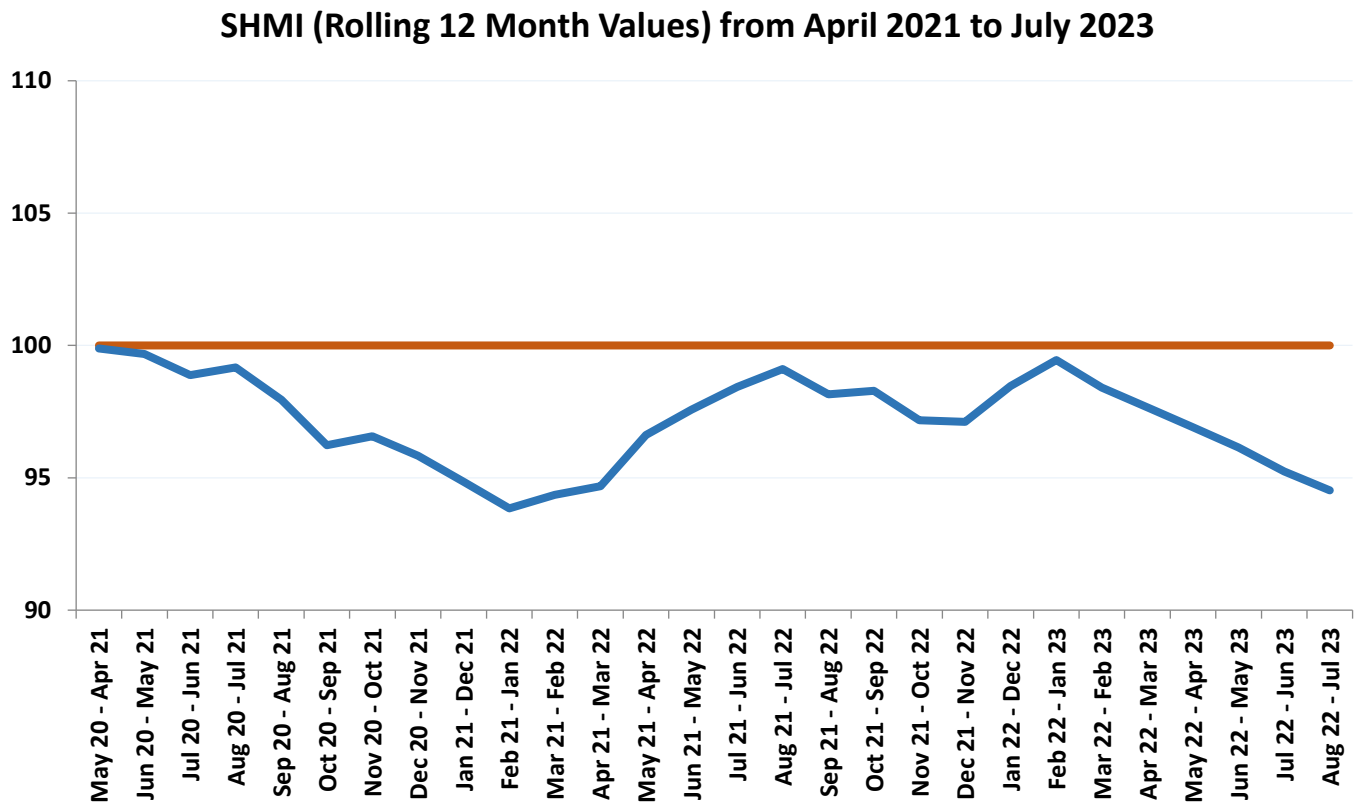
2.3. **SHMI** is a ratio between the number of actual (observed) deaths to the "expected" number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.

2.4. The latest SHMI value is **94.52 (August 2022 to July 2023**), this is a minor increase from the previous value of 94.45 (July 2022 to June 2023). This is within the 'as expected' range. The value of 94.52 is 6th lowest in the region, which ranges from 89.89 to 120.69. The national range is 71.04 to 120.74.

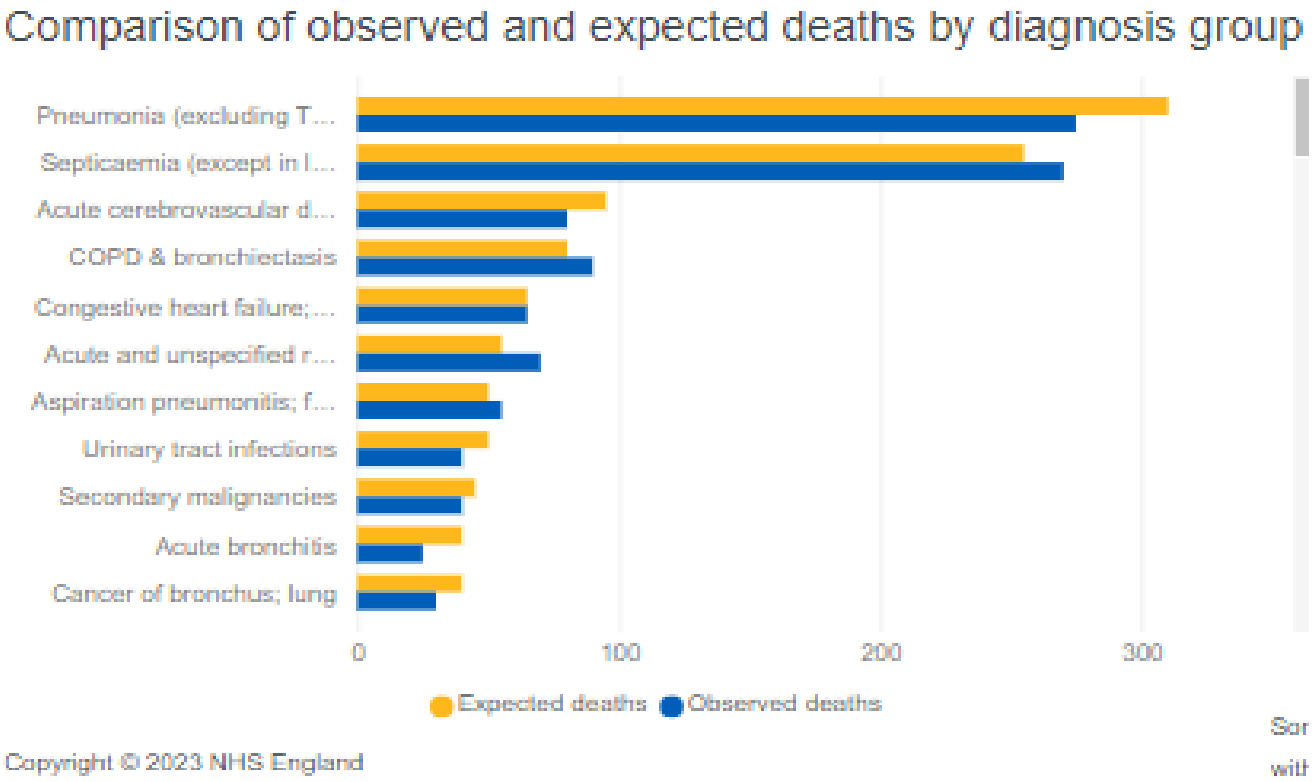
2.5. This funnel plot demonstrates the Trusts SMI position amongst trusts in the North East and Cumbria region, the chart confirms that SHMI ratio is within the statistical expectations:



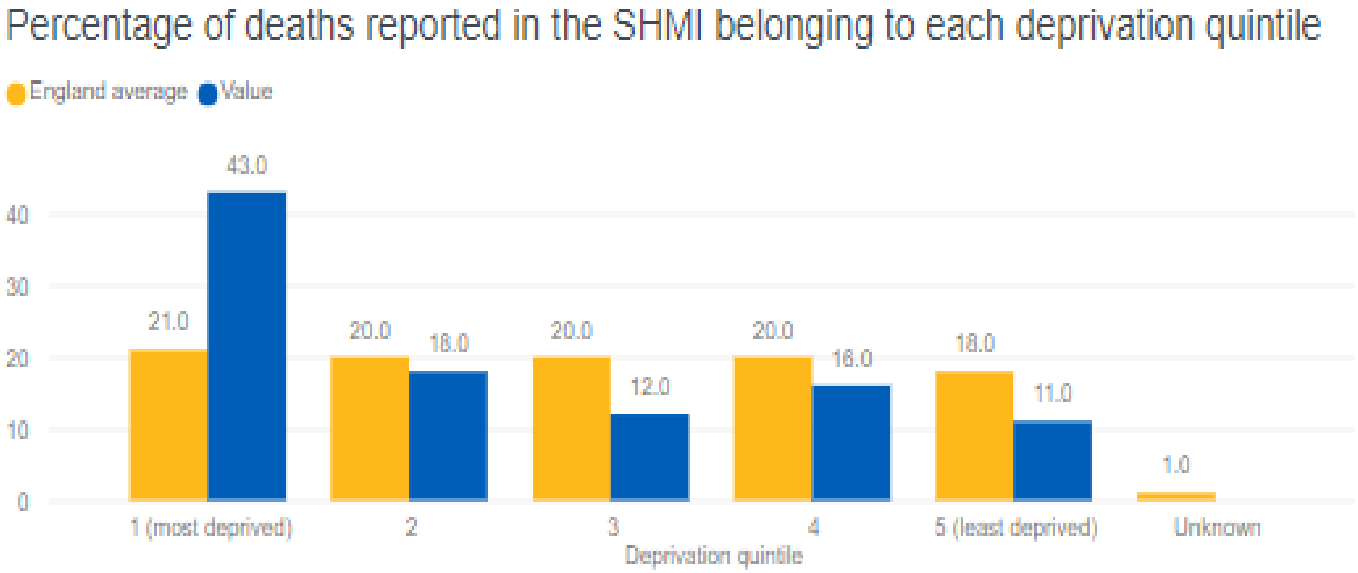
2.6. The following graph below shows the Trusts rolling SHMI value over a 12 month period since April 2021. This displays that the SHMI has been consistently below the national mean of 100 over this time period.



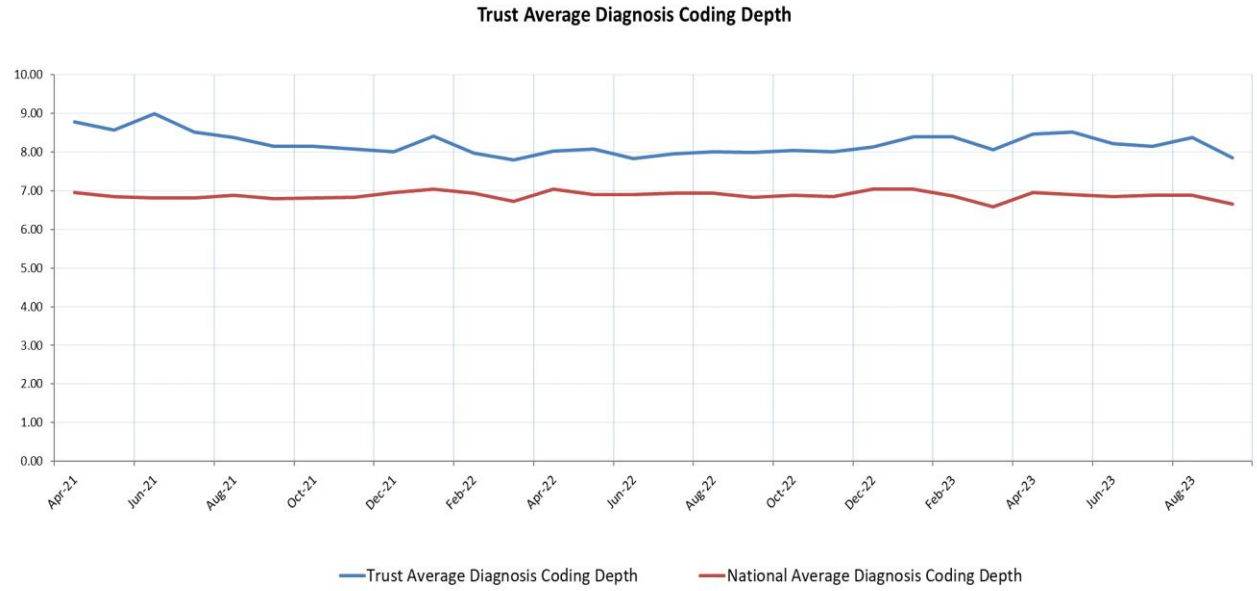
2.7. The following chart shows the comparison between observed and expected deaths for individual diagnoses; with septicaemia, COPD, renal failure and aspiration pneumonia showing as having additional cases above expected, all of which reflect the profile of the patients in the Trust.



2.8. The following chart displays that 43% of patients dying in the Trust are people belonging to the most deprived quintile.



2.9. The depth of coding within the Trust remains consistent, indicating that we are capturing the multiple co-morbidities of our patients. The chart below displays the data from April 2021 to September 2023, the Trust coding depth remains above the national average. There is currently a risk identified in relation to the staffing levels in the Coding team as this may have an impact on the metrics captured by the team to ensure coding depth is maintained.



3. Medical Examiner In-patient service

3.1. The Trusts Medical Examiner Service continues to scrutinize 100% of inpatient deaths, as well as extending the service into the community. The roll out into the community has commenced in preparation of the ME service becoming statutory in April 2024.

3.2. The team routinely scrutinise deaths from the recently re-opened Butterwick Hospice and they are also “live” with 9 GP practices, with a plan agreed with the Integrated Care Board (ICB) to invite all local GP practices to come on board by the end of the financial year.

3.3. Arrangements are in place so that the Emergency Department staff can routinely complete ICE Coroner referrals to alert the ME team to a death; this also supports the Coroner and ensures the referral is captured in the EPR.

3.4. There is a standard reporting template that has been agreed with the Lead Coroner Officer to facilitate reporting in closed Inquest and guide the Coroner in her decisions. By implementing this process the team have reduced the need for post-mortems by providing detailed information for the Coroner. It has been identified that 83 were prevented in last 3 months, with enough information to hold an "Inquest without PM" being provided. This has clear benefits for the bereaved families, but also the pathology services capacity for investigations.

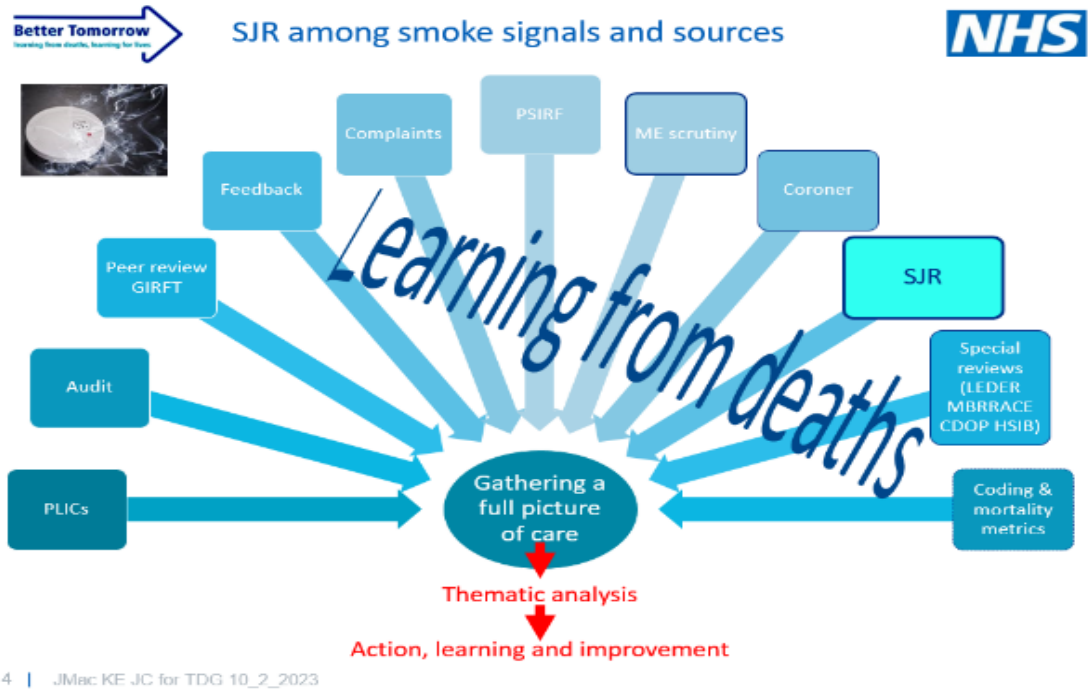
3.5. As a result of closer liaison with Stockton Borough Council Registrars, they have been able to achieve, during 2022-23, 92% of all hospital death registrations within 3 days, well ahead of the legally required 5 days, which has significantly improved their position. This has ensured excellent working relationships; Stockton Borough Council Registrars are fully supportive of the awaited community roll out.

3.6. There were 16 Structured Judgement Reviews (SJRs) requested to look at the care of patients with Learning Disability or mental illness, or to look into aspects of care such as end of life care, care after death or coordination of services.

4. Structured Judgement Reviews (SJRs)

4.1. The Trust uses a variety of data sources to assist is it approach to learning from the deaths of any patient in our care. The diagram below outlines some of the approaches that are being used. SJR blends traditional, clinical-judgement based review methods with a standardised format, requiring reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to score care for each phase. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care.

An important feature of SJR is that quality and safety of care is judged and recorded, whatever the outcome of the case. Good care is judged and recorded in the same detail as care that has been judged to be problematic. Nationally, evidence shows that most care, examined using this methodology, is of good or excellent quality and that there is much to be learned from the evaluation of high-quality care. Learning from these reviews will be used as part of the thematic processes being employed by they Trust in relation to its response to the Patient Safety Incident Response Framework (PSIRF); ensuring that good practice as well as poor is identified and use to support quality improvement.



4.2. The Trust currently have around 20 trained reviewers to undertake SJRs, the reviewers are multidisciplinary and represent medical, nurses and allied healthcare professionals. Monthly review sessions have been planned for the next 12 months; and reviewers have been asked to commit to attending four or more sessions each year. Recently some sessions have had to be cancelled as an impact from the industrial action.

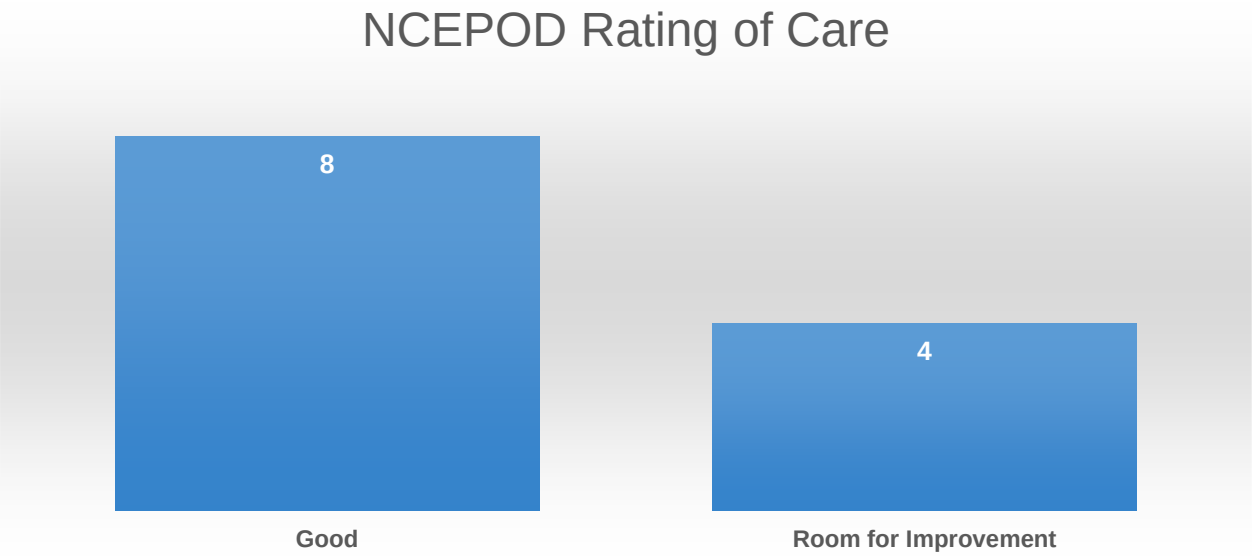
4.3. SJR's will be considered in the following instances, overall aiming for reviews in 10-15% of all cases:

- Deaths where the bereaved or staff raise significant concerns about the care.
- Deaths in a specialty, diagnosis or treatment group where an 'alarm' has been raised (for example, an elevated mortality rate, concerns from audit, CQC outlier alert, etc)
- Deaths where learning will inform the Trusts quality improvement work.
- When SJR has been recommended following Medical Examiner (ME) scrutiny
- Random selection

4.4. The team are currently receiving fewer requests for SJRs than is recommended; they are reviewing this with the Medical Examiner's service and will also be approaching clinical teams to identify cases that may be raised through speciality Morbidity & Mortality review meetings.

4.5. The team have completed 12 SJRs between April and September 2023. All were considered to be expected deaths with no evidence of preventability. One case was initially thought to show 'slight evidence of preventability' but following second review being completed it was classed as "not preventable".

Reviewers ranked the care using National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Categories as below:



4.6. In order to determine clear themes for learning and improvement, the team will need to complete further SJRs to obtain more details. Initial themes and learning has been shared with the relevant care groups and clinical team to ensure details of improvements implemented are available for future reports.

4.7. There are 64 outstanding SJRs to complete; the team of reviewers estimate a timescale of 6-8 months to work through these SJRs. The details and themes will be shared in future reports.

4.8. There are plans in the future to start reviewing care in the community and pre hospital as this can be relevant and important to the overall outcome once the patient is admitted. This may include clinical care or decision making at the end of life; the team are looking at the most appropriate way to approach this.

4.9. Avoidable Deaths

During quarter 1 and 2, there have been no identified preventable deaths, or deaths directly related to problems in care.

5. Mortality in specific groups

5.1. Learning Disabilities Mortality Review (LeDeR)

During this period, feedback from one completed LeDeR review was received. The following areas of good practice were highlighted:

- Carers and family were able to visit and were kept up to date.
- Prompt recognition of deteriorating condition.
- Palliative care referral made promptly and then re-referred when needed.
- The patient kept comfortable with appropriate pain relief.

Some elements highlighted by this case are to be used in staff training to support the ongoing good care for patients.

5.2. Maternity

During quarter 1 and 2, there were no maternal deaths in the Trusts maternity services. The most recent report: 'MBRRACE-UK Saving Lives Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21' has been published during October. Further information will be in future reports.

Perinatal deaths, for babies born without signs of life from 22 weeks gestation to term or neonatal deaths at any gestation up to 28 days of age, are reviewed by the maternity team using the national Perinatal Mortality Review Tool (PMRT) process and when indicted, through the Trusts patient safety processes. Learning obtained and improvement initiated from PMRTs are shared as part of the Trusts quarterly Perinatal Board Report. The MBRRACE-UK Perinatal Mortality Surveillance national data for 2021 was published during September 2023 the analysis of this information has been undertaken by the maternity services and will be used to support any relevant service improvements.

5.3. Children

All child deaths in the Trust are reviewed using the nationally mandated Child Death Overview process; they are also all reported as safety events and reviewed through the Trusts agreed safety processes. The child death reviews and the learning are discussed through the Teesside Child Death Overview Panel (CDOP); the benefit of discussing these cases in a multiagency forum like CDOP is that there is a 360-degree view of the child's death including family circumstances. Sharing cases in this way also ensures that other care providers are aware of the learning and can also implement their own changes in practice, as needed. The learning is shared following each CDOP case with the national programme.

The National CDOP regularly produces reports of the national themes, the most recent includes details identifying three priority areas for national improvement work:

- Criminal Exploitation
- Sudden infant death and safe sleeping
- Suicide and Self Harm

The Trust, and the North East & Cumbria ICB, as a result of local child death reviews, have also recognised that the trend in relation to deaths potentially linked to co-sleeping; there has been some regionally communications agreed and there has been a significant media drive to provide information to parents around safe sleeping has been undertaken over recent months. There has

also been some additional training updates provided to the maternity and paediatric teams to support this further.

Child Exploitation and self-harm are an area of key focus for the Teeswide and ICB child safeguarding partnerships; there is ongoing work to examine the background to these themes further and to ascertain the most appropriate actions to be taken across the regional system to obtain maximum benefit. Further information will be shared in future reports.

6. Coroner Regulation 28 reports

The Trust has not received any Regulation 28 reports in relation to the inquest held relating to deaths in the Trust.

7. Alerts/reports

7.1. Department of Health and Social Care

Palliative and end of life care: Patterns of care related to four major conditions; cancer, dementia, cardiovascular disease and respiratory disease England 2021. The recommendations from this repot are being followed by the Specialist Palliative Care team, with an initial summary provided in the table below.

Findings	Actions
The vast majority of people die from, or with, four main conditions: Cancer, Dementia, Respiratory Disease, and Cardiovascular Disease. These people are frequently admitted to hospital in the last 3-6 months of life 2/3 of people admitted to hospital aged 75 and over are in the last year of life. Place of death varies by diagnosis e.g. people with dementia far more likely to die in a care home, people with cancer more likely to access hospice care, respiratory and cardiovascular deaths more likely to be in hospital**.**	**Cancer** Continue established links between palliative care team and oncology teams including involvement in multidisciplinary teams. **Dementia** Plans for Learning from Death work to link with Elderly Care teams via Mortality and Morbidity (M+M) processes. The National Medical Examiner has published a Good Practice Document 'Medical Examiners and Dementia' **Respiratory** Link via M+M processes as outlined above. A joint palliative care/COPD clinic is being considered. **Cardiovascular** Continue established links between palliative care and heart failure team. Patients in the last year of life are now identified on TrakCare with a green swan symbol.

7.2. Office for Health Improvement and Disparities

Premature Mortality in Adults with Severe Mental Illness (SMI) April 2023; the findings from this will link with the ongoing work being undertaken by the Trusts Mental Health Review Group which is held collaboratively with Tees, Esk and Wear Valley Mental Health Trust (TEWV).

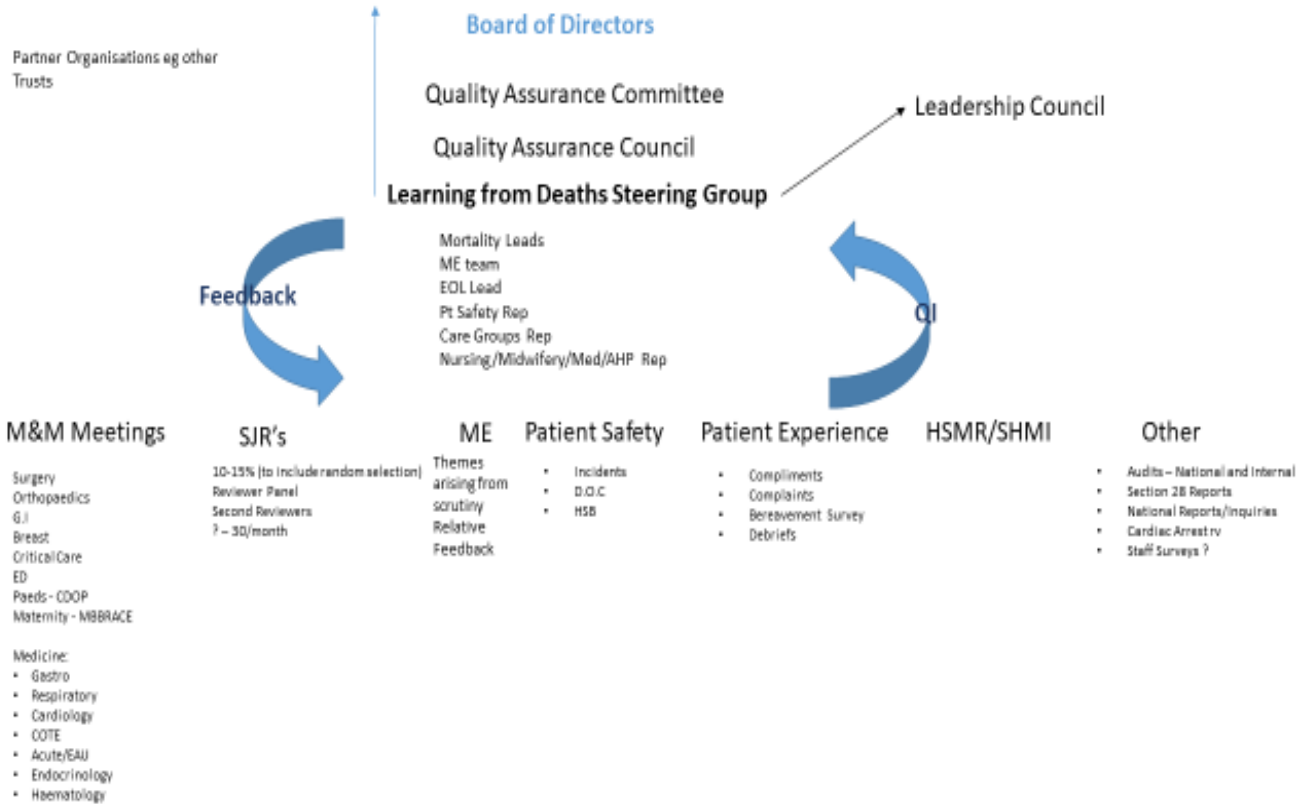
Findings	Actions
Adults with SMI die younger than adults who do not have SMI. There is an increase in premature and excess mortality in this group year on year. The difference in mortality is exacerbated by deprivation.	Continue using SJR process for all inpatient deaths of people with SMI. Learning from Deaths Group to scope any work going on in this area and establish links.

8. Audit

The Trust took part in a Pilot of the new National Audit of Care at the End of Life (NACEL) tool. The tool is being assessed for its effectiveness at reviewing ED deaths and will likely become more of a rolling audit rather than a yearly audit.

9. Plans for the Learning from Deaths Service

The team continue to work towards a comprehensive approach to Learning from Deaths, the chart below provides a pictorial view of the planned structure to be implemented over the coming months:



10.1 Annual Reporting Plan

As this structure is implemented and embedded, future reports will include learning and improvement details from specialties across the organisation. In order to provide a reporting structure and to support the ability to undertake relevant improvement cycles; the following table identifies the areas

of focus for future Board reports. It is recognised that this approach needs to also allow the addition of any emerging key lines of enquiry.

All Board Reports	Quarterly specialty focus
• Inpatient/ED mortality data • SHMI data • Coding data • Medical Examiner data and themes • SJR data, themes and improvements • Essential nationally required mortality reviews such as mental health, LeDeR, child and perinatal cases. • Nationally or regionally published reports relating to mortality and the relevant improvement recommendations.	**Q1** • Surgery • Orthopaedics • Gynaecology **Q2** • Medicine • Emergency Department • Critical Care **Q3** • Paediatrics • Obstetrics • Palliative and End of Life Care **Q4** • LeDeR • Mental Health

10.2 Current developments

The team have a variety of ongoing developments to support the processes described above:

- The Trust is using the SJR Plus App to facilitate recording and monitoring of the reviews, ultimately this will produce an interactive dashboard.
- A job description for a "Learning from Deaths Co-ordinator" role has been submitted to HR, recruitment to begin once this is evaluated. As an interim measure a secondment post may be considered as this post will be crucial to supporting the Trusts Learning from Deaths work.
- Planning is in place for the initial meeting of the Learning from Deaths Group to be held by the end of the financial year.
- The team will continue to be involved and contribute to the Trusts PSIRF processes and also the development of the In Phase system.
- A review of Mortality and Morbidity Meetings across the Trust will begin during quarter 3 and 4, with a view to standardization and ensuring learning and improvement is captured, shared and reported.
- Continue to be an active member of the Regional Mortality Surveillance Group and the national Learning from Deaths Community of Practice.
- Complete the review of the Trusts Learning from Deaths policy.

10. Conclusion/Summary

10.1. The latest SHMI value is **94.52 (August 2022 to July 2023**), this is a minor increase from the previous value of 94.45 (July 2022 to June 2023). This is within the 'as expected' range.

10.2. No preventable deaths or deaths due to problems in care have been identified.

10.3. There are now more trained SJR reviewers and progress is being made working through the backlog.

10.4. Some details of themed learning are identified and a plan outlined for Trustwide feedback to support the provision of further thematic analysis and quality improvement implementation.

10.5. The Trust Leads for Mortality and Learning from Deaths continue to establish a comprehensive process, overseen by the Learning From Deaths Steering Group.

11. Recommendations

11.1. The Board of Directors is asked to note the content of this report and the information provided in relation to how we learn from deaths within the Trust.

11.2. The Board are asked to note the on-going work programme to promote learning and quality improvements resulting from reviews of deaths, adhering to NHSE best practice guidance, Best Practice Guidance

11.3. The Trust Board are asked to support the current business case to facilitate a robust Learning from Deaths process including timely Structured Judgement Reviews, structured and systematic sharing of finding and linking to quality improvement.

Agenda Item 14

Excellence as our standard

NHS
North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title of report:	Guardian of Safe Working Quarterly Report								
Date:	1 February 2024								
Prepared by:	Mr Rajesh Nanda, Guardian of Safe Working Caroline Metcalf, Senior Rota Lead								
Executive sponsor:	Elaine Gouk, Chief Medical Officer								
Purpose of the report	The Junior Doctor Contract (2016) requests that the Guardian of Safe Working Hours (GOSW) prepares a quarterly report to the Board of Directors. These reports contain information relating to the safe working of doctors within the Trust.								
Action required:	Approve		Assurance	✓	Discuss	✓	Information	✓	
Strategic Objectives supported by this paper:	Putting our Population First		Valuing 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:

To safeguard junior doctors and patients the 2016 contract set working hour's limits and rest requirements, with the aim of preventing fatigue and burnout, and to protect training.

Providing assurance through a system of exception reporting, Guardians of Safe Working Hours (GOSW) ensure that the requirements of the contract are met and educational opportunities are not being missed. Where the Trust fails to meet these obligations, the Guardian has the power to levy financial penalties.

The purpose of this report is to provide data and identify trends captured through the exception reporting system and from the Junior Doctors Forum, highlighting key issues raised and areas of good/bad practice.

Key points:

- A total of 88 exception reports were submitted between 1st August and 31st October 2023
- Engagement with the exception reporting process continues, mainly amongst foundation and ST/CT 1-2 level. Very few exceptions are received from higher grades.
- The majority of exception reports relate to doctors working beyond their contracted hours in medicine specialties, due to staffing shortages and workload pressures.
- The increasingly busy nature of the hospital means that our doctors are regularly working beyond their contracted hours. Safeguards within rota design minimise the likelihood of penalties being levied.
- Medicine continue to make progress in addressing issues with the input of their doctors.
- Shortfalls of junior doctors within medicine still needs to be addressed, and the service should be supported in recruiting the required workforce.
- The availability of 'out of hours' hot food provision continues to be a concern for doctors in

training.

- Administration support for the Guardians Team is essential and forward planning to ensure there is a robust transition between Guardians is crucial.
- Doctors in Training advised that the volume of information given at Trust induction was too much. The information would be more beneficial if spread across the initial few weeks rather than condensed.

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

- Continued pressures could result in excessive working hours and could affect wellbeing.
- Resulting in possible breaches to safe working hours and rest requirements, and fines being levied.
- Doing nothing could result in loss of training posts creating further shortfalls, and impacting Trust reputation.

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
People Committee 25 January 2024	Not Applicable

Recommendation	The Board of Directors is asked to note the content and accept this report.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1st February 2024

Guardian of Safe Working Quarterly Report August to October 2023

Report of the Guardian of Safe Working

1. Report

1.1 This report highlights data and trends captured through the exception reporting system. It presents key issues raised by Junior Doctors and forms part of the reporting requirements of the 2016 national terms and conditions of service.

1.2 During this reporting period (August 2023 to October 2023) a total of 88 exceptions were submitted by 31 doctors (appendix 1). Demonstrating continued engagement with the process when compared to previous years. There are 4 exceptions submitted during this period which are overdue. The Guardian's team have been in contact with the relevant supervisors to offer assistance.

1.3 The majority of exceptions are from foundation year one doctors (66%) and foundation year two doctors (24%). Four exceptions were marked as an immediate safety concern (ISC).

1.4 Medicine specialties continue to receive the most exceptions (61%); however, they also have a higher proportion of trainees in comparison to other specialties. The majority of reports continue to relate to working hours (91%), highlighting a reliance on doctors working beyond their contracted hours and/or missing their breaks to deliver services. With staffing shortages, workload, and work intensity on base wards being the main cause.

1.5 Payment for the additional hours worked continues to be the main outcome (63%) in response to the reports, as opposed to 'time in lieu' which is normally recommended to prevent burnout and breaches in working hours and rest requirements. This is in recognition that time in lieu may exacerbate current staffing and workload issues.

1.6 This increases the likelihood of breaches relating to working hours limits and rest requirements. However, Medicine rotas have minimised breaches as they comply with Trust recommended safeguards of a maximum average of 46 hours and 30 minutes, and a maximum of 70 hours per week when designing rotas.

1.7 Exceptions are being reviewed to identify whether there are any further breaches attracting a financial penalty. The Guardian's reserves from fines is currently £768.

1.8 It is not always possible for the Guardian to immediately identify whether a breach has occurred which attracts a financial penalty. This is due to some of the breaches having to be assessed over a period of time or the rota being reviewed. This requires a manual analysis. As the number of exceptions increases so does the work of the Guardian's Team.

1.9 Medicine rotas remain the main challenge, with Doctors in training continuing to report concerns relating to workload and staffing shortages. The clinical rota leads continue to review the working pattern with the aim of improving continuity on the wards. Adjustments to the rotas in August 2023 have received positive feedback from doctors.

1.10 Whilst doctors have reported improvements on EAU, it appears that work intensity issues on base wards is now problematic. Getting the staffing right within Medicine remains a priority and is a work in progress. Where staffing shortfalls are identified, it is recommended that Medicine are supported in recruiting the required workforce.

1.11 Concerns have previously been raised around out-of-hours catering facilities, not just for doctors but for all those who work in the evening and throughout the night. This continues to be a contentious issue. Having an out of hours' hot food provision is a recommendation in the BMA charter which the Trust signed up to. Vending Machines which provide hot meals are currently being looked at as an alternative, no further updates have been received. The lack of communication around the vending machines and estimated timescales is exacerbating the issue.

1.12 Positive feedback in relation to the 'quick response' (QR) code continues. However, Doctors in Training have advised that the volume of information given at Trust induction was too much. The information would be more beneficial if spread across the initial few weeks rather than condensed. The Clinical Postgraduate Manager and Quality Lead is currently reviewing this.

1.13 A supervisor has immediate responsibility for responding to exception reports, whilst guardians oversee all exception reporting to identify systemic problems that may need intervention. Feedback from supervisors would indicate a sense of frustration with the process due to understaffed rotas, which they feel needs to be addressed by the management team. Unless underlying causes are addressed, the process will continue to be seen as an administrative burden or a tick box exercise.

1.14 The Guardian term is usually a minimum of 3 years. If a term is coming to an end, it is recommended that the Trust appoints a successor with at least a 6 month crossover period to ensure a robust transition. It is essential that the Guardian continues to be supported to ensure an effective process is in place for the management of exception reports and the administration of the Guardian role.

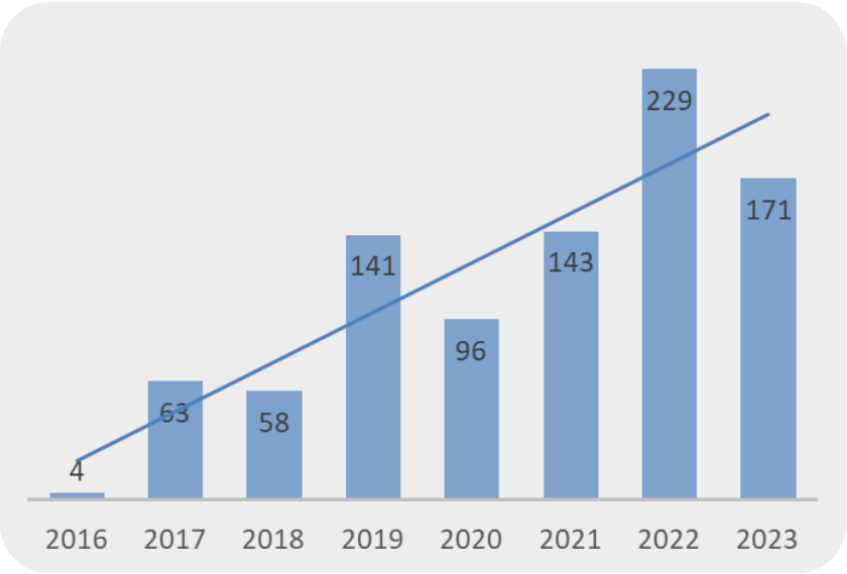
1.15 Regular Junior Doctor Forums are being held to engage doctors and discuss their issues and concerns as well as providing feedback to them.

2 Recommendation

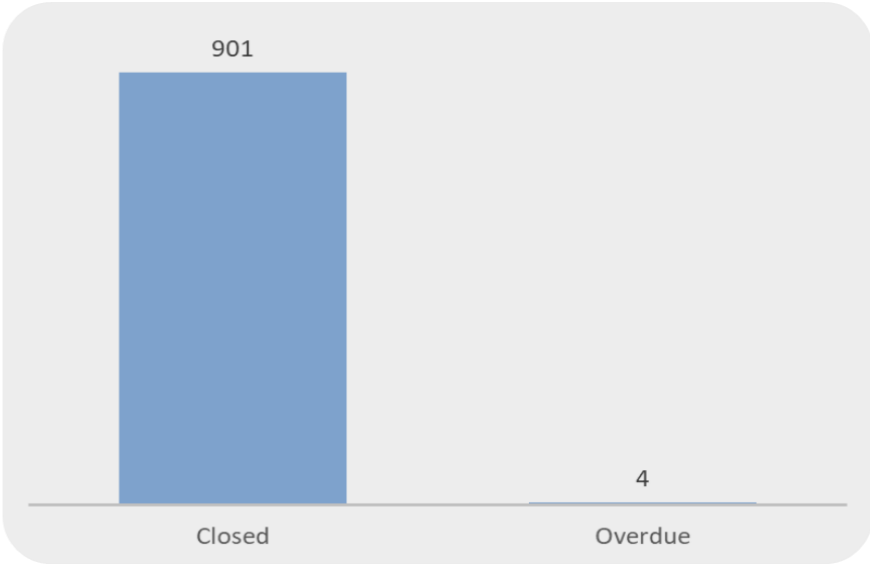
2.1 The board are asked to note this report for information and assurance.

Mr Rajesh Nanda
Guardian of Safe Working

Appendix 1: Exception Reporting



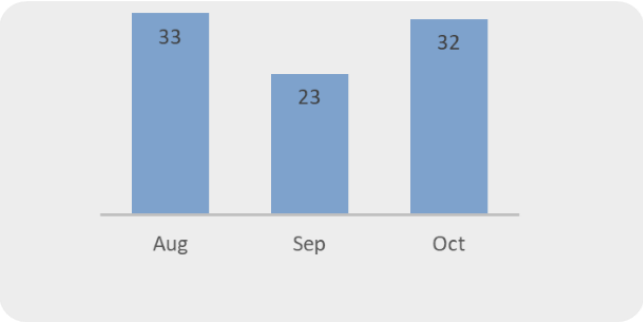
- 2023 figures are up to 31 October 2023
- 56 doctors submitted exceptions in 2023 (up to 31 Oct)
- 31 doctors submitted exceptions August 2023 to October 2023



- 4 exceptions submitted in August to October 2023 remain overdue
- The number of overdue exceptions are on the increase, now 16 (14x Medicine, 2 x surgery)

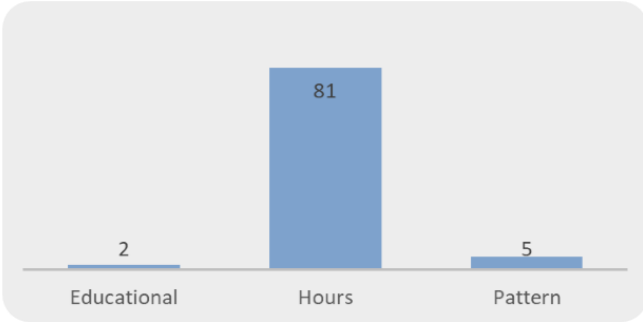
Exception Reporting

August to October 2023



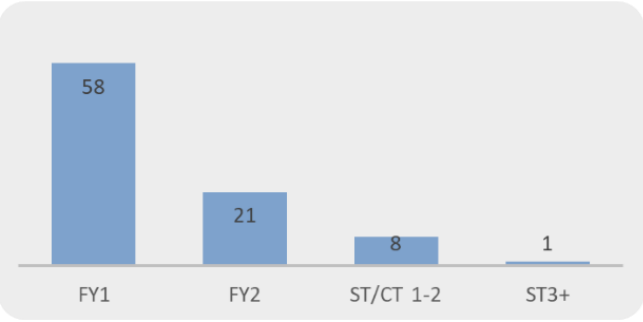
88 exception reports submitted

4 marked as an immediate safety concern (ISC)

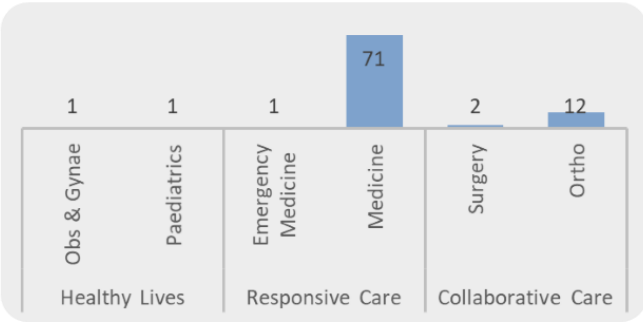


Majority (91%) relate to hours

63% (55) were given an outcome of payment



Majority from Foundation doctors



Wider spread of specialties but majority (61%) by doctors in medicine

Agenda Item 15

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Bi-annual Nursing and Midwifery Full Workforce Review										
Date:	1 February 2024										
Prepared by:	Emma Roberts, Associate Director of Nursing and Professional Workforce										
Executive sponsor:	Lindsey Robertson, Chief Nurse, Director of Patient Safety & Quality										
Purpose of the report	To provide the Board of Directors with the annual position of the Registered Nursing and Midwifery workforce in line with the National Quality Board (2016) articulated requirement to undertake Nursing and Midwifery workforce reviews annually with an update on actions highlighted to the Board on a six monthly basis.										
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:

NHS provider boards are accountable for assuring that the organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing that will support safe, effective, caring, responsive and well-led care. The **required information for board reporting** is set out by the Chief Nursing Officer (CNO), which includes:

- Progress to date relating to actions identified in the six month review, presented to Board in July 2023.
- Vacancy, recruitment and retention position for Nursing
- The use of temporary bank and agency staff for Nursing
- A Trust wide summary of the Nursing workforce data analysis completed in October 2023 using evidence based safe staffing tools where recommended
- Assurance that workforce processes and decisions are evidenced based and comply with the Developing Workforce Safeguards recommendations

Key points of the report to note;

- In line with national guidance, the SNCT data collection has been completed and actions arising from the data analysis will be considered as part of the annual business planning processes.
- With the exception of the services highlighted in this report, the establishments in place remain fit for purpose. It is recognised that further changes in the acuity and dependency needs of patients in the future may impact service requirement and will be considered in line with the strategic and operational governance in place identified in this report.
- Recruitment into the registered maternity vacancy remain priority and is forecast to be in an over recruited position by March 2024.
- Nurse Sensitive Indicators are identified which include patient harm that could be sensitive to the number of available nursing staff, such as falls and pressure ulcers. Patient safety meetings take

place across the Trust on a weekly basis where all potential and actual harms are discussed from the previous week with attention to any themes or staffing concerns. The continued work reviewing patient acuity and dependency helps to address whether the harms have occurred because of reduced nurse staffing. The number and category of both falls and pressure ulcers across the Trust have been reviewed for the period of June 2023 to November 2023 and identified that there was no causal link to nurse staffing/workforce.

- There is a continued clear focus on the safest redeployment of staff in line with individual staff members' level of skill and experience and patient's acuity and dependency needs to maintain the safest possible level of care to all patients.
- All of the efforts being undertaken provide assurance there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time, whilst being financially sustainable.
- There are clear and robust escalation processes in place to identify daily risk associated with staffing shortfalls and ensuring robust mitigation is in place and monitored to ensure that the ability to deliver the right care, in the right place at the right time is in place.
- There is an ongoing review of the Critical Care nursing establishment to provide assurance that the Trust is compliant with the standards for the Provision of Intensive Care Services (GPICS). Focused work continues via the strategic workforce action groups which are aligned to the Nursing and Midwifery Workforce Strategy.

Section 14 concludes the report and provides the Board of Directors with a comprehensive position in relation to the professional workforce capacity and advice upon compliance with national guidance. The review provides assurance in relation to the ongoing work and actions identified within this report including:

Section 15 describes the **Risk and Mitigation** associated with the on-going challenges presented in managing safer staffing across all services. There are some areas highlighted within this report which require further review to assure that their establishments are able to safely deliver the needs of their services.

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

The report provides assurance to the Board of Directors that three of the strategic risks within the People section of the Board Assurance Framework (BAF) and one risk within the well led section of the Quality BAF are continually being addressed.

These risks are as follows;

- Risk of not growing our workforce for the future (People BAF)
- Risk of not developing appropriate and new ways of working (People BAF)
- Risk of not having appropriate levels of staff with the right skills to deliver safe services (People BAF)
- Risk of suboptimal staffing levels (Quality BAF)

Corporate moderate risk remains on the Trust wide risk register (6400) relating to safe staffing and escalation; this was last reviewed and updated in November 2023.

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

Equality, diversity and or inclusion		Reputational	
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	

Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality Committee People Committee Directors' Team		Quality Assurance Council Operational Delivery Group	
Recommendation	The Board of Directors are asked to; • Receive and review the bi-annual Registered Nursing and Midwifery full workforce review for 2023. • Support the actions from the bi-annual review • Note the significant assurance provided within this report in relation to safe Registered Nursing and Midwifery staffing. • Note the assurance provided in relation to safe staffing and positive impact on safe care		

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

1 February 2024

Annual Nursing and Midwifery Workforce Review

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

1. Executive Summary

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

This report will present an analysis of the 2023 Nursing and Midwifery workforce reviews including the Safer Nursing Care Tool (SNCT) reviews completed for all adult and paediatric in-patient wards and departments. Findings from the reviews and subsequent recommendations for on-going work and actions are presented in this report.

2. Key points to note

1. The Nursing and Midwifery workforce position is presented to the Directors Team on a monthly basis.
2. There are clear and robust escalation processes in place to identify daily risk associated with staffing shortfalls and ensuring robust mitigation is in place and monitored to ensure that the ability to deliver the right care, in the right place at the right time.
3. It has been identified through this review that one in-patient area requires further review of the nursing establishment.
4. There is an ongoing review of the Critical Care nursing establishment to provide assurance that the Trust is compliant with the standards for the Provision of Intensive Care Services (GPICS).
5. Registered Maternity vacancy remains higher than the regional average with a forecast of an over recruited position from March 2024. Processes are in place to ensure mitigation of risk in relation to vacancy.
6. Focused work continues via the strategic workforce action groups which are aligned to the Nursing and Midwifery Workforce Strategy.
7. The Temporary Staffing Group continues to drive the improvement work required to reduce temporary staffing expenditure across the Trust within the context of increased activity, continued vacancy rates and response to surge.
8. There is a continued commitment to maximising the Trusts recruitment and retention position by investing in both domestic and international recruitment.

3. Introduction

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

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

The guidance recommends that establishment setting should be undertaken annually, with a mid-year review and update provided to the Trust Board on actions and progress. This process should consider the following:

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

This annual report will assure the Board of Directors of safe staffing by providing an overview of the current Nursing and Midwifery workforce position across the Trust.

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

- Progress to date relating to actions identified in the six month review, presented to Board in July 2023.
- Vacancy, recruitment and retention position for Nursing
- The use of temporary bank and agency staff for Nursing
- A Trust wide summary of the Nursing workforce data analysis completed in October 2023 using evidence based safe staffing tools where recommended
- Assurance that workforce processes and decisions are evidenced based and comply with the Developing Workforce Safeguards recommendations

In context it important to acknowledge the increase in patient acuity and dependency levels, the continued impact of industrial action, and increased bed occupancy continues to challenge the professional workforce and their deployment across the Trust. Safe staffing governance processes remain in place and all safer staffing decisions are supported by senior professional oversight and leadership to ensure that the safest decisions are made when considering the effective deployment of the workforce.

4. Evidence Based Establishment Setting Methodology

Trusts are required to calculate and recommend the number and skill mix of nurse staffing required to meet the needs of patients by triangulating three critical sources of information. Patient acuity and dependency levels are identified using Safer Nursing Care Tool (SNCT). The SNCT is the only nationally approved, evidence-based tool to support safe staffing within in-patient areas; data collection currently takes place for 20 days bi-annually (to allow for seasonal differences). Safer Nursing Care Tool (SNCT) data collection took place during October 2023 and this was the fifth cycle of data collection that the Trust has taken across the adult and Paediatric in patient areas.

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

Professional Workforce Review panels were held across November/December 2023 and the ward/department Matron, Senior Clinical Matrons, Associate Directors of Nursing and Maternity, Finance and Workforce Business partners, Care Group director/manager and Operational Managers were invited to collectively review data, professional judgement and patient outcomes to fully triangulate the information and to agree any recommended changes to current workforce roles and establishments. The face-to-face panels support a 'ward to board' approach to workforce reviews and support the balanced discussion of hard data and soft intelligence.

5. Acuity and Dependency Tools

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

The SNCT tools recommends that a minimum of 22% funded headroom should be included for all nursing and midwifery staff within in-patient areas. This recommendation then forms a mandated setting within the tool that cannot be reduced prior to completing the data analysis. The Trust currently has a funded headroom of 21% for registered staff and 19.4% for unregistered staff with no allocation of maternity leave in the uplift calculation.

For the purpose of this review, all SNCT data has been analysed at 22% as per the tool settings. The tool collects data on the average number of patients by level of acuity (0, 1a, 1b, 2, 3) and average whole time equivalent (WTE) recommended against current budgeted establishment. As all in-patient areas need to be safely staffed for all funded beds, the tool advises that each empty bed is calculated as level 0.

- Level 0 - Patient requiring no assistance or minimal assistance from one person
- Level 1a - Patient at acute risk of deterioration / a complex post-operative patient
- Level 1b - Patient who has higher dependency, requires assistance from two people
- Level 2- Patient requiring invasive monitoring or support with single organ compromise
- Level 3 -Patient requiring mechanical ventilation / support with 2+ organ compromise

The Delivery Suite and Pre/Post Natal Ward utilise Birth rate plus (BR+) which is a nationally recognised tool for maternity services based on the number of deliveries and antenatal and post-natal care requirements, which is undertaken every three years. The most recent establishment review with BR+ took place in 2022 and the final report and associated recommendations was received in January 2023. The initial recommendation to increase the registered Midwife headroom to 23% to allow for the additional training requirements in line with national guidance and recommendations was agreed.

In early 2023 the Community Nurse Safe Staffing Tool (CNSST) was launched following a period of testing where the Trust supported with the Beta phase of this testing. Community acuity and dependency data has been taken using this tool in June 2023 following a period of staff training and education. Data was taken again in December 2023 which remains in the analysis stage. In the same way as the adult and Paediatric tools, data cannot be used to support establishment setting until the 3rd cycle has been taken.

The Emergency Department Safe Staffing Tool (EDSST) now requires senior take charge staff to complete further training prior to them being able to use the tool. Training dates are currently being confirmed with NHSE and the first cycle of data collection is planned for April 2024.

6. Progress since 2022/23 annual review

A comprehensive staffing review was presented to the Board in January 2023. A number of recommendations were proposed and an update on these actions was presented to Board in July 2023. A summary of the previous 12 month Nursing and Maternity workforce recommendations is provided below;

- **Emergency Services and Assessment**

Action	Update
Undertake a review of the Emergency Department in January 2023 using the new Emergency Department establishment-setting tool.	Emergency Department SNCT Data to be taken in Q4 2023/24 due to new training being released. All B7 ED coordinators are required to attend training to enable accurate data collection.
Continue focused recruitment into EAU as per the agreed operating model	Full recruitment into B5 posts is planned to be achieved by January 2024.

- **Maternity Services**

Action	Update
Await the outcome of the 3yr Birth Rate Plus establishment review across the Maternity in patient wards with the national Birth Rate Plus team.	Report received in January 2023 and all recommendations continue to be developed to ensure full compliance with the Birth Rate Plus recommendations. 23% headroom was agreed as a priority and establishment setting amended to accommodate this increase.
To further review the workforce model for the in-patient Maternity areas to identify opportunities for further alternative modelling in line with the needs of this patient group.	No further band 5 RN have been appointed following the report and recommendations from Birth Rate Plus. Alternative modelling remains an option within the service and the role of the RN is clear within Birth Rate Plus recommendations. There has been the appointment of the Associate Director of Midwifery in March 2023 and full recruitment of Registered Midwives is planned to be achieved by March 2024.
To conduct an immediate review of the current Registered Midwifery vacancy position.	In line with Ockenden and the nationally recommended Continuity of Carer model, the existing Rowan team have been maintained and a pause to any further roll out of Continuity of Carer. Further review of the community team has taken place
To complete the review of the specialist Midwife and Ward Matrons roles to release capacity to support with clinical practice.	Specialist Midwives were appointed in January 23 and initially maintained a proportion of clinical work to support the service. From April 2023 they have been working in their full substantive specialist midwifery roles but do support the clinical teams in times of escalation.

- **Gastroenterology Services**

Action	Update
Recruitment to Nutritional Specialist Nurse	This work is currently on hold due to a lack of funding to support the role. A business Case is in development as part of the planning round for 24/25

– **Stroke Services**

Action	**Update**
SNCT suggests an under-establishment, the current establishment and workforce model is being reviewed part of the annual business planning process. A full collaborative workforce model review between the Community Stroke and the In-patient nursing models given the current separate proposed establishments. Work towards an enhanced 7-day service, increase intensity of rehabilitation and supported early discharge.	The pathways across the Tees valley has now been standardised. Standardised job description and banding were key themes, subsequently the Stroke unit was able to invest in the uplift of 5.4wte B5 to B6 to stabilise the role of the stroke coordinator 24/7 and prevent staff from leaving the Trust for higher bands within neighbouring Trusts.

– **Delivery Model**

Action	**Update**
SNCT suggests an under-establishment of 24.99wte RN across 7 in-patient wards based on 3 cycles of SNCT data collection. Endoscopy workforce business case approved investment of 7.79wte RN across bands 5-7 Theatres infrastructure approved investment of 18.31wte RN plus 3wte specialist nurses across bands 6-7 and 0.85wte Ward Matron Emergency Department business case approved investment of 13.8wte RN. Ward 33 approved 5.42wte RN to support an increase in bed base on a permanent basis. Ward 37 (resilience) approved permanent establishment of 10.61wte to staff for 7/12 months of each year.	Approved investment for 24.99wte RN across 7 in-patient wards. 7.29wte of these vacancies remain unfilled with ongoing recruitment in place. Fully recruited All band 5 posts have been appoint to and 1wte band 6 post remains unfilled and out to advert. 2wte vacancies remaining unfilled. The department are currently advertising for experienced RNs in order to maintain a balanced skill mix. Ward 33 have now appointed into all vacancies. Ward 37 establishment is currently being recruited into, this establishment will be deployed across the base wards for 5 months of the year.

HCSW approved investment of 32.6wte within the delivery model.	HCSW vacancy continues to reduce and is forecast to be 4.2wte by the end of January 2024.

7. Presentation of Workforce Metrics

All workforce metric data from **June 2023 to November 2023** for Nursing and Midwifery have been reviewed, key points to note are as follows:

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

Care Hours per patient day (CHPPD) is a measurement of workforce deployment that can be used at ward and service level or be aggregated to Trust level. It is a unit of measurement recommended in the Carter report (2016) to record and report the deployment of staff working on in-patient wards and captures the registered nurse and HCSW hours. All acute Trusts are required to report their actual monthly CHPPD and it is recorded by dividing the total numbers of hours of care provided by staff by the total number of patients in the ward. The Trust wide CHPPD data for the period of June 2023 to November 2023 has been reviewed and the key points to note are as follows:

- From a Trust wide perspective, safe staffing was maintained throughout this period with an average positive variance between required and actual CHPPD of +0.65.
- Healthy lives Care Group which reflects the Paediatric wards showed a variance of +4.78.
- Responsive Care Group that reflects all medical speciality in-patient areas and the Emergency Assessment Unit showed a variance of -0.38 reflecting the larger proportion of the current RN vacancy levels across the Trust.
- Collaborative Care Group that reflects all Surgical and Orthopaedic speciality in-patient wards showed a variance of +1.58.
- Safe Care Live (SCL) generates both a required and an actual CHPPD for all inpatient areas twice per day. This gives a more accurate reflection of staff allocation and staff to patient ratios across a 24-hour period. In response to the need to remain flexible in the way nursing and midwifery staffing is planned, SCL is used on a day to day basis to safely and efficiently assess accurate staffing levels and to redeploy nursing staff throughout the organisation. Trust Wide Safe Care Live compliance from June 2024 to November 2024 was 92.22% which is above the compliance level of 90% set locally by the Trust.
- Birth Rate Plus is used across the Maternity in-patient wards to accurately record women's acuity and dependency levels that is then overlaid with actual staffing levels. This provides the ability to re-deploy Midwifery staffing to the most appropriate area to best deliver the needs of the overall service. Birth Rate Plus compliance for Delivery Suite from June 2023 to November 2023 was 86.05% which is above the compliance level of 85% set by Birth Rate Plus.
- During this period of time the Birth Rate Plus tool was not available to be used by the Pre/Post Natal ward as it was being updated by the National Team.

- **Vacancies**

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

- The Trust is currently completing the NHSE Nursing and Midwifery retention self-assessment which will be submitted to the Integrated Care Board (ICB) This will facilitate the development of high impact actions and will support future workforce planning.
- Monthly recruitment of B5 registered nurses continues via speciality specific advertising. The band 5 RN vacancy for November 2023 is 58.29wte (3.99%) which is a slight increase from 53.57 (3.90%) in November 2022. This increased vacancy includes the significant investment over the previous 12 month into the band 5 RN establishment via the delivery model.
- Further forecasting to the end January 2024 sees the RN vacancy position continue to reduce to 21.06wte (1.43%).
- In November 2023, the nursing Health Care Support Worker (HCSW) vacancy across the clinical areas was 12.03wte (1.85%) and is expected to reduce to 4.22wte (0.65%) by the end January 2024.
- The Registered Maternity vacancy position (band 5/6) for November 2023 is 10.11wte (9.35%). Further forecasting to the end March 2024 sees the RM vacancy position move into an over recruited position by +2wte.
- In November 2023, the maternity HCSW vacancy was 1.27wte (2.84%).

- **Turnover**

- The total sum of registered nursing turnover between June 2023 and November 2023 was 2.63% which is a positive improvement from 3.91% reported within the same time period in 2022.
- The total sum of unregistered nursing turnover between June 2023 and November 2023 was 4.56% which is a positive improvement from 5.03% reported within the same time period in 2022.
- The total sum of registered midwifery turnover between June 2023 and November 2023 was 1.38% which is a positive improvement from 7.83% reported within the same time period in 2022.
- The total sum of unregistered midwifery turnover between June 2023 and November 2023 was 0% which is a positive improvement from 2.20% reported within the same time period in 2022.

- **Sickness and Absence**

- The current sickness and absence levels across all Nursing and Midwifery staff groups are higher than the Trust target of 4.0%. Some areas presenting higher than planned sickness levels including the Emergency Assessment Unit and the Emergency Department.
- Maternity leave cover is not provided within allocated headroom.
- Sickness absence continues to be pro-actively managed as per the agreed Trust process between the Care Group management teams and Workforce Business Managers.

- **Planned and Actual Staffing**

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

- In line with the National Quality Board requirements, the organisation continues to report the planned and actual staffing data on a monthly basis to NHSI.
- The average fill rates show a lower fill rate in RN during the day and a high rate of Health Care Assistants on nightshift. This continues to reflect the RN gaps and the increased provision needed for enhanced care.
- Between June 2023 and November 2023 there has been a monthly average of 89.8% for Registered Nurse hours, 100% for Nursing Associate Hours and 100.6% of Unregistered Nurse hours.
- There has been an increase in overall staffing fill due to a reducing vacancy level, successful international recruitment and successful recruitment of newly registered nurse cohorts.
- Higher HCA at night due to the enhanced care demand.
- Any gap in RN fill is reviewed daily via the safe staffing meetings where patient acuity and dependency data is over laid with the professional judgement of the ward Matrons and the Senior Clinical Matrons.

8. Temporary Staffing Usage

Temporary staffing expenditure for Nursing and Midwifery services for the period of June 2023 and November 2023 has been reviewed and the following key points are to note;

- The Temporary Staffing Focus Group (TSFG) continues to drive the improvement work required to reduce temporary staffing expenditure across the Trust within the context of increased activity, continued vacancy rates and response to surge.
- There remains a reduction in NHSP fill across August and September 2023 in contact of children's school holiday periods.
- As the Nursing and Midwifery vacancy levels reduce in line with the forecasted trajectory, there is an expectation that the amount of total demand hours will continue to reduce and an improvement will there be seen in the overall fill rate.
- To support the current total demand Registered Nurse block booking from reputable agencies are sought and utilised where appropriate. A total of 5wte registered nurse block bookings were agreed from November 2023 to March 2024. 3wte to support the winter resilience ward and 2wte to support a skill mix gap within one of the respiratory wards due to an increase in experienced nurses going on planned maternity leave.
- Ongoing roster management support through Roster Clinics which will move to a check and challenge approach in January 2024 with identified improvement trajectories.
- Continued scrutiny of retrospective bookings to ensure shifts are booked in accordance with best practice.
- The Temporary Staffing Dashboard ensures transparency of expenditure attributed to temporary staffing.

- Break Glass compliance is monitored on a weekly and monthly bases to ensure compliance with safe staffing SOP. All golden key lifts require a break glass document to evidence approval at Care Group SMT level.
- Agency active bookings are also monitored to ensure compliance with the SOP in place to support the check and challenge required when agency workers attend with an invalid booking reference.
- A recent bonus payment incentive with NHSP has been agreed to encourage all staff groups across the Trust to pick up additional shifts between mid-December 2023 and March 2024, thus further reducing the reliance on agency workers.

9. Presentation of Patient Safety and Quality Outcomes

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

- **Falls**

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

- When reviewing the number of falls sustained across the Trust during this period it was identified that a total of 637 falls occurred and 448 (70.3%) resulted in either a near miss or no harm, 116 (18.2%) resulted in low harm and 2 (0.3%) falls resulted in moderate harm. 3 falls resulted in death (0.4%), 2 were identified as none patient safety incidents and 1 remains undetermined.
- On review of the individual descriptions associated with the falls resulting in both moderate harm and death, it was identified that one area, where a fall resulted in moderate harm, had also initially highlighted that there was a poor skill mix of nursing staff on the ward at the time of the fall. Further review of the Serious Incident report for this fall did not highlight a nurse skill mix concern and did not reference any links to nurse staffing/workforce.
- No other falls have been reported to be linked to workforce.
- The in-patient wards that highlighted the highest level of falls were wards 40 and 42 (Frailty and care of the elderly) where patients usually require a higher level of enhanced and 1:1 care.

- **Pressure Ulcers**

A pressure ulcer is a localised injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear. The patient's pressure ulcer could be categorised as 1, 2, 3 or 4. Although pressure ulcers may be sensitive to the number of available nursing staff, pressure ulcers prevention requires a multidisciplinary approach, and pressure ulcers rates will be affected by access to pressure ulcer prevention equipment and mobility aids, the availability of

therapy, pharmacy and medical staff and the knowledge and skills of all healthcare professionals and support staff.

- **Table 1** presents the number of Hospital and Community acquired pressure ulcers during the period from June 2023 to October 2023 and identifies that there were 377 validated pressure ulcers, 62% in the hospital and 38% in the community.
- The highest level of pressure ulcers being categories 1 and 2 across both the settings. A total of 316 pressure ulcers were categorised as 1 or 2.
- The reported key findings from the validation did not highlight nursing workforce or staffing skill mix as a contributory factor in any of the cases.

Table 1

		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total
Hospital	Category 4	0	0	0	0	1	1
	Category 3	3	1	6	1	8	19
	Category 2	29	25	26	25	29	134
	Category 1	11	14	21	16	18	80
Community	Category 4	0	1	0	1	2	4
	Category 3	4	6	9	7	11	37
	Category 2	16	21	17	10	13	77
	Category 1	11	4	3	4	3	25

- **Red Flags and Datix**

  33 red flags were raised in relation to safe nurse staffing between June 2023 and November 2023, this is a significant reduction from 174 red flags raised within the same period of time in 2022.

- 29 red flags raised based on the professional judgement of the nurse in charge to raise the concern of shortfalls in RN time, all of these flags were raised from Critical Care.
- 4 red flags raised to escalate that intentional rounding of patients has been missed, these flags were raised from Surgical Decisions Unit and ward 40.

- **Birth Rate Plus**

  The monitoring of safe staffing within maternity is undertaken using the Birthrate+ acuity app. This enables the assessment of real time staffing based on the clinical needs of women and babies for intrapartum and ward areas with a recommended list to raise a red flag. Demonstrate an effective system of midwifery staffing and safe care is a safety action within the Maternity Incentive Scheme (MIS) operated by NHS Resolution, year five of the Clinical Negligence Scheme for Trusts (CNST). The minimum requirement for reporting to Trust board is for 1-1 care in labour and labour ward co-ordinator loss of supernumerary status. Focused work has been undertaken to improve the level of compliance of Birth Rate plus, ensuring that all red flags raised are validated.

  Between June 2023 and November 2023 the following red flags were validated;

- Labour Ward Coordinator not in supernumerary status – 16
- 1:1 care not provided – 3

Midwifery staffing compliance is reviewed weekly and it has been identified that a decrease in compliance occurs out of hours or when the unit is in high acuity and escalation. On these occasions the escalation policy has been followed with the Clinical Site manager (CSM) and manager on call contacted, staff being redeployed internally and the community midwives being brought in. These measures were taken for very short periods and the situation rectified at the earliest opportunity. Members of the maternity quality and safety council reviewed the red flags for LWC not supernumerary and on all occasions the LWC did not provide 1-1 care and it was agree the LWC remained supernumerary.

- **Review, Establishment, Safety, Effectiveness, Team (RESET)**

  When a clinical area reports an over utilisation of care hours >48hrs or following the submission of a safe staffing related datix or red flag, a RESET visit is required to take place to the clinical area from the aligned Senior Clinical Matron. This is to formally review patient acuity and dependency levels, staff levels and skills in place and any patient or staff safety concerns. Results from the initiated RESET visit are then fed back to the safe staffing meeting to ensure that safe care is being provided. If the Senior Clinical Matron is unable to resolve the concerns raised there is a formal escalation to the Associate Director of Nursing (aligned to the care group) for further management to ensure patient and staff safety. For every RESET visit a documented summary of the visit and outcome is to be completed.

  A review of the RESET process is being undertaken and assurance regarding compliance RESET SOP is being monitored to ensure an improved position.

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

0. Summary of the SNCT data review October 2023

In line with national guidance, a 21 day SNCT data collection was taken across all adult and Paediatric wards in October 2023.

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

- **Paediatric ward** - suggested an over–establishment, however within the current establishment staff also manage the CYP elective unit and the new CYPED which is not included in the tool currently.

- **Surgical Decision Unit** – Suggested an over establishment, however, staff within the establishment also provide care to patients in assessment areas who are not in-patients.

- **Emergency Assessment Unit -** Suggested an over establishment, however, staff within the establishment also provide patient care in assessment areas who are not in-patients.

- **Critical Care Unit** - Suggested a slight over establishment which is reflective of the requirement for the unit to be staffed to 100% occupancy as per GPIC standards. A recent workforce proposal has been completed with the intended outcome to align the Nursing and support staff workforce within critical care services at North Tees to The guidelines for the Provision of Intensive Care Services (GPICS). It is vital that workforce is compliant with the guidelines in order to provide a sustainable, comprehensive, innovative and effective clinical workforce for the future. Recommendations from this paper have been included in the overall recommendations of this Bi-annual review.

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

- **Ward 29 – Acute Cardiology Unit –** The unit has had a recent increase in the establishment following an increase in their bed base from 19 to 30. However, SNCT data suggests an increase in level 1a patients and not the increase in level 0 patients previously expected.

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

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

11. Critical Care Nursing Workforce Review

The faculty of Intensive care medicine have produced guidelines for the provision of intensive care services to produce a positive impact on both quality of care and safety for critically ill patients. The standards have been developed and agreed by Critical Care professional nursing organisations representatives who are collectively the UK Critical Care Nursing Alliance (UKCCNA). Where robust evidence is limited in relation to nurse staffing in critical care, professional consensus has been used to develop the standards. A full summary of the standards can be found in **appendix 1**.

There is a requirement to ensure a minimum of 50% of the nursing workforce have a post-registration award in Critical Care Nursing

Presented in **table 3** is the current funded establishment compared to the requirements based on current GPIC standards, presenting the variance of each band/role. The total financial impact equates to £455,935.

Table 3

Role	Current Funded	GPICS Standard	Variance
Band 8a	1.0	*1.0	0
Band 7 (Unit matron)	1.0	*1.0	0
Band 7 (Clinical Coordinator)	1.0	*1.0	0
Band 6	5.0	10.84	-- 5.84
Band 7 (Educator)	1.0	1.5 (2.0 at 1:50)	- 0.5
Band 6 (Data and RaCI)	1.0	2.0	-1.0
Band 6/7 (CCOR)	5.64	5.64 (24/7 service)	0
Band 8a Psychologist	0	0.2	-0.2
Band 5	64.73	65.05 (85% activity)	- 0.32
Band 2 (HCA)	5.85	6.85	-1.0
Band 2 (Housekeeper)	1.55	1.55	0
Band 2 (Ward Clerk)	2.32	2.67	- 0.35
Total	90.09	98.30	**- 8.21**

Following recent peer review work and the review of the requirements to assure Trust compliance with GPIC standards it has been recommended that a business case is to be supported as part of the 2024/25 workforce planning round.

12. Professional Workforce Strategy

The professional workforce strategy was developed to address the strategic objectives posed by gaps across the professional workforce. The strategy underpins the Trust approach to Quality and Service Improvement with an aligned plan to all Trust wide workforce initiatives.

The strategy influences the decisions and responses to the issues affecting the supply of health and social care skills by building a shared understanding of workforce planning, as a multi-disciplinary activity including consideration of need, demand and supply.

The following key groups have been set to support the delivery of the overall strategy and some of the key work streams have been summarised.

- **Recruitment**

- The recruitment process for registered nurses and midwives remains on going using bespoke adverts for all specialties.
- The Trust remains committed to international recruitment with 86 nurses deployed to the UK across 2022/23.
- The Trust remains committed to the recruitment of 2wte internationally educated midwives (IEMs) with a plan for deployment to the UK by the end March 2024.
- Recruitment for HCSW staff continue using the recruitment centre process which is managed by the band 7 Ward Matrons.

- **Retention**

- The Transfer window process remains in place to support the internal movement of staff from one area to another. This is due to open early 2024 and will continue to open on a quarterly basis.
- The role of the Legacy Mentor has been introduced in December 2023. Four mentors have been interviewed and appointed into 1wte band 6 posts which is being funded by NHSE for 12 months. The role of the mentor is to support Nurses who have been registered between 1-3years, following preceptorship. Recent studies have suggested that this is a particularly vulnerable time for new nurses and is a time when they are at a higher risk of leaving the profession if they are not suitably supported professionally. The objectives set for the mentors support the national retention strategy and the Trust is hopeful that this role will further strengthen the support given to nurses as they move from preceptorship onto the band 5 development pathways.
- Developing future leaders using succession planning across both the wards and specialists nursing and midwifery services.

- **Professional Nurse and Maternity Advocate (PNA/PMA)**

- In 2017 Supervision of Midwives was removed from statute and disbanded. The Professional Midwifery Advocate position (PMA) was created to implement the A-EQUIP model and provide the supportive element of supervision for Midwives. This was closely followed by the Professional Nurse Advocate in 2021
- Current position is presented in **table 3**;

Table 3

Registered PNA/PMA	**In training or due to start**
10 – Community 2 – Critical Care 3 – Maternity 1 Corporate	13 Registered Nurses

- **Training and Development**

- Cohort 5 of Team Support Workers (TSWs) have taken up their posts in October 2024 and are planned to remain in their 6 month fixed term posts until the end of March 2024. The TSW pathways remains a success and supports staff to proceed onto an apprenticeship to support furthering their careers in the Trust.
- A structured programme to deliver the nationally recognised Chief Nursing Officer (CNO) Matrons Handbook is due to be re-launched in January 2024 to support new Matrons and Deputy Matrons in their roles and to allow an opportunity for re-fresh for those who have already completed the programme.
- The first draft of the International Educated Nurse Pastoral Care Kite Award (PCKA) with NHSE has been submitted in November 2024, feedback from the team is pending.

- **Career Pathways**

- Across the Trust there are a variety of bespoke developmental pathways and competencies that are speciality specific. Currently the band 5 registered nurse developmental pathways has been used successfully with newly registered nurses within the Emergency Department and Emergency Assessment Unit.
- 2024 will see this work being built on to further develop and implement years 2 and 3 of the band 5 pathway and to develop structured pathways for staff in bands 3-4, 4-5, 5-6, 6-7 and 8a+.
- A clear timeline for development, implementation and the embedding of these pathway is currently being planned and will take an MDT approach.

- **Routes into Care**

- Making the NHS the best place to work is a key commitment in both the Long Term Plan and the NHS People Plan which aims to empower leaders to provide greater development, flexibility and support options for staff which will all contribute to a more supportive working environment and will lead to a greater retention of staff.
- Significant collaborative work between Nursing, Therapy and Education teams have produced the first draft of a road map, identifying all possible routes into care within the Trust.
- Recent work with Teesside University will support the progression of this work in 2024 to ensure that all possible routes into care are clearly identifiable and accessible to our local population.

13. National Compliance

The Developing Workforce Safeguards (DWS), published by NHSI in October 2018 were designed to support Trusts to manage workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach detailed in the Nursing Quality Board (NQB) guidance.

This report confirms that the Trust is fully compliant with the DWS, **appendix 2** details the compliance with each recommendation set.

14. Conclusion

The purpose of this annual report is to provide Board of Directors with comprehensive position in relation to the professional workforce capacity and advice upon compliance with national guidance. The review provides assurance in relation to the ongoing work and actions identified within this report including:

- In line with national guidance, the SNCT data collection has been completed and actions arising from the data analysis will be considered as part of the annual business planning processes.
- With the exception of the services highlighted in this report, the establishments in place remain fit for purpose. It is recognised that further changes in the acuity and dependency needs of patients in the future may impact service requirement and will be considered in line with the strategic and operational governance in place identified in this report.
- Recruitment into the registered maternity vacancy remain priority and is forecast to be in an over recruited position by March 2024.
- There is a continued clear focus on the safest redeployment of staff in line with

individual staff members' level of skill and experience and patient's acuity and dependency needs to maintain the safest possible level of care to all patients.
- In line with the Nursing and Maternity workforce strategy, by introducing new roles, improving working conditions and supporting flexibility the Trust ambition is to attract, retain, and develop the workforce.
- All of the efforts being undertaken provide assurance there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time, whilst being financially sustainable.

15. Recommended Actions

Following the completion of the annual professional workforce establishment review the following actions are recommended:

- In line with national guidance, the SNCT data collection has been completed and actions arising from the data analysis will be considered as part of the annual business planning processes.
- With the exception of the services highlighted in this report, the establishments in place remain fit for purpose. It is recognised that further changes in the acuity and dependency needs of patients in the future may impact service requirement and will be considered in line with the strategic and operational governance in place identified in this report.
- The Trust is currently scoping a job planning system to support job planning of specialist nurses and advanced practitioner roles. This will mirror the annual job planning process already in place for the Consultant workforce.
- Recruitment into the registered maternity vacancy remain priority and is forecast to be in an over recruited position by March 2024.
- There is a continued clear focus on the safest redeployment of staff in line with individual staff members' level of skill and experience and patient's acuity and dependency needs to maintain the safest possible level of care toall patients.
- In line with the Nursing and Maternity workforce strategy, by introducing new roles, improving working conditions and supporting flexibility the Trust ambition is to attract, retain, and develop the workforce.
- Assurance there are workforce safeguards in place, the right staff, with the right skills are in the right place at the right time, whilst being financially sustainable.

16. Risk and Mitigation

This report describes the nursing annual workforce establishment review process which has been completed in accordance with national guidance. It highlights the on-going challenges presented in managing safer staffing across all services. There are some areas highlighted within this report which require further review to assure that their establishments are able to safely deliver the needs of their services. Recommended actions to achieve this assurance are outlined within this report.

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

This report provides assurance to the Board of Directors that three of the strategic risks within the People section of the Board Assurance Framework (BAF) and one

risk within the well led section of the Quality BAF are continually being addressed.

These risks are as follows;

- Risk of not growing our workforce for the future (People BAF)
- Risk of not developing appropriate and new ways of working (People BAF)
- Risk of not having appropriate levels of staff with the right skills to deliver safe services (People BAF)
- Risk of suboptimal staffing levels (Quality BAF)

The content of both the People and the Quality BAFs is reviewed and updated on a monthly basis, which provides the context, and setting of the overall risk that reflects the current environment the Trust is operating in.

17. Recommendations

The Board of Directors are asked to note the significant assurance provided within this report in relation to Trust compliance with Developing Workforce Safeguards, the delivery of required CHPPD and the use of Nursing and Maternity safe staffing systems.

Lindsey Robertson
Chief Nurse, Director of Patient Safety and Quality

Appendix 1

1. Level 3 patients must have a registered nurse/patient ratio of a minimum 1:1 to deliver direct care2.

2. Level 2 patients must have a registered nurse/patient ratio of a minimum of 1:2 to deliver direct care5.

3. Each designated critical care unit must have an identified lead nurse who has overall responsibility for the nursing elements of the service e.g. a senior nurse band 8a or above.

4. There must be a supernumerary (i.e. not rostered to deliver direct patient care to a specific patient) senior registered nurse who provides the supervisory clinical coordinator role on duty 24/7 in critical care units.

5. Units with greater than ten beds must have additional supernumerary senior registered nursing staff over and above the supervisory clinical coordinator to enable the delivery of safe care (i.e. 11-20 beds +1, 21-30 beds +2, etc.). The number of additional staff per shift will be incremental depending on the size and layout of the unit (e.g. multiple pods/bays, single rooms). Consideration for the need of additional staff also needs to be given during events such as infection outbreak.

6. Each critical care unit must have a dedicated Clinical Nurse Educator responsible for coordinating the education, training and CPD (Continuing Professional Development) framework for intensive care nursing staff and pre-registration student allocation. This should equate to a minimum of 1.0 WTE (Whole Time Equivalent) per 75 nursing staff. There is recent guidance to suggest 1:50 to support 50% of nurses with postgraduate certificate.

7. All nursing staff appointed to intensive care must be allocated a period of supernumerary practice to enable achievement of basic specialist competence.

8. A minimum of 50% of registered nursing staff must be in possession of a post-registration academic programme in Critical Care Nursing.

9. Units must not utilise greater than 20% of registered nurse from bank/agency on any one shift when they are NOT their own staff.

10. Where direct care is augmented using support staff (including unregistered nursing roles), appropriate training and competence assessment of those staff is required.

11. In addition to leadership competencies the lead nurse/matron/senior nurse band 8a or above (terms are synonymous for this purpose) for the critical care unit must meet, as a minimum, the same specialist critical care nurse educational standards as the staff caring for Level 3 patients.

Appendix 2

Developing Workforce Safeguards Compliance Document

Recommendation	Trust position reported in January 2024	Identified Actions/Comments
1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	**Compliant** Right staff with the right skills in the right place at the right time. Establishments in line with service demand and agreed establishments Demand templates reviewed bi-annually in line with Nursing and Midwifery (N&M) workforce review. Adherence to NICE guidance – skill mix Safe Care Live (SCL) used operationally to support staff redeployment based on demand Over lay of professional judgment on shift by shift basis.	
2. Trusts must ensure the three components of safe staffing are used in the safe staffing process: • **Use of evidence based tools** • **Incorporation of professional judgement** • **Use of patient quality outcomes**	**Compliant** As part of the nursing and midwifery workforce establishment review the use if all 3 components can be demonstrated SNCT and Birthrate Plus in place and used to support establishment review.	2nd cycle of data collected using the CNSST in December 2023. Training remains underway for all B7 ED coordinators in preparation for first cycle of data collection using the ED tool in April 2024.
3. NHSI will base the assessment on the annual governance statement, in which Trusts will be required to confirm their staffing governance	**Compliant** Safe staffing twice daily meetings TOR and Safe Staffing SOP	

processes are safe and sustainable.	E Rostering policy SCL data – CHPPD presented at Director level monthly	
4. NHSI will review the annual governance statement through our usual regulatory arrangements and performance management processes, which compliment quality outcomes, operational and financial measures.	**Compliant** Statement from Chief Nurse and Medical Director via the Bi-annual workforce review presented to board.	
5. NHSI will seek assurance through the SOF monitoring performance.	**Compliant** Data is collated and reviewed monthly for a wide range of workforce metrics, quality indicators and productivity measures. Annual Governance statement completed as part of the bi-annual workforce board report - compliant	
6. As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	**Compliant** Statement forms part of bi-annual workforce review board report- compliant (Nursing, Midwifery and Care Support Worker staff groups)	
7. Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive leaders. The Board should discuss the workforce plan in a public meeting.	**Compliant** Annual workforce plans signed off by CEO and Executive Team and are in public forum via Trust website.	

8. Board must ensure their organisation has an agreed local quality dashboard that cross checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trusts should report on their data to their Board every month.	**Compliant** Local quality dashboards in place Monthly safe staffing reports triangulate this data and present outcomes to Director level.	
9 An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence based toolkit where available) must be reported to the Board by ward or service area twice per year, in accordance with NQB guidance and NHSI resources. This must also be lined to professional judgement and outcomes.	**Compliant** N&M establishment reviews take place Bi-annually and are presented to board - Evidence based tools used - Professional judgment overlaid - Outcomes reviewed Monthly workforce review panels to maintain live workforce plans, agreed establishments, evidence based data, professional judgment.	
10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool	**Compliant** Workforce reviews based on data from approved evidence-based tools with no local manipulation. SNCT (Adult and CYP) BR+ BADGER BAPM	
11. As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a	**Compliant** Process in place for any skill mix change/service review. Completed as part of the workforce review panel.	

full quality impact assessment (QIA) review.		
12. Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA.	**Compliant** Process in place for any skill mix change/service review. Completed as part of the workforce review panel.	
13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	**Compliant** Safe Staffing meetings in place in accordance with guidance, clear TOR and SOP in place. Professional judgment applied and documented within Daily Safe Staffing notes. Daily escalation pathway up to Executive level via ✓ Safe Staffing meetings ✓ Senior Clinical Matrons ✓ Associate Directors of Nursing ✓ Managers/Directors on Call Local safe staffing escalation plans in place for RSU, Critical Care, EAU, SDU, ED, and Maternity.	
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions	**Compliant** Risks to safety and quality form part of workforce business plans, workforce business plans agreed and in place for all care groups. Escalation to Executive Team of significant risks for action	

may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	within QIAs and bi-annual workforce board report; • Bi-annual workforce board report • QIA process • Daily safe staffing escalation process	

Agenda Item 16

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Perinatal Quality Surveillance Model Reports								
Date:	1 February 2024								
Prepared by:	Stephanie Worn - Associate Director of Midwifery								
Executive sponsor:	Lindsey Robertson - Chief Nurse								
Purpose of the report	The purpose is to update the Quality Committee on Maternity Services, in line with the national recommendations								
Action required:	Approve	x	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		
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 purpose of the report is to inform and provide assurance to North Tees and Hartlepool Foundation Trust (NTHFT) Trust Board that there is an effective system of clinical governance monitoring of the safety of our maternity services with clear direction for learning and improvement.

Quality and Safety
There were no reportable cases that met the reportable criteria for the Maternity and Neonatal Safety investigation (MNSI), formally known as HSIB and no lesson to be learnt following a rapid review for eligible PMRT cases.

Key performance metrics:

- a stabilised reduction in PPH 1.5l rates and there is
- on-going work to reduce smoking rates in pregnancy.
- VTE compliance rate (83%) has improved following a data validation process and the implementation of a new electronic patient record system.

Nationally there are challenges to ensure optimal patient experience and elective capacity for inductions of labour (IOL). The service are exploring a collaborative with South Tees Hospitals in a joint IOL Quality Improvement project.

Culture and Leadership
SCORE (Safety Culture, Operational risk, Reliability/burnout and Engagement) staff survey results are expected in February and the perinatal quadrumvirate have oversight and engagement.

The Board safety champions continue to support the ‘quad’ and meetings between both groups are scheduled bi-monthly. Board safety champion walkabouts continue providing real time feedback, displayed in all clinical areas.

Workforce
November’s in-month position for registered midwife vacancy is 9.5WTE with a further positive improvement forecasted by March.

Staff staffing continues to be monitor daily and documented via the BR+ acuity app red flag system. The BR+ acuity app have revised the postnatal care categories and has been implemented and shared with staff.

The senior maternity team have identified priority projects following the community review, supported by the external reviewers to include autonomy, flexibility, accessibility and workforce planning. This is being led by the community teams and supported by the Midwifery SMT.

Training compliance
Obstetric emergency MDT training achieved 90% compliance however conducting an emergency scenario at point of care achieved 86%. For MIS compliance, the Trust can declare compliance as an action plan has been developed to achieve compliance within 12weeks from the end of the monitoring period. There is on-going work to increase Trust mandatory training compliance from 88.43%.

Maternity Incentive Scheme (MIS) year 5
The in-month position for the 10 safety actions (SA) is that the Trust is on track for compliance for 9 out of the 10 SAs. SA1 has the potential risk of non-compliance due to a process error with one out of the 7 cases for Perinatal Mortality Review Tool (PMRT); the surveillance information was completed within 1 calendar month from the date of death however, it was published 1 day overdue and all other stages in the process were completed well within the timeframes. The Trust have sought advice from MBRRACE who host the PMRT reporting and NHS Resolution, after discussions with the MIA and the Chief Nurse. This is out of the trend as all other cases this year have been well within the timeframes and it was a genuine mistake with actions implemented as a failsafe.

Care Quality Commission
In December, the Trust had received information of alike chance of a CQC visit to maternity services before Christmas. The Trust focused work within maternity, supported by the Head of Quality and clinical safety and the wider SMT. Work undertaken included mock inspections, focused group workshops and revisiting governance processes and this continues. Maternity Triage has been a focus on maternity services this year, and the Trust have recognised this is a priority service for development. The Trust have accepted support from an external provider who have developed a maternity triage system and will a series of 4 workshops. The Trust have implemented processes to ensure there is a safe system in the interim.

Escalation
The NENC LMNS have approved version 3 of the maternity escalation along with the introduction of a daily acuity report via RAIDR. On 19th December the Trust activated the policy to ensure safety of maternity services, by diverting women on a case-by-case basis for a period of 5hours. The process will be reviewed at a local level.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
Risk 6643, Risk 6644

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
Quality Committee 22 January 2024	Maternity Quality Assurance Council via email approval 10 January 2024
Recommendation	The Board of Directors are asked to receive and note the significant on-going work to meet National Maternity recommendations and workforce challenges.

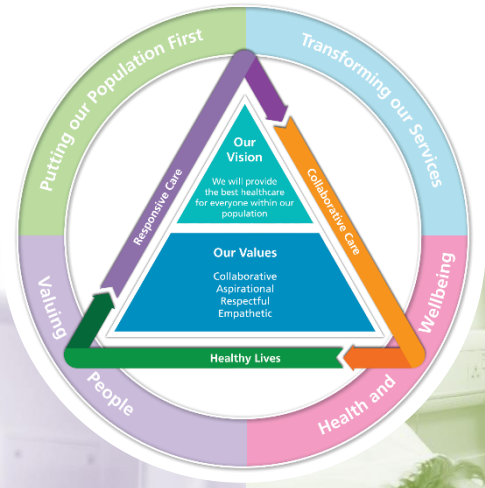
North Tees and Hartlepool
NHS Foundation Trust

Maternity Update

Maternity Perinatal Quality Surveillance Report for

October & November 2023

Board of Directors
February 2024



Maternity Perinatal Quality Surveillance Report October & November 2023

North Tees and Hartlepool NHS Foundation Trust

CQC Maternity Ratings 2022	Safe	Effective	Caring	Responsive	Well-Led	Overall
	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

	Latest Value
Findings from review of all perinatal deaths.	**October:** less than 5 eligible PMRT cases **November:** less than 5 eligible PMRT cases
Findings of review of all cases eligible for referral to HSIB	**October:** 0 reportable cases **November:** 0 reportable cases
HSIB/NHSR/CQC or other organisation with a concern or request for action **Maternity Safety Support Programme**	**Ockenden:** continued monitoring of Immediate & Essential Actions **CQC must do's -** ongoing monitoring **MSSP -** continued work with Simon Mehigan (Maternity Improvement Advisor)
The number of incidents logged graded as moderate or above	**October:** 61 Incidents. 0 x moderate harms 43 no harms / 12 low harm / 6 x near miss **November**: 87 incidents. 0 moderate harm / 6 Low harm / 5 near miss
The number of incidents related to out of hours supervision	**0 incidents** reported for October and November
Progress with Maternity Incentive Scheme (MIS)	**Year 5 published 30th May 2023 . Current position all 10 Safety actions are deemed non complaint until time of submission .**

Narrative

PMRT - Learning & action from recent case reviews
No learning identified following a rapid review

Maternity and Neonatal Safety Investigation (MNSI)
As from October 2023, HSIB has been renamed to MNSI and the CQC will host the programme. No reportable cases.

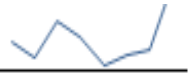
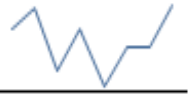
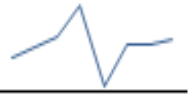
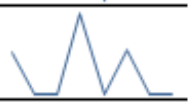
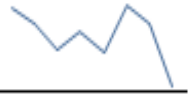
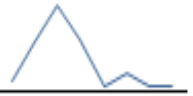
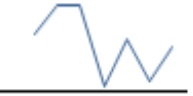
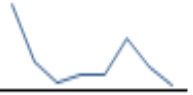
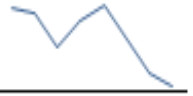
Coroners Inquests and Regulation 28, Prevention of Future Deaths Reports – Maternity Services have not had any cases which have been reviewed at a coroners inquest in October and November.

CQC
It was highlighted in November that all maternity units in England would have received a CQC vist in 2023. The Trust focused work within maternity, supported by the Head of Quality and clinical safety.

MIS
The Maternity team are continuously monitoring progress towards compliance and report through the governance structures. Work is ongoing to review technical evidence and collate evidence for each Safety Action. Potential at risk of non-compliance is safety action 6. The Trust is working the LMNS to review the data which was held in November. Overall the Trust is making progress towards compliance and a further detailed review in planned for December 2023.

Maternity Perinatal Quality Surveillance Report October & November 2023

North Tees and Hartlepool NHS Foundation Trust

KPI	Latest value against target		
	Oct	Nov	
Number of Births	213	256	
1:1 Care in labour	99.40%	100.00%	
3rd / 4th Degree Tear Rate	0.96%	1.96%	
Obstetric Haemorrhage >1.5L	3.37%	3.30%	
Still Birth Rate	0% / 0.45%	0% / 0.45%	
Breastfeeding at first feed	50.23% / 74.40%	42.85% / 74.40%	
Smoking at Booking	10.58% / 11.00%	10.42% / 11.00%	
Smoking at Delivery	10.11% / 11.00%	13.22% / 11.00%	
Venous Thromboembolism (VTE)	81.75% / 95.00%	83.5% / 95.00%	
Induction of Labour	44.50% / 46.90%	38.04% / 46.90%	
ATAIN	5.7% / 6.00%	5.43% / 6.00%	

Narrative

Obstetric Haemorrhage
The Post Partum haemorrhage >1.5L QI project continues. There is a month on month variation though this is normal variation.

VTE assessment compliance
There has been an improvement since the implementation of the new Electronic Patient Record system. Communications to staff members will continue to achieve Trust compliance.

4 x Smoking in pregnancy projects
The smoking in pregnancy cessation quality improvements continue. We expect an improvement in several months following women from the pregnancy to birth who have accessed support.

ATAIN – Avoiding Term Admissions Into Neonatal Units
Monthly review undertaken by neonatal and midwifery representatives and an action plan is updated. October and November have seen an increase in ATAIN percentage, this was not unexpected as ward 22 experienced 100% capacity for a couple of days in each of the months. To enable patient flow and capacity, transitional care babies were admitted onto SCBU, and the parents were able to room in.

Induction of labour
The Regional midwifery team are hosting events to discuss managing capacity and experience as nationally IOL rates are challenging. Locally we aim to jointly develop a QI project with South Tees Hospitals.

Maternity Perinatal Quality Surveillance Report October & November 2023

North Tees and Hartlepool NHS Foundation Trust

Standard	Latest Value	Narrative
Service User Feedback	**October: 66% Positive Feedback** **November: 88% positive feedback**	**The Maternity and Neonatal Voices Partnership(MNVP)** The MNVP have been scoping out projects to include women and families from BAME and vulnerable populations. **Board Maternity Safety Champions** Feedback from staff and patients was generally positive. Some areas for improvement included DAU environment, with limited privacy and flow. Workforce regarding medical staff and sonographer availability was raised in terms of flexibility and availability. The maternity SMT are aware and holding workforce and estates planning meetings **Complaints** Staff attitude and communication was identified as a theme in 3 complaints. Information not shared through departments. This will be actioned via mandatory training, staff briefings, staff handovers and meetings. Lack of flexibility for an antenatal booking was received. Community midwifery services are undergoing a service review to explore different ways of **Compliments** Compliments reflect satisfaction with care provided across the service. **Leadership and culture** The Perinatal quadrumvirate continue to be support by the Board and Board Safety Champions. Bi-Monthly meetings are scheduled to include the perinatal quad, maternity and neonatal safety champions, Board safety champions and the MNVP. The SCORE (Safety Culture, Operational risk, Reliability /burnout & Engagement) survey has now closed with the next step to plan data analysis through support from Korn Ferry sponsored by the National programme.
Feedback from frontline staff on champions walkabouts	**Walk About undertaken DAU, Ward 22 and delivery suite**	
Complaints	**October** Stage 1: x0 Stage 2: x1 Stage 3: x1 **November** Stage 1: x3 Stage 2: x2 Stage3: 0	
Compliments	**October** 25 received **November** 33 received	
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	**54%** **2022 Combined obstetric & gynaecology staff**	
Proportion of speciality trainees in obstetrics and gynaecology responding with excellent or good on how they would rate the quality of clinical supervision out of hours (reported annually)	**82%** **2022 report**	

Maternity Perinatal Quality Surveillance Report October & November 2023

North Tees and Hartlepool NHS Foundation Trust

Workforce

RM vacancy position

October	Sum of Budget	Sum of Actual	Sum of Variance
B5/B6 RN's/RM's	108.03	94.94	-13.09
B7 Clinical and Specialist Midwives	25.52	25.97	1.45
Grand Total	133.55	120.91	-12.64

November	Sum of Budget	Sum of Actual	Sum of Variance
B5/B6 RN's/RM's	108.03	97.92	-10.11
B7 Clinical and Specialist RMs	25.52	26.13	0.61
Grand Total	133.55	124.05	-9.5

1-1 care in labour : October 100% November 99.4%
Labour Ward Coordinator supernumerary: October 96.7% November: 96.6%
Obstetric Delivery Suite Cover: October 100% November 100%
RM fill rate: October 83% November 80%
Midwife v Birth ratio 1:19.9 1:20 1:23

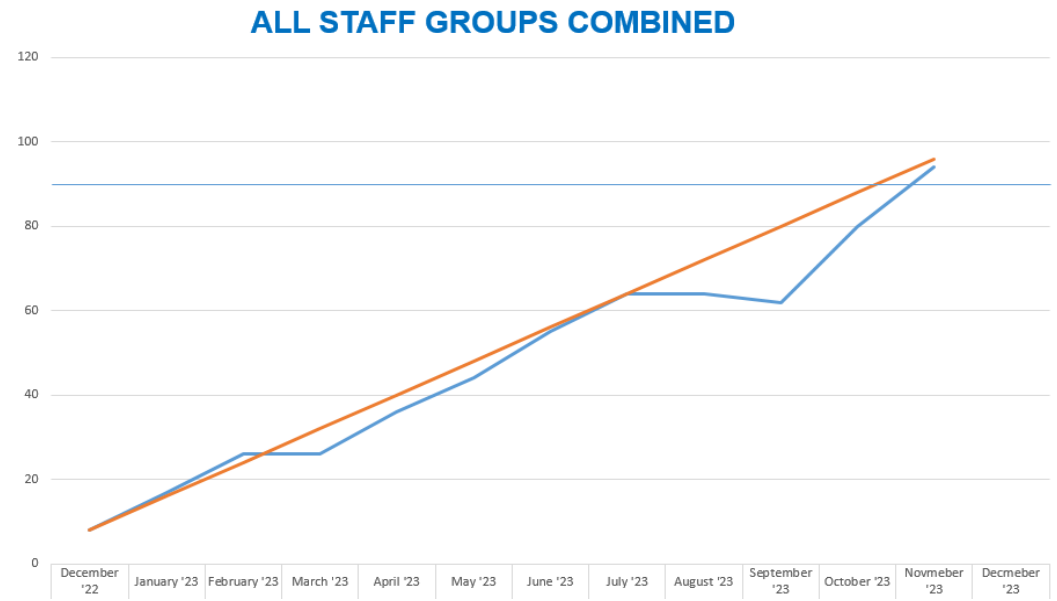
Escalation process:

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

Training position for MDT obstetric emergencies

OCTOBER	RMs	Cons	DiT	HCA/MSW/RN	Anae'ts
Number	27	4	2	6	9
Overall	89%	100%	20%	90%	72%

November	RMs	Cons	DiT	HCA/MSW/RN	Anae'ts
Number	21	1	5	6	9
Overall	98%	107%	40%	102%	90%



Agenda Item 17

Excellence as our standard

Board of Directors

NHS North Tees and Hartlepool NHS Foundation Trust

Title of report:	Medical Appraisal and Revalidation Report										
Date:	1 February 2024										
Prepared by:	Dr Basant Chaudhury / Alison Cavanagh										
Executive sponsor:	Dr Elaine Gouk, Interim Chief Medical Officer										
Purpose of the report	To provide an overview of the Medical Appraisal and Revalidation processes for the year 1 April 2022 – 31 March 2023.										
Action required:	Approve		Assurance	X	Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	X	Transforming our Services		Health and Wellbeing				
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

The report is presented to the Board of Directors for assurance that the statutory functions of the Appraisal / Revalidation processes are being appropriately discharged.

The report provides a summary of Medical Appraisal and Revalidation activity within the Trust in the period 1 April 2022 to 31 March 2023.

Strategic Risk linked to the Board Assurance Framework this report relates to:

The prescribed format of this report has been retained for continuity but it should be noted that information is presented against the backdrop of the Covid 19 pandemic which markedly affected the ability to deliver appraisal and revalidation.

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

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

Committees/ Groups where this item has been presented before

Executive Team and People Committee

Recommendation	It is recommended that the Board of Directors note the Medical Appraisal and Revalidation performance for 2022-2023 and the process improvements that have been introduced.

North Tees and Hartlepool NHS Foundation Trust

Revalidation and Appraisal

Report of the Interim Chief Medical Officer

1 April 2022 – 31 March 2023

1. Summary

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

The report provides a summary of Medical Appraisal and Revalidation activity within the Trust in the period 1st April 2022 to 31st March 2023. It includes information on the number of doctors that the Trust has on its GMC designated body list.

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

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

2. Background

Designated Bodies have a statutory duty to support their Responsible Officer in discharging their duties under the Responsible Officers Regulations and it is expected that their Boards will oversee compliance by:

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

The Trust also acts as the Designated Body (DB) for both the Butterwick Hospice Care and Alice House Hospice, Hartlepool.

3. Governance Arrangements

Now that revalidation is underway for doctors starting their third cycle there is a need for Responsible Officers to be able to provide assurance to patients and the public that appropriate systems and processes are in place to ensure that every licenced medical practitioner connected to the Trust as their Designated Body (DB) is safe to practice.

4. Medical Appraisals Performance Data

As of 29 April 2023 the Trust had a prescribed connection with 309 doctors and the breakdown of appraisals are as table below.

Directorate	Number to be Appraised	Number Appraised for 2022/23	Current number of outstanding appraisals	% Compliance
A&E	20	19	1	95.00%
Anaesthetics	52	52	0	100.00%
Palliative Care	5	5	0	100.00%
In Hospital Care	78	77	1	98.72%
Obstetrics & Gynaecology	19	19	0	100.00%
Orthopaedics	37	37	0	100.00%
Paediatrics	29	29	0	100.00%
Pathology	9	9	0	100.00%
Radiology	20	18	2	90.00%
Surgery	40	40	0	100.00%
Totals	**309**	**306**	**4**	**99.03%**

Appraisal compliance period for 2022 – 2023 was 99.03%

All with outstanding appraisals have been contacted - two doctors have appraisal extensions until the end of August 2023 due to returning from illness and one doctor has been escalated to the Deputy Responsible Officer for non-compliant of their appraisal.

Appraisers

As at 31 March 2023, the trusts had 58 active appraisers, all of whom have undertaken appraisal for revalidation training. This training is a one day training event held annually to maintain a ratio of 1:5 of appraisers to the connected doctors. All trained appraisers are asked to have annual refresher training.

The objectives of the Training include:

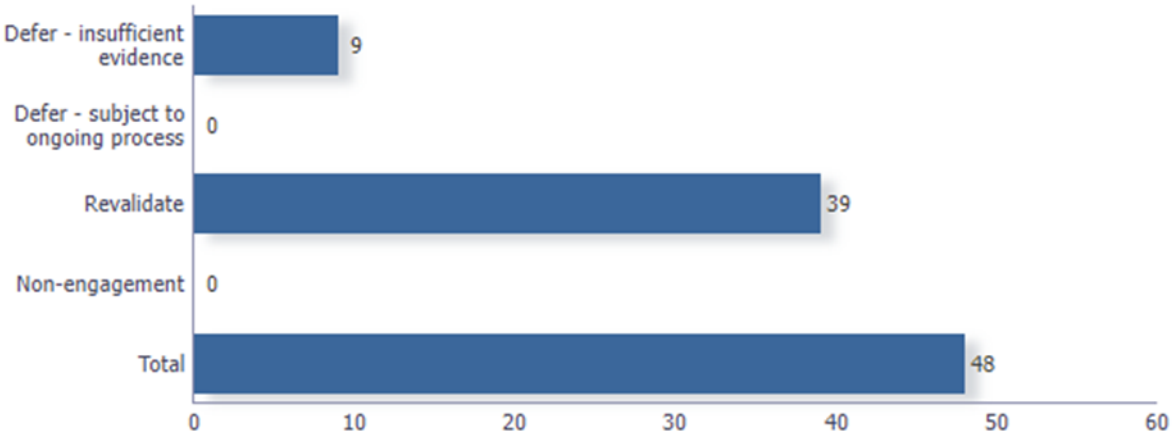
- Be familiar with the Trusts appraisal policy and process.
- Be up-to-date with the requirements of the GMC
- Understand the role of the appraisal in the revalidation process, based on the most current information from the GMC and NHS England
- Maintain the skills required to conduct an effective appraisal interview

5. Revalidation

During the period 1 April 2022 to 31 March 2023 there were 39 revalidation recommendations and 9 deferrals made to the GMC by the Trust.

North Tees and Hartlepool NHS Foundation Trust has a much lower deferral rate that the average for England and we are committed to reducing the deferral rate further. For most of our deferral recommendations, the reason was due to incomplete 360 feedback by the deadline for recommendation, either from patient or colleagues. 360 feedback will be completed by year three of the revalidation cycle to reduce our deferral rate. The other reason is on medical grounds.

All recommendation were made before the doctors due date.



6. Access, Security and Confidentiality

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

7. Improvements

- New Medical Appraisal / Revalidation Policy completed December 2022.
- Appraisal and Revalidation Standard Operating Procedure is sent to all doctors due their appraisal.

- Continued work has been undertaken to address the issues highlighted in a including the updated version of a QA checklist prior to the doctors revalidation.
- Random checks are now undertaken on completed appraisal documentation.
- Close monitoring of appraiser attendance at annual update sessions.
- New appraiser training planned in September 2023.
- Updated Medical Appraisal document, the appraisal document is under constant review to reflect any changes that may be required in line with guidance from the GMC.
- Review of allocation of appraisers to ensure we have an even spread of numbers.
- Improvement on communication on doctors coming from training into a fixed term contract / MTI doctors and zero hour employed by the trust are currently not included on the monthly starter's lists.

8. Developments Required / Next Step

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

9. Conclusion

The Revalidation Team, led by Dr Basant Chaudhury, Deputy Responsible Officer, and supported by Mrs Alison Cavanagh has continued to make significant progress during 2022/2023 in ensuring the Trust is meeting the requirements of Revalidation. The team requires the continued support of the trustees, executive board, People Directorate and Medical Education Directorate to continue to achieve and maintain high standards in appraisal and revalidation of doctors.

Agenda Item 18

Excellence as our standard

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Sexual Safety Charter										
Date:	2 February 2024										
Prepared by:	Gary Wright, Deputy Chief People Officer Annemarie Stubbs, People, Quality and Projects Manager										
Executive sponsor:	Susy Cook, Chief People Officer and Director of Corporate Affairs										
Purpose of the report	To provide update on work planned to implement the NHS Sexual Safety Charter within the Trust.										
Action required:	Approve		Assurance		Discuss		Information	☒			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing 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:

On the 4 September 2023 NHS England launched the “Sexual Safety in Healthcare” organisational charter. The charter seeks to change the culture around sexual safety within the healthcare system in collaboration with key system partners.

In signing the charter the Trust has committed to taking a zero-tolerance approach towards unwanted, inappropriate and harmful sexual behaviours within the workplace. At the same time ensuring a safe space for staff to report incidents and access supporting services.

The charter is made up of ten commitments often referred to as “pledges” which aim to support organisations in strengthening their approach. It is anticipated that signatories of the charter will work to implement all ten commitments by July 2024.

A project group has been developed with key individuals from across the Trust whose areas of responsibility are directly linked to the remit of the charter. This includes representation from the people directorate, Freedom to Speak Up and communications and marketing teams.

The group leads the implementation of the charter and undertakes identified actions. Group membership will be developed as discussions progress to ensure engagement with the right stakeholders at the right time for example adult/child safeguarding leads and health/wellbeing leads.

A high level action plan can be found at Appendix 1 which outlines core areas of development that apply to the 10 pledges of the charter. A more specific delivery plan sits within the project group and outlines owners and key milestones to be achieved as work progresses over the coming months.

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

BAF 2A – not addressing health and wellbeing needs of our people. 5573: Not having the appropriate levels of staff with the right skills to deliver safe services. 5805: Inability to deliver services as a result of staff not attending work due to sickness.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity, inclusion	☒	Reputational	☒
Workforce	☒	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	☒
Quality, safety, experience and effectiveness	☒	Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
People Committee (25/01/24)		Operational Delivery Group 20/12/2023 Directors Team (16/01/24)	
Recommendation	The Board of Directors are asked to receive the content of the report for information and awareness of work planned to implement the Sexual Safety Charter in the Trust.		

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

2 February 2024

Sexual Safety Charter

1. Introduction

1.1 Earlier this year there were a number of press reports relating to allegations of sexual assault, harassment and abuse across different professional groups working within the NHS.

1.2 The full extent of allegations made by staff, patients and visitors is difficult to gauge with concerns raised around the number of inconsistencies in the way the NHS and other agencies record alleged incidents. Although NHS England compiles figures on reports of physical abuse of patients it doesn't specifically collate numbers on sexual abuse or on the abuse of staff.

1.3 Similarly whilst the majority of Trusts have policies in place that guide behaviours at work, very few have standalone sexual safety policies outlining specific action to protect staff from sexual violence, assault and/or harassment and what processes to follow when a concern is reported.

1.4 On the 4th September 2023 NHS England launched the "Sexual Safety in Healthcare" organisational charter. The charter seeks to change the culture around sexual safety within the healthcare system in collaboration with key system partners.

1.5 In signing the charter the Trust has committed to taking a zero-tolerance approach towards unwanted, inappropriate and harmful sexual behaviours within the workplace. At the same time ensuring a safe space for staff to report incidents and access supporting services.

1.6 The charter is made up of ten commitments often referred to as "pledges" which aim to support organisations in strengthening their approach. It is anticipated that signatories of the charter will work to implement all ten commitments by July 2024.

1.7 The charter has gained significant traction since its launch with over two hundred organisations now participating in this work including NHS providers, royal college faculties, professional membership bodies and trade unions.

1.8 As a Trust we have a duty of care to protect staff and patients from any form of abusive behaviour and prevent harassment, abuse and/or violence from occurring in the work environment.

1.9 Research shows that sexual harassment has long lasting mental and physical effects. The impact on staff is significant and ranges from increased absence to poor job satisfaction, career interruption and high levels of turnover, poor psychological safety, poor diversity and 'word of mouth' reputational damage. Over time this risks behaviours being normalised as well as closed cultures.

2. Understanding the Ten Pledges

2.1 The ten pledges that make up the Sexual Safety Charter are as follows;

- We will work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will proved appropriate support for those in our workforce who experience unwanted, inappropriate and/or sexual behaviours.
- We will clearly communicate standards of behaviour, including expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviours
- We will ensure appropriate, specific and clear polices are in place that will include timely and appropriate action against alleged perpetrators.
- We will ensure appropriate, specific and clear training is in place.
- We will ensure all appropriate reporting mechanisms are in place for those experiencing behaviours.
- We will take all reports seriously with appropriate and timely action taken in all cases.
- We will capture and share data on prevalence of concerns and staff experience transparently.

2.2 An initial gap analysis was undertaken to review the ten pledges against current policy and practice. No immediate areas of deficiency were identified however there are a number of further considerations to build on existing practices to ensure a compliant approach.

2.3 A project group has been developed with key individuals from across the Trust whose areas of responsibility are directly linked to the remit of the charter. This includes representation from the people directorate, Freedom to Speak Up and communications and marketing teams.

2.4 The group leads the implementation of the charter and undertakes identified actions. Group membership is developed as discussions progress to ensure engagement with the right stakeholders at the right time e.g., adult/child safeguarding leads and health/wellbeing leads.

2.5 Whilst the charter is initially aimed at protecting staff it is recognised that there is a wider impact on patients and service users as well for consideration and discussion as work progresses.

3. Key Work Streams and Progress made

3.1 A core theme of the charter is to empower staff to speak up and report sexual assault and/or harassment in the workplace to which the Freedom to Speak Up agenda is essential.

3.2 Following appointment of the new guardian the Freedom to Speak Up agenda is going through a refresh to emphasise that the service is in keeping with Trust values, is visible, and provides a protected space for staff across the Trust where a positive experience is received.

3.3 Cultural work is being undertaken to reassure staff that the service is confidential and to encourage the use of safe spaces to share individual experiences and learning. Acknowledging this may be difficult due to the sensitivity of experiences relating to sexual assault and/or harassment.

3.4 There is an opportunity to utilise the remit of the guardian and any supporting champion roles as designated points of contact that staff can approach to raise concerns. The champion roles are in development and will have specific emphasis on supporting sexual safety included in job descriptions as well as being accessible across services including any known areas of concern.

3.5 It's important to ensure that there is also a standalone awareness campaign on sexual safety in its own right which will need specific communication and marketing across the Trust. The intention is to discuss with the communications team the art of the possible and if we can develop promotional material (roll up banners, posters, webinars, logos etc.) to bring visibility in key staff and patient areas as well as in our internal and external interactions.

3.6 There is potential for enhanced social media posting, staff roadshows, and links with EDI staff network leads to ensure messaging around the Trusts stance is clear and encompasses awareness that all individuals can be affected by sexual abuse and/or harassment in different ways with some groups more vulnerable than others e.g. older/younger, LGBTQ+, Ability (Disability).

3.7 Given the broad scope of behaviours associated with sexual assault and harassment in the workplace and the different scenarios in which this could occur there is an opportunity to review existing training and develop something additional, focused and appropriate for different staff. Sexual assault and abuse of adults and children deemed to be "At Risk" is included in mandatory safeguarding training for all staff and is positioned from a domestic perspective.

3.8 There are specific e-learning for healthcare modules available *"Identifying and responding to Sexual Assault and Abuse"* which may be worth consideration alongside more behavioural interventions seeking external expertise where ever possible. The Trust could consider making any additional training developed mandatory demonstrating the commitment to the charter and that a zero-tolerance approach is being taken seriously and embedded across all areas of the Trust to support staff and line managers. Line managers being another contact point where individuals may report sexual assault and/or harassment and who need to be supported to respond confidently and compassionately.

3.9 There is an opportunity to review the current wellbeing support offer to staff across physical, mental and emotional needs at the time of experience or reporting an incident and throughout any investigative processes that occur. Ensuring there is a specific "menu" of options available to staff to choose what is right for them depending on the nature of the incident that occurs. This could include both internal wellbeing and psychological support and external support as well as key supporting agencies such as Sexual Assault Referral Centres, ARCH Teesside/rape crisis, Victim Support and others.

3.10 A specific Sexual Safety policy is being developed in collaboration with South Tees with an early draft in circulation for review and comment. The policy is a useful tool to give staff the confidence that the Trust will take allegations of sexual assault and/or harassment seriously, ensure a timely response to concerns and that individuals reporting incidents will be treated with dignity and respect. The policy will have explicit definitions of sexual assault and/or harassment and the types of behaviours considered to be unacceptable. It will outline the approach for reporting concerns in staff to staff, patient to staff, staff to patient and patient to patient scenarios.

3.11 It links to other Trust policies around disciplinary, domestic abuse, adult/child safeguarding alongside the developing staff code of conduct. Strengthening the principle that inappropriate behaviours will not be tolerated and will be addressed by the Trust. All documents will have specific sections added to include sexual safety awareness.

3.12 Questions have been added nationally to the staff survey for 2023 to increase transparency around areas where there may be concerns. It is anticipated this will provide data by care group, corporate area, department staff groups and protected characteristic. The questions cover, "*In the last 12 months, how many times have you been the target of unwanted behaviour*

of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault".

3.13 Responses will enable more focused interventions to be undertaken to support groups, including those that may experience assault and/or harassment at a disproportionate rate as well as providing indirect support for individuals who whilst reporting concerns have chosen to remain anonymous. It is envisaged that similar oversight can also be taken from Freedom to Speak Up in the guardians own quarterly/annual reports highlighting reasons how/why staff are accessing the service.

3.14 Similar questions will be reflected in exit interview questionnaires in order to provide quarterly data highlighting where inappropriate sexual behaviours have led to staff leaving the Trust. Again data would be available on a care and staff group level with more individual specifics relying on the willingness of staff to disclose.

3.15 Over time we will know the Charter has been successful as we should see the numbers of reported incidents reduce at the same time having full confidence that we have created the right environment for staff to speak up. There should be low to nil numbers reported in the staff survey, and sexual assault and/or harassment should not be a main reason why staff are accessing Freedom to Speak Up or be a contributing factor to staff leaving the Trust.

3.16 Discussion are ongoing around appropriate forums where reported concerns are triaged and discussed. It is envisaged that already established MDT meetings within the people directorate including people services, safeguarding leads and local area designated officers/police will ensure oversite of incidents that occur and the actions agreed relating to staff. The key focus needs to be on ensuring individuals have confidence in the processes in place and that these processes are robust, considerate and informed by all relevant individuals.

4. Link to Domestic Abuse and Sexual Violence Leads

4.1 At the same time the Charter was launched NHS England provided a domestic abuse and sexual violence leadership update to request the doubling of efforts in taking a systematic zero- tolerance approach to sexual misconduct and violence.

4.2 Leads will be asked to help share and promote areas of good practice, identify issues and develop practical solutions in relation to the implementation of the Charter alongside developing policy, e-learning and support where appropriate.

5. Learning from other organisations

5.1 A meeting is planned with the Freedom to Speak Up Guardian at London Ambulance Trust who is also the co-chair of the Freedom to Speak Up National Ambulance Network. This individual was involved in the development of a specific charter to *"reduce misogyny and improve sexual safety across the ambulance service."* The intention is to share valuable resources, interventions and lesson learned as we embark on our own development.

5.2 Resources have also been circulated from the North East and North Cumbria ICS People Group which includes a useful self-assessment tool in which each of the pledges have been mapped to key questions that can be used to reflect on progress made.

6. Early findings from the NHS Staff Survey

6.1 Further to the points raised in 3.12 and 3.13 questions in the staff survey relating to inappropriate sexual behaviours were developed to include behaviours experienced from a

staff-to-staff but also from a patient-to-staff perspective. Early finding of the survey are currently being reviewed by the People Directorate however it has been possible to identify responses.

6.2 The results received for all Care Groups will be reviewed in more detail with consideration given to the nature of the services involved and the patient population included within. This may highlight contributing factors to rationalise the source of the behaviours, and will guide ongoing work of the Trust to implement the sexual safety charter.

6.3 Results from the staff survey have initially been compared with incidents reported via the Datix/Inphase system. Although this data has been produced using slightly different report metrics, an initial review indicates the same trends in relation to the Care Groups and the behaviours reported from a patient to staff perspective.

7. Conclusions

7.1 There are a number of planned initiatives to implement the Sexual Safety Charter.

7.2 As we work to change the culture around reporting sexual assault and/or harassment it is anticipated that we may see an initial increase in reported incidents across the Trust. This is a positive development even though it relates to an unacceptable experience of staff. Over time we should see the numbers of reported incidents reduce demonstrating that work to implement the Charter has been successful.

7.3 We have an opportunity to ensure that our policies and practices are not only fit for purpose but considered as “best practice” in addressing sexually inappropriate behaviours and supporting staff through incidents. Continuing to review and develop these areas in response to concerns raised and any further national updates.

8. Recommendation

8.1 The Board of Directors are asked to receive the content of the report for information and awareness of work planned to implement the Sexual Safety Charter in the Trust.

Agenda Item 19

Board of Directors

Title of report:	Freedom to Speak up: A reflection and planning tool										
Date:	1 February 2024										
Prepared by:	Jules Huggan, Freedom to Speak Up Guardian										
Executive sponsor:	Lindsey Robertson, Chief Nurse and Director of Patient Safety & Quality										
Purpose of the report	Present the findings of the new and updated Freedom to Speak Up guidance Freedom to Speak Up reflection and planning tool and the actions to support improvement.										
Action required:	Approve	x	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:

In 2022 NHS England and the National Guardian's Office published a new and updated Freedom to Speak Up guidance and a Freedom to Speak Up reflection and planning tool designed to help deliver the NHS People Promise for workers, by ensuring they have a voice that counts and by developing a speaking up culture.

The guide and reflection and planning tool is designed to be used by the senior teams and board in the organisation to:

- support building a culture and behaviours that is responsive to feedback from workers
- ensure that the organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- support the improvement of staff survey scores and other worker experience metrics
- demonstrate to regulators or inspectors the work to develop the speaking-up arrangement

Stage one of the tool sets out the statements for reflection under eight principles to review the Trust position against each of the principles.

Stage two summarises the high-level actions to take over the next 6–24 months to further develop the Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3 summarises the high-level actions to share and promote the strengths, enabling others in the organisation and the wider system to learn.

The report sets out a summary of the strengths and areas to improve. Actions are identified which will be implemented and monitored over the next 24 months.

The tool has given us the opportunity to 'take a stock' of what is working well and really considering how we prioritise actions to drive and sustain the FtSU culture, recognising that there has been a significant amount of achieved to date.

Actions and identified improvements will be shared with key stakeholders to develop a strategic approach across the Organisation to ensure that the Trust continues on the journey to embed a culture of psychological safety and support to the workforce and fundamentally deliver the safest care to our population.

Whilst this tool has been completed for North Tees it is acknowledged that there is ongoing work within the Group and key relationships are already in place with the FtSUG at South Tees. There are obvious opportunities to support across sites and to share best practice

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

Freedom to Speak Guardian is identified as a control of the strategic risks within two Board assurance Frameworks.

People Board Assurance Framework
- Not addressing the health and wellbeing of our people
- Not having a culture of compassion, civility and respect

Quality Board Assurance Framework
- Effective
- Well Led

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
People Committee 27 November 2023	People Group 13 November 2023

Recommendation	The Board area asked to:
	• Note the significant progress in relation to speak up practice and the evidence identified through the completion of the reflection and planning tool of the work to ensure that speaking up is promoted across the Organisation. • Support the actions identified for improvement to be monitored through the People Group and Committee. • Acknowledge the work and relationship with the FtSUG at South Tees and the opportunities to learn and support across the Group

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

1 February 2024

Freedom to Speak Up: A reflection and planning tool

Report of the Freedom to Speak Up Guardian

1. Introduction

1.1 In 2022 NHS England and the National Guardian's Office published a new and updated Freedom to Speak Up guidance and a Freedom to Speak Up reflection and planning tool designed to help deliver the NHS People Promise for workers, by ensuring they have a voice that counts and by developing a speaking up culture.

1.2 The guide and reflection and planning tool is designed to be used by the senior teams and Board in the organisation to:

- support building a culture and behaviours that is responsive to feedback from workers
- ensure that the organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- support the improvement of staff survey scores and other worker experience metrics
- demonstrate to regulators or inspectors the work to develop the speaking-up arrangement

1.3 It recognises that every organisation has its own set of strengths and challenges, and some will be at a more advanced stage in developing speaking-up arrangements than others. The guide does not give instructions that must be followed from start to end. Instead, it offers guidance within different themes, leaving the organisation free to work on the priorities most relevant. The self-reflection tool helps ascertain what those are.

1.4 The guide acknowledges that a mechanical, tick-box approach to the self-reflection tool is unlikely to lead to a better culture and behaviours. Fundamentally, speaking up involves having a conversation. To be effective, this conversation requires trust and respect. So, improving speaking-up arrangements should begin with honest reflection on how colleagues respond when people do speak up.

1.5 The principles below are the fundamental requirements for an environment where people feel safe to speak up with confidence:

- Principle 1: Value speaking up
- Principle 2: Role-model speaking up and set a healthy Freedom to Speak Up culture
- Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so
- Principle 4: When someone speaks up, thank them, listen up and follow up.
- Principle 5: Use speaking up as an opportunity to learn and improve
- Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements
- Principle 7: Identify and tackle barriers to speaking up
- Principle 8: Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve

1.6 Stage one of the tool sets out the statements for reflection under the eight principles outlined above to review the Trust position against each of the principles.

1.7 Stage two summarises the high-level actions to take over the next 6–24 months to further develop the Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

1.8 Finally stage three summarises the high-level actions to share and promote the strengths enabling others in the organisation and the wider system to learn.

2. Summary of assessment and actions

2.1 Principle 1: Value Speaking Up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Strengths

- There is a full time FtSUG
- There is a designated Non-Executive Director (NED) for independent assurance.
- Regular 1 to 1 with Executive FtSU sponsor and NED.
- FtSUG presents a monthly report to the Directors with high level themes.
- NED walk about in place with the FtSUG.

Actions:

- Encourage all NEDs and Governors to complete the Speak Up, Listen Up, Follow Up training.
- Challenge constructively and appropriately to all Board and executive colleagues.
- Set training deadlines for NED, Board and Executive staff to monitor the progress of how their knowledge is evolving at a senior level.
- Liaise with the Chair to promote development days to focus on the barriers and enablers at Board level.
- Collaborative working with South Tees FtSUG, to improve processes and focus on partnership working.

2.2 Principle 2: Role-model speaking up and set a healthy FtSU culture.

Strengths

- There are clear processes for addressing detriment from a patient safety perspective, through a “just culture” and “duty of candour” in place.
- The FtSUG provides a report to and attends Executive team meetings monthly; the report includes tackling detriment and role modelling.
- FtSU is embedded into the Culture, Leadership and Management programmes.
- FtSUG reports to the People committee and the Chief People Officer (CPO), meets monthly with the FtSUG.
- FtSU is an integral part of the staff survey.
- The Trust follows the guidance from the National Guardian Office (NGO); a full time FtSUG in place.

Actions:

- Continues focus on fostering a Speak Up, Listen Up, Follow Up ethos.
- Work in collaboration with organisational development and the communication team, to tackle barriers and develop understanding of detriment across the Organisation.

- Promote a climate of psychological safety.
- Ensure the FtSUG is part of the Clever Together culture journey.

2.3 **Principle 3: Make sure workers know how to Speak Up and feel safe to do so.**

Strengths

- Policies are accessible on the staff intranet
- E-learning training Speak Up, Listen Up, Follow Up, includes a section on the policy and is included in the Trust inductions.
- Speak up Month strategy in place including:
  - Floor Walks with Ned and FtSUG
  - Screen savers
- Continued recruitment of FtSU Champions
- Trust Inductions in place including speciality doctors, student nurses/allied health professionals, preceptorship and foundation year 1.
- Anonymised case studies presented to the Executive team monthly

Actions:

- Further consideration to make the Speak Up, Listen Up, Follow Up training, mandatory for all staff.
- Work in collaboration with people services and the communication and engagement team to promote awareness of the FtSU policy.

- Communicate positive examples of Speak Up, Listen Up, and Follow Up.
- Develop CQC bite size sessions and contribute to the Quality statements which will be available to all staff.

2.4 **Principle 4: When someone speaks up, thank them, listen and follow up**

Strengths:

- Encourage staff to complete the Speak Up, Listen Up, Follow Up training.
- CPO promotes the Speak up, Listen Up, Follow Up training throughout people services considering the strategic direction. Managers encouraged to do the Speak Up, Listen Up training.
- Mangers encouraged to support others that Speaking Up is a learning opportunity.
- MDT model supports the value for learning, the risks of potential detriment and regular “Keeping in Touch Meetings”, with Executives, Care Group Directors and Senior Management Team

Actions:

- Produce key strategic aims for people services, starting with measuring the impact of training alongside HR processes/feedback
- Consider including speaking up culture and examples in manager appraisals/ objectives to evidence understanding.

2.5 **Principle 5: Use speaking up as an opportunity to learn and improve**

Strengths

- The FtSUG provides a report to and attends Executive team meetings monthly; the report includes tackling detriment and role modelling

- Aligning organisational development to work with areas as part of the follow up, from staff speaking up.
- Utilise data from staff surveys to identify areas which may require support
- FtSUG attends the regional network

Action:

- Link to areas which are demonstrating shared governance and appreciative practice.

2.6 **Principle 6: Support guardians to fulfil their role in a way that meets worker's needs**.

Strengths:

- Fair recruitment process in place including following NGO process for recruitment of the FtSUG
- FtSUG completed NGO training and refresher training and registered with the NGO.
- FtSUG is signed up to the weekly NGO newsletter and attends the regional network meetings.
- Key Performance Indicators (KPI) in place are based on the NGO job description.
- Regular 1 to 1 with NED and Executive FtSU sponsor
- FtSUG has access to the monthly reflective supervision with Psychology Team as well as external supervision and support if required
- Resilience identified in the absence of the FtSUG
- FtSUG maintains confidential records and data, including signposting or actions taken by the Trust.
- Data is recorded and is password protected and includes procedures and actions taken by the Trust
- FtSUG has regular meetings with the lead independent investigator.
- Permission is always sought before identities of people who have spoken up are shared
- Confidentiality is always discussed at the initial point of contact and the potential risks (for example if they have already spoken to other people) and also when confidentiality may not be maintained for example if there is a safeguarding issue or if information is required by a court of law.
- FtSUG included in sessions to understand the new CQC framework.

Actions:

- Explore the opportunity for a Deputy Senior Lead role for the FtSUG in relation to HR requirements and an additional level of support.
- Develop a system to request and monitor timely feedback from those who use the service.
- Consider developing or commission an electronic system for raising and responding to FtSU contacts.

2.7 **Principle 7: Identify and tackle barriers to Speaking Up.**

Strengths

- The Trust use a variety of ways to communicate with staff
- The FtSUG attends staff network meetings and inductions.
- The FtSU Champions are in place and have been trained by the FtSUG.
- Data is captured from exit interviews and staff surveys about the barriers to Speaking Up to analyse and triangulate with concerns being raised.

- The Speaking Up policy clearly states zero tolerance of detriment.
- The FtSUG discusses detriment at staff inductions and on walk about.
- The NED for FtSU oversees allegations of detriment

Actions:

- Consider other data sources to further identify potential barriers to Speaking Up.
- Explore and utilise data captured within the Business Intelligence Unit to identify areas which may need support
- Continue to promote Speak Up, Listen Up training, to help staff to understand detriment.
- Include what detriment is in managerial/leadership training.

2.8 **Principle 8: Continually improve our Speaking Up culture.**

Strengths

- The Trust is taking strategic action to improve the Speaking Up culture, including recruiting a full time FtSUG, "Clever Together platform", "It all starts with me" training and bite size CQC framework sessions.
- Staff survey captures how staff feel about speaking up
- The Trust increased resource of the FtSUG in October 2020 to support the improvement of the Speaking Up arrangements; this improvement work is reflected in the increase of the number of concerns raised
- The FtSUG provides a report to and attends Directors team meetings monthly; the report includes
    - Quarterly high level themes broken down per care group and corporate services
    - NGO messages
    - clear guidance and learning from outcomes.
- The FtSUG presents to Board annually.
- The FtSU processes is included in the annual audit cycle and has also been quality assured by an independent governance consultant.

Actions:

- Develop an improvement plan linked to the Trusts strategic aims
- Develop a robust feedback process
- Consider snap shot surveys for teams and build speak up safety into quality visits.
- Link and learn from other Trust
- Follow up information, from FtSU concerns resulting in interventions or case management to be included in future Executive reports.

3. Conclusion

3.1 The reflection and planning tool has identified areas of real strength and also areas to continuously improve and embed FtSU culture in the organisation, recognising that there has been a significant amount of achieved to date. Actions and identified improvements will be shared with key stakeholders to develop a strategic approach across the Organisation to ensure that the Trust continues on the journey to embed a culture of psychological safety and support to the workforce and fundamentally deliver the safest care to our population.

3.2 Whilst this tool has been completed for North Tees it is acknowledged that there is ongoing work within the Group and key relationships are already in place with the FtSUG at South Tees. There are obvious opportunities to support across sites and to share best practice.

4. Recommendation

The Board area asked to:

- Note the significant progress in relation to speak up practice and the evidence identified through the completion of the reflection and planning tool of the work to ensure that speaking up is promoted across the Organisation.

- Support the actions identified for improvement supported and monitored through the People Committee.

Jules Huggan
Freedom to Speak Up Guardian

Agenda Item 20

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance Report of the Audit Committee										
Date:	1 February 2024										
Prepared by:	Kate Hudson-Halliday, Director of Finance										
Executive sponsor:	Alison Fellows, Non-Executive Director (Chair)										
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Audit Committee meeting on 30 October 2023.										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the previous meeting held on 17 July 2023 were approved as an accurate record.

The agenda items discussed in the meeting were;

- Urgent key messages linked to national and/or regional policy or initiatives
- Annual Auditors Report – 2022/23 (including VFM)
- Board Assurance Framework – Q2 2023/24
- Integrated Performance Report – Reporting to 30 September 2023
- Internal Audit Progress Report to 30 September 2023
- Counter Fraud Progress Report to 30 September 2023
- Overdue Policies Report
- Statement of Debtors over 3 months old and £5,000 / Summary of debts over £20,000 / Aged Debtors Trend Report
- Bad Debt Write Off
- Executive Summary for Losses and Compensation Payments Report
- Summary Single Tender Action Report

Key Points to Note

Annual Report 2022/23

- The Trust's Annual Report (including accounts) for 2022/23 was submitted to NHSE by the national deadline of 30 June 2023.
- The Annual Report (including accounts) for 2022/23, Annual Auditor's Report and signed independent auditor's certificate was laid before Parliament on 6 September 2023.
- The Annual Report was presented to the Council of Governors on 19 September 2023 and to the Trust's Annual General Meeting on 11 October 2023.
- The reporting and governance arrangements followed by the Trust in relation to the Annual Report 2022/23 is compliant with national guidance.

Board Assurance Framework

- The development of a separate BAF domain to specifically focus on the Trust's Estate due to this being a long standing and strategic red risk.

Decisions Made

- Terms of Reference for the Audit Committee were approved, noting a further discussion was required regarding the number of Non-Executive Directors within the membership.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
This report links to all Board Assurance Framework domains.

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
N/A	N/A

Recommendation	The Board of Directors is requested to note this assurance from the report of the Audit Committee meeting held on 30 October 2023.

Agenda Item 21

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Quality Committee										
Date:	25 January 2024										
Prepared by:	Fay Scullion Non-Executive Director – Chair of QC										
Executive sponsor:	Lindsey Robertson Chief Nurse and Director of Patient Safety and Quality										
Purpose of the report	The purpose of this report is to provide the Board with an update in relate to Patient Quality and Safety: - Identifying key emerging themes and trends that may have an impact on Quality and Safety - Risks for the Board to note - Provide reassurance to the Board										
Action required:	Approve			Assurance	x	Discuss			Information		
Strategic Objectives supported by this paper:	Putting our Population First	x		Valuing People	x	Transforming our Services	x		Health and Wellbeing		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	

Executive Summary and the key issues for consideration/ decision:

Summary Context

Each meeting commences with the patient story, as this has strengthened the connection between the strategy and delivery and demonstrates the impact on the local population.

The Board Assurance Framework is the primary agenda item and a focus of the Quality Committee, which generates scrutiny and discussion. In addition, there are standing reports aligned to the annual work plan, that are provided as an annual, bi-annual update, or quarterly update as well as Executive Summary Reports. The new summary sheets are providing a good focus for discussion highlighting the key issues.

Work has been undertaken to align the BAF Objectives.

Key Components / issues

- There have been no serious incidents to report for December and SHMI is regionally low and within the expected range.
- Although Catheter-Associated Infections are within the threshold there has been a significant increase since the last report. This is attributed to activity and acuity.
- The Outpatient Transformation work continues with and holds a positive position, but there are some areas that are below standard. This area is Patient Initiated Follow up, but the department has active plans in place which should show a positive trajectory.
- The Trust is not achieving the 62-day cancer standard and is consistently below the 85% target. There are active plans in place to improve the position and the recent industrial action has had an effect on performance. However, 28 28-day faster diagnosis and the 231 days wait are both being met within the standard.
- The trust has exceeded the threshold for sickness / absence (of 4% to 5.69%), and stress, anxiety, and depression remain a theme. Referrals to in house psychology has dropped and this is actively

being promoted by the team. Mandatory training and appraisal have fallen below standard, with a gradual decrease since July. This may be also due to industrial action and is being actively pursued by managers.

- Focused work continues with smoking during pregnancy, and at booking is within the Regional average.
- Friends and family test demonstrates a positive position and exceeds the standards, apart from maternity which is achieving 57%. It is thought that feedback is given in other ways such as MVP. The way in which we communicate F&F test is being reviewed so it is very clear on the ask.
- Internal audits are behind schedule, in particular Rheumatology. This is linked to a depletion of medical staff however an action plan is being put in place.
- PSIRF Training has commenced which has had some excellent feedback, and ways in which to roll this out to other groups are being reviewed.
- Mental health provision remains in the spotlight, however since the ending of the pilot with staff having a central base, there has been some improvement in patients being seen, which is positive.

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

The Committee reflects on the BAF objectives and the December position was presented at the October meeting. The BAF objectives are:

Quality
Core Standards
Integration and Collaboration

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

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
Some agenda items are discussed at Quality Assurance Council and escalated to Quality Assurance Committee by exception	

Recommendation	The Board are asked to approved the report and be assured that the work continues in line with the Trust portfolio.

Agenda Item 22

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	People Committee							
Date:	25 January 2024							
Prepared by:	Ann Baxter, Chair of People Committee and Non-Executive Director							
Executive sponsor:	Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	The purpose of this report is to provide the Board of Directors an overview of the work of the people Committee and specifically the committee meeting held on 25 January 2024							
Action required:	Approve		Assurance		Discuss		Information	X
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	X	Transforming our Services		Health and Wellbeing	X
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	X

Executive Summary and the key issues for consideration/ decision:

A summary of the key points from the People Committee held on 24 January 2024:

BAF

Following the review of the Trust's governance and assurance processes, the Health and Wellbeing BAF (4A) is being discontinued and the current risks within BAF 4A are being distributed to other relevant BAFs to ensure appropriate committee oversight and assurance for continued delivery. Three risks are aligned to the People BAF. Two of the risks that have been aligned to People BAF were already shared by both BAFs and remain unchanged. The third risk however, is a new risk to the People BAF and an action plan has therefore been put in place to provide assurance and ensure that effective mitigation arrangements are implemented to minimise any adverse impact on delivery of our health and wellbeing strategic priority. This has been included in the revised People BAF.

Discussions have taken place in relation to people related element of EPPR BAF (1D) being incorporated into the People BAF and an addition has been included in the attached BAF. This has transferred from the strategic risk identified on the EPPR BAF of 'Ability to plan for and recover from incidents and disruptions'. The additional reference onto the People BAF is in relation to supporting staff through incidents of extremist and is included in the People strategic risk of not addressing the health and wellbeing needs of our people.

As part of the reduction of BAFs across the Trust, a review has been undertaken of the Transformation BAF with the objective of ensuring all strategic risks from that BAF are incorporated into other relevant BAFs. Note there are no notified aspects of the Transformational BAF (internal and external) to be incorporated into the People BAF.

In response to Strategic Risk 'Risk of not having a culture of compassion, civility and respect', the final outcome report was received 2 November 2023, further to the re-audit into the Trust Disciplinary processes. The report confirmed a 'Good' level of assurance. A number of recommendations were put forward and agreed (4 low level and 1 medium level) and are to be progressed in line with agreed timeframes. It was proposed that this aspect of the strategic risk (Not having processes, policies and consistent application of people practice approaches across the Trust (previously included in BAF

2B)) is shifted from 3x3=9 to 2x3=6 in reflection of this outcome. This was acknowledged at People Committee on 27 November 2023 and is reflected in the revised People BAF.

Note addition of reference to aging estate in the People BAF. This addition is specifically linked to the potential impact on the Trust ability to attract new staff and retain current staff.

Band 2/3
It is positive to report that the Trust is at an advanced stage of the re-banding exercise, with all job descriptions reviewed and updated where appropriate, with formal evaluation having taken place.

A formal offer has been made to trade unions which is:

- Backdating of the Band 3 grade for eligible posts to 1 July 2021.
- Increases to salary applied on a 'top to top', bottom to bottom' approach, rather than the traditional minimum salary point for all staff.
- Incremental dates will be retained, so that staff who are on the bottom of the Band 2 scale will have their service recognised and they will move to the top of the Band 3 on the relevant incremental date.

It is disappointing that the offer has been rejected by trade unions, however the Trust believes that the proposal we have put forward represents a fair offer and recognises the valuable work and commitment of our clinical support workers.

We are now in a position to commence implementation of the offer and this is planned to commence January 2024, using a phased approach over a series of months.

Sexual Safety
In signing the charter the Trust has committed to taking a zero-tolerance approach towards unwanted, inappropriate and harmful sexual behaviours within the workplace. At the same time ensuring a safe space for staff to report incidents and access supporting services.

The charter is made up of ten commitments often referred to as "pledges" which aim to support organisations in strengthening their approach. It is anticipated that signatories of the charter will work to implement all ten commitments by July 2024.

A project group has been developed with key individuals from across the Trust whose areas of responsibility are directly linked to the remit of the charter. This includes representation from the people directorate, Freedom to Speak Up and communications and marketing teams.

The group leads the implementation of the charter and undertakes identified actions. Group membership will be developed as discussions progress to ensure engagement with the right stakeholders at the right time for example adult/child safeguarding leads and health/wellbeing leads.

Staff Networks
Staff networks are intended to provide a supportive, welcoming, safe confidential space for our staff, where members come together with a shared purpose of improving staff experience within the Trust, supported and lead by network leads who possess a good level of knowledge and expertise on matters related to equality, diversity and inclusion.

The Committee discussed the advantages and disadvantages of the executive sponsor model. In addition it was acknowledged that EDI needs to be business as usual and a 'golden thread' through everything we do as an organisation.

People Metric

The purpose of this report is to provide the operational delivery group with an update on the four People Metric contained within the Integrated Performance Report (IPR):

1. Appraisal - The Trust wide threshold for appraisal compliance is 95%. The Trust position for appraisal compliance for December 2023 stands at 87.44% which is a slight increase of 0.23% from the previous month.
2. Mandatory training - The Trust wide threshold for mandatory training compliance is 90%. The Trust compliance position for December 2023 is 89.92% which represents an increase on the previous month of 0.32% (against a tolerance of 90%).
3. Sickness Absence - The Trust absence threshold is 4%. The current Trust absence rate as at end November 2023 is 5.69%. This is a decrease level of absence on the previous month's rate of 5.72%.
4. Turnover – The Trust threshold for turnover is 10%. The current Trust turnover rate for December 2023 is 8.43% which is comparable with November 2023.

Organisation Development Interventions
The OD Team at North Tees and Hartlepool Foundation Trust use an evidence based approach utilising various academic models and methodologies to adapt and apply to both the standard and unique interventions they are requested to undertake within the organisation. This increases the validity and the reliability of the outcomes and benefits realisation from every intervention, mitigating risk and increasing the likelihood of sustainable, measurable success.

OD interventions are the programmes and processes, which are designed to solve a specific problem. The purpose of these interventions is to improve an organisation's efficiency and help leaders manage more effectively. The paper provides an overview of the Organisation Development Team's current activity and interventions.

The Committee received update on interventions and overview of outputs and progress via OD dashboard.

The committee discussed the need to escalate in situations when staff / services fail to engage in process. It was agreed this would be local, however in addition via Operational Delivery Group feeding into Directors Team.

Guardian of Safe Working
A presentation to the People Committee outlined the work of the guardian of safe working. The work to date including progress on reporting mechanisms was acknowledged. Issues raised by junior doctors included:

- Access to food outside normal working hours
- Lengthy induction processes
- Concerns regarding staff to patient ratios

It was agreed that the above would be followed up and reported back to relevant group.

Absence / Health and Wellbeing
The current Trust absence rate as at end November 2023 is 5.69%. This is a decrease on the previous month's rate of 5.72% and exceeds the current Trust absence threshold of 4%. 2.65% of the 5.69% was due to short-term absence and 3.04% of the 5.69% rate was due to long term absence.

Regional Trusts sickness rates for October 2023 places the Trust as the lower end of the benchmarking table.

The occupational health and well-being service continues to remain under significant pressure in response to the support and advice required to both staff and managers experiencing health and well-being challenges. This is due to several cases of absence and increased activities related to

embedding the new OPASG2 patient management and record system and updating service and process developments.

Activity in relation to mental health and well-being support remains high. Staff have access to several sources of support depending upon individual case basis via Alliance counselling services, the Trust's mental health advisor and occupational health nursing and medical team. A planning event is scheduled for 18 January 2024 in which development of mental health pathways will be undertaken to ensure that the support, access and availability of appropriate support, intervention and advice is identified, commissioned and evaluated to ensure this meets the workforce evolving needs and demands. Colleagues from South Tees have been invited to attend this event to work collaboratively on effect service provision for all staff within the group model moving forward.

Progress on the health and well-being action plan appears as appendix 1. The action plan is due to be reviewed and refreshed further at the strategic health and well-being steering group on 31 January 2024.

Health and Social Care Academy
The Trust proposed a joint venture with Hartlepool College for Further Education (HCFE) and seeks to deliver a regionally significant training facility at the heart of our current estate within Ward 10 at the University Hospital of Hartlepool. The Health and Social Care Academy proposal received capital funding of £1.25m with matched funding of £0.5m.

In October 2023, VEST construction were awarded the build programme following a thorough tender evaluation, the capital build cost was awarded at £833,000 which permits remaining funding from the Town's Deal to be utilised in equipping the academy with state of the art simulation facilities and Trust standard equipment.

A number of significant developments have taken place in recent months regarding the development of the Health and Social Care Academy's vision, including the development of education pathways. The education pathways provide a clear view and profile for the flow of learning and development through the academy in either the health care or social care sectors. Full details including a visual flow chart are included within the paper.

Bi-Annual Workforce Review
A report was provided with the annual position of the Registered Nursing and Midwifery workforce. The National Quality Board (2016) articulated the requirement to undertake Nursing and Midwifery workforce reviews annually with an update on actions highlighted to the Board on a six monthly basis. This report provides the bi-annual full review for 2023 including updates from the last bi-annual update review presented to Board in July 2023.

Both the monthly reports and the bi-annual workforce reviews focus on the clinical, quality, safety and financial importance of developing a workforce fit for purpose. It is vital to understand the nature of workforce pressures and actions to address, both in the long and short term

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
BAF 2A

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and Facilities	

Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
People Committee 25/01/24		N/A	
Recommendation	The Board of Directors are requested to note the work of the People Committee		

Agenda Item 23

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance report of the Resource Committee										
Date:	1 February 2024										
Prepared by:	Chris Macklin, Non-Executive Director (Chair)										
Executive sponsor:	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 24 October 2023										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Agenda Items were discussed in detail with key issues noted and actions agreed.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting held on 26th September 2023 were recorded and approved.

A wide range of issues were discussed including:

- Terms of Reference for the Committee
- Integrated Performance Report (reporting to 30 September 2023)
- Protecting and Expanding Elective Capacity Gap Analysis Operations Report (Presented to Board 5 October 2023)
- Elective Hub Update
- Governance Structure
- Planning & Performance Board Assurance Framework & Risk Update Report – Performance (reporting to 30 September 2023)
- Financial Position and Performance – Month 6 (reporting to 30 September 2023)
- CIP Update (reporting to 30 September 2023)
- Finance Board Assurance Framework & Risk Update Report – Finance (reporting to 30 September 2023)
- I&TS Update & Assurance Report September 2023
- Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 30 September 2023)

- Transformation Update Report (reporting to 30 September 2023)
- Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 30 September 2023)

Decisions Made

- Terms of Reference approved and agreed by the committee.
- Integrated Performance Report noted by the committee.
- The Integrated Commissioning Board (ICB) assurance template with regard to protecting and expanding elective capacity was noted by the committee.
- The extension of two planned risk reduction action noted in the Finance Board Assurance Framework & Risk Update Report for Finance was agreed by the committee, subject to Audit Committee approval.
- Confirmed continued support for I&TS function in the delivery of Digital Strategy reported in the I&TS Update & Assurance Report covering September 2023
- Approved the realignment of strategic risks associated with the previous transformation BAFs 3b and 3e.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance, Performance and Digital BAF domains.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money	x	Estates and Facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Resource Committee – 24 October 2023			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance report of the Resource Committee										
Date:	1 February 2024										
Prepared by:	Chris Macklin, Non-Executive Director (Chair)										
Executive sponsor:	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 28 November 2023										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Agenda Items were discussed in detail with key issues noted and actions agreed.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting held on 24 October 2023 were recorded and approved.

A wide range of issues were discussed including:

- Terms of Reference for the Committee
- Board Assurance Framework & Risk update – Performance (reporting to 31 October 2023)
- Integrated Performance Report (reporting to 31 October 2023)
- Elective Hub Update
- Board Assurance Framework & Risk Update Report – Finance (reporting to 31 October 2023)
- Financial Position and Performance – Month 7 (reporting to 31 October 2023)
- H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements
- CIP Update (reporting to 31 October 2023)
- Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 31 October 2023)
- I&TS Update & Assurance Report October 2023
- Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 31 October 2023)

- Transformation Update Report (reporting to 31 October 2023)

Decisions Made

- Terms of Reference approved and agreed by the committee.
- All reports were noted by the committee.
- With regard to the item on H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements the committee
  - Noted the proposed change in year-end forecast position for the 62 day backlog from that set out in the 2023/24 plan
  - Noted the proposed change in year-end forecast for the cancer faster diagnosis standard from that set out in the 2023/24 plan
  - Approved the submission of the H2 operational plan
  - Approved the non-recurrent spend of £1.475m to support delivery of the operational plan
  - Approved the forecast delivery of the break-even financial plan
  - Noted the anticipated request to improve financial position and that the Trust had scope to do this

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
This report links to the Finance, Performance and Digital BAF domains.

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

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
Resource Committee – 28 November 2023	

Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.

Excellence as our standard

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance report of the Resource Committee										
Date:	1 February 2024										
Prepared by:	Chris Macklin, Non-Executive Director (Chair)										
Executive sponsor:	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 5 January 2024										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting on 28 November were not discussed as they would be taken to Resources Committee on 23 January in line with the cycle of business.

This meeting was convened specifically to discuss 2023/24 financial forecast out-turn scenarios.

Decisions Made

- Noted the anticipated request to improve financial position and that the Trust had scope to do this Note the strong financial performance to month 7, the original phasing of winter spend and the subsequent confidence that a breakeven plan would have been delivered.
- Noted that additional non-recurrent funding that drives the improved forecasted out-turn position.
- Notedd the additional financial support that has been approved to support operational delivery.
- Noted the uncertainties that remain around the impact of further industrial action.
- Noted the financial risks and mitigations that are in place.
- Noted the ongoing work across the Trust ahead of 24/25 to ensure grip and control value for money.
- Approved the recommended movement of the forecasted out-turn position to £5.4m at month 9 or month 10, subject to ongoing discussions with the Integrated Care Board, with the preference being month 9

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance, Performance and Digital BAF domains.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money	x	Estates and Facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Resource Committee – 5 January 2024			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance report of the Resource Committee										
Date:	1 February 2024										
Prepared by:	Chris Macklin, Non-Executive Director (Chair)										
Executive sponsor:	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 23 January 2024										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Agenda Items were discussed in detail with key issues noted and actions agreed.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meeting held on 28 November 2023 and 5 January 2024 were recorded and approved.

A wide range of issues were discussed including:

- Terms of Reference for the Committee
- Board Assurance Framework & Risk update – Performance (reporting to 31 December 2023)
- Integrated Performance Report (reporting to 31 December 2023)
- Elective Hub Update
- Board Assurance Framework & Risk Update Report – Finance (reporting to 31 December 2023)
- Financial Position and Performance – Month 9 (reporting to 31 December 2023)
- H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements
- CIP Update (reporting to 31 December 2023)
- Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 31 December 2023)
- I&TS Update & Assurance Report October 2023
- Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 31 December 2023)
- Transformation Update Report (reporting to 31 December 2023)

Decisions Made

- All reports were noted by the committee.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance, Performance and Digital BAF domains.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money	x	Estates and Facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Resource Committee – 23 January 2024			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Agenda Item 24

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance Report of the Risk Management Group										
Date:	1 February 2024										
Prepared by:	Stephen Green, Associate Director of Risk Management										
Executive sponsor:	Neil Atkinson, Managing Director										
Purpose of the report	To provide assurance to the Board of Directors regarding the operational oversight and management of risk and assurance and that strategic risks are being managed and mitigated to support the delivery of strategic objectives.										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

In October 2023, the Executive Risk Management Group (RMG) was introduced by the Managing Director to replace the existing Executive Risk Meeting. The RMG agenda brings together key functions that support the effective oversight of risk management processes to support the delivery of the Trust's objectives, by identifying risks and their effective management and mitigation. The RMG has an established forward plan that identifies key assurance information for discussion and action, supporting the ongoing process of risk maturity within the Trust.

The group has reviewed information on the 27th October 2023, 31st November 2023 and the 22nd December 2023, which includes the following;

- Monthly risk register report identifying compliance with policy, comparisons from the previous month's activity and highlights high risks within the Trust.
- Monthly Report from the Business team (now Operational Delivery Group) on the emergent risks that have been reviewed from the previous month's activity.
- Education progress to increase the ongoing awareness of risk management processes.
- Monthly Director Report (detailing AuditOne progress of delivering the internal audit plan for 2023/24).
- A report on internal audit recommendations (open and overdue).

Following a recent review of the Trust's high strategic risk (Risk 6581 - Ageing Estate), the RMG supported the decision to develop a separate Board Assurance Framework domain for the Trust's Estate, with the Interim Chief Medical Officer as the executive sponsor and the Associate Director of Estates and Capital as the author. This has subsequently approved at the Resource Committee on the 23rd January 2024.

All Executive Directors provide a summary of the emergent risks and issues that have been identified within the committees, supporting the identification and oversight risks that cut across Executive portfolios.

The RMG supports the delivery of the Trust's strategic objectives of the organisation, providing oversight and scrutiny on the process and the emergent risks that may prevent delivery.

Items For Escalation

There are no matters to escalate to the Board of Directors, but to note the continued reporting of the two high risks relating to delivery of savings (current risk score of 16) and the Trust's Ageing Estate (current risk score of 20).

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report relates to all domains of the Board Assurance Framework.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion	x	Reputational	x
Workforce	x	Environmental	x
Financial/value for money	x	Estates and Facilities	x
Commercial	x	Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Board of Directors is asked to note the work of the Risk Management Group the assurance provided relating to the oversight and scrutiny of the risk management process and emergent risks.		

Agenda Item 25

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance report of the Charitable Funds Committee										
Date:	1 February 2024										
Prepared by:	Helen Lane, Head of Financial Services										
Executive sponsor:	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Charitable Funds Committee meeting on 30th October 2023.										
Action required:	Approve		Assurance	X	Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	X	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Agenda Items were discussed in detail with key issues noted and actions agreed.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the meetings held on 14th November 2022 and 20th March 2023 were recorded and approved.

A wide range of issues were discussed including:

- Draft Charitable Fund accounts 2022/23 with external audit in attendance
- Details of current schedule of funds and fund managers
- Details of current portfolio of investments
- Fundraising Policy for approval
- Terms of Reference for the Committee
- Staff lottery update
- Patients Christmas presents
- Fundraising update
- High profile visitors report

Decisions Made

- Draft Charitable Fund accounts 2022/23 approved for submission.

- Fundraising policy amendments approved.
- Terms of reference approved and agreed by the Committee.
- Approved maximum spend of £6,000 to provide all inpatients with a present on Christmas day and to provide a selection box to all children and young people visiting A&E and urgent care on Christmas day.
- NHSCT membership £2.5k approved

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance BAF domains			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	X
Workforce		Environmental	
Financial/value for money	X	Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Charitable Funds Committee on 30th October 2023.		N/A	
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Charitable Funds Committee meeting held on 30th October 2023.		

Agenda Item 26

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Assurance Report of the Investment Committee										
Date:	1 February 2024										
Prepared by:	Kate Hudson-Halliday, Director of Finance										
Executive sponsor:	Chris Macklin, Non-Executive Director (Chair)										
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Investment Committee meeting on 28 November 2023.										
Action required:	Approve		Assurance	x	Discuss		Information	x			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	x	Health and Wellbeing				
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:

The meeting was confirmed as quorate, in accordance with the Terms of Reference.

Matters for Escalation

There were no matters for escalation.

Key Issues Discussed

Minutes of the previous meeting held on 21st November 2022 were approved as an accurate record.

The agenda items discussed in the meeting were;

- Terms of Reference for the Investment Committee
- Investment Proposal Paper (including Treasury Management Policy)

A detailed discussion took place relating to the updated Treasury Management Policy and the proposals for investing surplus cash.

The significantly improved cash position of the Trust in recent years has enabled the Trust to invest surplus cash to maximise interest receivable. The advantages and disadvantages of the two proposals were discussed as well as the reported Month 7 position (to 31st October 2023).

Decisions Made

- Terms of Reference for the Investment Committee were approved.
- The updated Treasury Management Policy was approved.
- Option 1 was approved – to continue to receive interest on current account balances and invest in the National Loan Fund where cash is available (based on Treasury management policy.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance BAF domain.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Board of Directors is requested to note this assurance from the report of the Investment Committee meeting held on 28 November 2023.		