

BOARD OF DIRECTORS (PUBLIC)

Date – 5 April 2022

Time – 13:00 – 13:20 for public access via Microsoft teams

Venue – Board Room, Murray Building and virtually on Microsoft teams



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 5 APRIL 2022
AT 13:00 IN THE BOARD ROOM MURRAY BUILDING JAMES COOK
UNIVERSITY HOSPITAL FOR BOARD MEMBERS ONLY**

Members of the public to observe via Microsoft Teams

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
STAFF STORY				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 1 March 2022	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	ENC 4
7.	Chief Executive's Report	Information	Chief Executive	ENC 5
8.	Board Assurance Framework	Discussion	Head of Governance & Company Secretary	ENC 6
9.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 7
SAFE				
10.	Safe Staffing Report	Information	Chief Nurse	ENC 8
11.	Learning from Deaths report	Information	Chief Medical Officer	ENC 9

	ITEM	PURPOSE	LEAD	FORMAT
EXPERIENCE				
12.	Patient Experience & Involvement Report	Information	Chief Nurse	ENC 10
EFFECTIVE				
13.	Consultant appointments	Information	Chief Executive	Verbal
WELL LED				
14.	Finance Report	Information	Chief Finance Officer	ENC 11
15.	CQC update	Information	Chief Nurse	ENC 12
16.	Staff Survey update	Information	Director of HR	ENC 13
17.	Annual filings	Approval	Head of Governance & Company Secretary	ENC 14
18.	Committee Reports	Information	Chairs	ENC 15
DATE OF NEXT MEETING				
The next meeting of Board of Directors will take place on Tuesday 3 May 2022				

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Register of members interests			AGENDA ITEM: 3 ENC 1
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Derek Bell Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Level of Assurance	Level of Assurance: Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		



South Tees Hospitals
NHS Foundation Trust

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2017	Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University.
	Deputy Chair	2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. Director/No exec Director – Malton & Norton Golf club ltd.
Mike Ducker	Non-executive Director	1 December 2017	ongoing	Advisor to UK Government on Chemicals Industry
		1 December 2005	ongoing	Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director Senior Independent Director	August 2019	Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council)
		1 October 2019	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		October 2019	Ongoing	School Governor, Ashington Academy.
Jackie White	Head of Governance	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human Resources			No interests declared.
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Moira Angel	Interim Director of Clinical Development	18 January 2021		Director of Moira Angel consulting Ltd - Company number 09529658
				Director of Arista Associates Ltd. - Company number 09986504
				Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director			No interests declared

David Jennings	Non-executive Director	1 January 2021	Ongoing	Trustee Newcastle University Development Trust and Honorary Treasurer. Unremunerated, voluntary role. Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role.
David Redpath	Non-executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	No interests declared
Chris Hand	Chief Finance Officer	2 July 2021	Ongoing	South Tees Healthcare Management Limited - Company number 10166808
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared
Prof Derek Bell	Joint Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance – Dormant Ltd Company

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 1 MARCH 2022 AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING JAMES COOK AND VIA MICROSOFT TEAMS

Present

Professor D Bell	Joint Chairman
Ms A Burns	Vice Chair / Non-Executive Director
Ms D Reape	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mr D Redpath	Non-Executive Director
Mr D Jennings	Non-Executive Director
Ms M Harris	Non-Executive Director
Mr M Ducker	Non-Executive Director
Dr M Stewart	Chief Medical Officer
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer
Mr R Harrison	Managing Director
Ms S Page	Chief Executive

Directors – non-voting

Mrs J White	Head of Governance & Company Secretary
Mrs R Metcalf	Director of Human Resources
Mr M Graham	Director of Communications
Mr M Imiavan	Digital Director
Mr K Oxley	Director of Estates, Facilities & Capital Planning

STAFF STORY

Mrs Metcalf welcomed Mr Vinay Varadarajan who had joined South Tees Hospitals NHS Trust in June 2021 as a Consultant ENT Surgeon. Mr Varadarajan attended to talk about his personal journey about his introduction to South Tees.

Action

BoD/20/396 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting and thanked members of public who had joined the meeting by Microsoft teams and reminded them to put their volume on mute during the meeting.

The Chairman asked members to take a minute reflection for those affected by the war in Ukraine. Mrs Metcalf confirmed that the Trust had identified colleagues working in the Trust from Ukraine and the surrounding areas, providing them with a briefing and support packages available.

BoD/20/397 APOLOGIES FOR ABSENCE

There were no apologies for absence.

BoD/20/398 QUORUM

The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".

BoD/20/399 DECLARATION OF INTEREST

The Chairman referred members to the register of interests and asked members if there were any further declarations to be made not already included. There were no further declarations made.

BoD/20/400 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 1 February 2022 were reviewed and agreed as an accurate record.

Mrs White

BoD/20/401 MATTERS ARISING

The matters arising were reviewed and the action log updated.

BoD/20/402 CHAIRMAN'S REPORT

The Chairman referred members to his previously circulated report and acknowledged that the pressures in the Trust are receding in terms of patient numbers but that there is still pressure around delivery of recovery programme.

He reported on the visits he had undertaken over the last month including meeting with Teesside University discussing relationships around the student population and research and innovation. He added that along with Ms Burns and other colleagues he continued to meet with local MPs.

The Chairman congratulated Dr Lloyd, Chief Nurse for being reappointed for a further 3 years at Sunderland University in her role as Visiting Professor and Mr Harrison being appointed as Chair for the Spinal Network.

The Chairman commented that both Mr Harrison, Dr Lloyd and Mrs White had met with the Council of Governors today on a number of items.

He added that work continues on joint working and collaboration between North Tees & Hartlepool NHS Trust and South Tees Hospitals NHS Trust through the Joint Partnership Board, with the focus this month on nursing and workforce, quality and safety, and an update on progress on Pathology.

The Chairman asked Mr Jennings who was providing NED input into the work of the Pathology Board to provide an

update and Mr Jennings commented that the meetings were held monthly and is constructive and professional focussing on the programme and project plan.

Finally the Chairman offered the Vice Chair, Ms Burns an opportunity to update and she confirmed that as Health & Wellbeing Champion she continued to visit wards with the Wellbeing Advisor, she commented that she saw positive working and challenges within the services. She added that this morning the Board had continued with their programme of and had a good session on resource projections and envelopes and will members will hear more about that later on the agenda. Finally Ms Burns reported that she had joined as a NED representative on the cost improvement programme steering group and was encouraged on the progress this is making.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/20/403 CHIEF EXECUTIVE'S REPORT

Mr Harrison on behalf of the Chief Executive referred the previously circulated report and highlighted a number of areas for consideration.

He gave a big thank you to all staff who have worked tirelessly over the last couple of months which have been challenging during winter. He added that although the Trust is seeing a reduction in COVID-19 patient numbers the pathways continue to be challenging and this complexity will remain. During January and February the Trust maintained as planned the majority of elective services and were able to continue to reduce the longest waiters for routine surgery for up to 2 years. Mr Peate will cover this later in the meeting.

Mr Harrison advised that emergency pressures continued to be high in particularly around ambulance handovers. He advised that the Trust is working with systems partners and trailing a new way of working in which the Trust is starting to see some improvement which is positive.

He reported that the Trust had a CQC visit on 9 and 10 February and Dr Lloyd will discuss this further in terms of the process later in the meeting.

Mr Harrison advised that the Trust is in the middle of the planning submissions and we are working hard on activity and financial plans and the initial submission has been undertaken. The Trust is working on a final submission in March.

Finally Mr Harrison commented on the situation in Ukraine

and advised that the Trust has reviewed cyber security. Mr Imiavan advised that the Trust has been reviewing its systems and processes and staff training around this area. The Board of Directors have a session on 29 March which was already in the diary and staff can access new information on cyber preparedness for their own life and work live. We have taken steps to ensure integrity is maintained working with our partners and suppliers and continue to work with our National Cyber Security Centre early warning system and message centre to distribute messages out quickly to staff if required. Steps have been taken by NHS digital to avoid fishing emails which may result in virus or damage to the security of the system.

Mr Redpath asked Mr Imiavan if the Trust has a clear cyber security incident management plan and Mr Imiavan confirmed that there is a plan in place. Mr Harrison added that the Trust has business continuity plans under the EPRR process which covers IT.

Dr Stewart added that the clinical EPRR lead is sighted on this, and there was a discussion at an ICS meeting on Cyber security just recently.

Mr Jennings commented that the EPRR sign off comes through Audit & Risk Committee and the process recognises the reliance of business systems is well understood and provided good assurance.

The Chairman suggested that information on the heightened alert and support to staff is added to the intranet.

Mr Harrison

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/20/404 BOARD ASSURANCE FRAMEWORK

Mrs White referred members to the report on the Board Assurance Framework report and highlighted that the Board Sub Committees – People, Quality and Resources continue to review their BAF each meeting. This can be aligned to the work of the sub committees through the Chairs logs.

She added that a number of assurance reports are being received today at Board. These included:

Staffing continues to be highlighted in a number of reports due to COVID-19 impacting (isolation and sickness) on well led and CQC must-do actions including mandatory training. However there is no impact on delivery of care to patients as identified in the IPR and safer staffing report.

The Finance report and IPR discuss the financial position for month 10 drawing on the work of the Collaboratives and Improvement Councils established to support the CIP for the Trust.

Maternity report on Ockenden highlights the work which has been undertaken and how assurance is gained through the newly established Maternity Assurance Board and Quality Assurance Committee.

Mr Redpath thanked Mrs White for the update and raised the number of gaps in assurance or control which were overdue. Mrs White advised that some areas overdue related to the impact of committee business due to reducing the burden applied nationally as part of the NHS response to COVID-19. Other areas were due to lack of assurance which would require further discussion in committees.

RESOLUTION

The Board of Directors NOTED the BAF

BoD/20/405 INTEGRATED PERFORMANCE REPORT

The Chairman introduced Mr Peate to present on the Integrated Performance Report (IPR). He reported that the report has been changing over the last few months and thanked those who had contributed to its development including the Non-Executive and Executive Directors.

Mr Peate highlighted that:

- Trust performance in December 2021-January 2022 reflects a significant increase in COVID-19 infections in our communities due to the COVID-19 Omicron variant. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system.
- Due to the ongoing nature of the COVID-19 pandemic, sickness absences remained high, reflected in training and appraisal compliance. Staff well-being has been at the forefront of the trust's clinically-led response to the pandemic, and changes to national guidance on COVID-19 isolation guidance have been adopted to minimise the impact of staff isolation on absence levels.
- The falls rate in January increased, however, the rate of falls with harm, remained low.
- As seen across the NHS region, Access targets including 4-hour and ambulance handover delays have been challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in

patient experience.

- Despite challenges of COVID-19, elective inpatient activity exceeded our plan.
- The financial position remains on plan and the team is focussing on preparing for the next financial year and delivery of the Coding Action Plan. Collaborative leadership teams have been asked to focus on confirming normal cost improvement plan delivery for 2021/22, plans for 2022/23 in-line with milestone expectations and longer term and transformational changes to achieve operational excellence and sustainability. HR, Finance, Business Intelligence and Service Improvement support is aligned to this through the Collaborative Improvement Councils.

Mr Jennings asked Mr Peate to discuss the Single Oversight Framework (SOF) indicators and how the Trust compares with others and in for an update with regard to the responsive domain trend around 6 weeks diagnostic target. Mr Peate advised in relation to the SOF we as a Trust are in the middle of the pack nationally including a number of areas such as emergency care pathways which we are focussed on. He added that the North East is one of the highest performance regions. With regard to diagnostic reporting Mr Peate commented that the largest group of patients are for imaging services through radiology. Over the course of November and December the Trust changed its reporting systems and is undertaking a data validation exercise. This is showing that the actual week ending performance was around 66% and back in line with overall trust performance.

Ms Burns referred to the equalities section and commented on the Trust intention to appoint a joint public health role which is a positive picture. Mr Harrison commented that we have signed off a job description which is with the Director of Public Health and going out to advert to recruit to that post which will jointly be accountable to the Director of Public Health and Chief Medical Officer. He added that the Trust has established a working group of senior clinicians and the Deputy Director of Planning to look at what work programme can start to address the issues highlighted in the data.

The Chairman commented on the elective recovery programme and the considerable improvement undertaken by the Trust.

RESOLUTION

The Board of Directors NOTED the update

Dr Lloyd referred members to the safe staffing report and highlighted that the percentage of shifts filled against the planned nurse and midwifery staffing across the trust is 95.8% with RN fill rates at 85.4% on days, as per table 1, demonstrating compliance with safer staffing. Staffing has continued to be a challenge across the trust with continued short notice unavailability associated with Covid isolation and Covid related absence.

Stretch staffing ratios have been initiated where necessary based on skill mix, acuity and occupancy levels to keep patients safe, with all actions agreed by senior nurses through twice daily safe care meetings.

The introduction of allocate on arrival shifts for RNs and HCAs (6 per day and night at JCUH and 1 per day and night at FHN) has seen improved pick up in January, these shifts are promoted daily via ward managers and NHSp text messaging. This model has been followed in community with impactful pick up

Nursing Turnover for January has increased slightly to 8.26%

Wellbeing of staff remains one of our key priorities.

Ms Reape commented that in recent walkrounds in Maternity as Maternity Champion – midwives have discussed the need to move and whilst may not want to they understand why which is positive.

Ms Reape asked Dr Lloyd where the Trust was with the national guidance on staffing levels. Dr Lloyd advised that the Trust are following the national guidance and delivering against this which recognises the need for stretch ratios and we are doing an assessment against this which we will report through into People committee.

Ms Reape congratulated Dr Lloyd on the allocate on arrival programme and Dr Lloyd thanked Ms Reape and said that it is working well and some staff are happy with this programme.

Ms Burns asked if the Trust take account of the newly qualified nurses on the ward in terms of the staffing levels. Dr Lloyd advised that the Trust has a preceptorship programme and policy in place with provides support to newly qualified nurses in their areas. She added that when we have been particularly challenged we have had to sometimes move staff but they have been supported in this as we want to retain these staff.

The Chairman commented that there is always an element of the need to move staff, and asked how close the Trust are to

getting back to normal levels. Dr Lloyd commented that moving staff has always happened and we are trying to reduce this and hopefully as we move through the pandemic.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/20/407 CONSULTANT APPOINTMENT

Mr Harrison on behalf of the Chief Executive updated members on the new consultant appointments and the following staff were welcomed to the Trust:

Abdalla Deb – Urology
Ahmed Hanafy – Diabetes

And thanks went to Rob Wright – Cardiology who has left the Trust.

RESOLUTION

The Board of Directors NOTED the update

BoD/20/408 OCKENDEN ONE YEAR ON REPORT

Ms Lynne Staite Head of Midwifery attended the Board of Directors and highlighted progress with Ockenden – 1 year on.

Members were reminded that as part of the Ockenden review of maternity services, providers were required to submit evidence to NHSE/I in June 2021, to show they had enacted the 7 immediate and essential actions (IEAs), covering 41 minimum standards. Once submitted, these were reviewed by NHSE/I, who then provided feedback to each Maternity Unit in the country.

The feedback showed that for 6/41 the Trust had submitted 100% of the minimal requirements for evidence, 25/41 some evidence had been submitted but not all to the minimum standard, and for 10/41 no evidence was submitted.

The Trust's Ockenden action plan has been updated and positively it can be seen that we now have either completed or are in the process of completing all of our actions, since the original submission in June 2021. The Trust's Maternity Assurance Board, chaired by the Chief Nurse oversees the progress of this action plan.

Ms Burns commented that there is work still to do on gathering evidence and asked when Ms Staite expects to complete this and confidence on compliance. Ms Staite advised that the SOPs and policies in place but these need to

be ratified and therefore will be in the next month. She added that there are a number of actions which require the Local Maternity Neonatal System group to share with us their processes and they are still working these out following changes at system level.

Dr Lloyd advised that the team are being robust in ensuring that we have the evidence to provide back and that we are making sure these have been through governance processes.

Ms Burns suggested it would be useful to include this level of assurance in the report.

Ms Reape commented on the amber risk in relation to Board maternity champions and added that we are revising the guidance around this with Ms Staite and re-looking at how we do visits.

The Chairman commented that the CQC would look at Ockenden as part of their process.

Dr Lloyd referred to the performance report and in particular drew members attention that the c section target has been removed as it could drive unsafe decisions on c sections, as it doesn't recognise high risk mums which attend James Cook. Mr Harrison commented that the Trust are reviewing the maternity metrics.

RESOLUTION

The Board of Directors NOTED the maternity update

BoD/20/409 FINANCE REPORT MONTH 10

Mr Hand presented the month 10 finance report and advised that due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust has agreed its H2 plan. The Trust's requirement for 2021/22 is to deliver a £5.0m deficit.

At Month 10 the Trust reported a deficit of £4.4m at a system control total level. This is in line with the required budget deficit for M10 as agreed within the ICP/ICS.

The Chairman asked Mr Ducker if he could highlight any areas of escalation from the Resources Committee chairs log at this point. Mr Ducker advised that the Committee reviewed the BAF and the IPR and noted the SOF position, discussed month 10 financial position nothing a lot of work is going into the budget plan and it is an area being discussed around the regional allocation.

Mr Hand reminded members that the planning round for the 2022 is a transition year as we exit Covid, adding that we are sighted on the future around ICBs which will be in place and will have an allocation for each area which reflects population needs, within that we have a higher relative need in the South end of the ICB, if we were to move to the needs based formula this is around £70m additional resources which would need transferring in.

Mr Harrison added that we need to consider this as part of the next stage of the process and how we manage this into the next couple of years, fair settlement this year and year after a longer term financial settlement.

The Chairman commented that if the allocation goes in line with the formula it should benefit the Tees Valley but next year as part of the transition it will put financial pressure on Tees Valley as a whole.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/20/410 CQC UPDATE

Dr Lloyd referred members to the previously circulated report and highlighted the work which has been progressing on preparedness for a CQC inspection. Dr Lloyd further updated on the recent CQC focussed inspection on the 9th and 10th February. Initial feedback has been received and the Trust is working with the CQC prior to sharing and publication of a final report.

RESOLUTION

The Board of Directors NOTED the report

BoD/20/411 COMMITTEE REPORTS

The Chairman offered the Chairs of Committees an opportunity to highlight any other business not already covered by the agenda.

Quality Assurance Committee – Mr Cater Ferris updated on behalf of Ms Reape that the two main issues have been covered – maternity and CQC update. In the IPR it shows a reduction in patient experience on maternity – primarily around patients visiting during Covid – but highlighted. Should see this improving with relaxing on visiting policy.

People Committee – Ms Harris updated that the Board Assurance Framework gaps were reviewed and the Committee received updates on Engagement and Education & Organisation Development; Junior doctor recruitment and

Doctor appraisals and the initial Staff survey results.

BoD/20/412 DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on 5 April 2022. Close

Signed:

Date:

DRAFT

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
7.9.21	BoD/20/302	BOARD ASSURANCE FRAMEWORK	Risk Appetite to be undertaken and included on the BAF	J White	Mar-22	All Committees in March discussed their risk appetite - verbal update to be given as part of Chairs logs	Open
7.11.21	BoD/20/350	patient experience and involvement report	Patient Experience report to include the reasons for re-opened cases.	H Lloyd	Mar-22	On agenda	complete
7.11.21	BoD/20/350	patient experience and involvement report	Benchmarking report of re-opened complaints	H Lloyd	Mar-22	On agenda	complete
01.03.22	BoD/20/403	Chief executive update	The Chairman suggested that information on the heightened situation with regard to cyber security and support to staff is added to the intranet.	R Harrison	Apr-22		open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Joint Chairman's update			AGENDA ITEM: 6, ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

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 Visiting and COVID-19

COVID rates remain high regionally but importantly demand on critical care services are much less. We continue to encourage wearing masks, appropriate social distancing and ensuring vaccination. Importantly we are delighted to welcome back visitors, following the Trust guidance. This is important for both patients and family but also brings back a sense of community to the hospital.

2.2 Council of Governors meeting

I chaired the South Tees Council of Governors meeting on 15 March who had spent a great morning engaging in updates on the maternity national survey, the People Plan and the work the Trust has been doing to support staff and the Kiosks which have been installed in the Trust. Then followed a public meeting with updates from the lead Governor, an update from Mr Peate on performance, an introduction to Mr Hunter, Joint Director of Partnership who described the work he was doing across North Tees & South Tees.

2.3 Safety Day

I was really pleased to attend the Trust's 2nd safety day held on 8 March 2020 at Hardwick Hall. I was amazed to see how many people attended and there were so many great discussions including a restorative approach for people harmed by healthcare, Radiology never event, Second Victim Phenomenon and the Quality & Safety Strategy. Thank you to all who organised and attended this event.

2.4 ICS Chief Executive

I was pleased to join Sue Page, Chief Executive and her team and colleagues in welcoming Sam Allen, Chief Executive of the North East and North Cumbria Integrated Care System when she visited the Trust in March. The team created a fantastic programme for Sam who met clinical colleagues including Ralph White, Sarah Baker, Manju Prasad, Stuart Finn and Andy Port to showcase some of the great work we are doing in South Tees.

2.5 Integrated Care Board Senior Appointments

In preparation for the commencement of the new North East North Cumbria Integrated Care System – Integrated Care Board a number of executive appointments have been made which include:

- Dr Neil O'Brien – Medical Director
- Prof Graham Evans – Chief Digital and Information Officer
- Annie Lavery – Director of People
- Claire Riley – Director of Corporate Governance, Communications and Involvement
- Aejaz Zahid – Director of Innovation
- Jon Connolly – Director of Finance
- Dave Gallagher, Director of Place Based Partnerships (Central and Tees Valley)
- Mark Adams, Director of Place Based Partnerships (North and North Cumbria)

It is anticipated the Integrated Care Board will commence in a shadow from 1 April 2022 and as an NHS statutory organisation from July 2022.

2.6 Sub Committees

The Joint Partnership Board met on 16 March 2022 and I chaired the Charitable Funds Committee on 17 March 2022, an update on the work is included in the Chairs logs.

2.7 COVID public inquiry

The Government is planning to hold a public inquiry into the handling of the pandemic response. The Chair of the Covid-19 Public Inquiry, Baroness Hallett, has recently set out some draft terms of reference (<https://www.gov.uk/government/publications/uk-covid-19-inquiry-draft-terms-of-reference>). These are currently out for consultation which ends on the 7 April 2022.

The purpose of the Inquiry is learning and it will provide the opportunity to consider what went well and what we can all do differently in future. It is not about blame and the Inquiry will have no powers around criminal or civil liabilities.

3. Recommendation

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

Professor Derek Bell Joint Chair

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022		
Chief Executive update		AGENDA ITEM: 7 ENC 5
Report Author and Job Title:	Mark Graham, Director of Communications	Responsible Director: Chief Executive
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>	
Situation	Chief Executive update	
Background	The following report provides an update from the Chief Executive.	
Assessment	The report provides an overview of the health and wider related issues.	
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Recommendation	Members of the Trust Board are asked to note the contents of the report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

Chief Executive Update

COVID-19 update

Thursday 17 March marked two years since our clinical colleagues first admitted their first patient with COVID-19. Since then, our clinicians have cared for more than 6,000 patients with the virus.

Treating over 6,000 patients with COVID-19 has inevitably had an impact but the measures our experienced clinicians took at the start of the pandemic to separate our hospitals into COVID and non-COVID areas has meant colleagues have been able to continue caring for patients with other health needs that are equally urgent, while working tirelessly for people whose non-urgent care was disrupted by the pandemic.

In the five weeks to 23 March for example, our surgical teams delivered almost 3,500 operations, of which more than 2,600 were planned procedures. At the same time, 73,000 outpatient appointments took place and more than 16,400 people attended our urgent and emergency care services - an increase of 5,200 on the same period last year.

Vaccines remain our first line of defence against the virus, and getting jabbed is one of the best ways our communities can protect themselves. While restrictions have been eased, COVID is still circulating and puts unvaccinated people at risk. We know that people can get COVID again and again and even if it does not make them critically ill, there is still the risk of developing further complications or passing it on to a friend or loved one at higher risk from the virus.

Digital Safety and Quality First

As Board members know, more than £8 million is being invested in new clinical digital tools which will end our clinical colleagues' historical reliance on paper-based record keeping.

When the new range of smart technologies are fully in place, they will eliminate more than 5 million pieces of paper which teams currently have to use each year for everything from recording patients' nutrition and hydration assessments to filling in prescriptions.

For example a new digital tool called Patientrack is currently being rolled-out which supports the capture of data and information at the patient's bedside - directly entered on a tablet or integrated from patient monitors – and has started to replace the paper-based nutrition and hydration forms which colleagues have had to rely on.

Later this year will see the introduction of another important digital tool which will enable electronic prescribing and medicines administration.

James Cook Cancer Institute

Almost £2.7 million is being invested in cancer treatments at the James Cook University Hospital for the benefit of patients across Teesside, North Yorkshire and our wider region

Our experienced clinicians are investing £2.5 million in a replacement linear accelerator which is used for radiotherapy, and almost £180,000 in new brachytherapy equipment with advanced technology.

The new equipment will help the James Cook Cancer Institute's highly specialised clinicians continue their pioneering work in tackling cancer, with the replacement linear accelerator due come into operation in May and the new brachytherapy equipment in the summer of 2022.

President of Royal College of Surgeons of England visit

On 3 March, colleagues and teams hosted a visit by Professor Neil Mortensen, President of the Royal College of Surgeons (RCS) of England. The visit was organised by Venkatesh Kanakala, our clinical director for general surgery. They were joined by Andrew Reed, chief executive of RCS England, Peter Davis, regional director (North-East) at RCS England, and a number of colleagues including Emma Reay (clinical director for orthopaedic & reconstructive services) and Anna Barnard (clinical director for plastics). The team were delighted to receive positive feedback from RCS colleagues who observed that said it one of the best units they have visited.

Nutrition and Hydration Week

Colleagues and teams marked this year's national Nutrition and Hydration Week (14-20 March) with a range of ward and team-based activities to share best practice examples and pledges to make a difference every day around nutrition and hydration.

Third Ghana training mission

During March, a UK heart team led by consultants from James Cook performed life-saving operations in Ghana for a third time. The team gave up their holidays to take the trip to hospitals in Accra and Kumasi on Saturday 12 March for one week. On this year's mission the team helped several patients who required cardiac surgery and upskilled the Ghanaian team to perform more advanced procedures.

The team of nine was made up of cardiothoracic surgeons, perfusionists, nurses and other allied health professionals, as well as cardiology colleagues from both South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust.

Once again, the team was led by James Cook consultant cardiothoracic surgeon Enoch Akowuah.

Radiotherapy BSI

Congratulations to radiotherapy and medical physical colleagues who recently passed their BSI (British Standards Institution) audit with flying colours.

The BSI auditor said how impressed they were with the workings of the department and those who make it happen.

The auditor also praised the team and said it was very clear that colleagues are passionate about their role and strive to make improvements to the patient pathway.

Hydrogen-fuelled car

A brand new hydrogen fuel car has been loaned to South Tees Hospitals NHS Foundation Trust by Toyota as part of the Teesside Hydrogen Hub Trial, a £2.5million region-wide trial testing out 100% zero-emission hydrogen-fuelled commercial and support vehicles.

The pathology department at the trust will use the Toyota Mirai hydrogen fuel cell vehicle for three months to transport patient specimens.

The car is fitted with 100% hydrogen zero emission fuel cell that emits only water when driving and will use a new refuelling station at Teesside Airport, which opened in January to serve hydrogen-powered vehicles based in the Tees Valley.

2. RECOMMENDATIONS

The board is asked to note the contents of this report.

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 5 APRIL 2022			
Board Assurance Framework			AGENDA ITEM: 8, ENC 6
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>The Board have previously approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust. Following this the Board identified the principal risks to achieving the strategic objectives.</p> <p>The Board of Directors tasked the Board sub committees to undertake the scrutiny and assurance of the principal risk, controls and gaps.</p>		
Background	<p>The Board Assurance Framework is a strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives.</p> <p>A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management.</p> <p>A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.</p>		
Assessment	<p>The Board Sub Committees – People, Quality and Resources continue to review their BAF each meeting.</p> <p>Through the Chair's logs the Board can be assured that the Committees have tested the controls in place; received assurances (some positive and some negative); reviewed the gaps in controls or assurance and received assurances to mitigate some of these gaps.</p> <p>A number of assurance reports are being received today at Board.</p> <p>The Finance report and IPR discuss the financial position for month 11 drawing on the work of the Collaboratives and Improvement Councils established to support the CIP for the Trust.</p> <p>COVID19 continues to have an impact on areas across the Trust including performance as identified in the IPR and staffing as identified in the IPR and safer staffing report. This is also highlighted in the learning from deaths report with regard to the</p>		

	<p>unadjusted and risk adjusted mortality rates. In addition the year to date pay position is impacted by the additional Covid costs of £10.2m.</p> <p>Staffing continues to be highlighted in a number of assurance reports including the IPR and safer staffing report due to the ongoing nature of the COVID-19 pandemic, sickness absences remained high, reflected in HR KPI's.</p> <p>Medicine and Emergency care services are highlighted in a number of reports including the IPR around the 4-hour standard and A&E patient experience. In addition the patient experience report highlights that Medicine and Emergency Care Services received the highest number of complaints in the last quarter.</p> <p>Each of the Committees have reviewed their Risk Appetite during March and a verbal update will be provided at the meeting.</p>	
Recommendation	Members of the Board of Directors are asked to note the update on the BAF.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

Board Assurance Framework (BAF)**1. PURPOSE OF REPORT**

The purpose of the report is to provide an update on the work of the Board sub Committees on providing assurance to the Board on the principal risks to achieving the strategic objectives.

2. BACKGROUND

The role of the BAF is to provide evidence and structure to support effective management of Risk within the organisation. The BAF provides evidence to support the Annual Governance Statement.

The BAF provides this totality of assurance and identifies which of the strategic objectives are at risk of not being delivered. At the same time, it provides positive assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigation action and address the issues identified in order to deliver the Trust's strategic objectives.

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

- Controls in place
- Assurances in place and whether they give positive or negative assurance
- Gaps in controls or assurance
- Actions to close gaps and mitigate risk
- Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.

3. DETAILS

The BAF continues to have **7 principal risks** associated with delivery of the 5 strategic objectives. These 7 principal risks are made up of **35 threats**.

The risk rating for the 7 principal risks is made up of **6 extremely high** and **1 high risk** rating. There has been no change to the risk ratings since the last report.

All Committees continue to have time on their agenda to horizon scan for new threats or risks.

A number of assurance reports are being received today at Board.

Assurance levels for each of the threats and principal risks have now been agreed by Committees following the initial agreement with Lead Executives and Chairs.

3.1 Assurance reports Trust Board of Directors

A number of assurance reports are being received today at Board and include:

Principal risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes

- CQC update
- Integrated Performance Report

Principal risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain

- Safe Staffing Report
- Integrated Performance Report
- CQC update
- Staff survey

Principal risk 4 - Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders

- Integrated Performance Report

Principal risk 7 - Failure to deliver the Trust's financial recovery plan

- Finance Report
- Integrated Performance Report

3.2 Additional assurances to highlight

Resources Committee

Supply and demand and impact on South Tees – report highlights that projects are certainly feeling the effects of the market issues. The Estates team closely monitors the market and we ensure our business cases have adequate risk allowances.

People Committee

Financial wellbeing – report highlights the support to staff from a financial wellbeing objective to provide a positive wellbeing culture with initiatives that are relevant to our colleagues both now and in the future.

Cultural improvement plan – report highlights the work the Trust is doing with the BAME Network to commission work to continue to develop a positive culture then to create a joint improvement plan.

Quality Assurance Committee

Quality Priorities – report highlights the development of the Trust quality priorities which has involved feedback and direct discussions with Clinical Collaborative Chairs, Senior Nurses and AHPs, Matrons, Ward Managers and a selection of our Council of Governors.

3.3 Assurance levels

During **March 2022** assurance levels were reported for each report being submitted to a Board Committee. The breakdown is as follows:

None	Limited	Moderate	Significant
	2	19	2

The balance between internal and external assurances was as follows:

Internal	External
23	0

3.4 Risk Appetite

The purpose of a Risk Appetite Statement is to articulate what risks the Board is willing or unwilling to take in order to achieve the Trust’s strategic objectives.

At a recent Board development session the Board considered the guidance in relation to developing a risk appetite for the Trust and agreed that the Good Governance Institute Risk Appetite for NHS Organisations Matrix should be used.

It was further agreed that each of the Board Sub Committee should consider their risk appetite and make a recommendation to the Board. Each of the Committees reviewed their risk appetites at their meetings in March which will be included in the BAF in April and presented to the Board separately for approval.

4. RECOMMENDATIONS

Members of the Board of Directors are asked to note the report.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Integrated Performance Report			AGENDA ITEM: 9, ENC 7
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Various
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>There are no changes to metrics for February 2022 IPR.</p> <p>Review of metrics for IPR for 2022/23 is underway, including identifying the appropriate targets or standards, where applicable.</p> <p>In future months, community nursing pressure ulcers will be reported by the following Numerator and Denominator, in line with NICE Guidance.</p> <p>Numerator – the number in the denominator in which a pressure ulcer risk assessment is carried out at the first face-to-face visit and the following</p> <p>Denominator – the number of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers.</p> <p>Our key messages for February are:</p> <ul style="list-style-type: none"> Trust performance in December 2021-February 2022 reflects a significant increase in COVID-19 infections in our communities due to the COVID-19 Omicron variant. 		

	<p>This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system.</p> <ul style="list-style-type: none"> • Due to the ongoing nature of the COVID-19 pandemic, sickness absences remained high, reflected in HR KPI's, however mandatory compliance improved markedly in February. Changes to national guidance on COVID-19 isolation guidance were adopted to safely minimise the impact of staff isolation on absence levels. • Compared to January, the falls rate reduced in February. The rate of falls with harm also remains low. Pressure ulcers of category 2 in the community have increased: targeted and systematic support has been put in place. • The increase in C. difficile cases at the Trust is reflective of the national and regional picture. A structured review process has been implemented to identify any themes and learning. • Emergency care access as reported by the 4-hour standard and ambulance handover delays continued to be challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in A&E patient experience. Maternity services patient experience: use of technology to increase response rates will help provide more insight into trends. • Despite challenges of COVID-19, elective inpatient activity exceeded our plan and the reduction in numbers of patients waiting the longest was sustained. • The financial position remains on plan. 	
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Recommendation	Members of the Public Trust Board of Directors are asked to receive the Integrated Performance Report for January 2022.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All BAF principal risks	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without	Make best use of our resources <input checked="" type="checkbox"/>

report aims to support)	boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

February 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

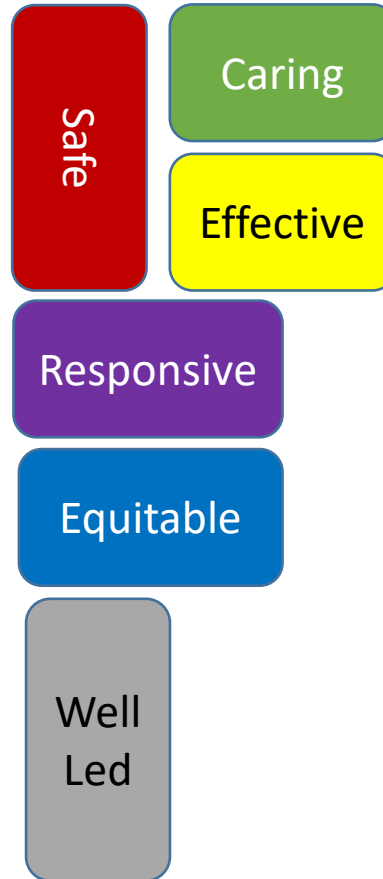
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Robert Harrison, Managing Director

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Resources Committee

Resources Committee

People Committee

Audit and Risk Committee

INTRODUCTION

OVERSIGHT

The Integrated Performance Report has been reviewed by the Senior Leadership Team to ensure that it clearly represents the Trust's performance against key indicators of Single Oversight Framework, Compliance, Quality, People and Resources. The IPR domains are owned by the responsible Director and accountable to the relevant Committee of the Board . In addition, significant risks are reviewed by Audit and Risk Committee

The IPR is reviewed and signed off by the Senior Leadership Team prior to publication, to ensure connectivity and triangulation between the domains.

Performance metrics follow through from ward or specialty, to Directorate, Collaborative and Trust level. They are owned, reviewed and challenged at relevant meetings which may include Directorate meetings, Collaborative Boards and their Groups in operational services; and the Trust-wide Groups that report into the Committees of the Board providing corporate assurance through the Trust governance structure.

INTRODUCTION

ASSURANCE

The IPR is a key element of the Board Assurance Framework, as it evidences our performance and management of risks to safety, quality, patient access and experience, and resource utilisation.

The IPR includes a summary of metrics monitored by NHSE&I in the NHS Single Oversight Framework matrix; this informs the System Oversight Framework which reflects and reinforces system-led delivery of care. The Framework seeks to identify NHS providers' potential support needs from NHSI across five themes: quality of care, finance and use of resources, operational performance, strategic change, and leadership and improvement capability. NHSE&I use the outcome from the themes to 'segment' individual trusts according to the level of support each trust requires. It then signposts, offers or mandates tailored support as appropriate.

Metrics are mapped to the five CQC domains of Safe Effective Caring, Responsive and Well Led. Together these demonstrate the Trust achieves its Licence to Operate. A sixth domain, Equitable, reflects the NHS focus on reducing inequalities in access and outcomes, as set out in the Operational Priorities and Planning Guidance for 2021/22.

CHANGES THIS MONTH

No changes to metrics for February 2022 IPR.

Review of metrics for IPR for 2022/23 is underway, including identifying the appropriate targets or standards, where applicable.

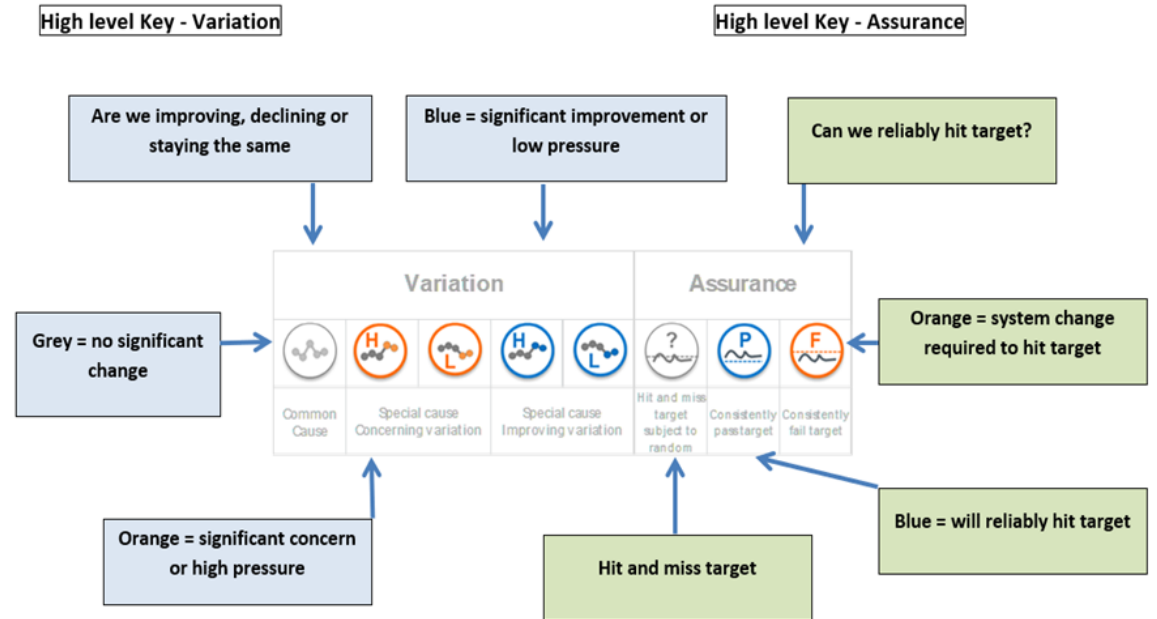
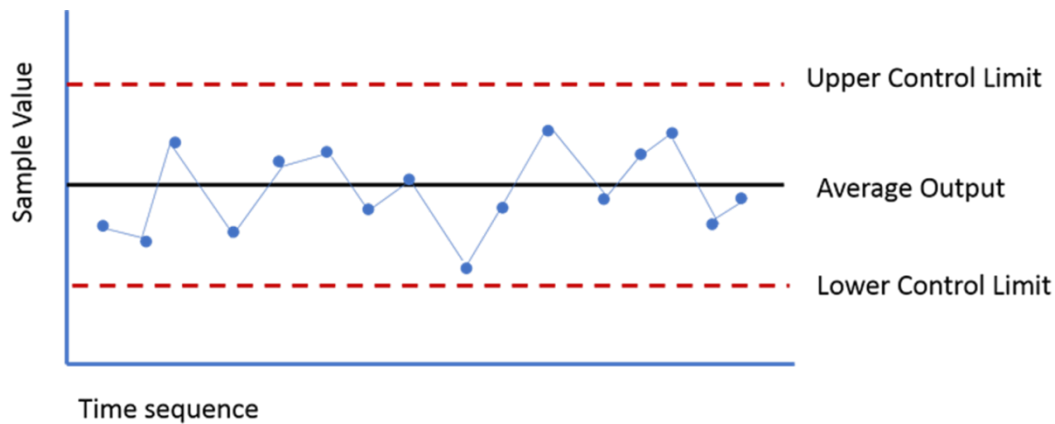
In future months, community nursing pressure ulcers will be reported by the following Numerator and Denominator, in line with NICE Guidance.

Numerator – the number in the denominator in which a pressure ulcer risk assessment is carried out at the first face-to-face visit and the following

Denominator – the number of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers.

SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of *Making Data Count*.



NATIONAL CONTEXT

The policy context for the second half of financial year 2021/22 as set out in the *Operational Planning Guidance* continues to focus on

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- B. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19.
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
- F. Working collaboratively across systems to deliver on these priorities

Planning guidance for 2022/23 reiterates and expands upon these priorities, going further with outpatient transformation , and emphasises the system delivery overseen by Integrated Care Boards (from July 2022).

The NHS Chief Medical Officer declared a Level 4 National Incident on 12 December 2021 in response to the threat from Omicron, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and the significant increase in COVID-19 cases. The Trust continues to operate a Command & Control structure, to manage our clinically-led response to the changing phases of the pandemic.

REGIONAL AND LOCAL CONTEXT

Across the North East and North Cumbria Integrated Care System (NENC ICS) the focus for acute Trusts is on achieving elective recovery, whilst addressing clinical priorities such as cancer and emergency care. The Trust is engaged in the NENC ICS Provider Collaborative to ensure elective access targets are met and is a leader in Tees Valley Managed Clinical Networks to drive quality and sustainability of key services. We also work closely with Yorkshire and North East Ambulance Services, and Local Authorities. The Trust also provides services within Humber Coast and Vale ICS, and is engaged in local partnership working to develop services in North Yorkshire.

In response to the 22/23 planning guidance and national submission timetable, first draft finance, workforce, performance and activity projections for 22/23 have been submitted. This included our intent to develop virtual wards, urgent community response and reduce lengths of stay, in partnership with local authorities and commissioners in Tees Valley and North Yorkshire.

During March 2022, the Trust Improvement Plan is being refreshed to reflect the achievements and progress over the last 12 months and the service improvement and transformational change priorities required for 22/23. Collaborative Improvement Councils are being embedded to provide a support mechanism and methodology to prioritise and deliver service improvements.

The Trust remains focused on CQC fundamental standards, and learning lessons and spreading good practice, in response to a targeted CQC inspection in February 2022 (in advance of formal feedback).

EXECUTIVE SUMMARY



















- Trust performance in **December 2021-February 2022** reflects a significant increase in COVID-19 infections in our communities due to the COVID-19 Omicron variant. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system.
- Due to the ongoing nature of the COVID-19 pandemic, **sickness absences** remained high, reflected in HR KPI's, however mandatory compliance improved markedly in February. Changes to national guidance on COVID-19 isolation guidance were adopted to safely minimise the impact of staff isolation on absence levels.
- Compared to January, the **falls** rate reduced in February. The rate of falls with harm also remains low. Pressure ulcers of category 2 in the community have increased: targeted and systematic support has been put in place.
- The increase in **C. difficile** cases at the Trust is reflective of the national and regional picture. A structured review process has been implemented to identify any themes and learning.
- Emergency care access as reported by the **4-hour standard** and **ambulance handover delays** continued to be challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **A&E patient experience**. **Maternity services patient experience**: use of technology to increase response rates will help provide more insight into trends.
- Despite challenges of COVID-19, **elective inpatient activity** exceeded our plan and the reduction in numbers of patients waiting the longest was sustained.
- The **financial position** remains on plan.

SINGLE OVERSIGHT FRAMEWORK

Provider	A&E 4 hour standard Dec-21	RTT - 18 week standard Nov-21	Cancer 62 day - GP referral Nov-21	Cancer 62 day - screening services Nov-21	Diagnostic 5 week waits Nov-21	Single Oversight Framework triggers			12 hour delay from DTA Dec-21	Ambulance handovers 30-60 mins Dec-21	Ambulance handovers 60+ mins Dec-21	52 week waits Nov-21	104 week waits Nov-21	Total Waiting List Nov-21
	95%	92%	85%	90%	=<1%	This month	Last month	This month triggers	Zero			Zero	Zero	
South ICP														
South Tees Hospitals NHS Foundation Trust	70.6%	64.9%	65.9%	58.3%	47.4%	5	5	A&E; RTT; Cancer 62 (GP); Cancer 62 (Screening); Diagnostics	10	170	172	1,350	66	41,267
North East & Yorkshire	74.4%	70.6%	63.5%	69.7%	28.8%									
National	73.3%	62.8%	61.8%	65.4%	30.0%									

The Trust was non-compliant with the mandated Single Oversight Framework metrics and access standards in **January/February**. Across the themes of the SOF (quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement capability) the Trust is placed in **segment 3, mandated support for significant concerns**, under the NHSI Regulatory Approach (Support Regime). The Trust is currently gaining external support on emergency care pathways and cost improvement and transformation.

Performance was generally in line with the regional and national position, reflecting the challenges faced by many Trusts in recovering patient access given the impacts of the Covid pandemic. The Trust had a poorer position for elective referral to treatment standard than the region, although the longest waits are reducing. Note that cancer 62-day screening standard is typically a low-volume pathway (<10 per month) so percentage performance fluctuates. Diagnostic access standard breaches remains above the regional position, however data quality has been impacted in this period, associated with implementation of new imaging information system, being resolved with the supplier. 12-hour breaches from decision to admit reduced in February.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2055	2070	Feb 2022		
Serious Incidents	3	7	Feb 2022		
Never Events (YTD)	4	0	Feb 2022	N/A	N/A
Falls	155	N/A	Feb 2022		N/A
Falls Rate	5.38	6.6	Feb 2022		
Falls With Harm	1	N/A	Feb 2022		N/A
Falls With Harm Rate	0.03	TBC	Feb 2022		N/A
Category 2 Pressure Ulcers Rate (Per 1000 Bed Days)	4.82	TBC	Feb 2022		N/A
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.81	TBC	Feb 2022		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)	2.01	TBC	Feb 2022		N/A
Category 3&4 Pressure Ulcers Rate (Per 1000 Bed Days)	0.66	TBC	Feb 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1	TBC	Feb 2022		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)	0.56	TBC	Feb 2022		N/A
Medication Incidents	114	TBC	Feb 2022		N/A
Medications Reconciled Rate %	60.87%	80%	Feb 2022		
C-Difficile (YTD)	132		Feb 2022	N/A	N/A
MRSA (YTD)	1	0	Feb 2022	N/A	N/A

Incidents

Reporting of incidents remains high since March 2021, setting a new positive norm of around 2100 incident reports per month. The target 10% increase has been achieved since April 2021. High levels of reporting are typically a feature of a positive safety culture.

The rate of inpatient falls reduced in February, compared to January 2022. Falls resulting in patient harm remain below the running average.

Pressure ulcer prevalence is reviewed by area and targeted support is directed as necessary with increased visibility and responsiveness by the TVN team. This has enabled a positive reduction in key areas such as critical care.

The number of category 4 pressure ulcers remains low across both the acute and community setting. The last Category 4 Pressure Ulcer reported in the community occurred in November 2021 and in the acute setting in January 2022.

During the last 7 months The Purpose T tool has been rolled out throughout all community nursing teams and is currently being piloted within a number of the acute wards. This will be rolled out across all acute and community wards over the coming months. The PURPOSE T tool, intentional rounding and wound care chart are the next assessments to be digitalised during the next 2 – 3 months.

Medication incidents remain within normal variation. Medications reconciliation has been impacted by staffing. A business case for seven-day working, which is required to meet the 80% standard, is in preparation.,

Healthcare acquired infections

There were no new MRSA reported this month. C. difficile cases reported remain higher than last year. IPC precautions for isolating patients with C. difficile have been maintained. The increase is reflective of the national and regional picture, however an improvement group has been established. The structured review process is to be implemented in March 2022. A detailed plan has also been implemented. This is also recorded on the Trust risk register to capture the organisational risk and the patient safety risk with clear tracking and reporting.

Metric	Latest Month	Target	Month	Trend	Assurance
Caesarean Section (%)	27.43%		Feb 2022		N/A
Induction of Labour (%)	49.56%	44%	Feb 2022		
Still Births (YTD)	4	17	Feb 2022	N/A	N/A
PPH 1500ml (%)	0.03		Feb 2022		N/A

Maternity services

Caesarean Section and post-partum haemorrhage rates remain in line with the longer-term average. |

Induction of labour rates are above the average and are the highest in the reported period. This indicator was impacted by changing clinical practice and adhering to NICE guidance through the Covid-19 pandemic where an increase in some indicators reflected the impact of COVID on pregnancy and births. In addition, the Trust is a tertiary centre, taking some of the most complex patients in the region. This is in addition to a greater number of women with a high BMI or from a deprived background, both of which are risk factors to having a Caesarean Section or Induction of Labour.

| The Maternity Improvement Board continues to oversee quality, safety and performance against the suite of national maternity indicators and Ockenden Review Part 1 essentials.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.02%	TBC	Dec 2021		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Nov 2021		
Sepsis - Blood cultures within 1hr	59.7%	95%	Nov 2021		
Sepsis - Empiric IV antibiotics within 1hr	77.4%	95%	Nov 2021		
Sepsis - Serum lactate within 1hr	82.3%	95%	Nov 2021		
Sepsis - IV fluid resuscitation within 1hr	79%	95%	Nov 2021		
Sepsis - Urine measurement within 1hr	88.7%	95%	Nov 2021		
Hospital Standard Mortality Rate	103.71	100	Nov 2021		
Summary Hospital-Level Mortality Indicator	116.1	100	Nov 2021		
Comorbidity Coding	3.76	TBC	Nov 2021		N/A
Palliative Care Coding	0.01	TBC	Nov 2021		N/A

Readmission rates

Emergency readmission rates reduced from March 2020 to January 2021 due to overall reduction in admission. Much greater variability in rate has been apparent over last year to December 2021 as the impact of pandemic varies across time - this pattern has been seen nationally. The rate remains below that seen pre-pandemic. Contributory factors may include use of Virtual Ward, community services rapid response, and data quality improvements (particularly around recording of SDEC activity).

Sepsis

Improvement strategies have driven 5 of the 6 elements above 75% compliance, with a significantly improving trend in 3. Further actions include:

- Electronic workflow was introduced in November 2021 which is predicted to further increase timely responses.
- Midwifery consultant working alongside AIP team to support the inclusion and analysis of maternal sepsis data and identify areas for ongoing education.
- Maternity sepsis competencies under development.
- AIP champion study days have been planned for 2022. Adult and paediatric sepsis competencies available on staff intranet.
- Digital workstreams have commenced for both maternity and paediatrics.
- Circulate a safety briefing related to the requirement for blood cultures in normothermic / hypothermic patients.
- Audit compliance to sepsis bundle via digital solution and work with BIU to develop effective reporting strategies.

Mortality

SHMI and HSMR are both stable but divergent. For latest official reporting period, Oct 2020 to Sep 2021, SHMI is 'higher than expected' at 117 (3 points better than the previous period), whilst HSMR is 'as expected' at 100 (please note the IPR graphs contain longer periods to show trends). Both metrics are impacted by COVID-19 which has reduced their reliability because of the reduction in the spells (by a fifth in this period), and they are improving as this factor reduces in the data. In addition, the mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we serve. The pattern is currently stable, following the unusual pattern caused by the first wave of the pandemic. Specialist palliative care coding is higher than the national average and stable (apart from the first month of the pandemic). It is not used to adjust SHMI but is used to adjust HSMR.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	80.35%	85%	Feb 2022		
Inpatient Experience (%)	95.01%	96%	Feb 2022		
Maternity Experience (%)	82.76%	97%	Feb 2022		
Outpatient Experience (%)	97.09%	95%	Feb 2022		
New Complaints	22		Feb 2022		N/A
Closed Within Target (%)	43.75%	80%	Feb 2022		

Patient experience

Patient experience in A&E remains below target which is likely to reflect longer wait times within JCUH ED due to the impact of COVID-19. Review work is underway with the support of the NHS Emergency Care Intensive Support Team to improve patient flow in the JCUH ED and into the wider hospital. This includes remodelling of the ambulatory care stream, developing pathways for the Same Day Emergency Care (SDEC) working with ECIST.

The recent changes to visiting guidance allowing the patient's carer or family member to stay with them whilst they are in ED, may improve the patient experience. Staff levels were reduced in all disciplines in ED due COVID –related absence.

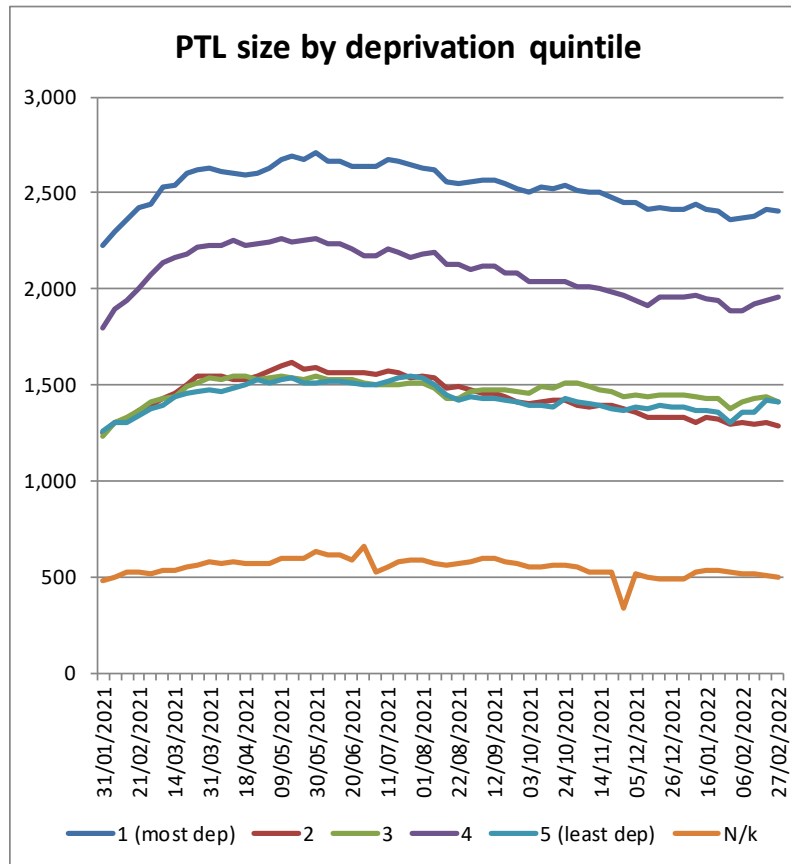
The return rate for the Maternity survey at the four touch points (ante-natal, birth, post -natal and community) remains variable. The trust is waiting for the external company to add the Maternity surveys to the Meridian system.

Trends continue to be monitored and action taken locally on review of the surveys. National benchmarking data is published monthly up to December 2021 and the Trust remains above the national average in all surveys and the Maternity antenatal survey.

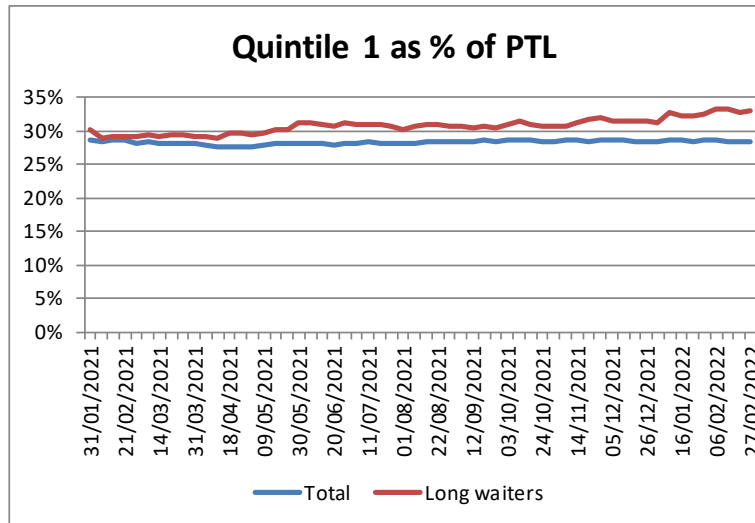
Learning from complaints

In February, the number of new complaints received decreased. The timeframe for closure did not meet the target for the second month, this was due to availability of healthcare records, multiple speciality involvement, the coordination of the records across the specialities and COVID-related staff absence. Monitoring and an escalation plan to achieve the target continues through the Patient Experience Subgroup.

INPATIENT PTL: INEQUALITIES - DEPRIVATION (IMD from postcode of residence)

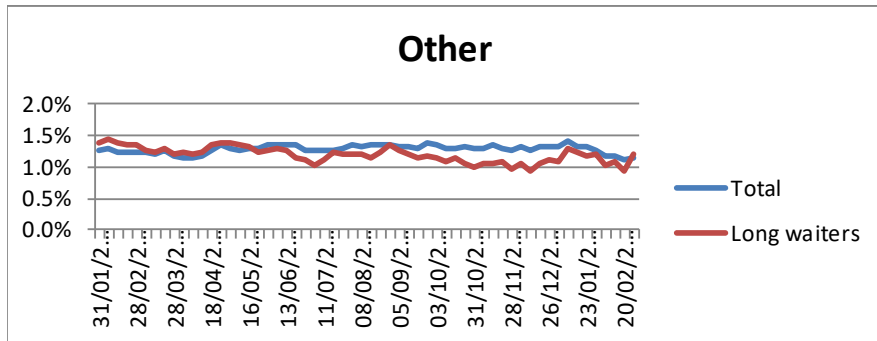
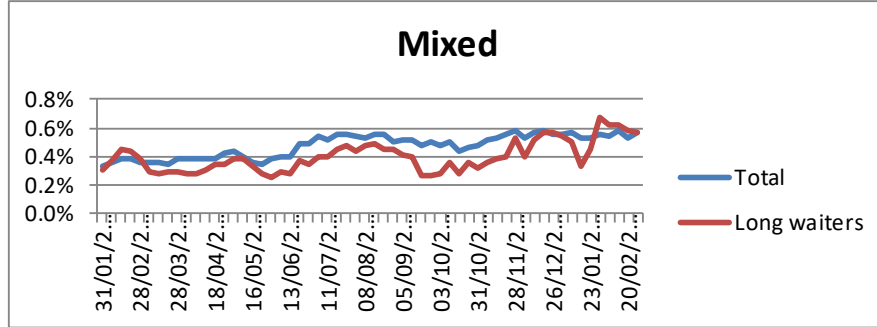
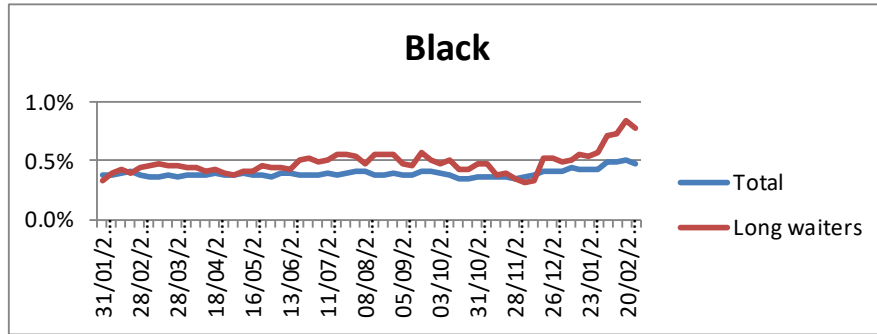


27/02/2022	Total	Long waiters	Ratio
1 (most dep)	2,406 28%	677 33%	1.16
2	1,288 15%	326 16%	1.05
3	1,415 17%	331 16%	0.97
4	1,955 23%	420 21%	0.89
5 (least dep)	1,412 17%	294 14%	0.86
N/k	497	124	

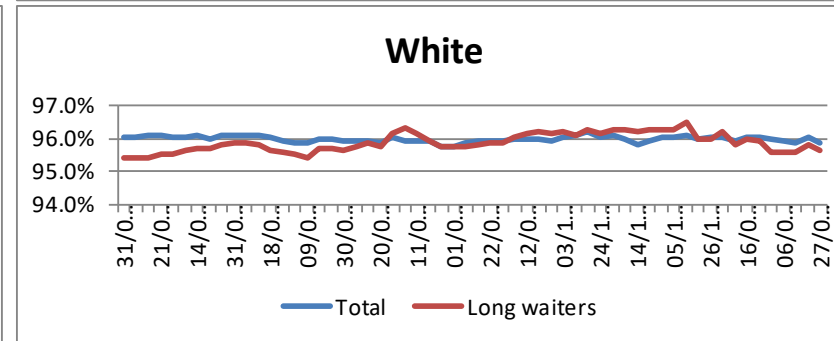
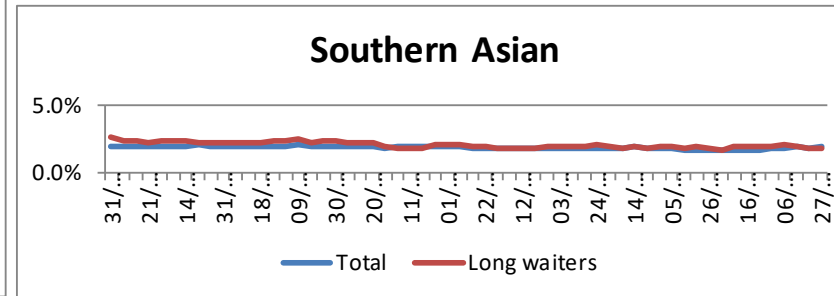


Whilst the inpatient waiting list size has reduced, the separation of the overall position and the long waiter position for the most deprived quintile has continued. This is in the context of lower uptake of COVID vaccination and multiple indicators of poorer health in more deprived populations which mean surgery needs to take place at JCUH site. The Trust is working with the Local Authority on a joint Public Health role to inform, lead and guide our response. A health inequalities group is to be convened March 2022 to identify next steps and interventions such as targeted 'Waiting Well' and pre-abilitation.

INPATIENT PTL: INEQUALITIES - ETHNICITY



27/02/2022	Total	Long waiters	Ratio
Black	38 0.5%	15 0.8%	1.62
Mixed	45 0.6%	11 0.6%	1.00
Southern Asian	150 1.9%	35 1.8%	0.96
White	7,541 95.9%	1,835 95.6%	1.00
Other	90 1.1%	23 1.2%	1.05
N/k	1,109	253	



We have seen a widening in the proportion of long waiting patients in black ethnic groups, this will be closely monitored and actions taken to bring this back into line with all patient groups on the waiting list through individual patient tracking. Note that small numbers lead to fluctuations in the position. There is also a high proportion of patients for whom ethnicity is not known, this is being addressed through initiatives such as prompting at self-check-in kiosks.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4 Hour Wait Standard (%)	70.45%	95%	Feb 2022		
Handovers - Over 30 Mins	170	0	Feb 2022		
Handovers - Over 60 Mins	278	0	Feb 2022		
RTT Incomplete Pathways (%)	64.94%	92%	Jan 2022		
RTT 52 week waiters	1350	2459	Jan 2022	N/A	N/A
RTT 104 week waiters	66	56	Jan 2022	N/A	N/A
Diagnostic 6 Weeks Standard (%)	52.61%	99%	Jan 2022		
Cancer 14 Day Standard (%)	81.15%	93%	Jan 2022		
Cancer 31 Day Standard (%)	91.77%	96%	Jan 2022		
Cancer 62 Day Standard (%)	65.92%	85%	Jan 2022		
Cancer 62 Day Screening (%)	58.33%	90%	Jan 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	30	0	Feb 2022		
Cancelled Ops - Not Rebooked Within 28 days	3	0	Feb 2022		
Cancer Operations Cancelled On Day (YTD)	7	0	Feb 2022	N/A	N/A

Urgent and emergency care

4-hour standard performance remains below previous average as seen across the region. The impact of COVID-19 and segregation of pathways continues to be challenging. Increased levels of Non Elective activity continued into February impacting on 4 hour standard and ambulance handover – both areas remain an area of focus in partnership with North East Ambulance Service. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST.

Elective waiting times

Elective waiting times overall RTT remained static at 65%, and the diagnostics 6-week wait standard has increased. There was special-cause variation impacting on this, due to incomplete reporting from the new imaging information system. This is being resolved during February-March 2022. The number of patients waiting more than 52 weeks continues to decrease steadily and is significantly better than plan, and 104 weeks remains on trajectory to zero for the end of March 22. These trends continued through February with ongoing prioritisation of capacity, and validation of waiting lists.

Cancer waiting times

14-day standard was below target in January 31-day and 62-day have reduced in compliance due to the reduction of the 63-day accumulation. Weekly PTL Assurance meeting and Cancer Wall remain in place to support delivery of targets.

Cancelled operations

Zero tolerance of cancer operation cancellations on the day of surgery has been sustained (7 year to date, but zero in month for most recent 6 months), and non-urgent cancellations and re-booking are within normal variation.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
New Attendances	15064	14845	Feb 2022		
Review Attendances	41269	39462	Feb 2022		
Day Case admissions	4761	5169	Feb 2022		
Ordinary Elective admissions	1359	995	Feb 2022		N/A
NEL admissions with 0 LOS	1731	1871	Feb 2022		
NEL admissions with 1+ LOS	3400	3359	Feb 2022		
Length of Stay - Elective	2.57	N/A	Feb 2022		N/A
Length of Stay - Emergency	4.93	N/A	Feb 2022		N/A
Length of Stay - Non-Elective	4.42	N/A	Feb 2022		N/A

Activity

Outpatient New and Review activity exceeded Trust plan in February, having been below plan in January, due to the impact of COVID-19 on staff availability and patient DNA/cancellations.

Elective inpatient admissions exceeded plan, and the expected replacement of inpatient with day case activity did not occur. This enabled ongoing focus on reducing the longest inpatient waiters. Efforts have focused on maximising forward planning and booking to improve utilisation of lists that go ahead and reduce avoidable cancellations. Despite COVID-related pressures, protected elective capacity was restored during mid January for elective Orthopaedics on the JCUH site and maintained throughout the winter for all other specialities.

Non-elective same day admissions are below expected levels, but overnight admissions have increased, as expected over the winter. Emergency care recovery group is working on maximising the use of same day emergency care (SDEC) pathways, as an alternative to both ED attendances and inpatient admissions. Utilisation of the SDEC is seeing a month on month increase in usage and improvements in emergency care pathways as a result. However, we have also experienced a resurgence of COVID-19 and increased acuity of emergency presentations which impacted on patient flow (as seen in the UEC metrics).

Length of Stay

The reduction in elective length of stay since April 2021 is positive, and has been sustained. Non-elective length of stay is within normal variation, despite the challenges of covid (long lengths of stay for clinical treatment of covid, capacity constraints in social care leading to delays in hospital discharge).

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£4.704m	-£4.705m	Feb 2022	N/A	N/A
Annual Appraisal (%)	74.26%	80%	Feb 2022		
Mandatory Training (%)	88.51%	90%	Feb 2022		
Sickness Absence (%)	4.99%	4%	Feb 2022		
Staff Turnover (%)	13.57%	10%	Feb 2022		

Finance and use of resources

The deficit at month 11 is in line with the Trust Financial Plan and continuing the trend seen in the previous months. The Trust is required to deliver an overall deficit position of £5.0m for the full year, in order to support the wider ICP / ICS system financial balance. Assurance is obtained by budget statements being provided to managers each month, and each Collaborative Board reviewing its financial position. Resources Committee and Trust Board receive a financial report at each meeting.

People

The Trust sickness absence has reduced by 0.07% to 4.99%. Long term absence has reduced by 0.2% to 3.00%, however short term absence has seen an increase of 0.12% to 1.98%. Covid-19 absence for February was 1.17%, and therefore the total absence was 6.16%. The HR team is currently working with each Collaborative to develop sickness absence improvement plans with a key priority being the new stress and anxiety absence process, to ensure early intervention and support is provided with a view to helping staff return to work as soon as possible.

Mandatory training throughout the Trust has had a positive increase of 2.45% to 88.51% and Appraisals have increased slightly and are now 74.26%. Both KPI's continue to be a focus at monthly HR Clinics.

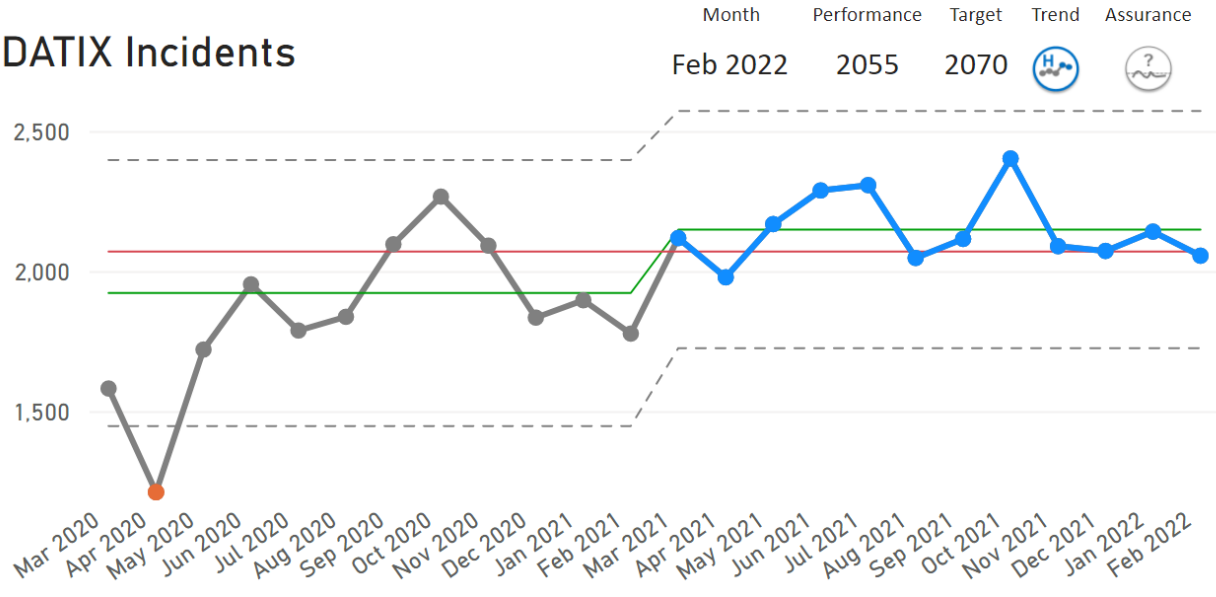
Turnover has seen an increase of 0.15% to 13.57% across the Trust. The HR team is continuing to implement the Trust's Retention Strategy. The Strategy provides a full scale and joined-up approach throughout the employment lifecycle from start to finish and provides an outline of key conversations to have with staff.

APPENDICES

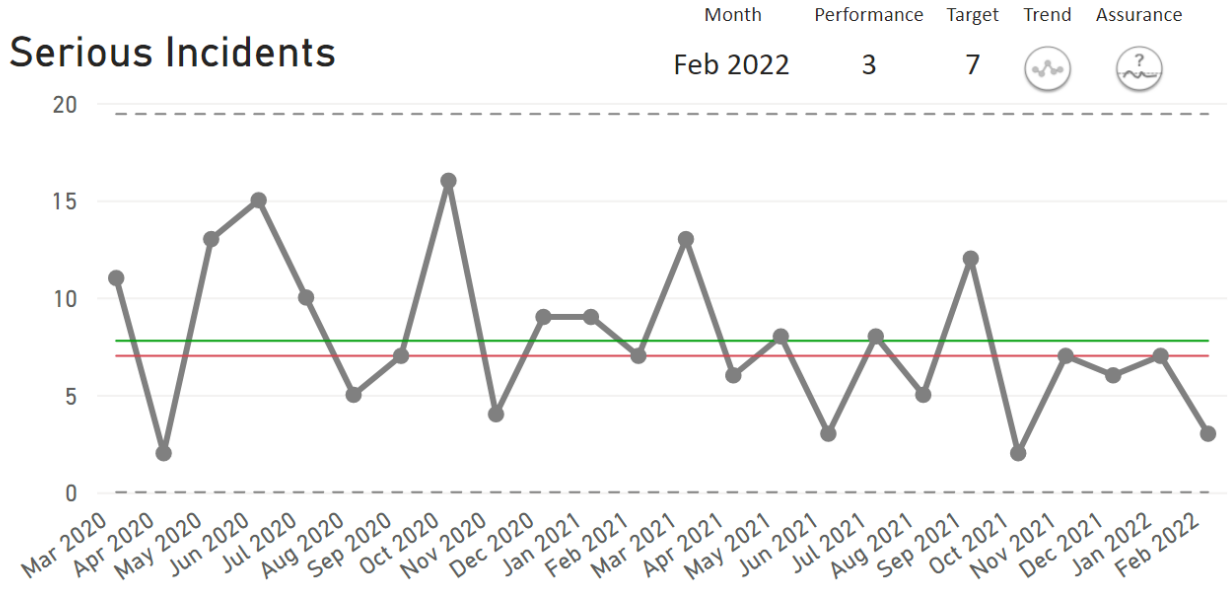
SPC charts for the metrics summarised above, by domain.

SAFE

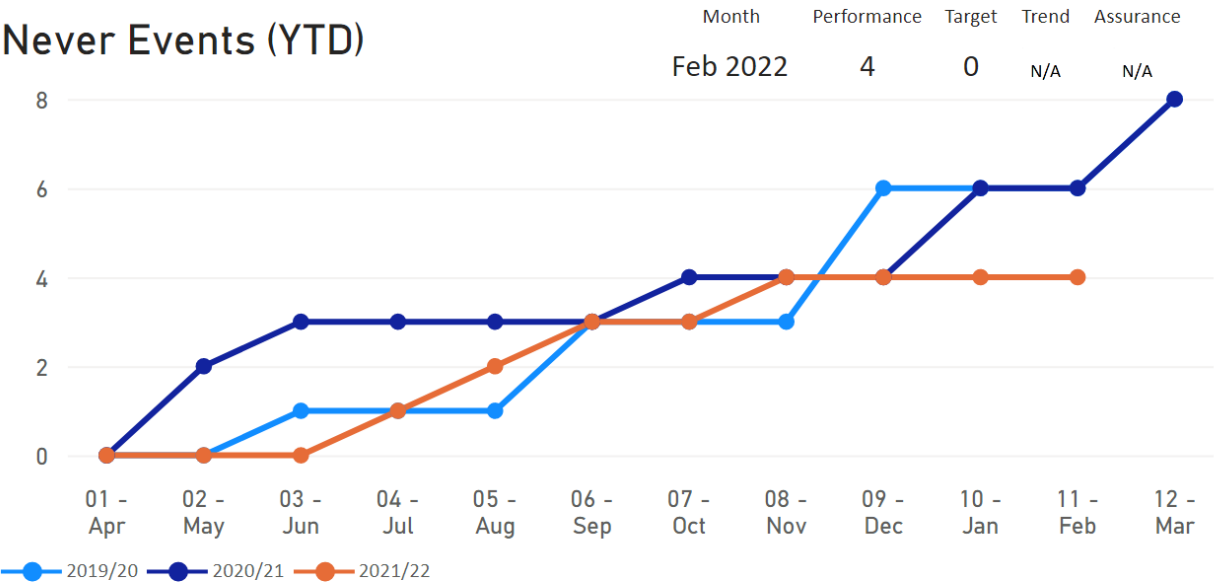
DATIX Incidents



Serious Incidents



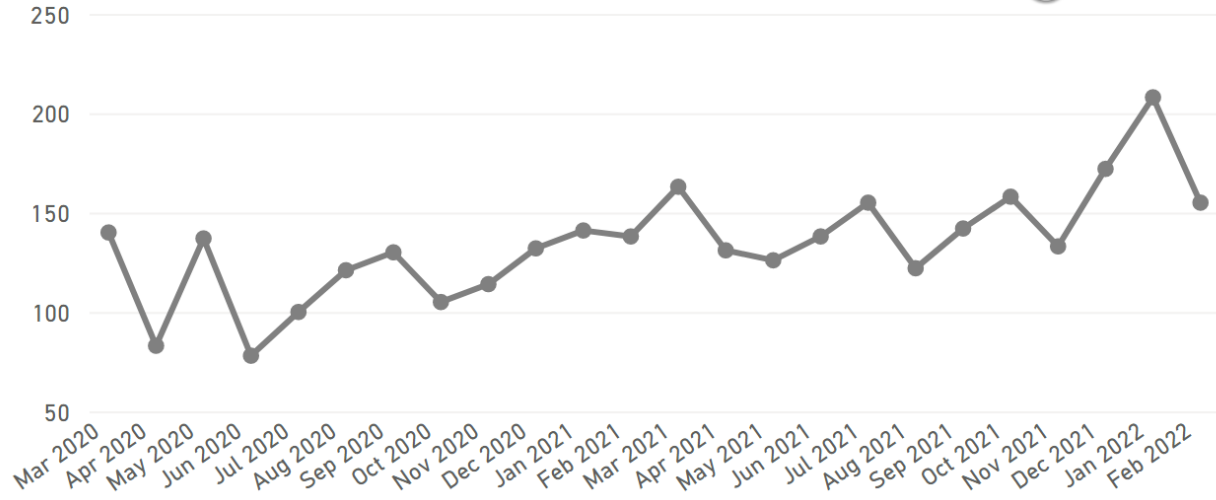
Never Events (YTD)



SAFE

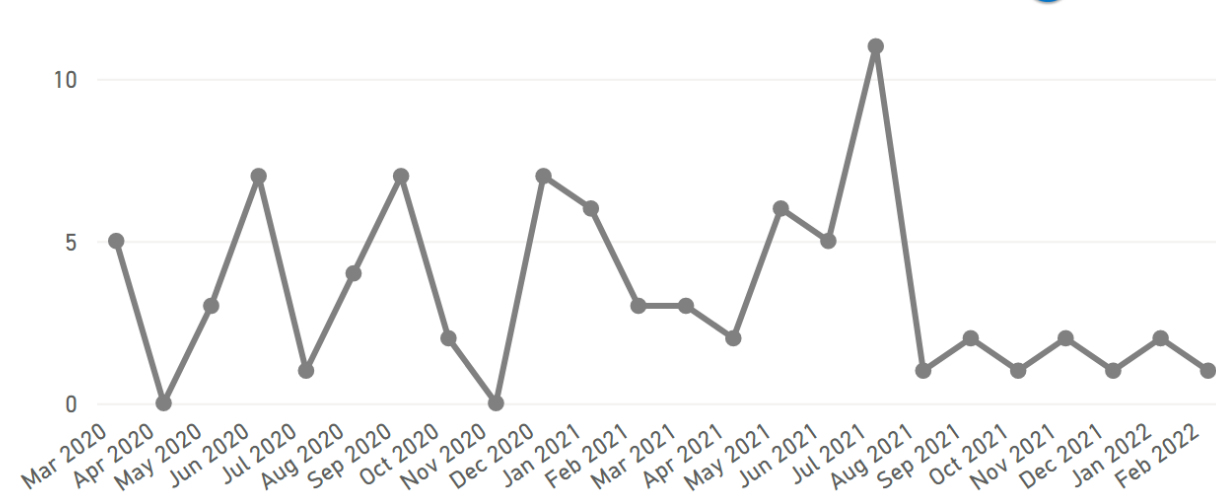
Falls

Month	Performance	Target	Trend	Assurance
Feb 2022	155	N/A		N/A



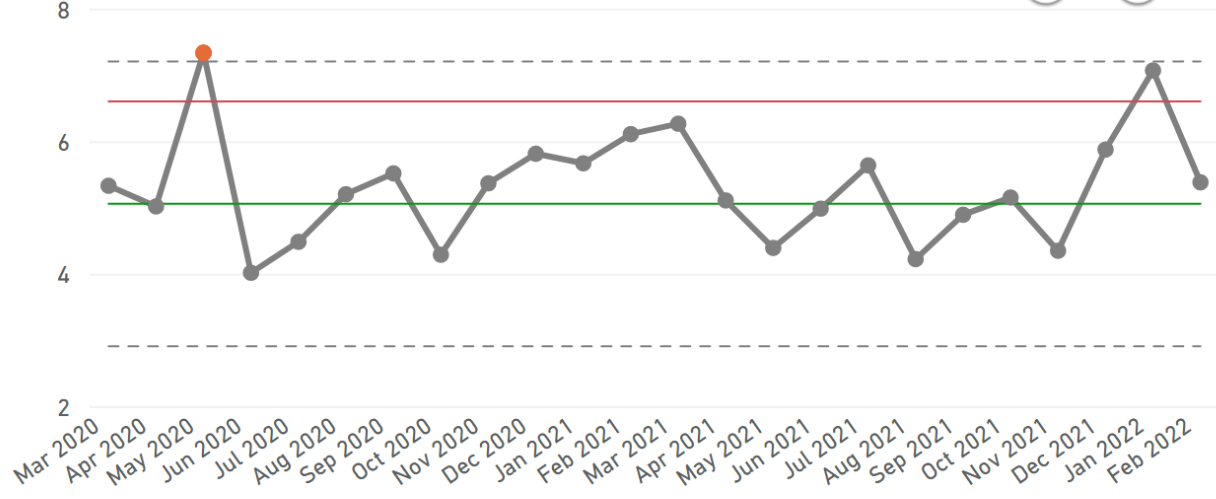
Falls With Harm

Month	Performance	Target	Trend	Assurance
Feb 2022	1	N/A		N/A



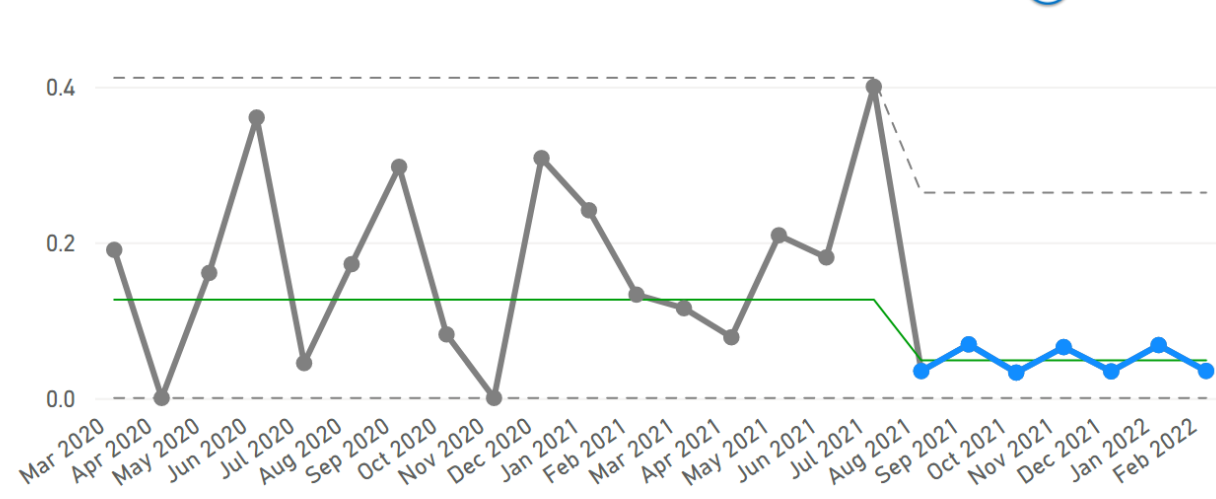
Falls Rate

Month	Performance	Target	Trend	Assurance
Feb 2022	5.38	6.6		



Falls With Harm Rate

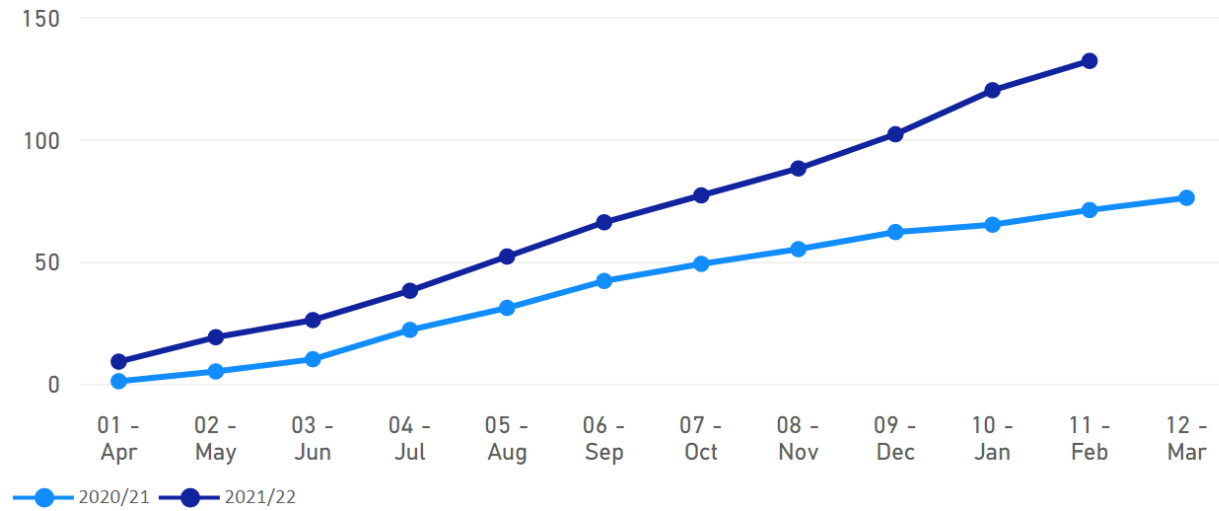
Month	Performance	Target	Trend	Assurance
Feb 2022	0.03	TBC		N/A



SAFE

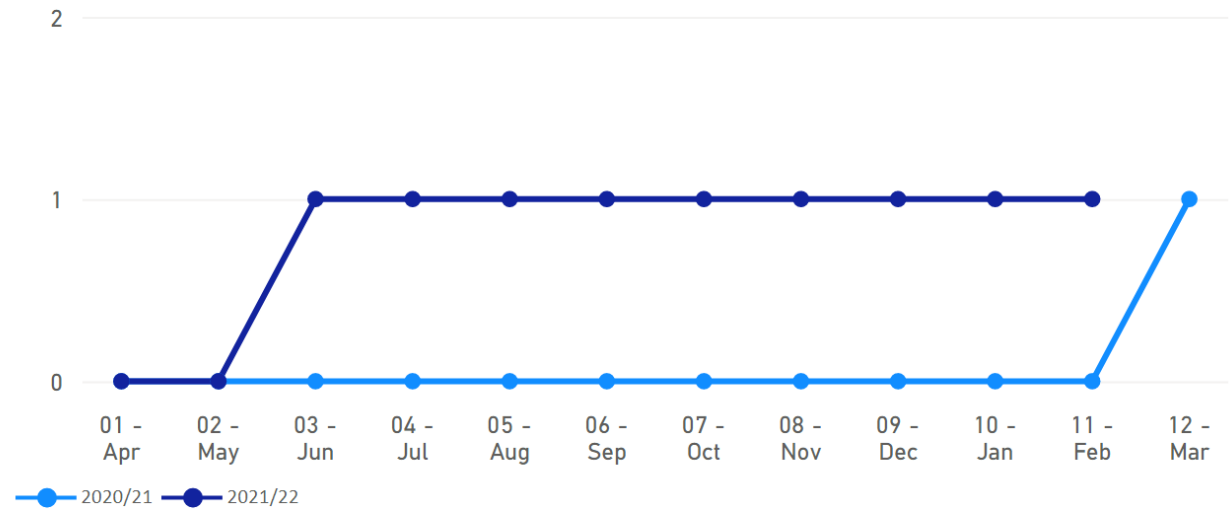
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2022	132		N/A	N/A



MRSA (YTD)

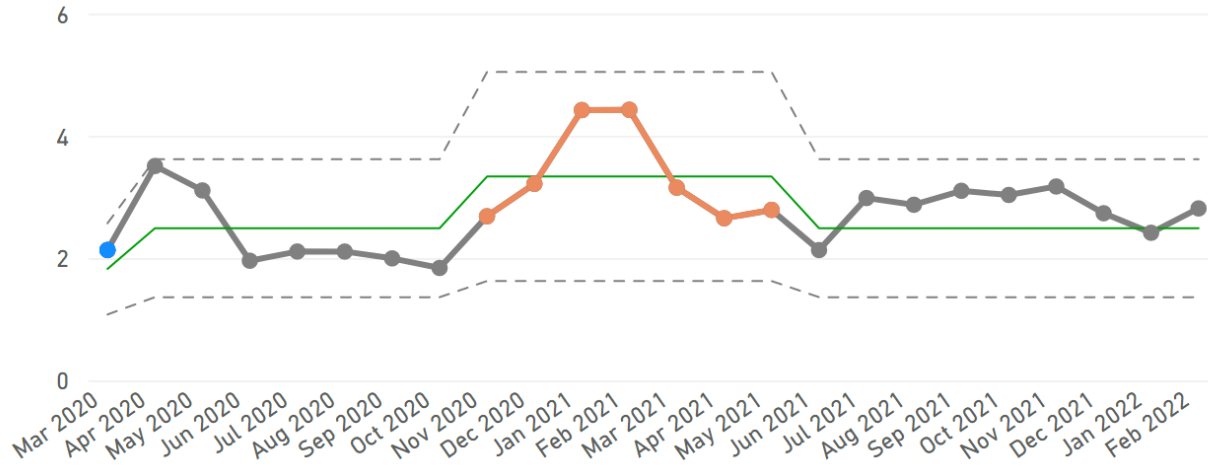
Month	Performance	Target	Trend	Assurance
Feb 2022	1	0	N/A	N/A



SAFE

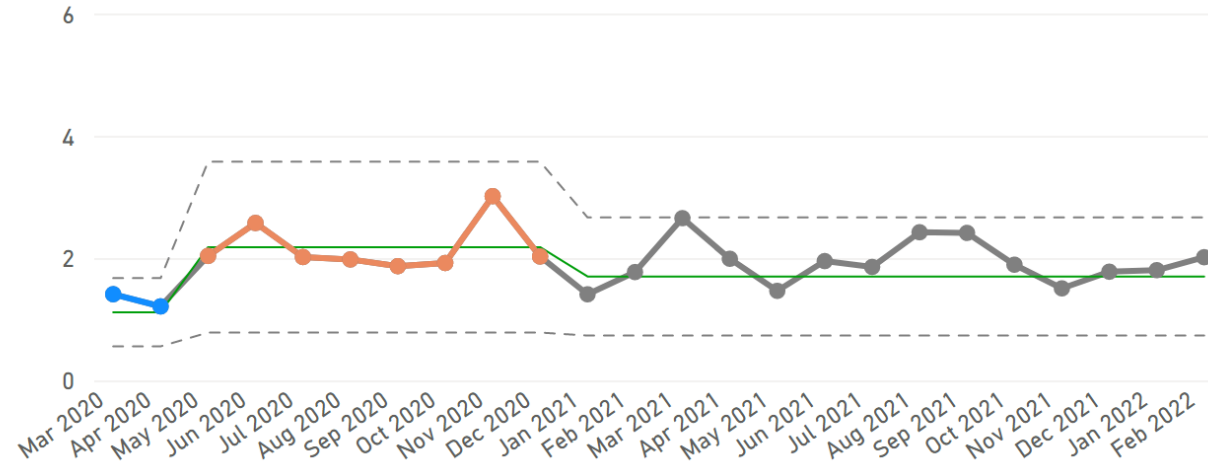
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2022	2.81	TBC		N/A



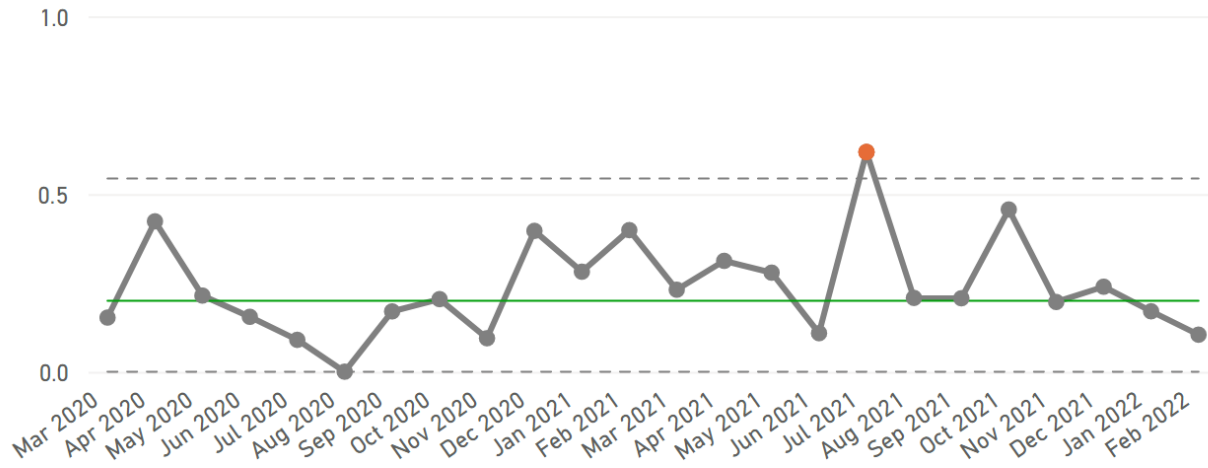
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2022	2.01	TBC		N/A



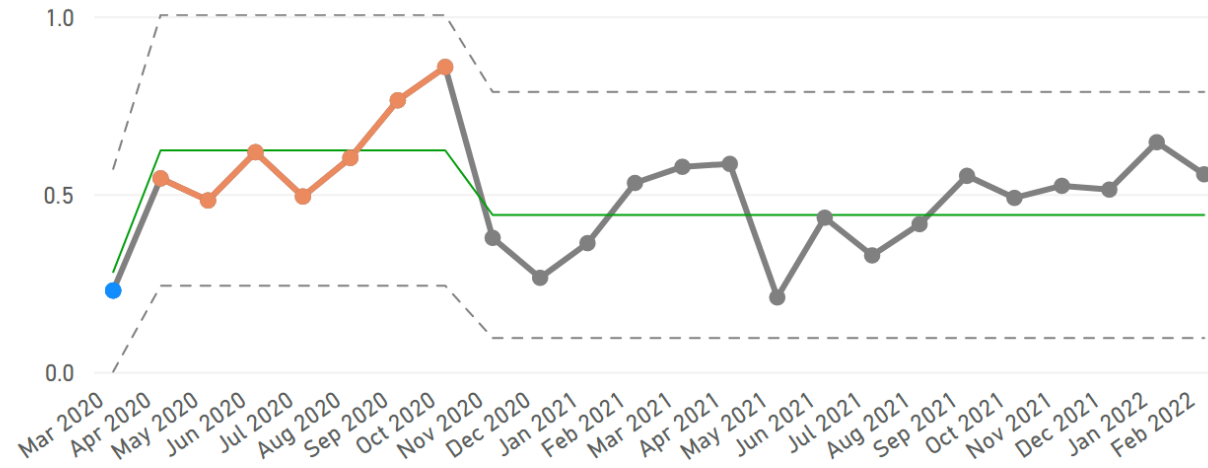
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2022	0.1	TBC		N/A



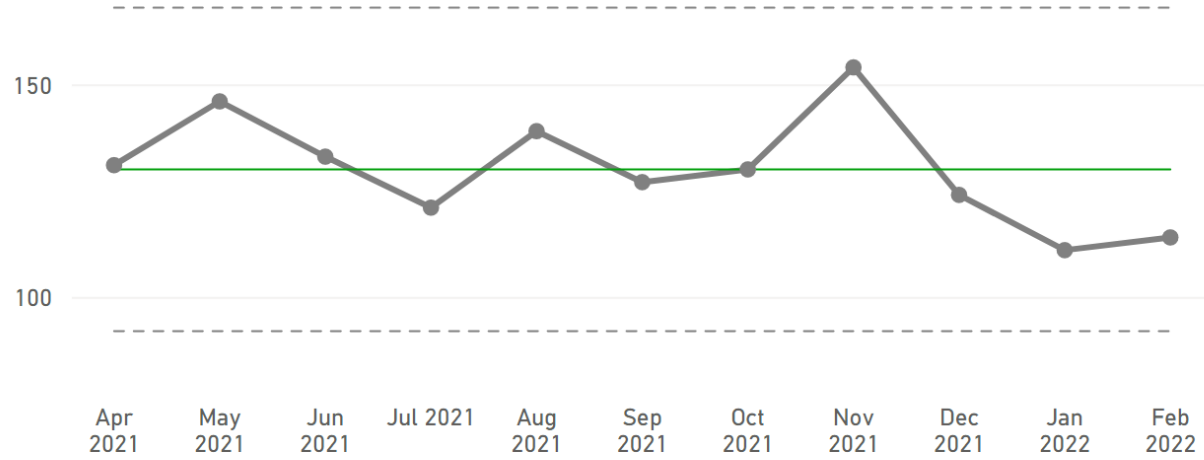
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2022	0.56	TBC		N/A



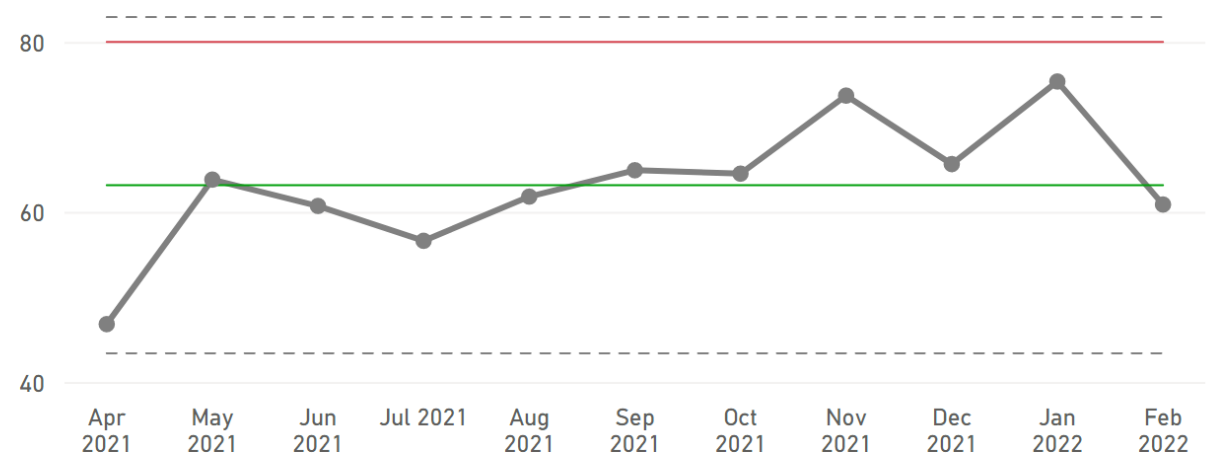
Medication Incidents

Month	Performance	Target	Trend	Assurance
Feb 2022	114	TBC		N/A



Medications Reconciled Rate %

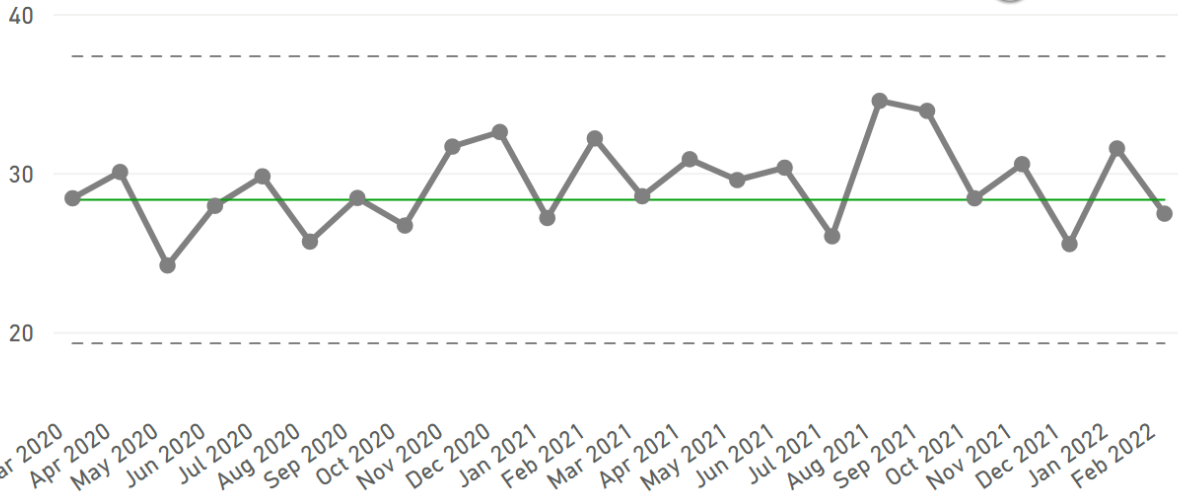
Month	Performance	Target	Trend	Assurance
Feb 2022	60.87%	80%		



SAFE

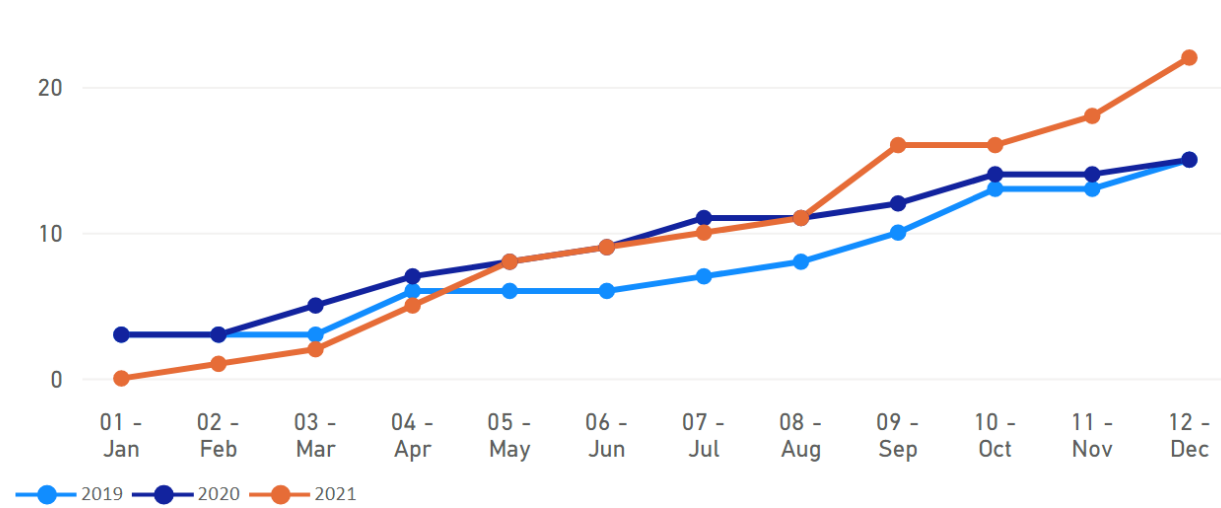
Caesarean Section (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	27.43%			N/A



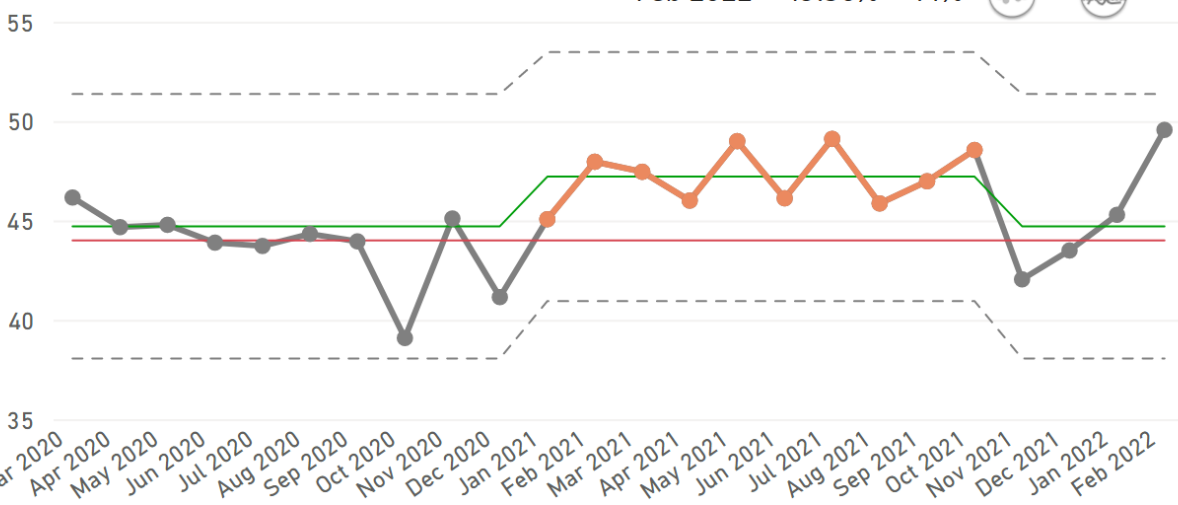
Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2022	4	17	N/A	N/A



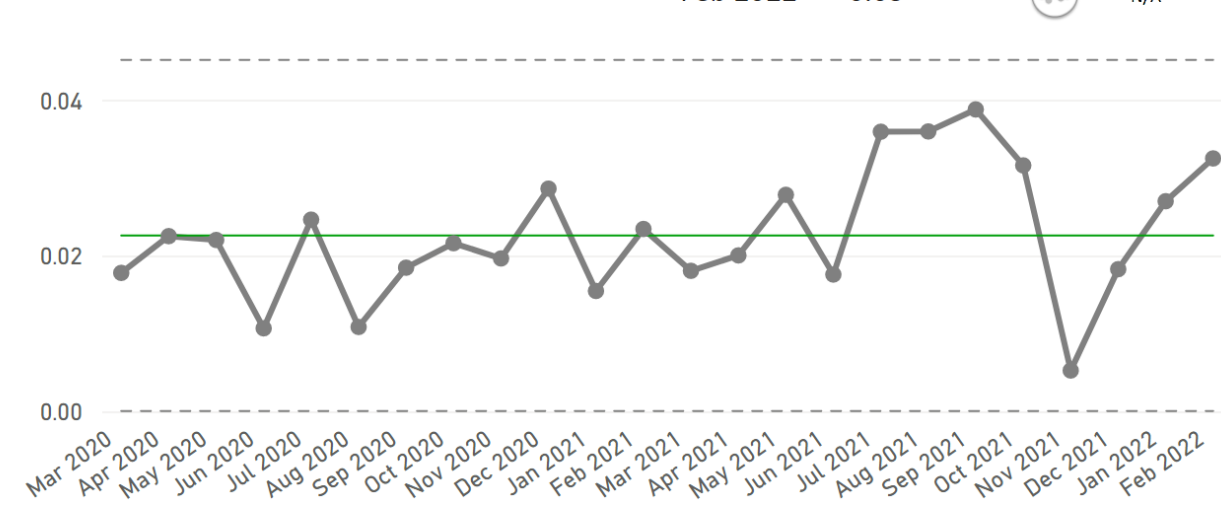
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	49.56%	44%		




PPH 1500ml (%)

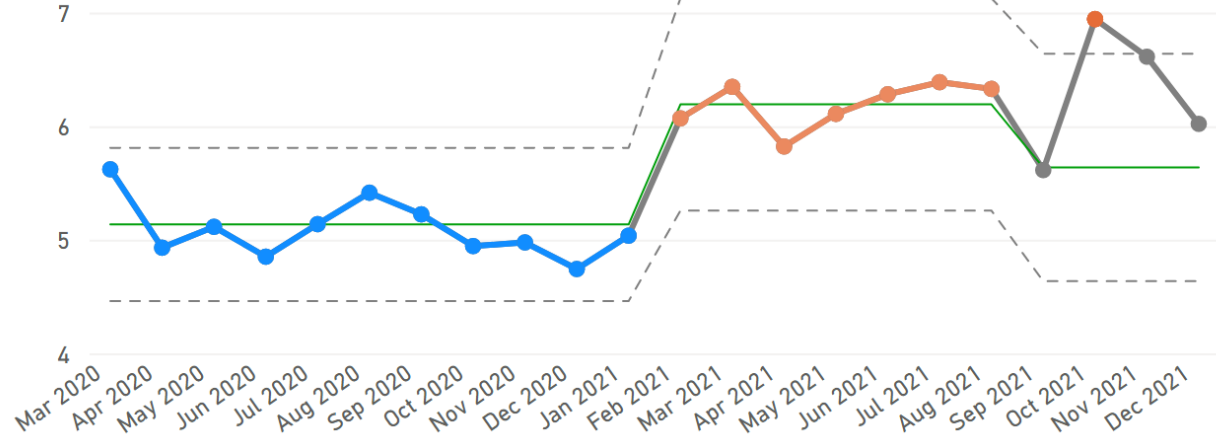
Month	Performance	Target	Trend	Assurance
Feb 2022	0.03			N/A



EFFECTIVE

Readmission Rate %

Month	Performance	Target	Trend	Assurance
Dec 2021	6.02%	TBC		N/A





Readmission logic

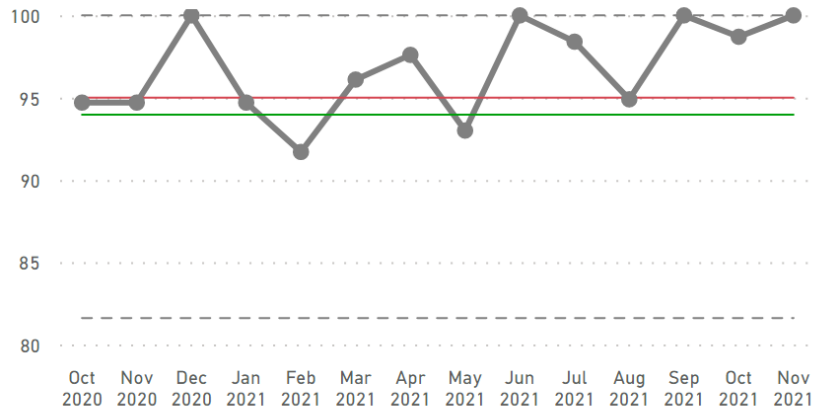
All emergency readmissions within 30 days of discharge, where the admission doesn't meet the national exclusion criteria:

- Unclassified HRG (Readmission)
- Cancer Diagnosis
- Cancer Unbundled HRG
- Child Under 4yrs
- Non-Mandatory HRG
- Obstetric HRG
- Renal Dialysis Patient
- Self Discharge
- Transplant Patient



EFFECTIVE

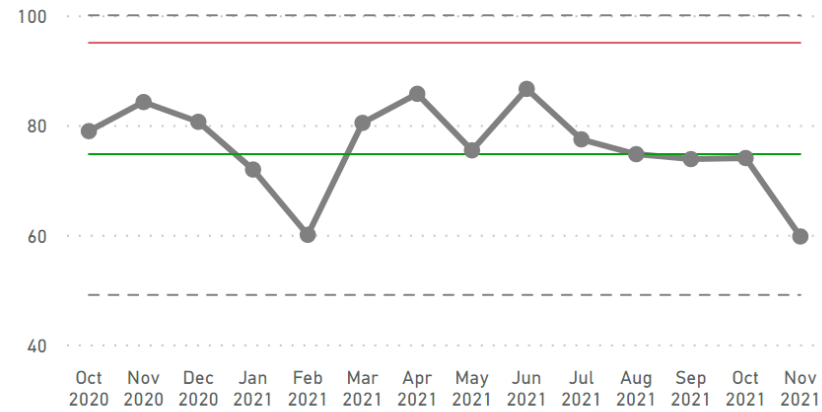
Sepsis - Oxygen within 1hr

Month: Nov 2021
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 





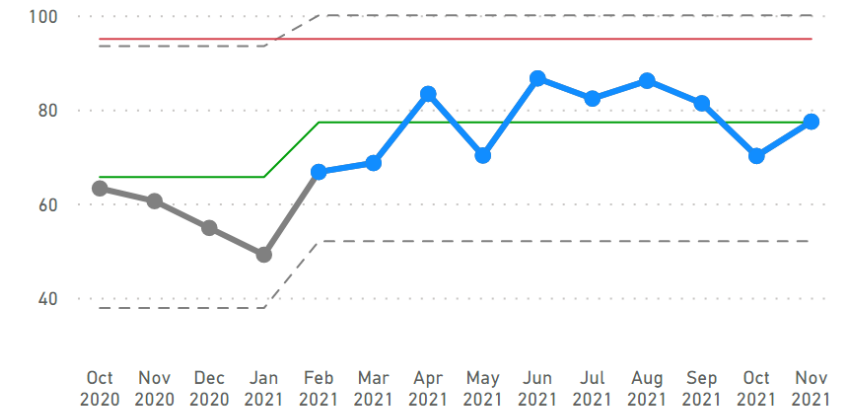
Sepsis - Blood cultures within 1hr

Month: Nov 2021
 Performance: 59.7%
 Target: 95%
 Trend: 
 Assurance: 





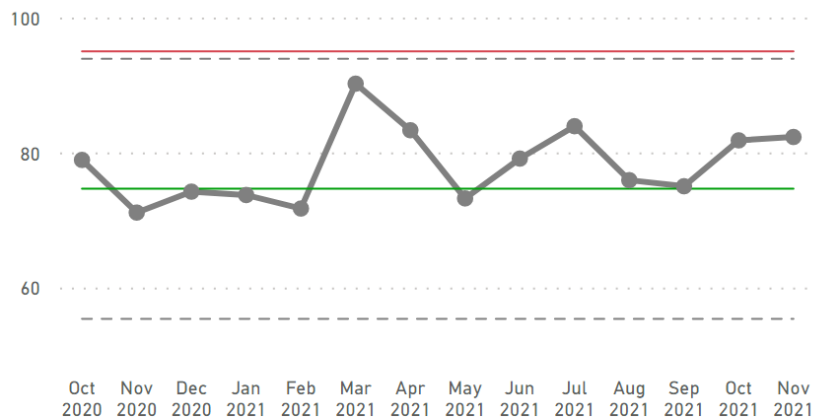
Sepsis - IV antibiotics within 1hr

Month: Nov 2021
 Performance: 77.4%
 Target: 95%
 Trend: 
 Assurance: 





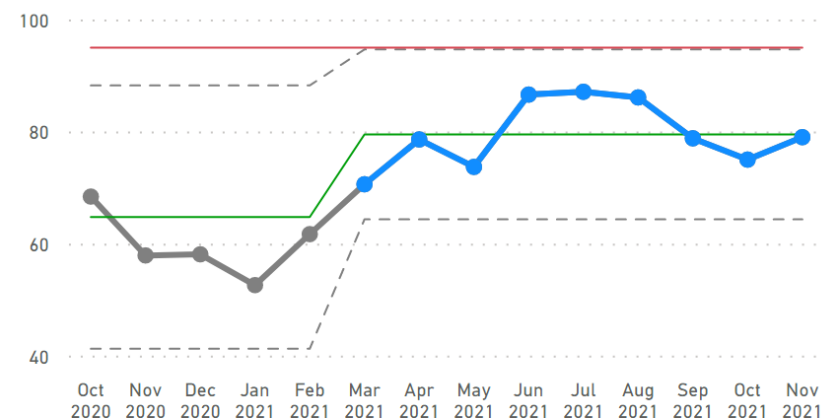
Sepsis - Serum lactate within 1hr

Month: Nov 2021
 Performance: 82.3%
 Target: 95%
 Trend: 
 Assurance: 





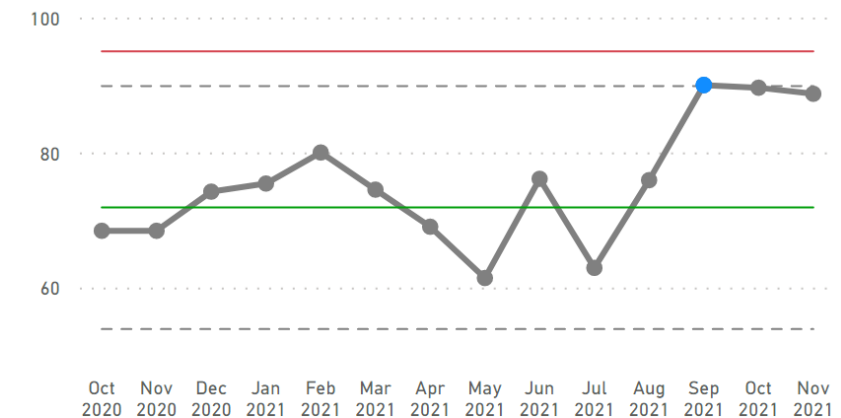
IV fluid resuscitation within 1hr

Month: Nov 2021
 Performance: 79%
 Target: 95%
 Trend: 
 Assurance: 



Sepsis - Urine measurement within 1hr

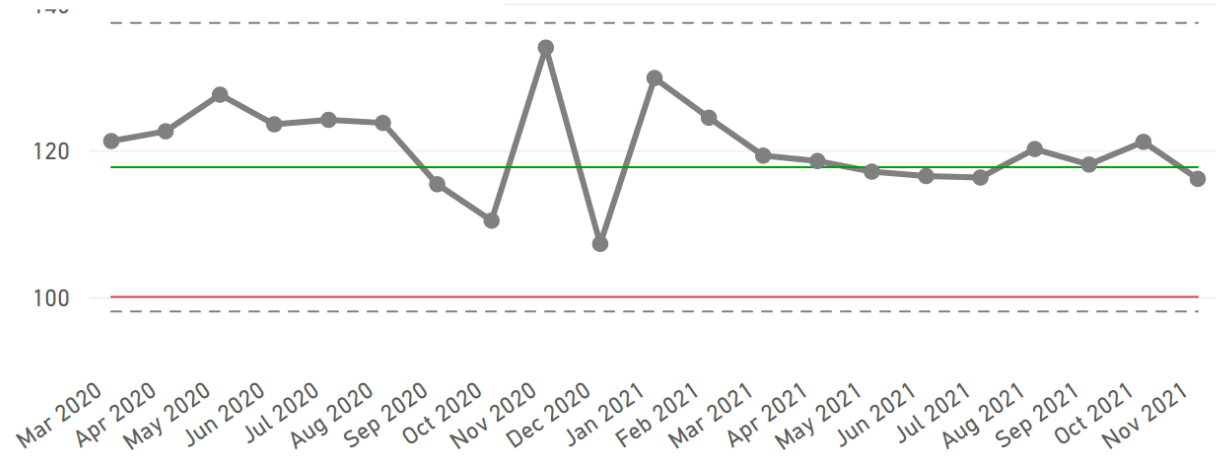
Month: Nov 2021
 Performance: 88.7%
 Target: 95%
 Trend: 
 Assurance: 



EFFECTIVE

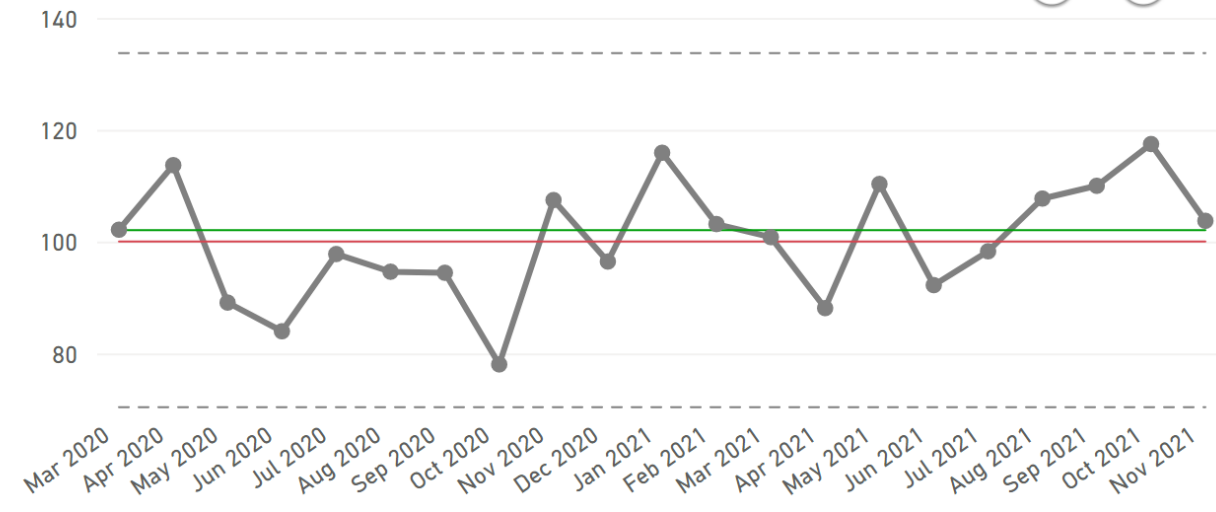
Summary Hospital-Level Mortality Indicator

Month	Performance	Target	Trend	Assurance
Nov 2021	116.1	100		



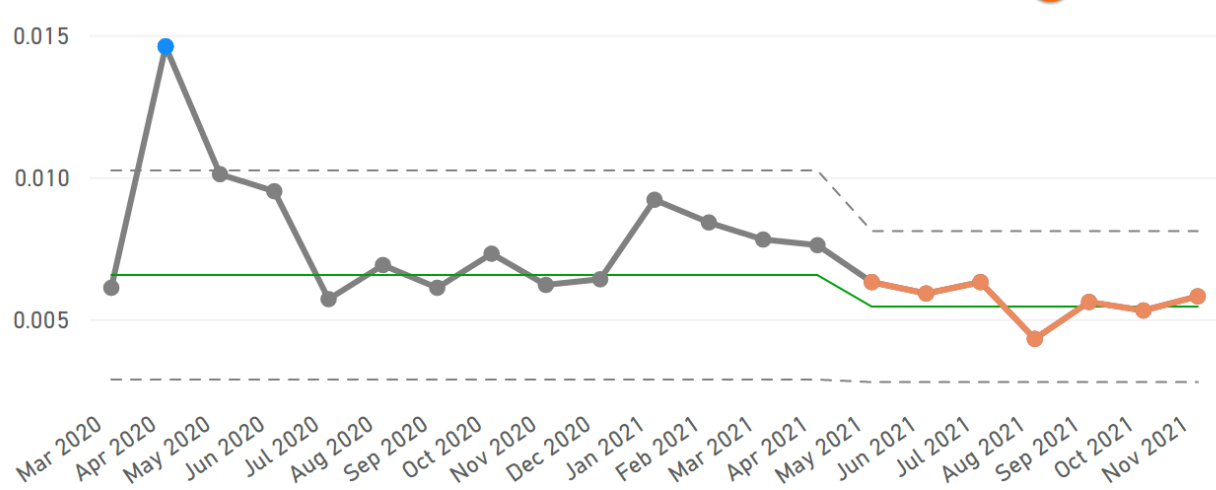
Hospital Standard Mortality Rate

Month	Performance	Target	Trend	Assurance
Nov 2021	103.71	100		



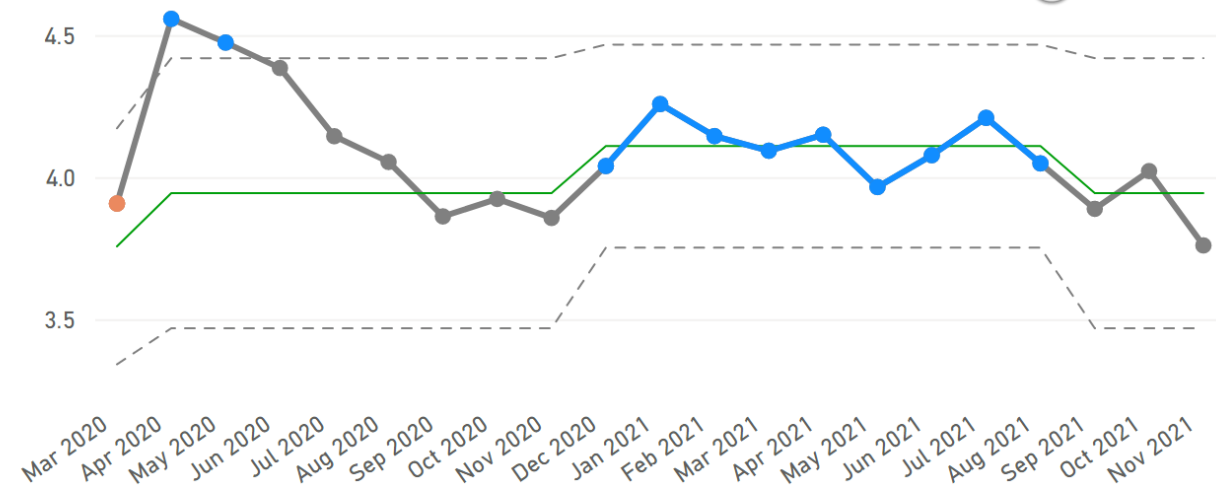
Palliative Care Coding

Month	Performance	Target	Trend	Assurance
Nov 2021	0.01	TBC		N/A





Comorbidity Coding

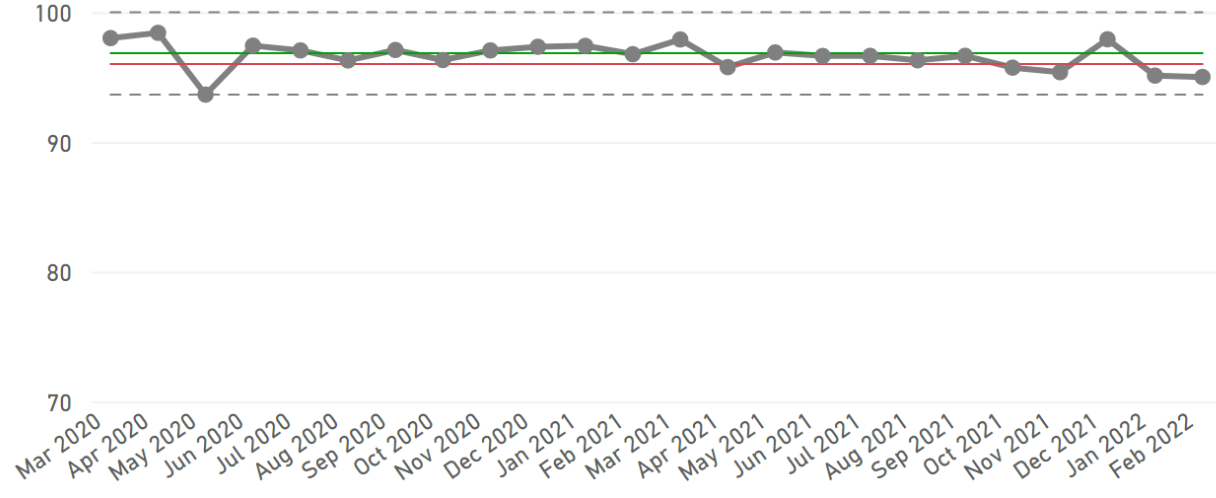
Month	Performance	Target	Trend	Assurance
Nov 2021	3.76	TBC		N/A





CARING

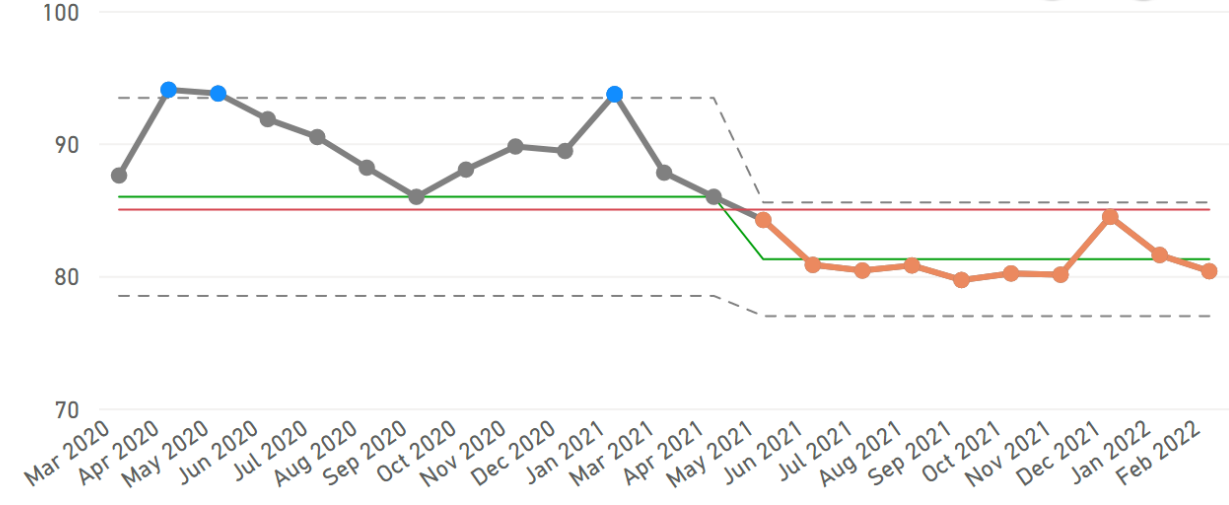
Inpatient Experience (%)

Month: Feb 2022
 Performance: 95.01%
 Target: 96%
 Trend: 
 Assurance: 





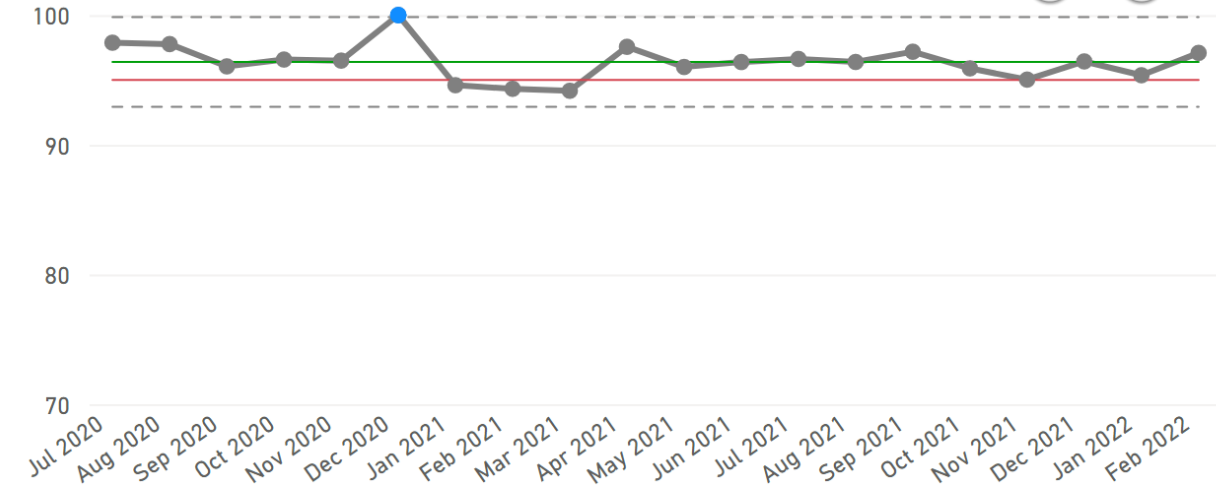
A&E Experience (%)

Month: Feb 2022
 Performance: 80.35%
 Target: 85%
 Trend: 
 Assurance: 





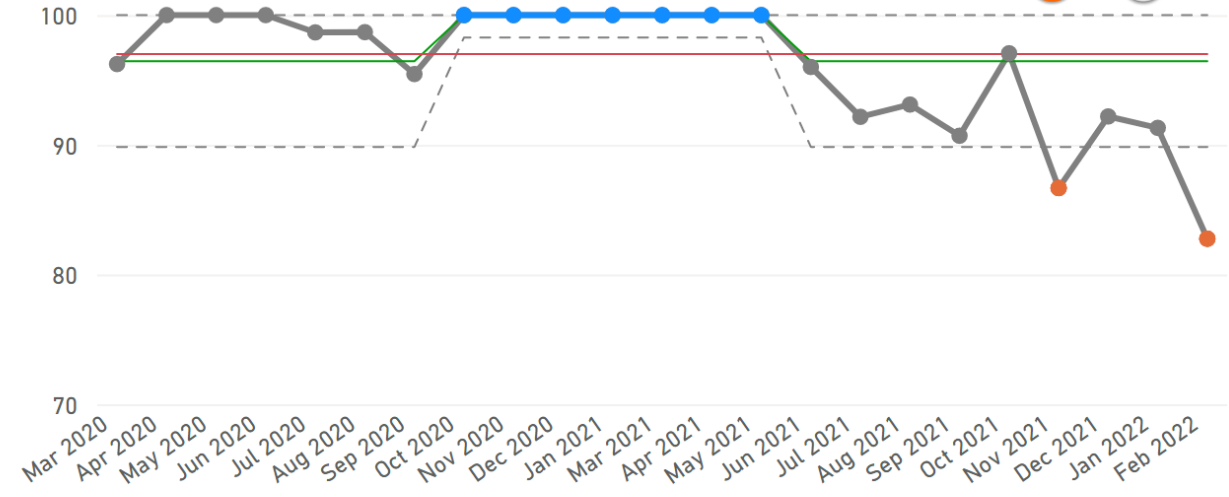
Outpatient Experience (%)

Month: Feb 2022
 Performance: 97.09%
 Target: 95%
 Trend: 
 Assurance: 




Maternity Experience (%)

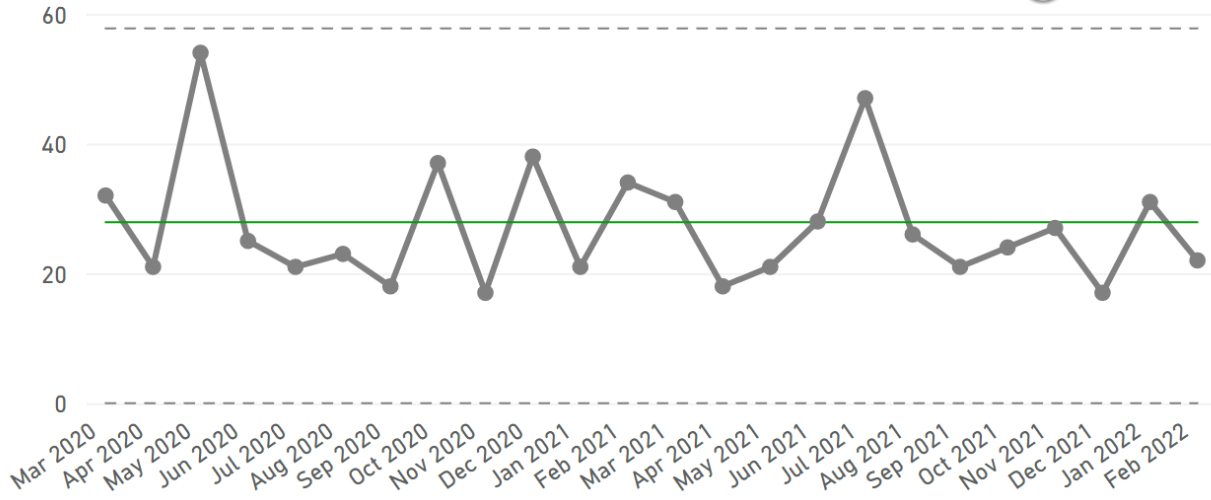
Month: Feb 2022
 Performance: 82.76%
 Target: 97%
 Trend: 
 Assurance: 





CARING

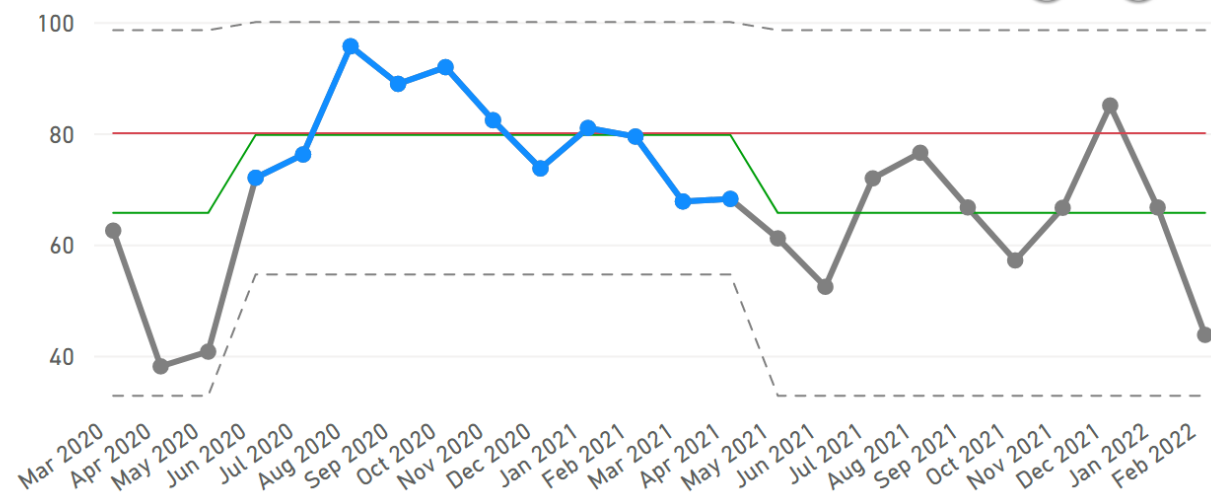
New Complaints

Month: Feb 2022
Performance: 22
Target: 
Assurance: N/A





Closed Within Target (%)

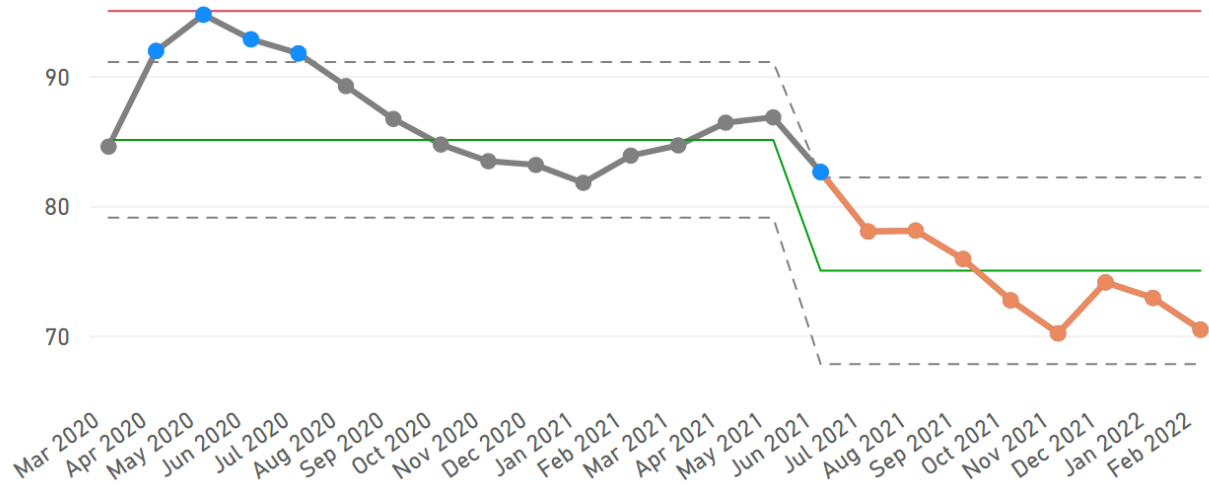
Month: Feb 2022
Performance: 43.75%
Target: 80%
Trend: 
Assurance: 




RESPONSIVE

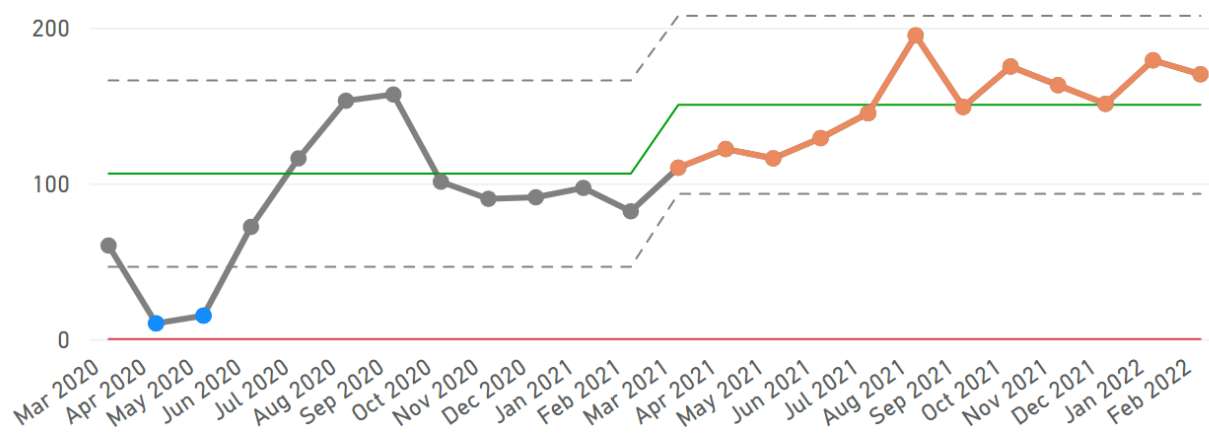
4 Hour Wait Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	70.45%	95%		





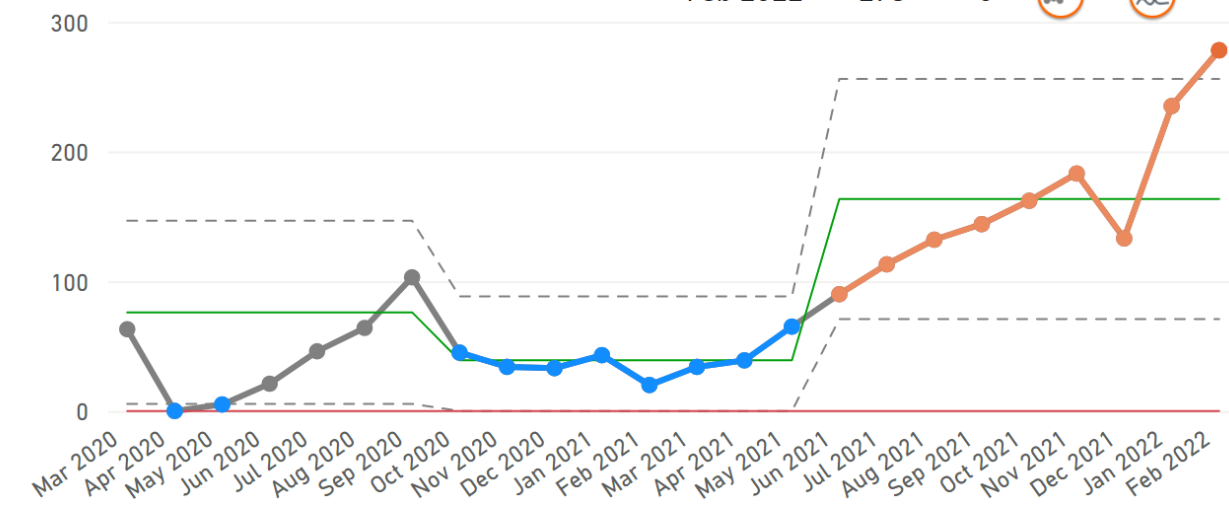
Handovers - Over 30 Mins

Month	Performance	Target	Trend	Assurance
Feb 2022	170	0		



Handovers - Over 60 Mins

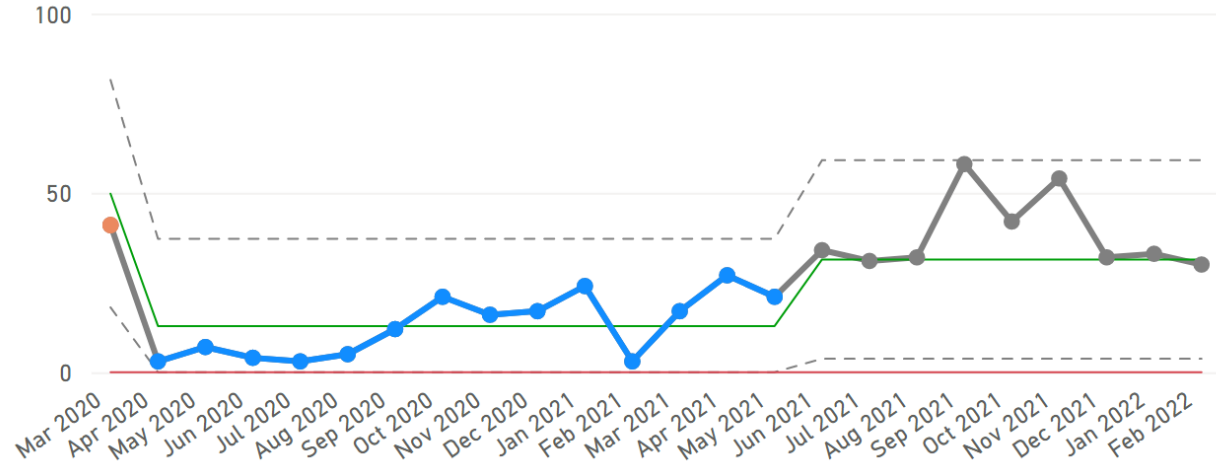
Month	Performance	Target	Trend	Assurance
Feb 2022	278	0		



RESPONSIVE

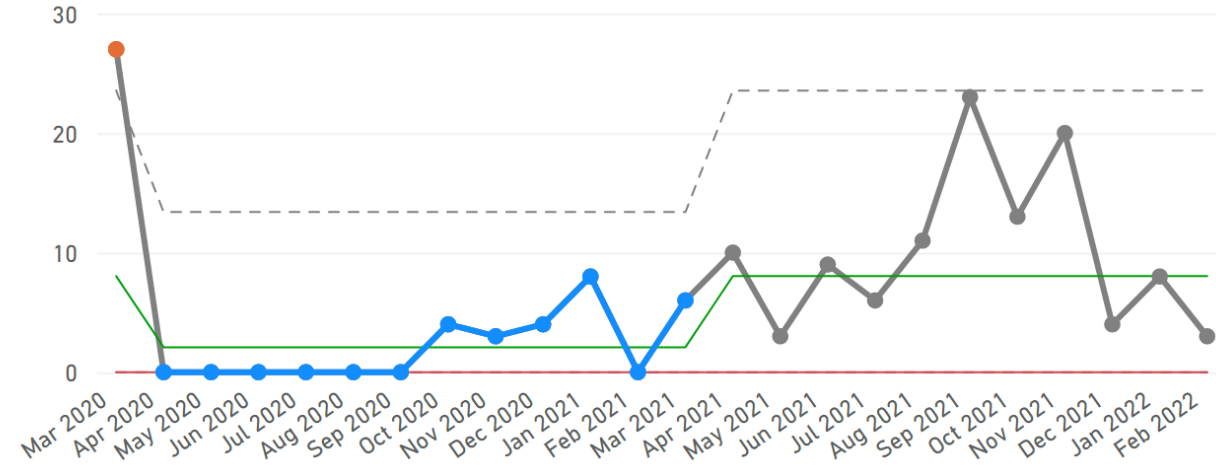
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Feb 2022	30	0		



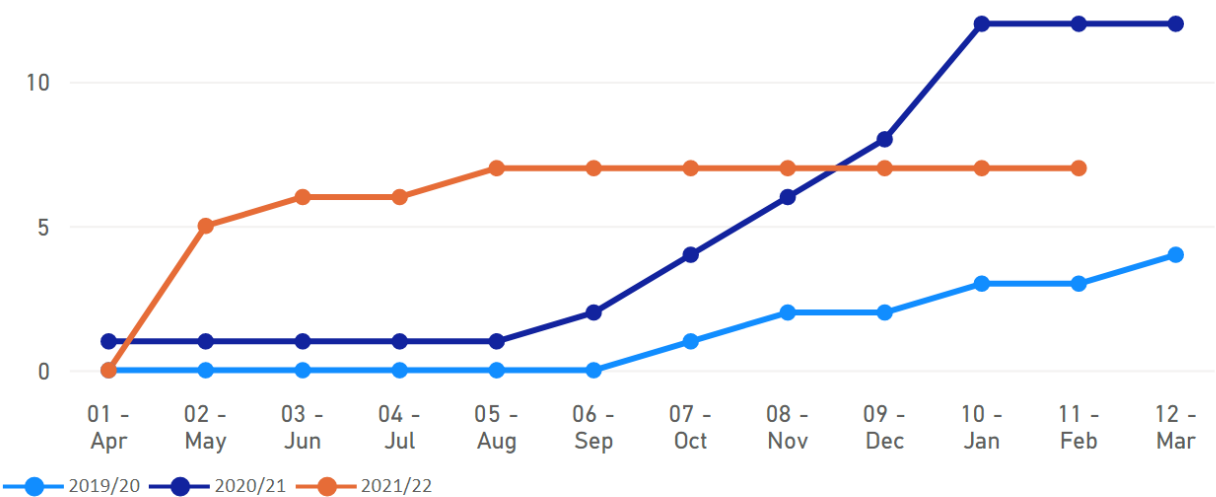
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Feb 2022	3	0		





Cancer Operations Cancelled On Day (YTD)

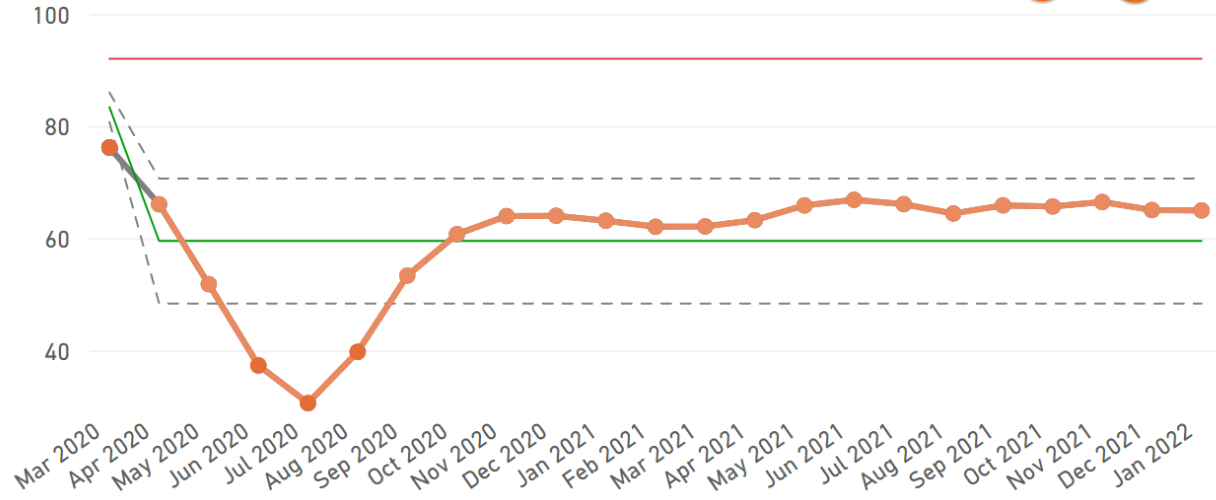
Month	Performance	Target	Trend	Assurance
Feb 2022	7	0	N/A	N/A





RESPONSIVE

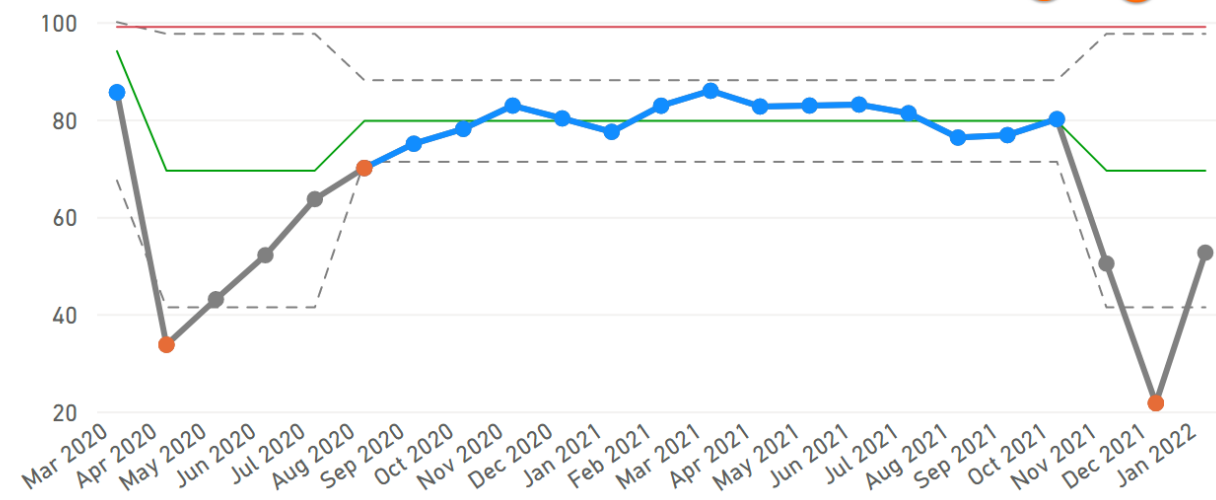
RTT Incomplete Pathways (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	64.94%	92%		



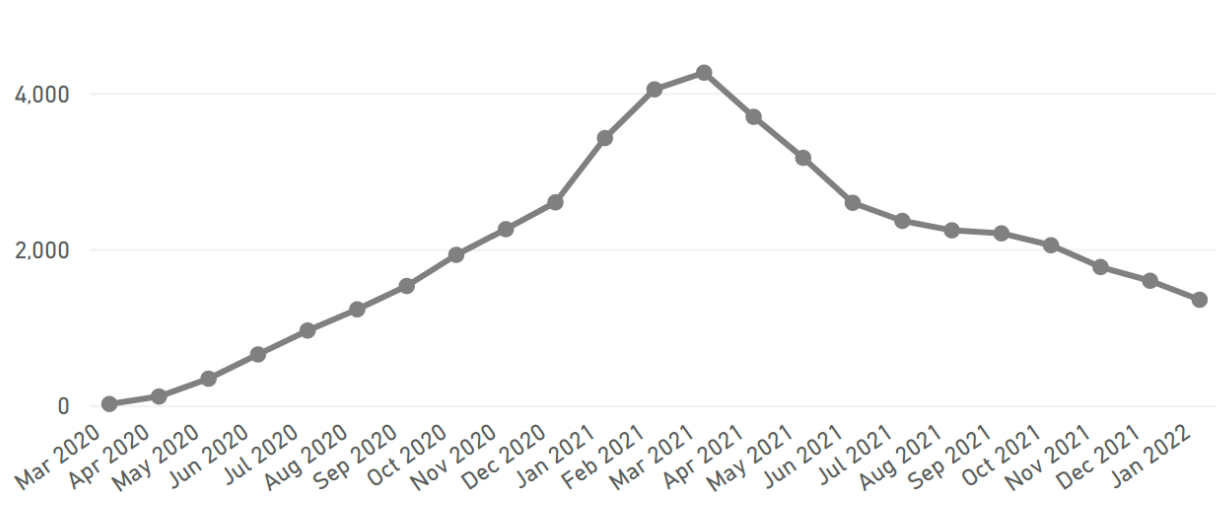
Diagnostic 6 Weeks Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	52.61%	99%		



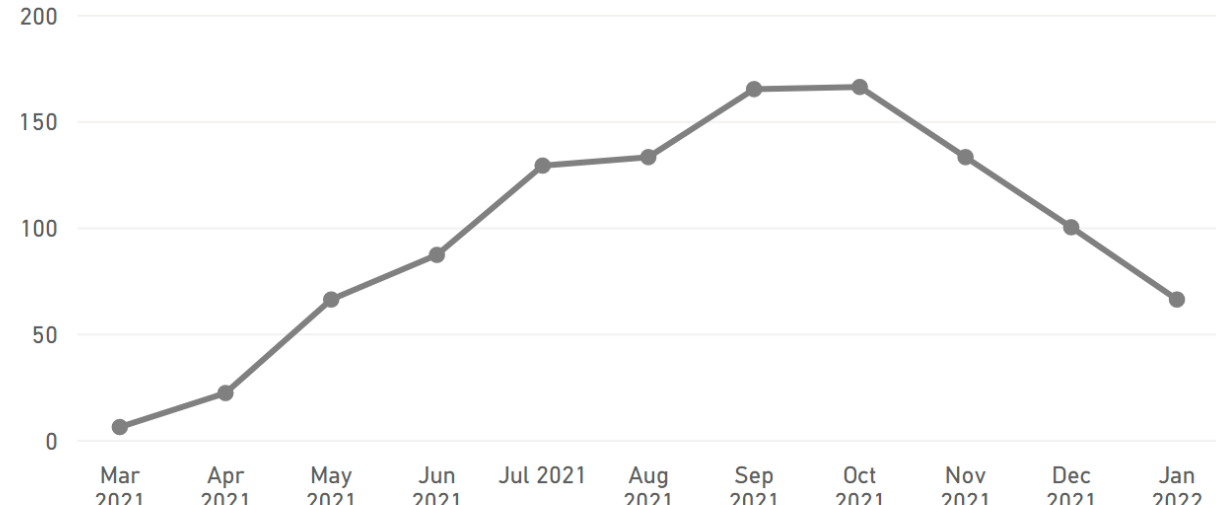
RTT 52 week waiters

Month	Performance	Target	Trend	Assurance
Jan 2022	1350	2459	N/A	N/A



RTT 104 week waiters

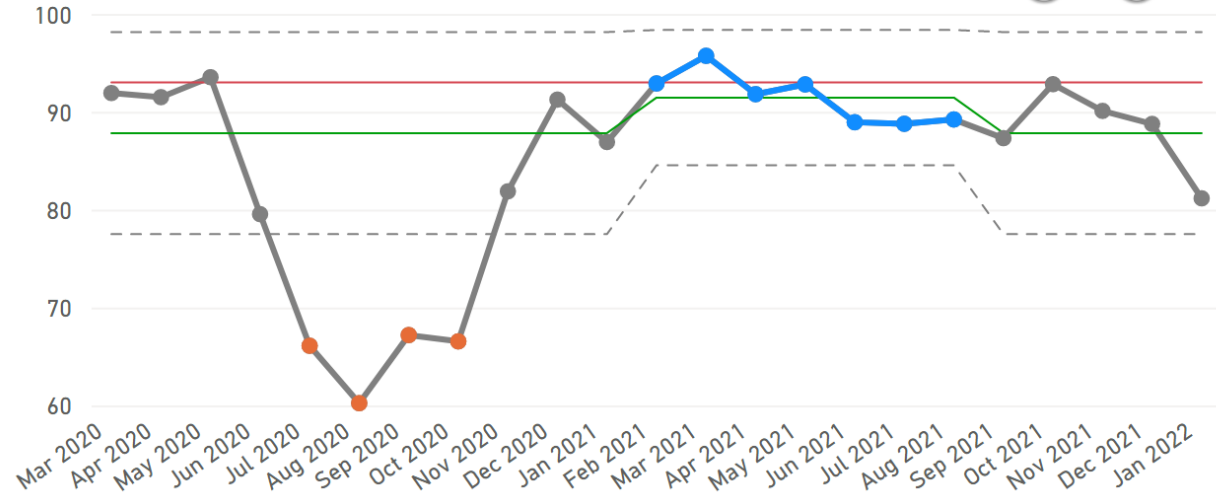
Month	Performance	Target	Trend	Assurance
Jan 2022	66	56	N/A	N/A



RESPONSIVE

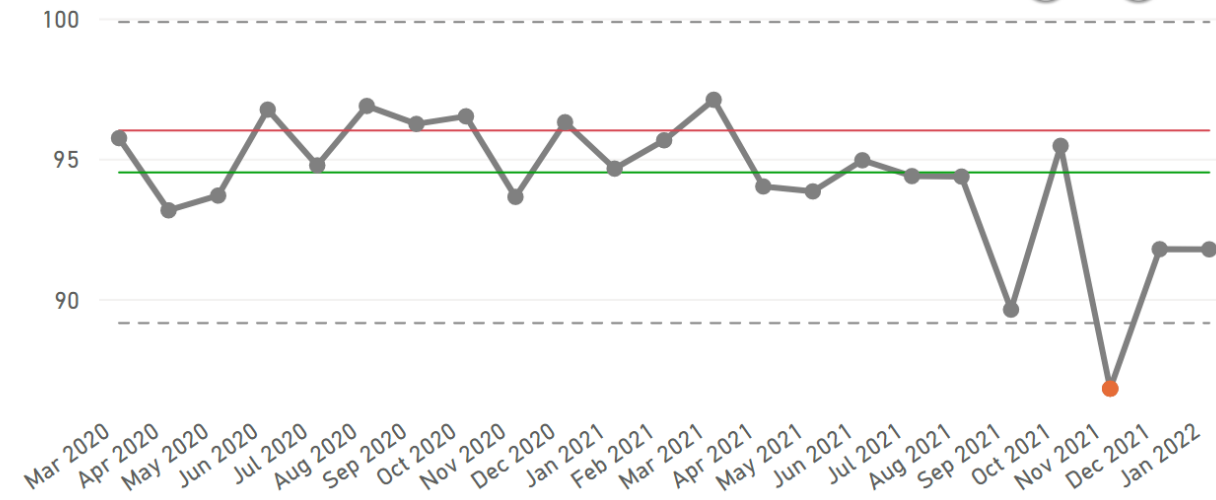
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	81.15%	93%		



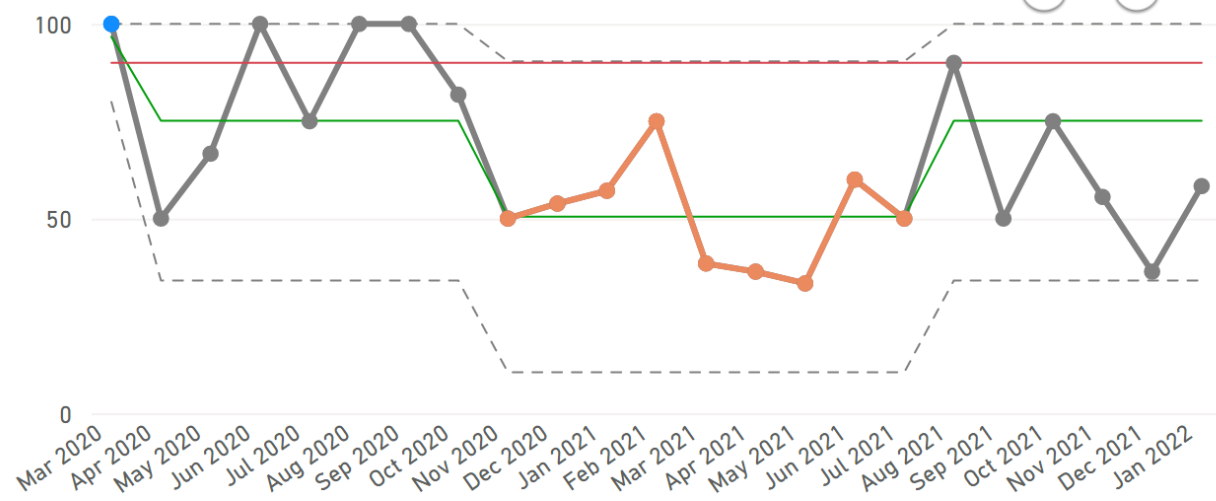
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	91.77%	96%		



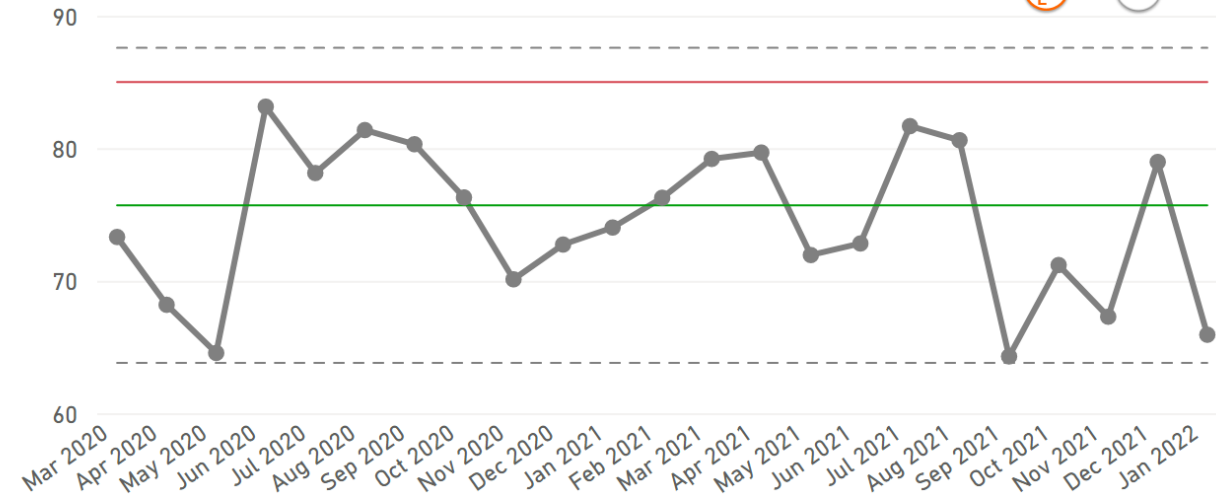
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	58.33%	90%		



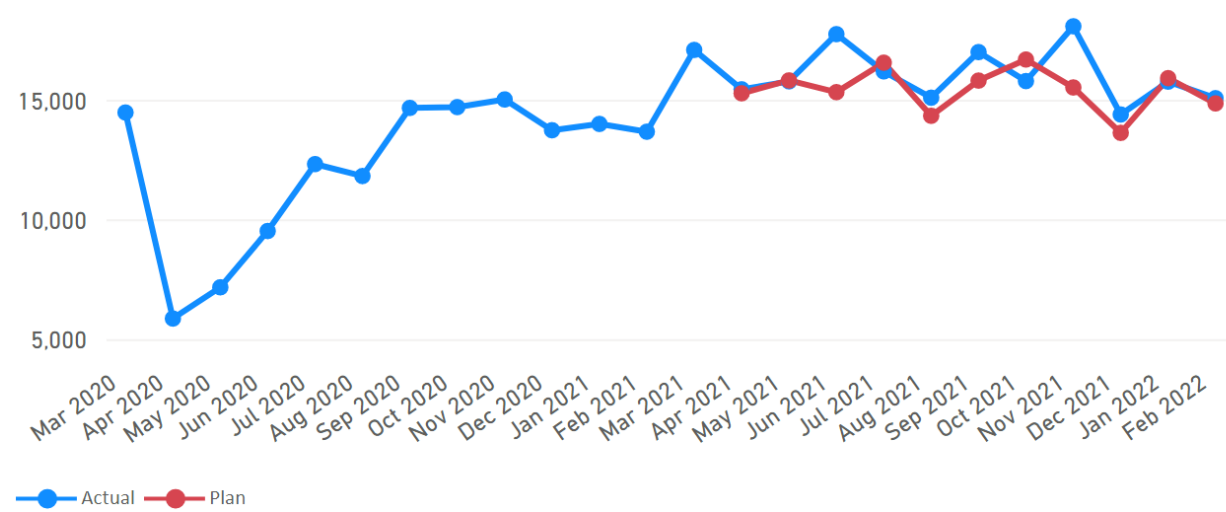
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	65.92%	85%		

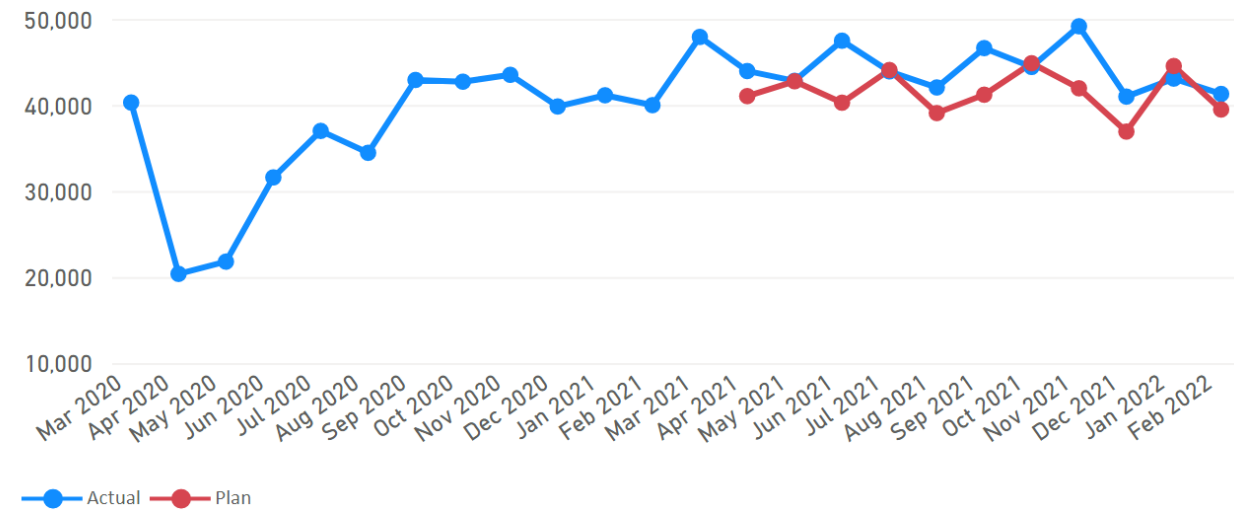


RESPONSIVE

Outpatient New Attendances

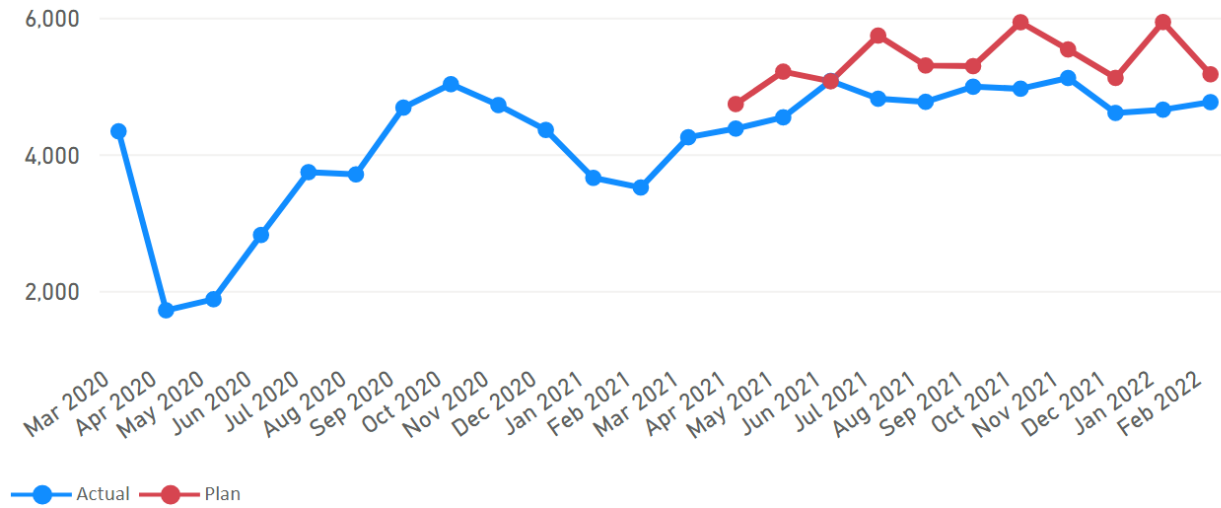


Outpatient Follow-Up Attendances

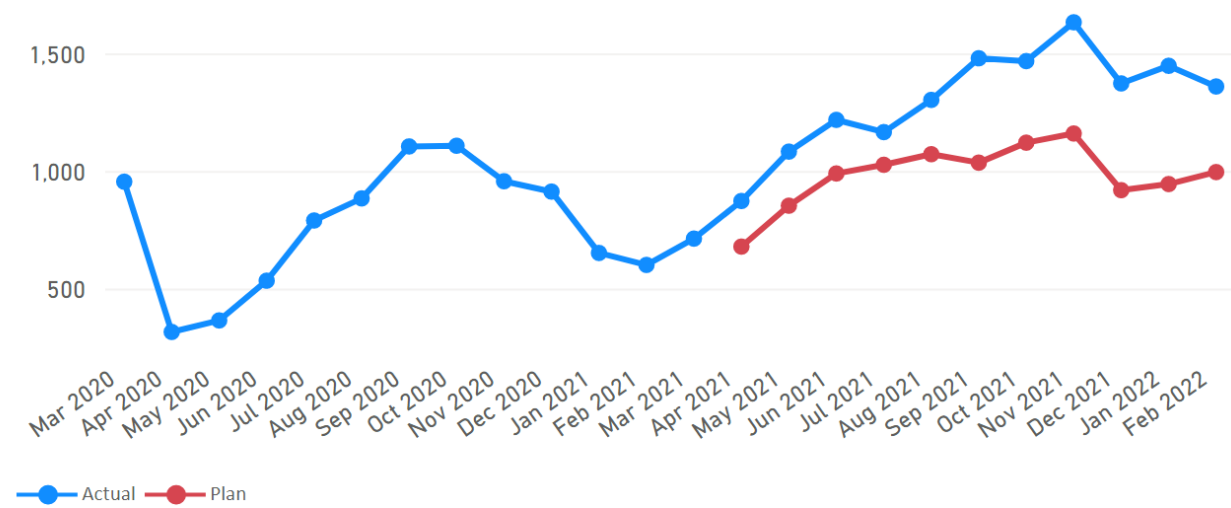


RESPONSIVE

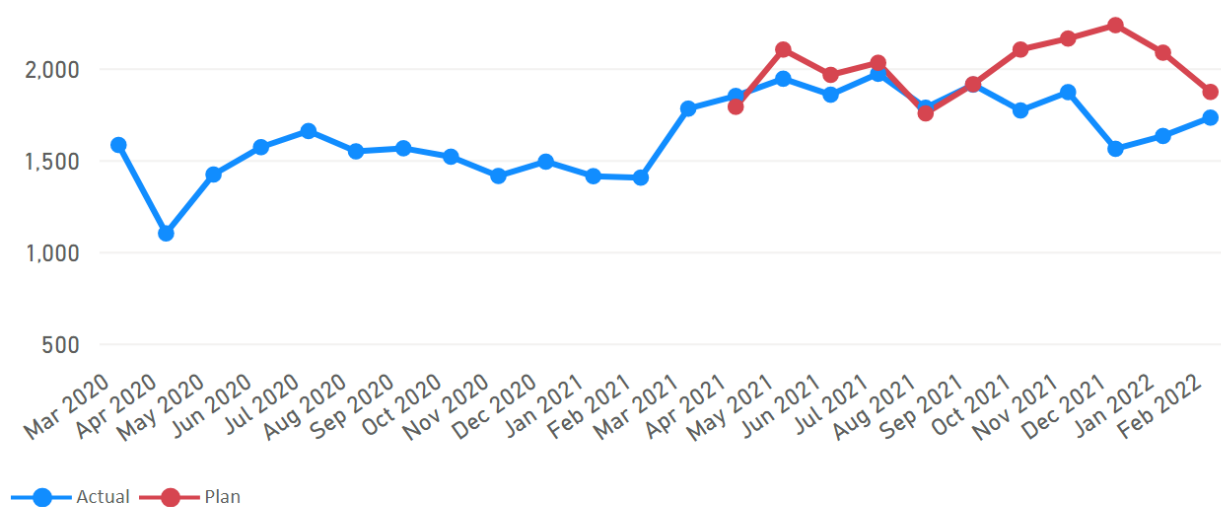
Day Case admissions



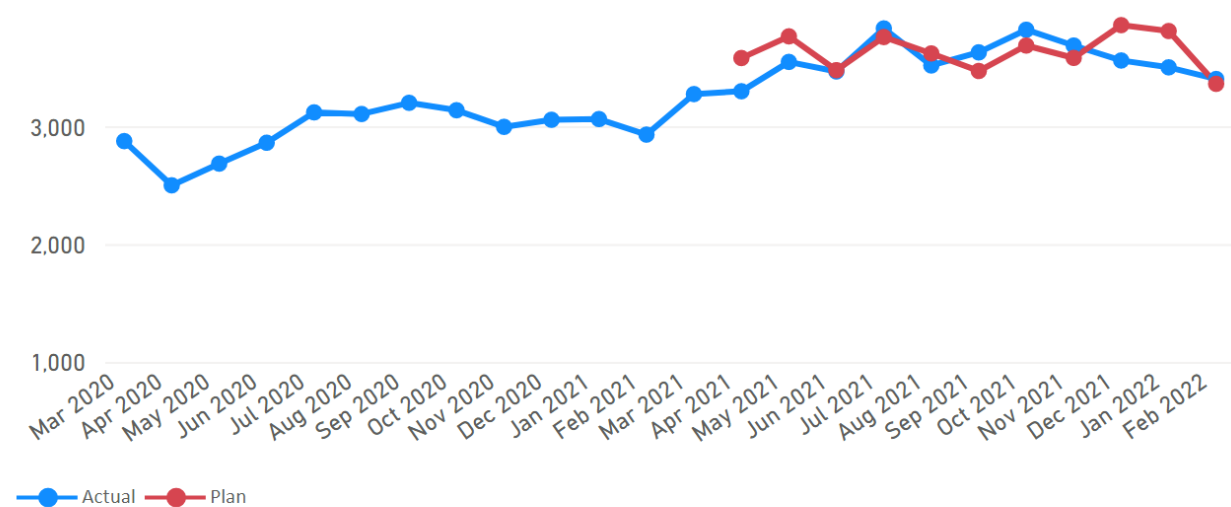
Ordinary Elective admissions



NEL admissions with 0 LOS




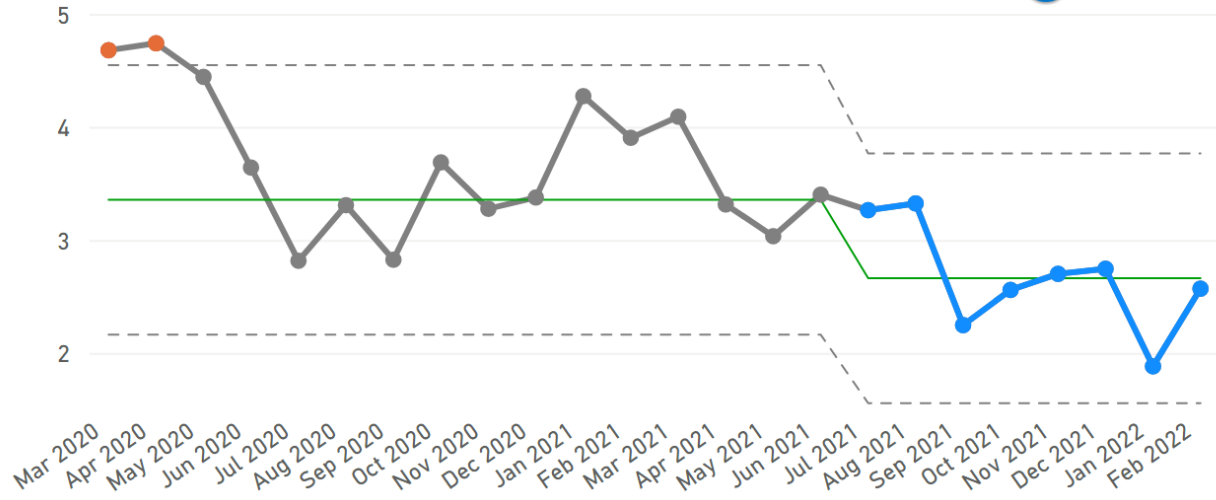
NEL admissions with 1+ LOS



RESPONSIVE

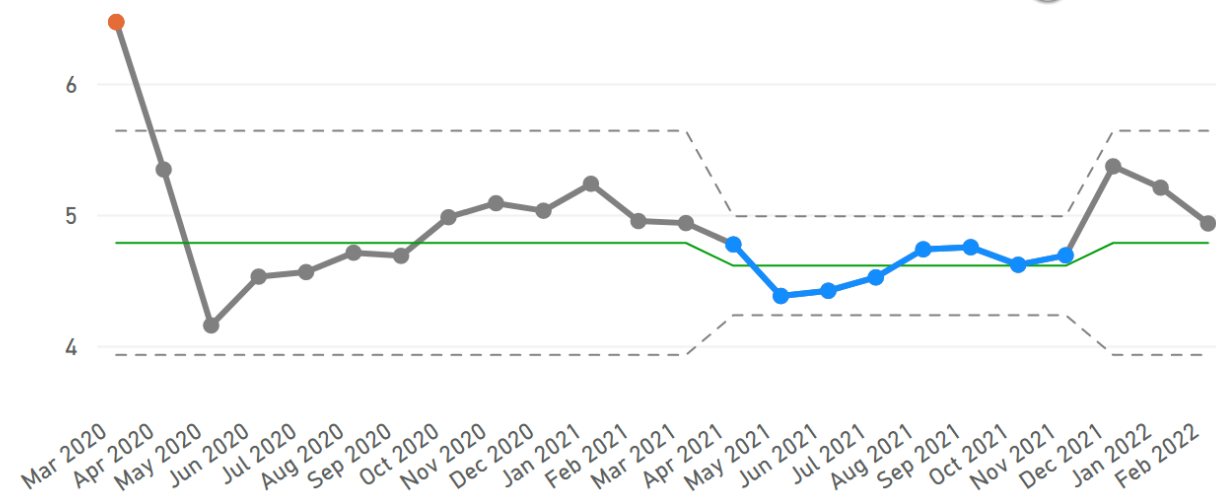
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Feb 2022	2.57	N/A		N/A



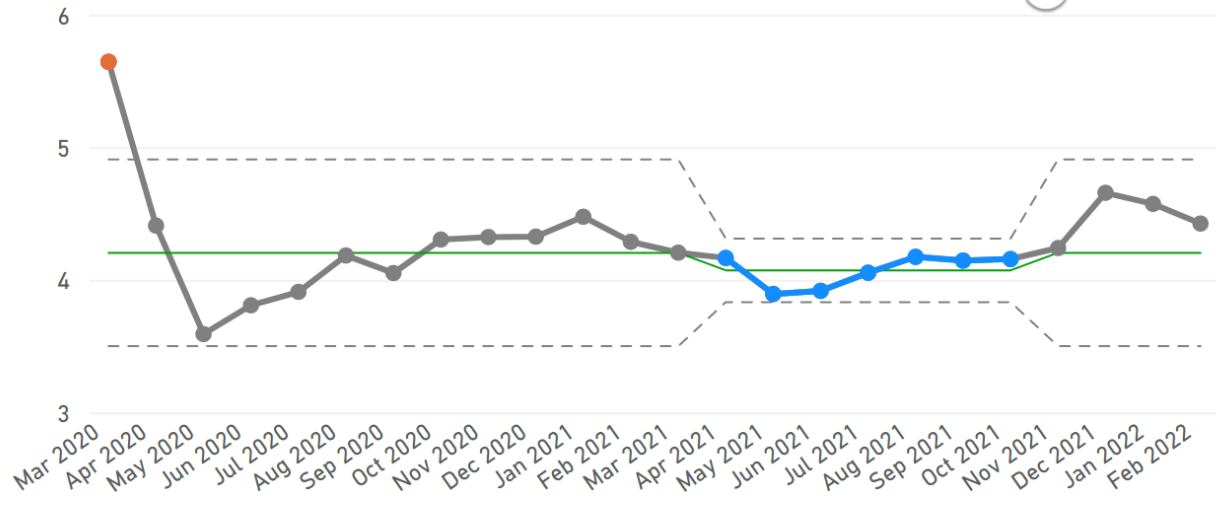
Length of Stay - Emergency

Month	Performance	Target	Trend	Assurance
Feb 2022	4.93	N/A		N/A





Length of Stay - Non-Elective

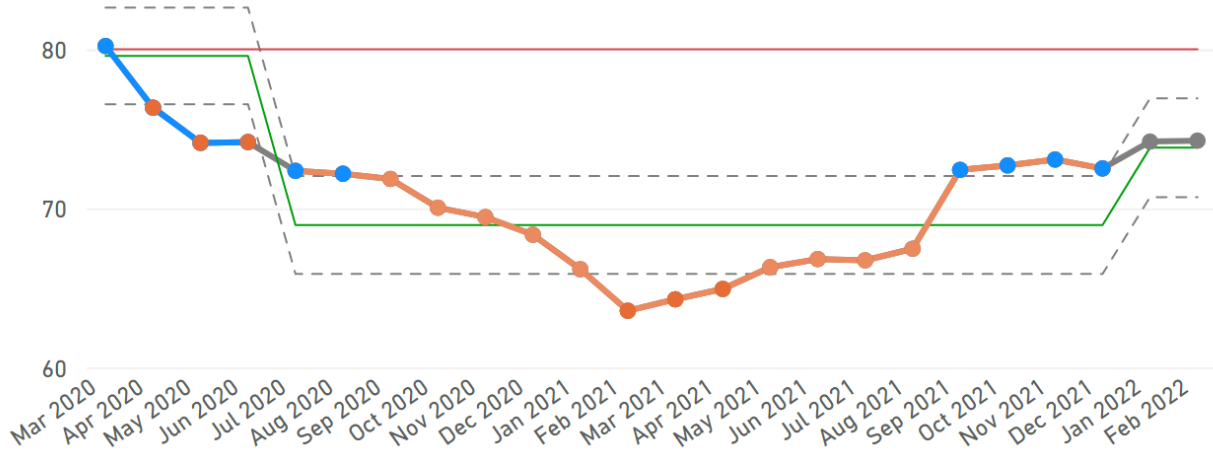
Month	Performance	Target	Trend	Assurance
Feb 2022	4.42	N/A		N/A





WELL-LED

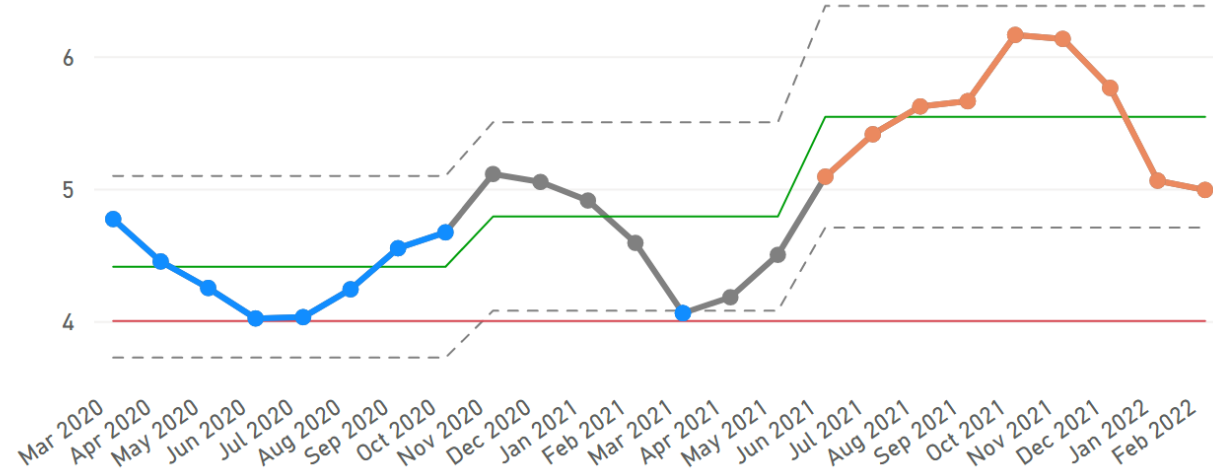
Annual Appraisal (%)

Month: Feb 2022
 Performance: 74.26%
 Target: 80%
 Trend: 
 Assurance: 





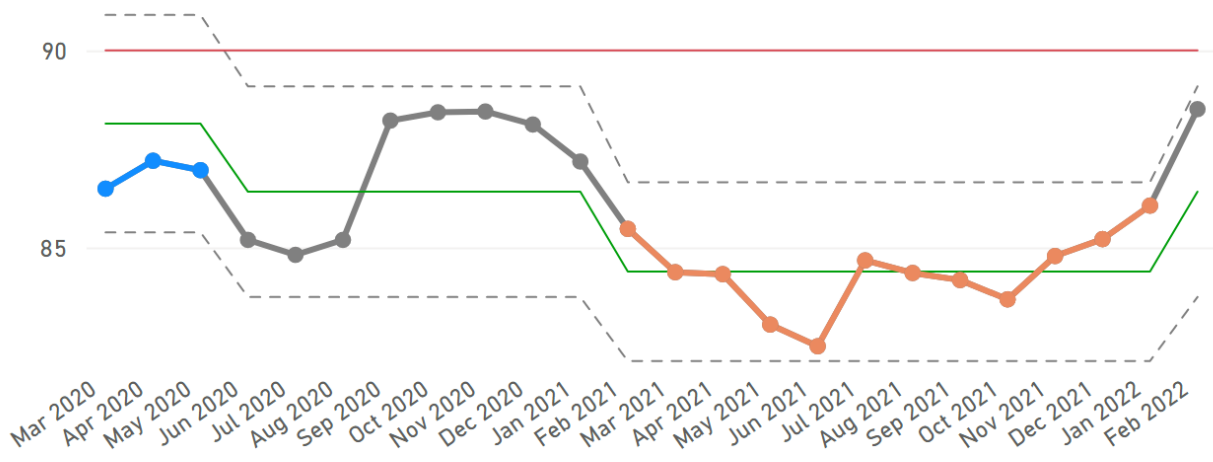
Sickness Absence (%)

Month: Feb 2022
 Performance: 4.99%
 Target: 4%
 Trend: 
 Assurance: 





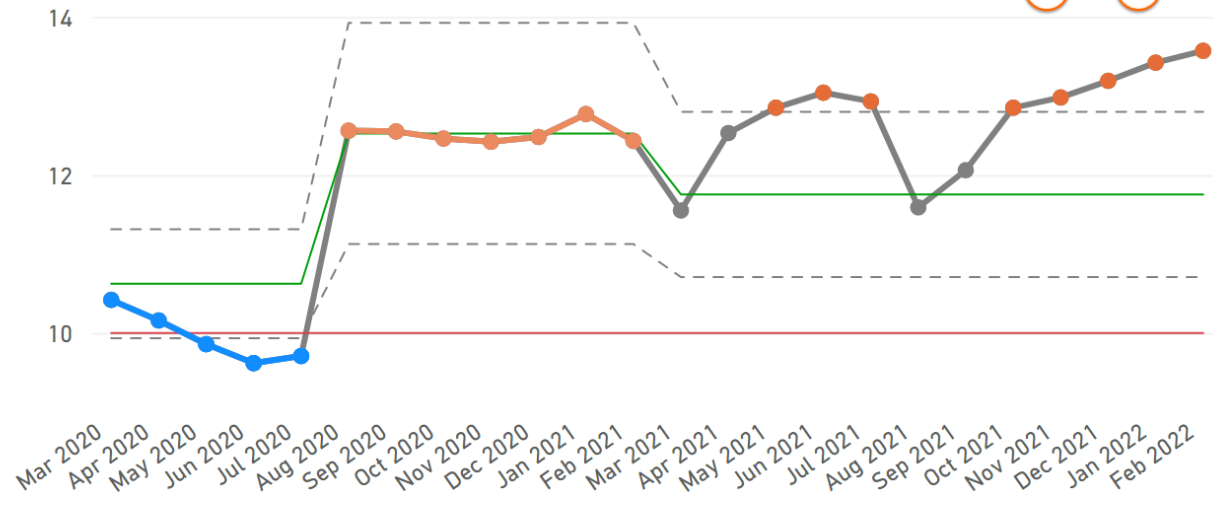
Mandatory Training (%)

Month: Feb 2022
 Performance: 88.51%
 Target: 90%
 Trend: 
 Assurance: 



Staff Turnover (%)

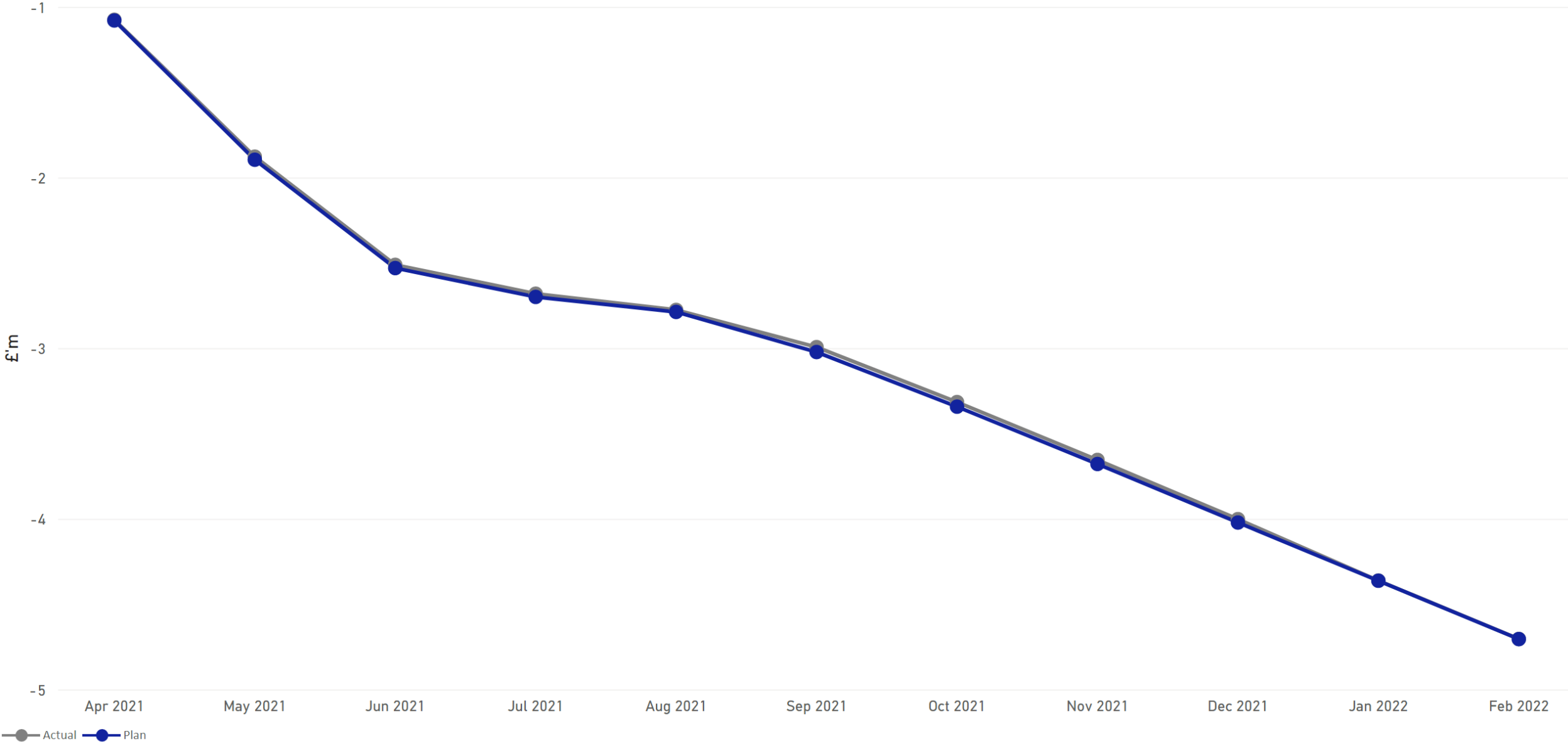
Month: Feb 2022
 Performance: 13.57%
 Target: 10%
 Trend: 
 Assurance: 



WELL-LED

Month	Performance	Target
Feb 2022	-£4.704m	-£4.705m

Cumulative YTD Financial Position (£'millions)



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Safe Staffing Report for January 2022 – Nursing and Midwifery			AGENDA ITEM: 10, ENC 8
Report Author and Job Title:	Debi McKeown Interim NMAHP Workforce Lead	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing and midwifery staffing levels for February 2022		
Background	The requirement to publish nursing & midwifery staffing levels on a monthly basis is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust is 97.7% as per table 1 demonstrating good compliance with safer staffing.</p> <p>Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation and Covid related absence.</p> <p>Stretch staffing ratios have been implemented where necessary based on skill mix, acuity and occupancy levels, all of these actions agreed by senior nurse through safe care.</p> <p>The introduction of allocate on arrival shifts for RNs and HCAs (5 per day and night at JCUH and FHN) has seen improved pick up in February, these shifts are promoted daily via ward manager platforms and NHSp text messaging. This model has been followed in community with impactful pick up</p> <p>Nursing Turnover for February has increased slightly to 8.67%</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	The Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		

<p>Legal and Equality and Diversity implications</p>	<ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England 	
<p>Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</p>	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/></p>	

Nursing and Midwifery Workforce Exception Report February 2022

Safe Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues and put robust plans in place. All elements of safer staffing are discussed at the Workforce Group which meets weekly on a Wednesday and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekends on Fridays takes place with Associate Directors of Nursing and Clinical Matrons.

Staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Planned staffing templates, using professional judgement are reviewed monthly and when patient pathways change and are included in this report as planned versus actual (Table 1 & 2)

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 391 total shifts (3934.07 hours) logged via SafeCare during February which was a decrease on January hours.

Staff COVID unavailability is reported daily from the electronic roster data and is broken down by area and staff group.

Reporting fill Rate based on planned vs worked hours for February 2022

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

Overall Ward Fill Rate		December 21	January 22	February 22
	RN/RMs (%) Average fill rate - DAYS	84.9%	85.4%	87.5%
	HCA (%) Average fill rate - DAYS	92.2%	94.3%	99.0%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	85.8%	87.7%	90.3%
	HCA (%) Average fill rate - NIGHTS	100.2%	98.9%	105.1%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
Total % of Overall planned hours	95.4%	95.8%	97.7%	

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data in Table 3.

Table 2 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPPD	Occupied Bed No – February (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	28	28	694	25	79.3%	102.0%	-	100.0%	71.5%	88.5%	-	-	Amber RSU facility providing additional pressure on occasions/partial month
Ward 2	28	28	702	25	78.7%	95.0%	100.0%	-	88.7%	109.6%	-	-	
Ward 3	28	28	485	17	97.3%	131.6%	-	100.0%	93.1%	116.6%	-	100.0%	
Ward 4	23	23	648	23	70.7%	120.1%	-	-	72.9%	130.3%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	451	16	82.7%	78.2%	-	100.0%	75.6%	96.4%	-	-	Redeployment to other areas due to low occupancy
Ward 6	30	30	815	29	87.4%	122.0%	-	-	95.0%	103.7%	-	-	
Ward 7	30	30	786	28	82.5%	104.4%	100.0%	100.0%	85.8%	108.3%	100.0%	-	
Ward 8	30	30	782	28	82.6%	112.1%	-	100.0%	91.1%	100.0%	-	100.0%	
Ward 9	28	28	638	23	78.9%	126.7%	-	-	77.1%	99.4%	-	-	Amber RSU low occupancy staffing adapts to demand
Ward 10	27	27	725	26	74.9%	86.5%	-	-	79.2%	131.0%	-	-	
Ward 11	28	28	727	26	79.2%	81.3%	-	100.0%	71.4%	84.5%	-	-	
Ward 12	26	26	673	24	91.8%	114.8%	-	-	67.3%	141.0%	-	-	
Ward 14	23	21	486	17	102.5%	96.0%	-	100.0%	75.6%	127.9%	-	-	
Ward 24	23	23	598	21	93.4%	146.0%	-	-	81.4%	188.1%	-	-	
Ward 25	21	21	209	7	141.2%	242.7%	-	-	102.2%	186.6%	-	-	Increased acuity dependency and activity
Ward 26	18	19	505	18	91.4%	142.6%	-	-	96.5%	171.4%	-	-	Enhanced observation - impact on HCA ++hours

Ward 27	15	15	554	20	65.5%	49.8%	-	100.0%	95.4%	39.4%	-	100.0%	Extreme low occupancy of elective pathway staffing reduced in response
Ward 28	30	30	609	22	80.8%	89.3%	-	-	99.1%	96.0%	-	-	
Ward 29	27	27	697	25	94.3%	95.2%	-	-	76.2%	130.4%	-	-	Increased HCA support
Cardio MB	9	9	224	8	96.7%	112.8%	-	-	96.4%	-	-	-	
Ward 31	35	19	750	27	117.3%	117.4%	100.0%	-	87.0%	133.8%	100.0%	-	
Ward 32	22	21	553	20	100.0%	106.4%	-	-	98.1%	100.0%	-	-	
Ward 33	19	19	426	15	75.6%	99.0%	-	-	66.7%	100.0%	-	-	Providing staff to other medical services of priority
Ward 34	34	34	882	32	81.3%	105.8%	-	-	71.9%	96.6%	-	-	Vacancies and sickness
Ward 35	26	26	614	22	99.2%	111.0%	-	100.0%	79.8%	102.4%	-	-	
Ward 36	34	34	860	31	89.4%	99.9%	-	100.0%	72.3%	119.7%	-	100.0%	Vacancies
Ward 37	30	30	750	27	89.8%	77.7%	-	100.0%	82.1%	93.7%	-	100.0%	
Critical Care + Surge	33	33	760	27	98.7%	111.0%	-	-	96.6%	101.5%	-	-	
CICU JCUH	12	10	198	7	77.5%	71.4%	-	-	75.0%	147.1%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	154	6	79.8%	95.4%	-	-	73.6%	85.7%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	176	6	95.9%	92.3%	-	-	97.5%	71.4%	-	-	
Ainderby FHN	27	22	519	19	71.7%	102.1%	-	-	91.1%	109.9%	-	-	Vacancies
Romanby FHN	26	26	635	23	79.2%	109.4%	-	-	101.8%	116.5%	-	-	Vacancies
Gara Orthopaedic FHN	21	16	207	7	77.4%	98.3%	-	-	96.5%	36.7%	-	-	Vacancies but low occupancy
Rutson FHN	17	17	455	16	78.0%	112.9%	-	-	98.4%	87.6%	-	-	Vacancies
Friary Community Hospital	18	18	379	14	106.3%	86.1%	-	-	95.3%	71.7%	-	-	

Zetland	31	29	785	28	96.4%	84.6%	-	-	94.8%	123.8%	-	-	
Tocketts Ward	30	26	763	27	81.6%	115.5%	-	-	82.3%	129.8%	-	-	
Ward 21	25	25	375	13	79.8%	85.1%	-	-	78.6%	94.6%	-	-	Staff redeployed due to reduced acuity
Ward 22	17	17	164	6	83.9%	49.7%	-	-	80.4%	44.6%	-	-	
JCDS (Central Delivery Suite)	-	-	296	11	94.8%	54.0%	-	-	96.0%	83.1%	-	-	
Neonatal Unit (NNU)	35	35	572	20	81.7%	110.7%	-	-	83.0%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	67	2	69.2%	103.3%	-	-	74.5%	-	-	-	Staff redeployed due to reduced acuity
Ward 17 JCUH	-	-	668	24	94.6%	76.9%	-	-	99.6%	73.6%	-	-	
Ward 19 Ante Natal	-	-	271	10	81.3%	61.6%	-	-	94.6%	-	-	-	
Maternity Centre FHN	-	-	10	0	113.6%	12.0%	-	100.0%	97.9%	-	-	-	
Spinal Injuries	24	24	559	20	112.5%	117.0%	-	-	200.0%	98.8%	-	-	
CCU JCUH	14	14	304	11	86.4%	132.3%	-	-	81.0%	-	-	-	

Increased staff sickness and COVID isolation continues to be significant during February. Nursing turnover increased slightly from 8.26% to 8.67%.

Nurse sensitive indicators

No staffing factors were identified as part of the SI review process in February 2022

Red Flags Raised through SafeCare Live

Table 5 below shows 89 red flags remained open relating to workforce, with shortfall in RN time due to the impact of COVID-19 being the most common (73). In relation to red flags for less than 2 RNs on shift the SafeCare log provides a documented resolution to this particular red flag and no shift had less than 2 RNs throughout February.

DATIX

There were 64 datix submissions relating to staffing in February. The majority were for staff shortages due to COVID-19 within Critical Care Outreach and Friarage inpatient areas (Ainderby and Romanby), all were escalated through the SafeCare call and logged by a daily SafeCare chair.

Redeployment decisions were made following safe staffing discussions with Matrons chaired by a Senior Nurse.

Vacancy and Turnover

Recruitment of nursing staff continues as vacancies arise. (Fig 1 and 2)

Figure 1 Registered Nursing Vacancy Rate February 2022

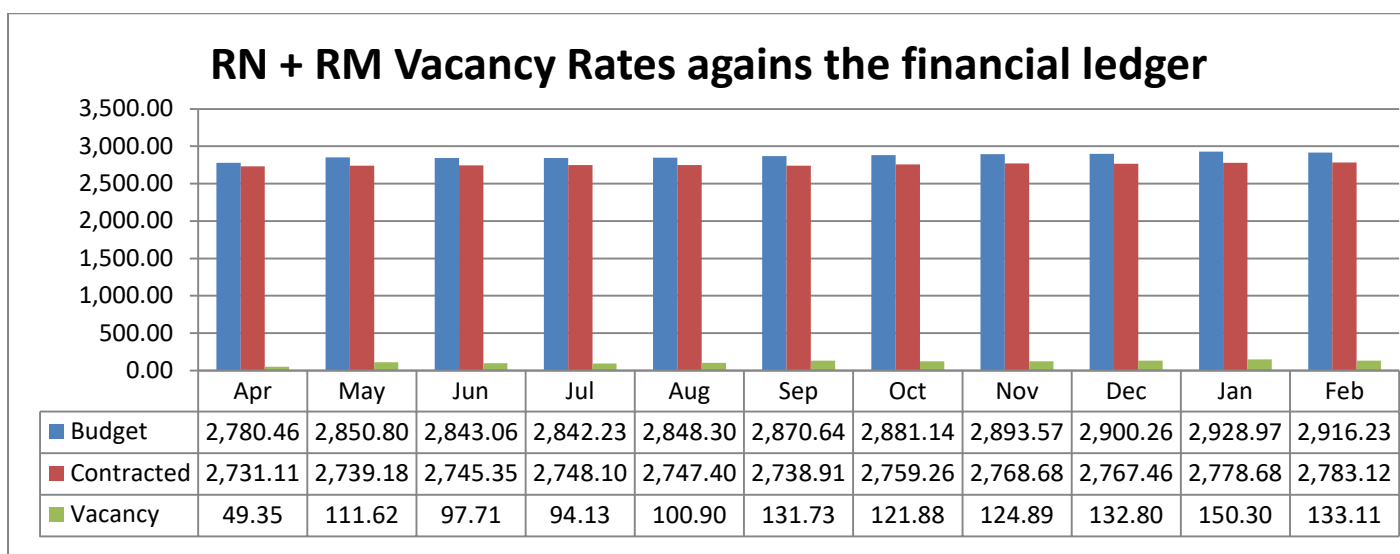


Figure 2 Health Care Assistant Vacancy Rate February 2022

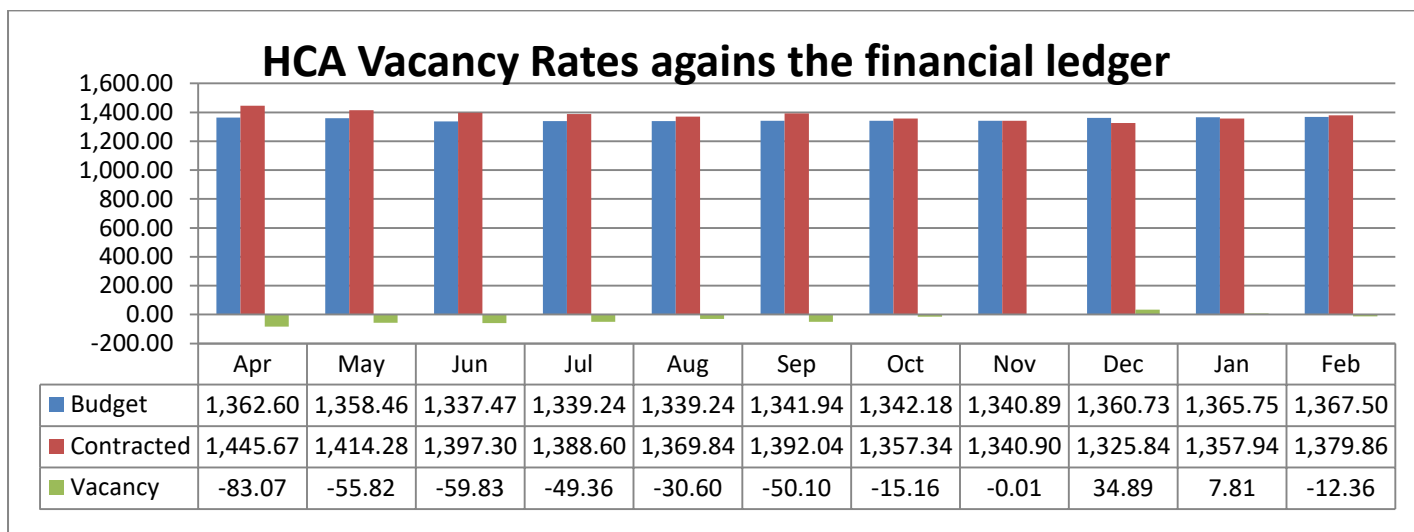
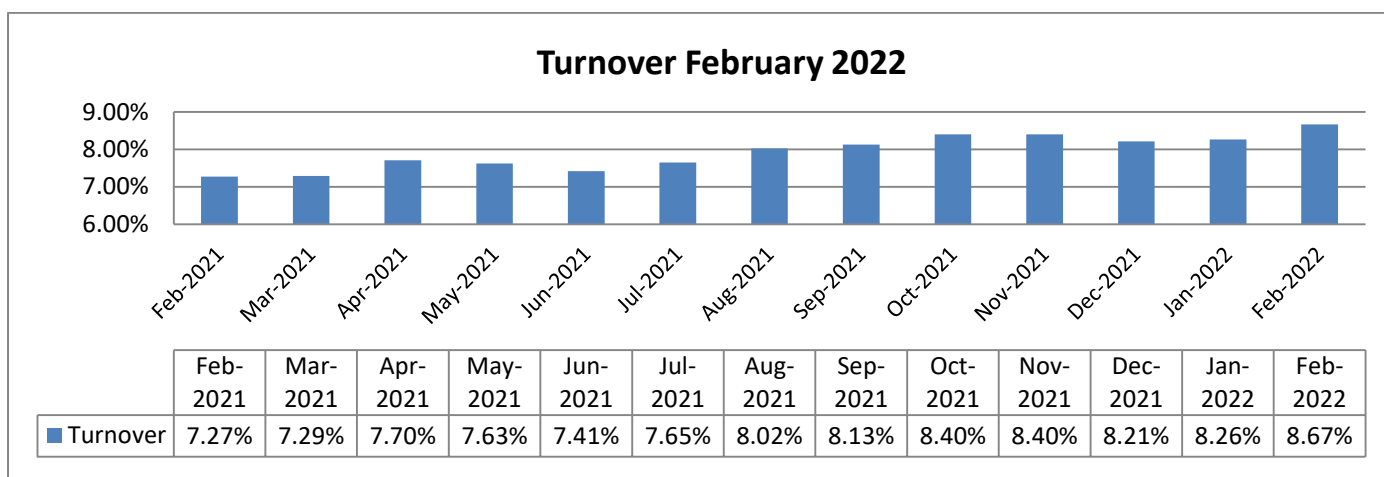


Figure 3 Nursing Turnover February 2022



Summary

February remained a challenging period for all staff working due to continued impact of COVID-19.

Separately, a recruitment campaign has been launched for nurse recruitment at the Friarage and 6 international nurses will be joining the Friarage team in May with significant nursing experience.

SafeCare staffing review takes place each day to ensure all patients can be cared for safely, this does result in a consistent number of staff moves to manage risk within areas of higher patient acuity.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Learning from Deaths January 2022			AGENDA ITEM: 11, ENC 9
Report Author and Job Title:	Jo Raine, Data Analyst Mortality Surveillance and Tony Roberts, Deputy Director (Clinical Effectiveness)	Responsible Director:	Dr Michael Stewart
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation and is based on the report submitted to the Mortality and Morbidity Group in November 2021.		
Background	Overview of mortality within the Trust including that related to COVID-19, relevant mortality indicators and coverage of the Medical Examiner service and Mortality Surveillance activity including lessons learned.		
Assessment	<p>Following the high peak in mortality figures over the initial COVID-19 pandemic, and then the subsequent dip in mortality over the summer, numbers are beginning to normalize again.</p> <p>SHMI at 117 remains Higher than Expected</p> <p>The Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths.</p> <p>Mortality Surveillance is continuing though has been affected by the pandemic. New reviewers have been recruited to address the backlog of reviews and the backlog has been reduced from 150+ to 118</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of Trust Board are asked to: continue to monitor the Medical Examiner and mortality review processes and all the mortality indicators described in the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>	

	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	
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Learning From Deaths January 2022

1. PURPOSE OF REPORT

1.1. The report is consistent with the mortality reporting required by NHS England in December 2015 and is a response to the National Quality Board published in March 2017 *Guidance on Learning from Deaths* (LFD)¹ including the requirement to publish information on preventable deaths on a quarterly basis; the NHS Patient Safety Strategy, published in July 2019, confirmed the importance of Medical Examiners as a source of Insight into patient safety and the value of mortality reviews as part of the Learning from Deaths policy.

2. BACKGROUND

2.1. **Mortality Indicators:** The Trust reports mortality on a daily, weekly, monthly, quarterly and annual cycle along with trend data going back to 2006. In the light of the ongoing COVID pandemic this has been further developed to distinguish COVID related deaths from the general population. This report utilises HED data (supplied by the University Hospitals Birmingham NHS Foundation Trust) for external benchmarking alongside internally generated information from CBiS and CAMIS.

2.2. **Learning from Deaths:** The Trust Responding to Deaths policy (published Sep 2018, updated Oct 2020) sets out how the trust responds to, and learns from, deaths of patients who die under its management and care².

2.2.1. A *Medical Examiner Review* occurs at the time of certification of death. The Medical Examiner Service began in May 2018 and covers around 95% of all deaths in the Trust. The process includes review of the case records, discussion with the attending team and a discussion with the bereaved family.

2.2.2. a *Trust Mortality Review*, is conducted if any potential concerns are identified during the Medical Examiner Review and also for all deaths of patients with learning disabilities, serious mental illness, within 30 days of a surgical procedure or where a 'mortality alert' from a range of sources has occurred, or where a *Patient Safety investigation* is raised following a death or where a complaint has been reported.

3. MORTALITY INDICATORS & LEARNING FROM DEATHS

3.1. **Mortality Indicators:** The dashboard includes the count of deaths from April 2009 to December 2021 (Fig 1). 179 deaths were recorded in October 2021, 168 deaths in November 2021 and 161 deaths in December 2021 (below average for the time of year). The unadjusted mortality rate is returning to pre-pandemic levels. Rolling 12 month average is 1.54 compared to 1.24 pre-pandemic.

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>

² <https://www.southtees.nhs.uk/about/trust/responding-deaths-policy/>

3.2. **Comorbidity Coding** (Fig 2) shows the number of comorbidities included in the Charlson Index recorded per hospital spell. The comorbidity count matters because of its impact on the risk adjustment used in modelling mortality, combined with palliative care coding.

3.3. **Palliative Care Coding:** 1258 patients were coded as being in receipt of palliative care since April 2021 of whom 631 (50.2%) died (44.5% of all deaths in the period) Note: that December 2021's data was not complete at time of reporting. (Fig 3)

3.4. **COVID-19:** There have been 763 COVID-19 positive deaths recorded (22% of all deaths) since the pandemic began in March 2020.

Fig 1: Count of Deaths and Mortality Rate

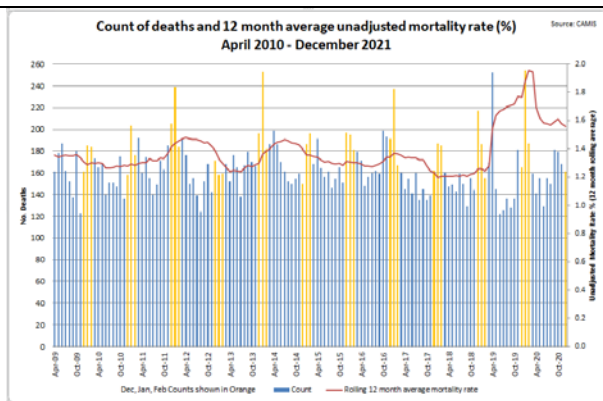


Fig 2: Comorbidity Coding

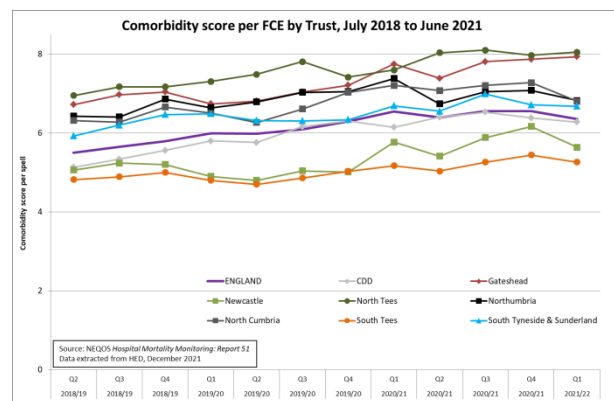


Fig 3: Palliative Care Coding

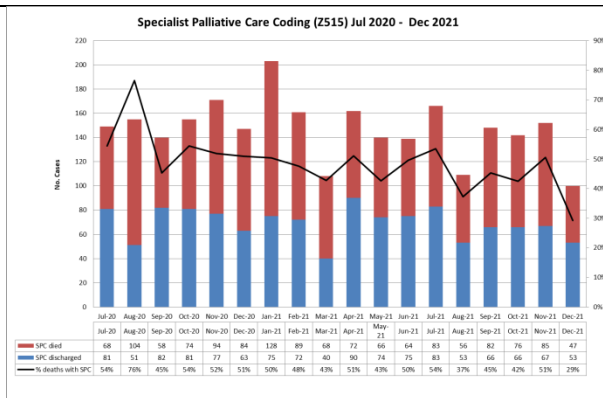
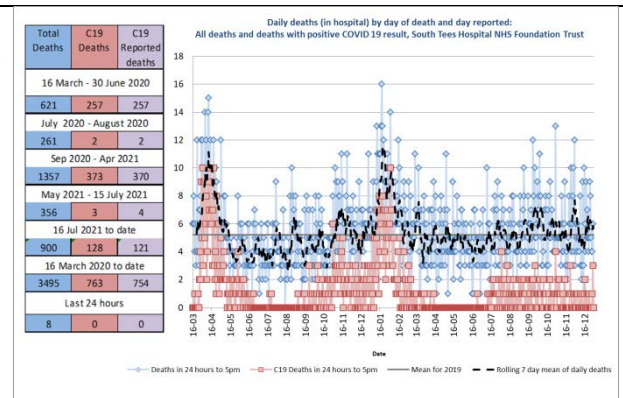
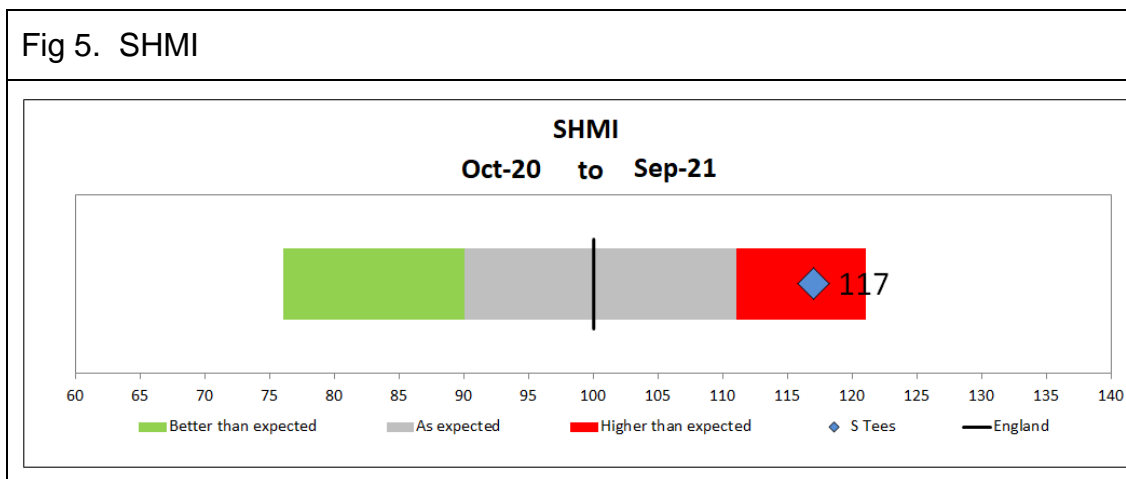


Fig 4: COVID Deaths



1.1. The **Summary Hospital-level Mortality Indicator (SHMI)** includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis by NHS Digital and is an official government statistic. Current reporting is October 2020 – September 2021. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). The SHMI is 117, 'higher than expected' (i.e. outside the variation expected statistically) though down on recent quarters. NHS Digital are removing any spell containing a COVID-19 Confirmed or Suspected code. In this release this amounts to 2,983 spells or 4% of spells.

The indicator is also affected by the fall in activity during the outbreak. For the current period there is a total fall of 20% in the number of spells used to calculate SHMI. (Fig 5). As these spells were predominantly those on elective care pathways or with lower risk acute conditions, this could impact negatively on SHMI.



1.2. Work on producing statistics by **Collaborative Group** is currently being developed. 42.1% of deaths were in Medicine and Emergency Care Services and 11.8% in Growing the Friarage and Community Services (Fig 6).

Fig 6: Deaths in South Tees Hospitals NHS Foundation Trust by collaborative. Apr - Dec 2021

Deaths in South Tees Hospitals NHS Foundation Trust: Apr 2021 - Dec 2021						
Collaborative	Survived	Died	Total	Unadjusted Mortality Rate	% all deaths	
Cardiovascular Care services	4561	93	4654	2.0%	6.5%	
Clinical Support Services	694	1	695	0.1%	0.1%	
Digestive Diseases, Urology and General Surgery services	15075	125	15200	0.8%	8.8%	
Head and Neck, Orthopaedic and Reconstructive services	13228	67	13295	0.5%	4.7%	
James Cook Cancer Institute and Speciality Medicine services	13142	140	13282	1.1%	9.9%	
Medicine and Emergency Care services	18204	598	18802	3.2%	42.1%	
Neurosciences and Spinal Care Services	2909	27	2936	0.9%	1.9%	
Perioperative and Critical Care Medicine Services	933	167	1100	15.2%	11.8%	
Women and Children services	16864	22	16886	0.1%	1.5%	
Growing the Friarage and Community services: Primary Care Hospitals	717	50	767	6.5%	3.5%	
Growing the Friarage and Community services: Friarage Medical Services	17564	131	17695	0.7%	9.2%	
Grand Total	103891	1421	105312	1.3%	100.0%	

1.3. **Medical Examiners:** Between April 2021 and December 2021, of the 1,535 deaths that occurred in hospital, A&E or were very recent discharges from hospital and referred back to the Medical Examiner, 1,479 (96.4%) were reviewed by the Medical Examiner Service (Fig 7). During 2021/22 scrutiny by medical examiners of deaths in the community will led by the National

Medical Examiner and locally from September 2021 the first one GP practice began participation: the first 20 deaths scrutinised are included in the figures.

1.3.1. Of these 90.0% of deaths were judged to demonstrate good or excellent care with 4.0% of cases felt to show room for improvement in care. One case was judged 'Definitely Preventable' but the element of preventability occurred before the patient reached hospital (severe delays in ambulance service in patient suffering out of hospital cardiac arrest). 87.1% of deaths were Expected, 11.6% of deaths Unexpected, the remainder ungraded. 120 have been recommended for Trust Mortality Review, 23 reviews have so far been undertaken with the rest scheduled. The backlog of cases (currently 118 cases) needing review by Mortality Surveillance from this and the previous year are currently being addressed.

Fig 7: Medical Examiner Service Statistics

Medical Examiner Service Statistics:		No. In-Hospital	Community		Other	ME Review	% Review	Rec'men	Receive	Specialty	Discusse	Noted as
Month of Death	Deaths	A&E Deaths	Deaths	Deaths	d TMR			d TMR	Review	d with	Coroner	Case
May 2018 - Mar 2019	1698	25		19	1432	82.2%	230	221	265	275	137	
Apr 2019 - Mar 2020	1902	92		46	1822	89.3%	192	192	393	381	296	
April 2020 - Mar 2021	1994	73		39	2041	96.9%	153	141	224	330	279	

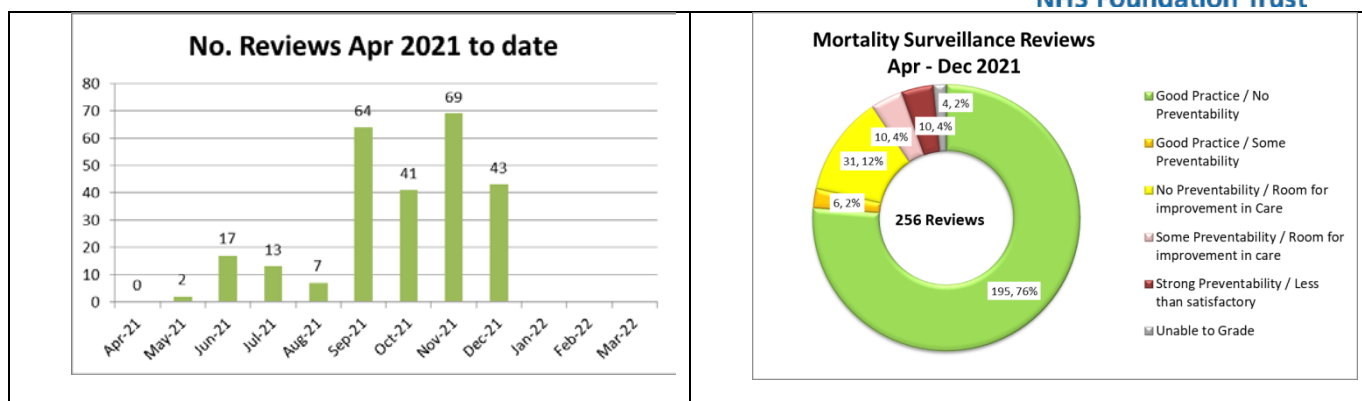
Medical Examiner Service Statistics:		No. In-Hospital	Community		Other	ME Review	In hospital	Rec'mend	Receive	Specialty	Discusse	Noted as
Month of Death	Deaths	A&E Deaths	Deaths	Deaths	% Review		TMR	d TMR	Review	d with	Coroner	Case
Apr-21	141	3		1	141	97.2%	17	8	12	22	23	
May-21	155	4		2	152	94.4%	16	9	8	25	26	
Jun-21	129	9		0	134	97.1%	11		8	20	21	
Jul-21	155	10		1	160	96.4%	15	1	5	18	29	
Aug-21	150	9		0	152	95.6%	15	2	15	29	26	
Sep-21	181	10	3	7	185	92.0%	11	3	6	31	23	
Oct-21	180	11	4	0	186	95.4%	12		10	24	33	
Nov-21	168	12	6		185	99.5%	11		7	24	26	
Dec-21	163	14	7		184	100.0%	12		10	26	35	
	1422	82	20	11	1479	96.4%	120	23	81	219	242	
	7016	272	20	115	6774	91.3%	695	577	963	1205	954	

1.4. Mortality Surveillance Reviews: Four new consultant reviewers were appointed and began reviewing in September 2021 taking the number of reviewers to six. 256 reviews were completed between April - December 2021 (activity badly affected by COVID and change in personnel). (Fig 8)

1.4.1. 76% of case reviews were judged to show good practice with no preventability. 2% showed good practice with some preventability. (Fig 9) 12% showed room for improvement in care but with no preventability, 4% showed both preventability and room for improvement in care and 4% (10 cases) showed strong preventability and/or less than satisfactory care.

Fig 8 No. of Reviews Apr 2021 to date

Fig 9 Preventability / Good Practice

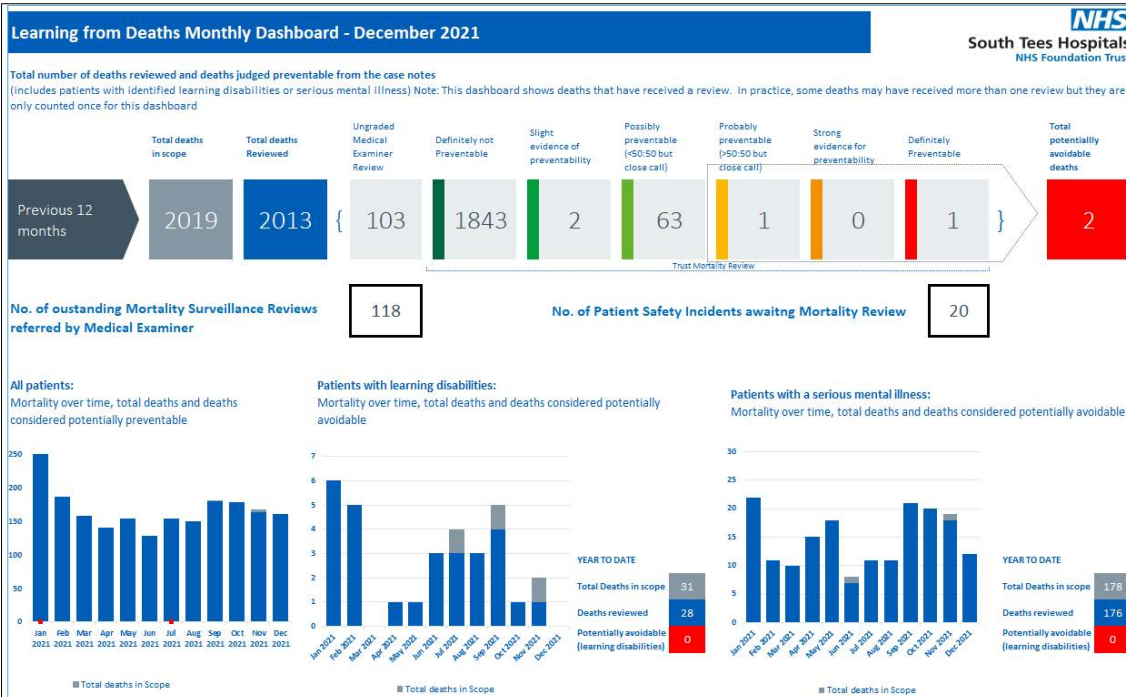


1.4.2. 90% of deaths were Expected, 8% Unexpected. Care in 80% of cases was graded Good-Excellent. 1% of cases were judged to have received poor care.

1.4.3. In the last quarter 14 reviews mentioned lessons learned from good care, particularly around good multidisciplinary care, good communication with family, well documented discussions and decisions and examples of patient wishes being followed with regards to care.

1.4.4. In the last quarter 55 reviews mentioned lessons learned from poor care, around poor quality of documentation including lack of patient identifiers on paperwork, incomplete medication and pathway records or badly filed paperwork; delays in tests being undertaken or results filed; patient incidents possibly resulting in harm; incomplete physiological observations or deterioration not escalated.

1.5. The **Learning From Deaths Dashboard** reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of December 2021, there were 2,019 deaths, of which 2,013 (99.7%) received a review or investigation and 2 deaths were considered to be potentially avoidable. In the same period 91% of deaths in patients with a learning disability and 99% of cases where the patient had a pre-existing mental health condition were reviewed with no deaths considered potentially avoidable.



4 CONCLUSION

- The unprecedented pattern of deaths, unadjusted and risk adjusted mortality rates during the pandemic has made these measures difficult to interpret. The Trust should continue to monitor these statistics but accept that their use for assurance is diminished and thus the importance of non-statistical approaches to mortality are of greater importance than was the case before covid.
- The Trust should continue to engage with national and regional efforts to understand hospital mortality within the wider context of mortality in all settings and particularly in relations to disparities (inequalities) in the populations served by the trust.
- SHMI at 117 remains Higher than Expected and so requires specific monitoring, although it is likely that the key driver for this is poor recording of comorbidities, rather than quality of care, and so the trust should remain focused on this problem
- The Medical Examiner team coverage of mortality continues to be in excess of 95% of all death. Scrutiny is being extended to out of hospital settings and the trust should continue to support the development of this service.
- Mortality Surveillance is continuing though has been affected by the pandemic. New reviewers have been recruited to address the backlog of reviews and the trust should monitor the impact of this over the coming months, with increased focus on improvement work resulting from this.

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 5 April 2022			
Patient Experience Q3 Report 2021/22			AGENDA ITEM: 12, ENC 10
Report Author and Job Title:	Jen Little, Patient Experience and Involvement Lead	Responsible Director:	Dr Hilary Lloyd, Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	An overview of the complaints, Patient Advice and Liaison Service (PALS) and Compliments received by the Trust in Q3 2021/22.		
Background	The National Health Service Regulations sets out clearly how the complaints process must be managed in an NHS Trust; this report provides a detailed analysis of the management of complaints received by the Trust in Q3 2021/22.		
Assessment	<p>There has been a marginal decrease in the number of complaints received compared to the previous quarter.</p> <p>The timeframe to respond to complaints is an area of focus. A plan is in place to escalate complaints early to prevent them becoming 'off target'.</p> <p>The number of re-opened complaints has decreased to 13%.</p> <p>The number of PALS (advice/enquiry/concerns) rose above the average in October and November but decreased quite significantly in December.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Board of Directors are asked to note the progress that has been made, ongoing and planned work.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>Principle Risk 1 – Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes</p> <p>Principal Risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain</p>		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>	

	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

Patient Experience Q3 Report 2021/22

1. PURPOSE OF REPORT

The purpose of this report is to provide a detailed analysis of patient feedback, including, complaints, concerns and compliments received during Q3 2021/22.

2. BACKGROUND

This report provides a detailed analysis of complaints received by the Trust in Q3 2021/22. The report reviews timeframes for acknowledgments within the legislated 3 working days and complaint responses. It recognises the themes identified through complaint investigation, which informs learning and improvement in order to enhance the patient experience of our services.

The report also includes an analysis of the informal advice, enquiries and concerns received through the Patient Advice and Liaison Service (PALS), reports final reports received from the Parliamentary and Health Service Ombudsman (PHSO) and compliments.

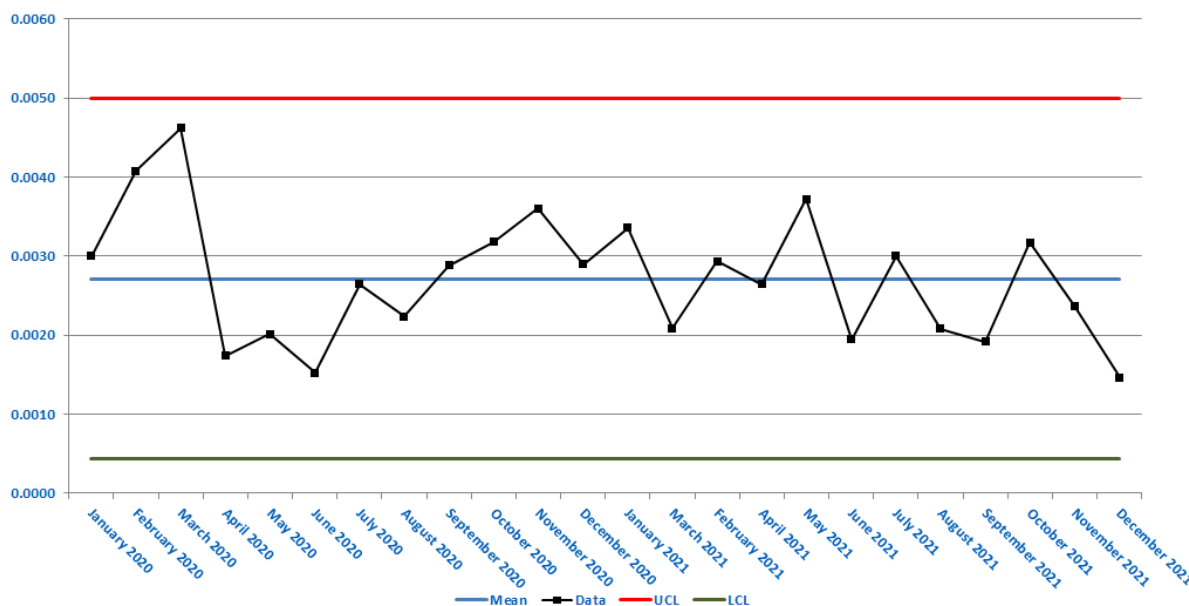
3. MAIN BODY

Complaints activity

3.1 In Q3 2020/21 there was 79 formal complaints received by South Tees Hospital NHS Foundation Trust (STHFT) a decrease of 22% on the previous year. There were 6 complaints in which the Trust was assisting other organisations to respond to complaints, , which was a decrease of 33% on the previous year.

3.2 Due to the COVID-19 pandemic national data has only been released up to Q4 of 2020/21. 2021/22 data is due to be released in the coming months.

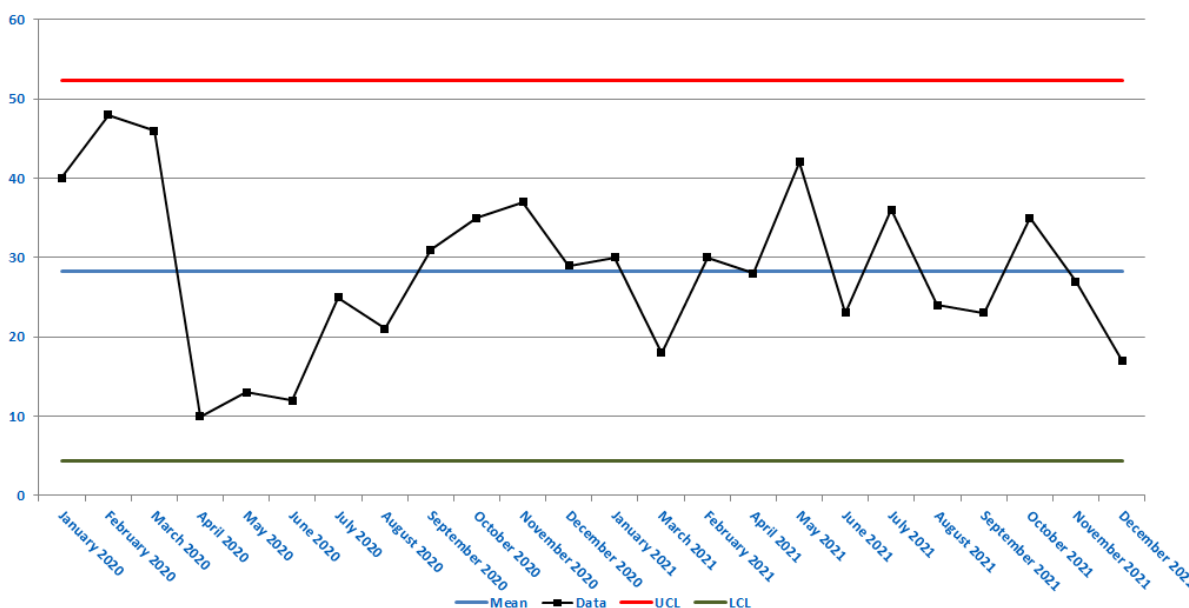
Figure 1 – Rate of formal complaints received into the Trust by month
Complaints per Spell - Latest 24 Months



3.3 Figure 1 shows the rate of formal complaints received by the Trust each month. In Q3 2021/22, October saw the highest number of complaints received since May 2021, however, the number decreased in November and December.

3.4 Figure 2 shows the trend of complaints received from January 2020 to December 2021. The number of complaints received in October 2020/21 and October 2021/22 were very similar; however the trust received significantly less complaints in Q3 2021/22 than in the previous year.

Figure 2 – Monthly formal complaints received by month Jan 20 to Dec 21
Number of Formal Complaints - Latest 24 Months



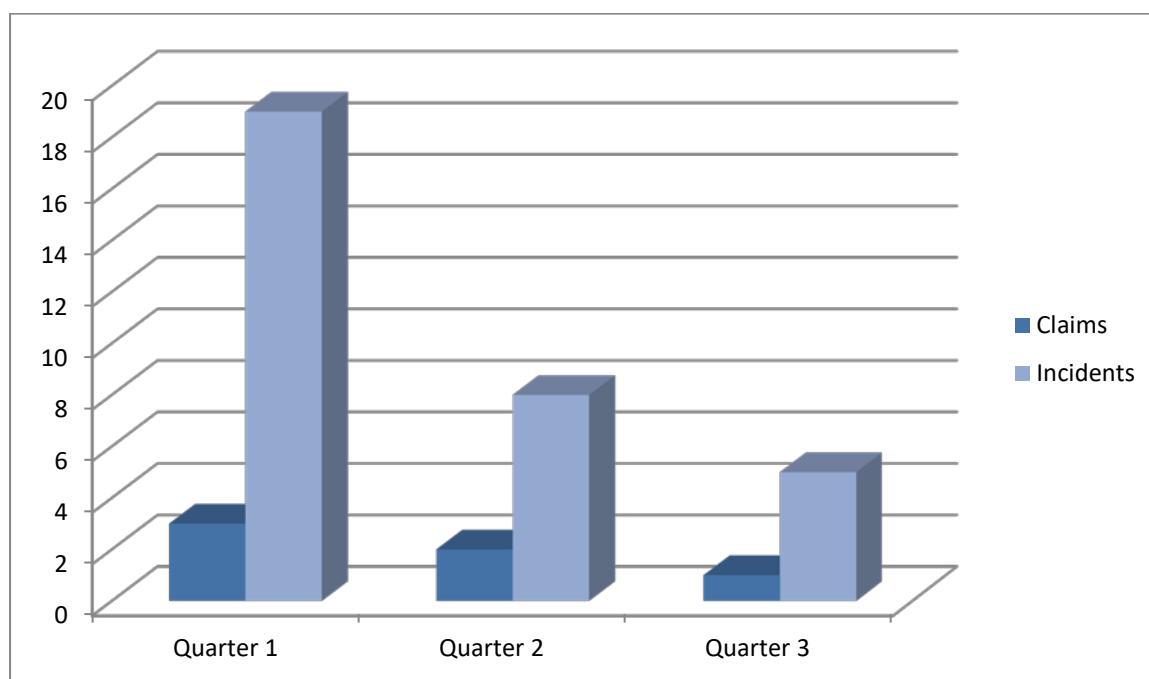
3.5 The Trust saw a decrease in formal complaints in Q3. Medicine and Emergency Care Services received the highest number of complaints followed by Digestive Diseases, Urology and General Surgery Services and Head & Neck, Orthopaedic and Reconstructive Services.

3.6 The Trust has a clear process for dealing with complaints, and patients, carers and relatives reassured that they are able to raise their concerns and this would not adversely affect their care. The process is detailed on ward and departmental boards and can be found on the trust website.

3.7 Regional comparison - Regional benchmarking comparisons for 2021/22 have not yet been published.

3.8 All formal complaints received by the trust must be acknowledged with 3 working days. This was achieved throughout Q3. All complaints are triaged on receipt and any patient safety concerns or litigation are identified and discussed at the patient safety huddle. Figure 4 shows the numbers of complaints received which are linked to an incident or a claim.

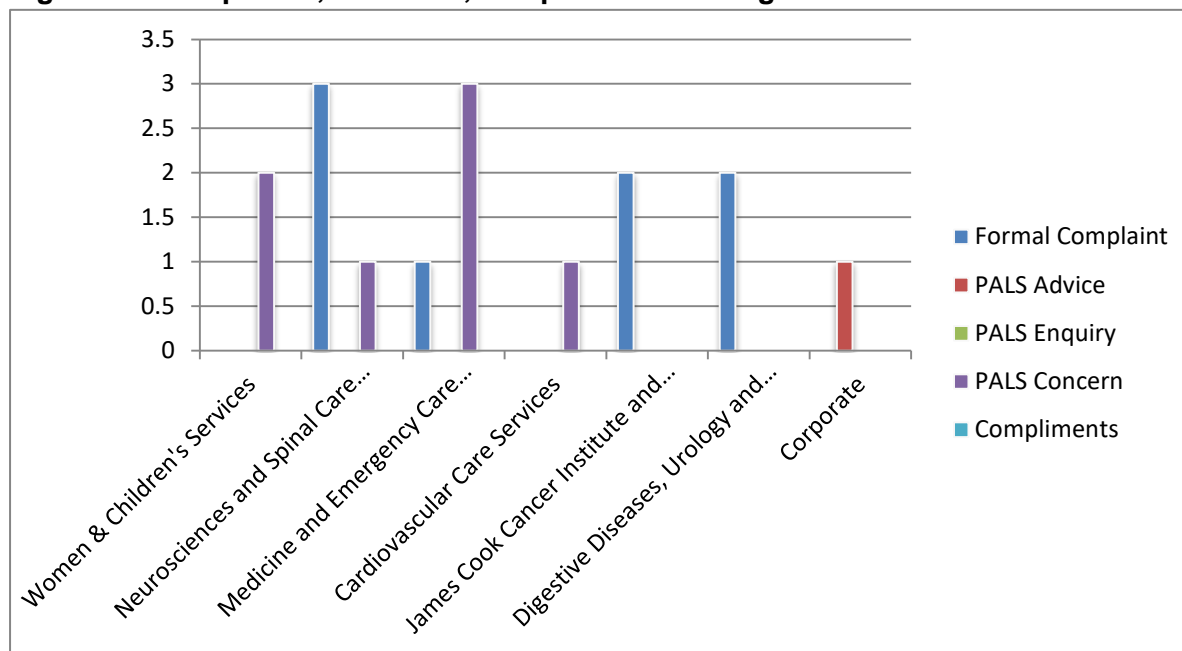
Figure 4 – Complaints linked to incidents and claims 2021/22



3.9 Complaints, concerns and compliments received relating to the COVID 19 pandemic.

A new field was added to the Datix system in March 2020 to identify any complaints, concerns or compliments that related to the COVID-19 pandemic.

Figure 5 – Complaints, concerns, compliments relating to COVID-19



3.10 Figure 5 shows complaints and concerns received by Collaborative relating to COVID-19 for Q3 2021/22. Whilst numbers remain low, areas related to delays in appointments due to the impact of the pandemic, isolation requirements for patients before procedures, discharges, and patients having to follow up COVID-19 testing ahead of procedures. Formal complaints related to visiting restrictions, appointment timescales due to the impact of the pandemic and communication.

3.11 All written complaints are triaged on receipt and the subjects of the complaint are identified, as shown in table 3.

Table 3 – Top 5 subjects from formal complaints

Subjects
Aspects of clinical care
Admission, Discharge, Transfer Arrangements
Communication / information to patients (written and oral)
Appointments: delays and cancellations (outpatient)
Attitude of staff

3.12 The Trust has a target of 80% and endeavours to close all complaints with in the agreed timeframes. The statutory requirements for closure times are 12 months from date of receipt of the complaint. The Trust aims to provide a response to a complainant within:

- Up to 25 working days (non-complex, a small number of issues)
- Up to 40 working days (complex, multi-issue, multi-centre complaints, including complaints that require external comments to be obtained).

- Up to 60 days working days if the complaint meets Serious Incident (SI) criteria

Response timeframes have remained a challenge during 2020/21, due in part to receipt of timely responses from clinical staff and the availability of health care records. Although the response timeframe remained below 80% at the start of Q3, it increased to above the 80% in December 2021.

3.13 Table 6 shows the outcomes of all closed complaints – unsubstantiated, partly substantiated or substantiated. In Q3 2021/22 32% were unsubstantiated, 53% partially substantiated and 15% were substantiated.

Table 6 - Outcome code of complaints closed by Q3.

Qtr	Unsubstantiated 2020/21	Partially Substantiated 2020/21	Substantiated 2020/21	Unsubstantiated 2021/22	Partially Substantiated 2021/22	Substantiated 2021/22
1	44	41	15	29	32	10
2	24	33	5	30	47	10
3	22	50	20	21	35	10
4	25	42	17			
Total	115	166	57	80	114	30

3.14 Table 7 shows the final grading of all complaints following the completion of the investigation. Complaints that are graded as ‘high’ or ‘extreme’ post investigation are shared with the Clinical Commission Group.

Table 7 – Grading of closed complaints

Grade	2020/21	2021/22 YTD
Extreme	0	0
High	3	0
Moderate	249	36
Low	86	147
Ungraded	0	0
Total	338	183

3.15 Re-opened complaints (further contact) - The Trust encourages complainants to return if they have outstanding concerns following receipt of the written response. It is good practice to ensure that all concerns are responded to the complainant’s satisfaction. The number of reopened complaints for Q1 was 27%, Q2 was 23% and Q3 is 13%.

The reason for complaints to be re-opened are multifactorial and include new unrelated questions, new related questions, the complainant disagrees with the response, inaccuracies in the response, meeting requested after receiving the response and the complaints process.

3.16 It is important that an organisation seeks to improve from the outcome of complaint investigations. Learning and actions are shared with the collaboratives and the Patient Experience Steering Group.

3.17 Parliamentary and Health Service Ombudsman (PHSO) - Table 9 shows the number of requests for information received from the PHSO. It is important that the Trust ensure their

duties as per the NHS complaints process have been applied appropriately to ensure that all has been done to resolve the complaint locally prior to signposting to the PHSO.

Table 9 – Requests for information received from the PHSO 2018/19 – 2021/22 YTD

2018/19					2019/20					2020/21					2021/22				
Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
10	5	3	2	20	2	3	4	3	12	1	4	3	2	10	3	3	5		11

The Trust received five requests for information from the PHSO in Q3, taking the total for the year to date to eleven. At the end of Q3 there are seventeen complaints with the PHSO. One final report received which the Trust is defending, two awaiting the final report, four under investigation and ten at assessment stage.

4. Patient Advice and Liaison Service (PALS)

The number of PALS (advice/enquiry/concerns) rose above the average in October and November but decreased quite significantly in December. The vast majority of contacts to this service were concerns, which were logged to the appropriate ward or department to resolve within the 10 day timeframe.

Figure 7 – PALS received in last 24 months

Number of PALS Received by Trust per Spell - Latest 24 Months

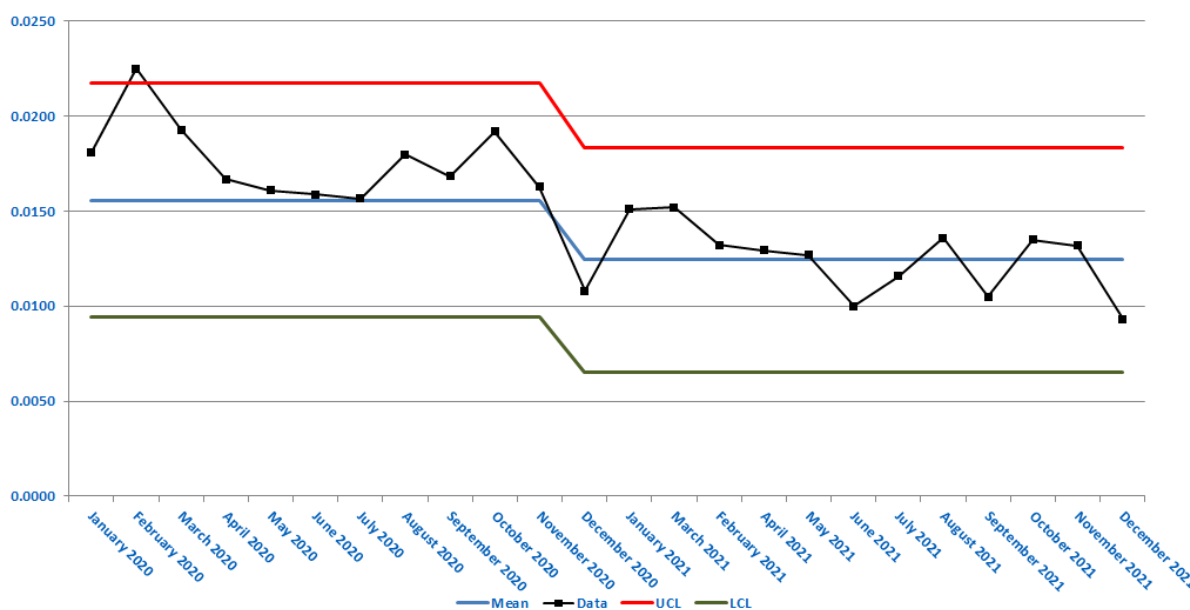


Table 10 – Total number of PALS received 2021/22

	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	2021/22 YTD
PALS (Advice)	11	13	11	4	12	8	9	20	1	89
PALS (Enquiry)	34	38	16	32	23	20	21	19	5	208
PALS (Concern)	92	93	91	107	134	98	119	111	102	947
South Tees Hospitals NHS Foundation Trust	137	144	118	143	169	126	149	150	108	1244

4.1 It is important to note that a large proportion of advice is logged to the Corporate Centre, regarding patients, relatives and carers who contact the service for advice and signposting; this is logged to the corporate team and closed with no further actions required.

4.2 A PALS enquiry is for patients, relatives and carers who do not want to raise a concern, however, would like a response to a question, for example, outpatient appointments.

4.3 Table 12 shows the top five themes for concerns.

Table 12 - PALS themes (Enquiries & issues)

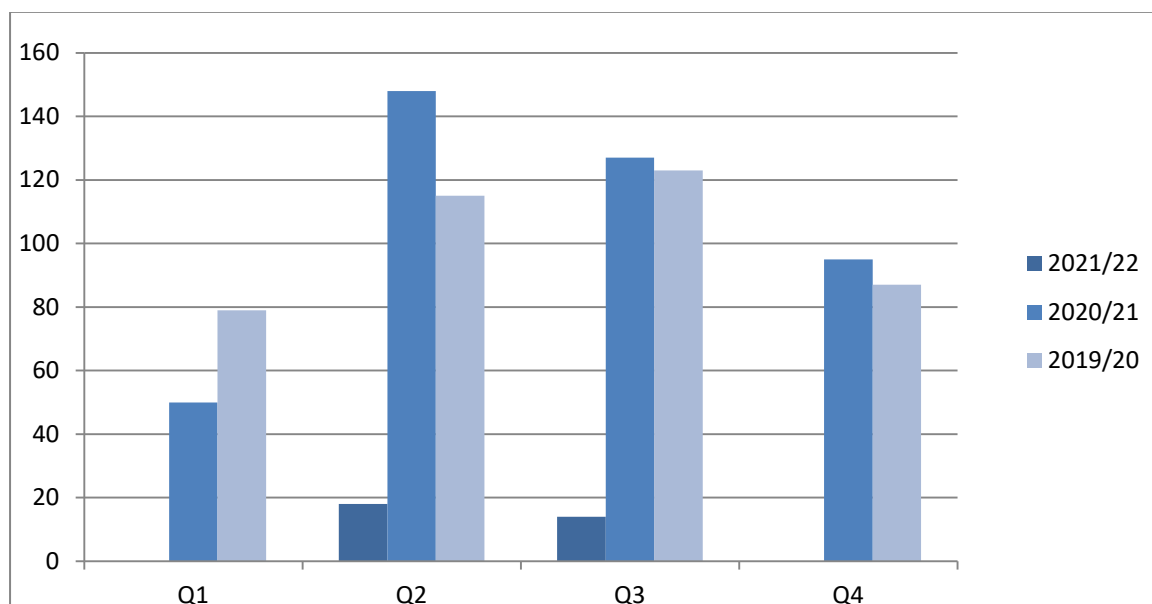
Subjects
Communication & Information to patients (written & oral)
Aspects of clinical treatment
Appointments: delays and cancellations (outpatient)
Attitude of staff
Admission, Discharge & Transfer arrangements

5. Compliments

5.1 All compliments received by the Trust are uploaded to Datix and shared with the Ward and Departments.

5.2 Further work is to be carried out in Q4 on compliments to identify areas of good practice to share across the trust.

Figure 8 - Compliments received by Quarter by year logged on Datix



6. Patient Surveys

6.1 Sentiment analysis of Patient feedback from surveys - There are a number of patient and carer surveys utilised in the Trust. These include the inpatient, outpatient, A&E, maternity and community survey, as well as a number of bespoke surveys.

Figure 9 - Patient feedback sentiment analysis by month

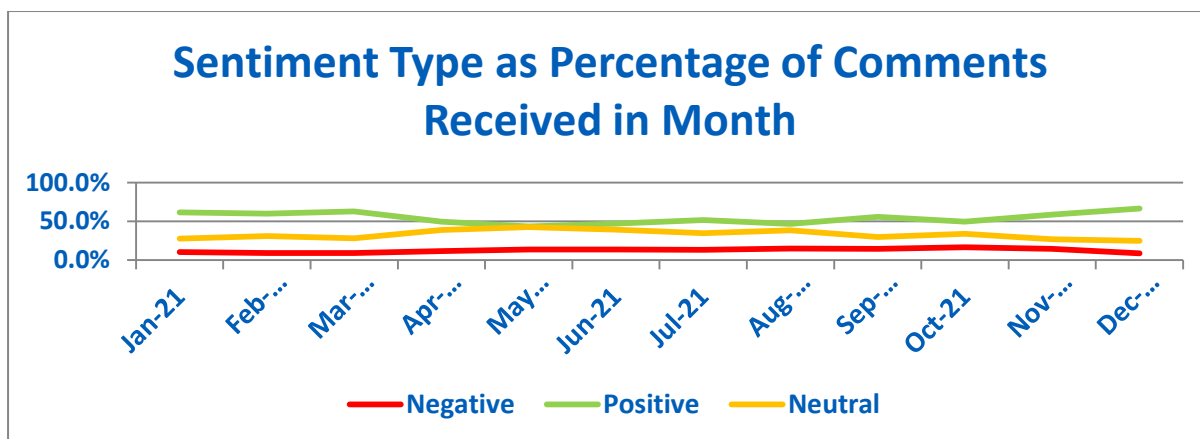


Table 14 - Sentiment analysis by number of comments and percentage, positive, neutral and negative.

Sentiment Type	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total (Last 12 Months)
Number of Comments by Sentiment													
Negative	137	94	179	240	272	315	280	297	215	269	231	76	2605
Positive	811	630	1244	1041	862	1092	1085	936	842	814	927	581	10865
Neutral	365	325	552	819	848	904	731	770	446	557	423	216	6956
Total	1313	1049	1975	2100	1982	2311	2096	2003	1503	1640	1581	873	20426
Sentiment Type as Percentage of Total Comments													
Negative	10.4%	9.0%	9.1%	11.4%	13.7%	13.6%	13.4%	14.8%	14.3%	16.4%	14.6%	8.7%	12.8%
Positive	61.8%	60.1%	63.0%	49.6%	43.5%	47.3%	51.8%	46.7%	56.0%	49.6%	58.6%	66.6%	53.2%
Neutral	27.8%	31.0%	27.9%	39.0%	42.8%	39.1%	34.9%	38.4%	29.7%	34.0%	26.8%	24.7%	34.1%

4,094 comments were provided in Q3, the majority of which are positive. The wards and departments have access to their data to discuss and share at ward/departmental meetings. Any comments that are negative are expected to be actioned in the department and create a 'you said, we did', to share at ward/department level.

7. Summary

The trust's formal complaints have decreased marginally in Q3, with 100% compliance of making initial contact within 3 days. Due to the impact of COVID 19, the Trust's ability to provide a timely response to complaints has been affected during times of surge.

RECOMMENDATIONS

Members of the Board are asked to note the progress that has been made, ongoing and planned work.

A more detailed paper has been presented to the Safe and Effective Care Group.

MEETING OF PUBLIC BOARD OF DIRECTORS – 5 April 2022			
Month 11 2021/22 Financial Performance			Agenda Item 14, ENC 11
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 11.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust has recently agreed its H2 plan. The Trust's requirement for 2021/22 is to deliver a £5.0m deficit.		
Assessment	At Month 11 the Trust reported a deficit of £4.7m at a system control total level. This is in line with the required budget deficit for M11 as agreed within the ICP/ICS.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board of Directors are asked to note the financial position for Month 11.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses BAF principle risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>		

Month 11 2021/22 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board of Directors on the financial position of the Trust as at Month 11.

2. BACKGROUND

Following the suspension of the NHS Planning Process for 2021/22 the Trust and wider ICP / ICS has a fixed level of income to cover its total costs. The ICP and ICS have an overall requirement to break even at the end of the 12 month period.

The Trust is required to deliver an overall deficit position of £5.0m for the full year, in order to support the wider ICP / ICS system financial balance.

A number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations.

The financial position included within this report is shown on a group basis including both the Trust and the Trust's subsidiary company, South Tees Healthcare Management. The Trust is required to report on a group basis each Month to NHSE/I.

The Month 11 YTD actual performance is a £4.7m deficit at a control total level. This has resulted in the Trust being in line with its financial plan.

3. DETAILS

Trust position

The Month 11 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	NHSE Plan YTD Budget £'000	YTD Actual £'000	NHSE Plan YTD Variance £'000	Adjustment £'000	Revised Internal YTD Variance £'000	NHSE Plan Full Year Budget £'000
NHS Clinical Income	638,751	657,508	18,757	18,359	398	717,676
Other Income	45,836	47,248	1,412	(86)	1,498	48,703
Pay	(400,415)	(412,003)	(11,588)	(9,837)	(1,751)	(447,153)
Operating Non Pay	(271,614)	(282,403)	(10,789)	(7,877)	(2,911)	(308,770)
Financing Costs	(17,716)	(16,760)	956	(555)	1,511	(19,932)
Other Non Operating	(62)	134	196	(05)	200	(73)
Surplus / (Deficit)	(5,220)	(6,275)	(1,055)	(01)	(1,055)	(9,547)

Reconciliation to system control total:

Impairments	0	0	0	0	0	3,950
Donated Asset Inc / Depr	515	1,708	1,193	0	1,193	548
Gains / Losses	0	(137)	(137)	0	(137)	0
Control Total	(4,705)	(4,704)	01	(01)	01	(5,050)

Overall the Trust is on plan for Month 11 of 2021/22. The Trust position against the H1 and H2 planning submissions to NHSE/I is shown in the first 4 columns of the table above. This is partly normalised for net neutral budget adjustments, relating to additional income and expenditure such as pass through costs for high cost drugs and devices, and in relation to the Elective Recovery Fund.

The main variances against the adjusted budget are:

- Clinical income is over plan by £0.4m, relating to additional block commissioner income, which is offset by increased expenditure for service delivery.
- Other income is ahead of plan by £1.5m, relating to staff recharge income, maternity pathway income and R&D income.
- Pay expenditure is £1.8m overspent, driven by the recognition of the year to date element of the Flowers legal case and increased spend on premium pay and substantive staffing.
- Operating non pay is overspent by £2.9m overall, with overspends on drugs, premises costs and ICT systems offset by underspends on clinical supplies, and depreciation.
- Financing costs are underspent by £1.5m, relating to Public Dividend Capital (PDC) dividend, reflecting the Trust's current strong liquidity position under the current Covid funding arrangements.

Clinical Income

Under the revised financial arrangements for 2021/22, the Trust's previous aligned incentive contractual arrangement with its commissioners continues to be suspended as in 2020/21. Instead, the Trust is paid under a block arrangement with income fixed for the first half of the year, with the exception of the below items:

- HEPC and CDF Drugs
- High cost devices from NHS England
- Elective Recovery Fund income

The Trust's block payments are shown below split by Commissioner:

Commissioner Code	Commissioner Name	Block Payment
		£'000
16C	NHS Tees Valley CCG	351,659
84H	NHS County Durham CCG	13,349
00P	NHS Sunderland CCG	422
01H	NHS North Cumbria CCG	609
13X	NHS England - North East and Yorkshire Commissioning Hub	186,222
13Q	NHS England - Central (CDF, HepC & C&V Variance)	7,795
Y63	NHS England - North East and Yorkshire Commissioning Region	10,186
Y58	South West Regional Office (MoD)	1,615
42D	NHS North Yorkshire CCG	84,182
03Q	NHS Vale of York CCG	1,366
CBF	Cross Border Flows	24
	Prior Year Adjustments	79
Total Income Month 11		657,508

Clinical income is shown below split by income type:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Blocks	568,158	569,344	1,186
Top Up	26,093	26,093	0
Covid-19	30,971	30,971	0
CDF	5,522	4,648	(874)
HEPC	699	713	14
High Cost Devices	10,003	10,003	0
Cost and volume drugs	2,350	2,421	71
ERF	7,149	7,149	0
TIF	389	406	17
Pay award funding	5,736	5,736	0
Prior year & cross boarder	40	24	(16)
YTD M11	657,110	657,508	398

The clinical income over achievement of £0.4m is due to additional block income being received from Commissioners, this is offset by CDF drugs income being less than plan. CDF Drugs have a corresponding underspend in the expenditure position.

At Month 11 the Trust has recognised income in relation to the H1 Elective Recovery Fund of £7.1m, with a corresponding expenditure value within pay and non-pay.

Other Income

Other income is £1.5m ahead of plan at Month 11.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education & Training Income	18,518	18,901	384	20,215
Estates Income	2,020	2,061	41	2,204
Misc. Other Income	12,265	12,682	417	13,345
Non Patient Care Income	2,541	3,007	466	2,751
Other Clinical Income	2,727	2,605	(122)	2,975
Psf, Mret & Top Up	3,603	3,604	01	3,648
Research & Development Income	4,076	4,388	312	4,401
Total	45,750	47,248	1,498	49,538

- Education and Training income is ahead of plan YTD by £0.4m due to the additional income received by the Trust from Health Education England.
- Non patient care income is overachieving by £0.5m from higher receipts year to date of maternity pathway income.
- Miscellaneous other income is overachieving due to an increase in income for staff recharges.

Pay

In the year to date position, pay is overspent by £1.8m, as outlined in the below table.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(59,640)	(59,914)	(274)	(65,206)
Hca'S & Support Staff	(42,674)	(44,708)	(2,034)	(46,769)
Medical And Dental	(121,393)	(123,967)	(2,573)	(132,363)
Nhs Infrastructure Support	(57,319)	(57,694)	(375)	(62,607)
Nursing & Midwife Staff	(127,789)	(123,895)	3,895	(139,742)
Other Pay Costs	(1,436)	(1,826)	(389)	(1,567)
Total	(410,252)	(412,003)	(1,751)	(448,255)

- Within the YTD pay position a budget for additional Covid costs of £10.2m is included, assigned to the specific staff group and directorate where costs are being incurred.
- Overspends on HCAs and Support Staff is offset by underspends on Nursing with a combined net £1.8m underspend position. Within both pay categories

£3.4m of year to date funding for covid sickness is included, reducing the overall overspend.

- Medical and Dental staff show a year to date overspend of £2.6m. Additional costs relate to increases in premium pay for IPA claims and internal locum shifts, along with increases in headcount for junior doctors.
- Costs have been recognised in relation to the year to date element of the Flowers legal case of £0.6m, split to the relevant pay category. The Trust is working with regional colleagues to agree a standardised approach for this payment to employees.

Total year to date agency spend is £7.5m. Work is ongoing within each collaborative to recruit to hard to fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

Non-Pay

Operating Non-pay is overspent by £2.9m at Month 11, as outlined in the table below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(16,721)	(16,721)	(0)	(18,241)
Clinical Supplies And Services	(96,075)	(85,086)	10,989	(104,975)
Depreciation, Amortisation & Impairments	(18,802)	(19,832)	(1,030)	(24,447)
Drugs	(65,894)	(71,304)	(5,410)	(71,892)
Establishment	(6,593)	(10,804)	(4,212)	(7,273)
Ext. Staffing & Consultancy	(269)	(458)	(189)	(291)
General Supplies & Service	(2,808)	(2,639)	169	(3,069)
Healthcare Service Purchase	(12,136)	(11,662)	474	(13,153)
Miscellaneous Services	(2,396)	(2,774)	(378)	(2,609)
Pfi Unitary Payment	(27,967)	(28,494)	(527)	(30,549)
Premises & Fixed Plant	(23,341)	(25,512)	(2,170)	(25,469)
Research, Education & Training	(3,000)	(3,104)	(104)	(3,231)
Transport	(3,489)	(4,012)	(524)	(3,801)
Total	(279,491)	(282,403)	(2,911)	(308,998)

- Clinical supplies and services are showing a year to date underspend of £11.0m with this being driven by reduced activity levels within clinical directorates. The underspend has increased in month as expenditure has been recoded to the other non-pay categories, such as Establishment and Premises and Fixed Plant.
- Drugs have an YTD overspend of £5.4m. This overspend is due to increased drugs costs within Gastroenterology, Neurology, Haematology and Ophthalmology, with costs being linked to increased activity levels.

- Establishment costs have a year to date overspend of £4.2m with this driven by increases in ICT systems costs of £3.2m, increased phone charges of £0.3m, increased postage and printing costs of £0.3m and the recoding of expenditure from clinical supplies and services
- The £2.2m overspend on Premises is due to increased minor new works and estates costs of £0.6M linked in part to covid building alterations, increases from utilities charges of £0.8M and purchases of furniture and fittings across the Trust of £0.7M.

Non-Operating Costs

Non-operating costs are underspent by £1.7m overall, largely relating to an underspend on Public Dividend Capital (PDC) dividends, reflecting the slippage against the capital programme and the Trust's current strong liquidity position under the current Covid funding arrangement.

CIP

Work is ongoing to embed efficiency planning and delivery arrangements through the Clinical Collaboratives, as part of the Trust's financial recovery planning. The Trust monitors CIP planning and supports delivery through fortnightly meetings of the Collaborative Improvement Planning Group. The Trust has now also established a bi-weekly CIP Steering Group, with non-executive director representation, to monitor delivery of the wider financial recovery programme

For the first 11 months of the year the Trust has a £10.7m CIP target. Year to date performance against the efficiency programme is shown in the below table.

	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Coporate	5,514	6,324	810
Procurement	1,451	1,412	(39)
Pharmacy	463	198	(265)
Clinical Supplies	528	550	22
Estates	1,150	2,011	860
Workforce	1,577	1,268	(309)
Total	10,682	11,761	1,079

Capital

The Trust's capital expenditure at the end of February amounted to £21.8m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	9,515	8,605	(910)	9,380	9,380	0
Site Reconfiguration	15,000	9,826	(1,075)	18,256	18,256	0
Replacement of Medical Equipment	2,034	1,397	(492)	10,352	10,352	0
Network Replacement and Clinical Noting	3,750	1,992	(1,758)	15,173	15,173	0
Total	30,299	21,820	(8,479)	53,161	53,161	0

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	10,899	9,582	(1,317)	11,945	11,945	0
Internal Reserves	18,902	10,923	(7,979)	15,473	15,473	0
Charitable Funding	498	565	67	6,461	6,461	0
PDC	0	750	750	19,282	19,282	0
Total Financing	30,299	21,820	(8,479)	53,161	53,161	0

The programme includes the following identified schemes:

- PFI - £10.4m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£6.0m), SDEC (£1.5m), Interventional Radiology (£1.0m), Elective Recovery (£1.4m), Critical Care (£4.1m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m), Digital Aspirant programme (£5.9m), LIMS (£2.8m), Digitisation of Theatres (£1.7m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

The current capital programme reflects the Trust's awards of additional national PDC funding in relation to diagnostics, IT and elective recovery. The capital programme is currently underspent by £8.5m year to date, which is mainly due to timing delays, compared to the forecast profile at the time of submitting the original plan. It is anticipated that the revised plan will be delivered in full by 31 March, and this has been reflected in the forecasts provided to NHSE/I and the ICS.

Liquidity

The cash balance at 28 February amounted to £80.4m.

To 28 February the Trust had paid 84,406 invoices (total value £404.1m) with 79,867 invoices (total value £374.8m) paid within the 30 day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on cumulative invoices paid to date is detailed as follows:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.8%	96.4%	95.7%	95.3%	95.3%	95.5%	95.4%	95.1%	95.0%	95.0%	94.6%	-

At 28 February total debt amounted to £7.4m consisting of aged debt up to 30 days overdue £1.2m, 31 to 60 days overdue £0.4m, 61 to 90 days overdue £0.4m and debt 91 days plus amounting to £4.5m. The Trust will continue to closely monitor the level of aged debt with East Lancashire Financial Services with the view of reducing the level and age of this portfolio.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 31 January and 28 February 2022.

	31 January	28 February	Movement between months
	£000	£000	£000
Property, Plant and Equipment	242,236	243,326	1,090
Long Term Receivables	1,966	1,966	0
Total Non-Current Assets	244,202	245,292	1,090
Currents Assets			
Inventories	13,571	13,375	(196)
Trade and other receivables (invoices outstanding)	7,311	7,318	7
Trade and other receivables (accruals)	13,867	8,961	(4,906)
Prepayments including PFI	16,429	12,513	(3,916)
Cash	62,365	80,434	18,069
Total Current Assets	113,543	122,601	9,058
Current and Non-Current Liabilities			
Borrowings	(89,971)	(89,686)	285
Trade and other payables	(95,090)	(105,935)	(10,845)
Provisions	(1,450)	(1,450)	0
Total Current and Non-Current Liabilities	(186,511)	(197,071)	(10,560)
Net Assets	171,234	170,822	(412)
Equity:			
Income and Expenditure Reserve	(236,507)	(236,919)	(412)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	171,234	170,822	(412)

MEETING OF THE PUBLIC BOARD OF DIRECTORS - 5 April 2022			
Care Quality Commission (CQC) Update Report			AGENDA ITEM: 15, ENC 12
Report Author and Job Title:	Ian Bennett Deputy Director of Quality & Safety	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The paper also provides an update on the progress the Trust is making in preparation for its next full announced CQC inspection.		
Background	The Trust has an overall rating of "Requires Improvement" given at the last CQC inspection of the Trust in 2019. A detailed action plan was developed to address the regulatory breaches, 26 'must do' actions and 23 'should do' actions.		
Assessment	<p>This paper outlines the ongoing work to prepare for the next full CQC inspection and an update on the initial feedback and actions taken following their unannounced focused inspection which was carried out in February 2022.</p> <p>The CQC attended the trust on the 9th February and 10th to undertake a focussed visit. The CQC Project Team supported the process for managing the visit. This included co-ordinating the responses data requests made by the CQC team.</p> <p>Initial feedback has been received and the Trust is working with the CQC prior receipt of a final report.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of Board of Directors are asked to note the progress. This paper has previously been presented to QAC.		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	Principal Risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes Principal Risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	

	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	
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Care Quality Commission (CQC) Update Report

1. PURPOSE OF REPORT

This paper provides an update on the progress the Trust is making in preparation for any future CQC inspection. The Trust Board of Directors is asked to note progress and ongoing work.

The Trust Board of Directors is asked to note progress and ongoing work.

2. BACKGROUND

The CQC monitors, inspects and regulates NHS trusts. They monitor potential changes to the quality of care provided using CQC Insights. CQC Insights brings together in one place the information CQC holds about services, and analyses it to monitor services at provider, location, or core service level. Together with the ongoing relationship management between key members of the Trust and the CQC relationship holder, this enables CQC to decide what, where and when to inspect.

The Trust is preparing for any future full inspection whilst continuing to embed actions from the 2019 report to address the 'must do' actions and 'should do' actions. The CQC Compliance Group, chaired by the Chief Nurse oversees and monitors the action plan and the preparation work.

3. DETAILS

a. CQC Focused Visit

The CQC attended the trust on the 9th February and 10th to undertake a focussed visit. The CQC Project Team supported the process for managing the visit. This included co-ordinating the responses data requests made by the CQC team.

Initial feedback has been received and the Trust is working with the CQC prior to receipt of a final report.

b. CQC Engagement Meetings

An engagement meeting was held on the 21st March 2022 and these will continue on a monthly basis, between member of the Senior Leadership Team and CQC.

The engagement meeting provided an opportunity for the Trust to update CQC on the progress made on areas of focus. In addition, members of the Senior Leadership Team briefed CQC on our wider Trust-wide successes and challenges around performance and operational delivery, against the key lines of enquiry.

Our relationship and inspection manager will visit the trust over the coming months to observe a Trust Board meeting and other key meetings within our sub board committee governance structure.

c. CQC Action Plan

The CQC action plan from the last full inspection in 2019 has been reviewed and a number of actions have been updated, closed or revised. This is being monitored and reported through the weekly CQC huddle and monthly CQC compliance group and anticipated to be concluded by the end of April 2022.

d. CQC Enquiries

The Trust receives regular enquiries from the CQC and these are discussed at the weekly CQC huddle and escalation as appropriate to Senior Leadership Team.

Learning from enquiries is shared with collaboratives. Triangulation with other data sources, including CQC Insights report and quality and safety dashboard is currently being revised.

e. Directorate CQC self-assessments

In preparation for our next full inspection, meetings continue with directorates to review their self-assessments against the key lines of enquiry (KLOE).

f. Well Led

A well led Board Development Self-Assessment has taken place and the same is planned with Senior Managers from across the Trust. An audit of the fit and proper persons test is underway and systems and processes are in place for the review and approval of all Trust policies and Standard Operating Procedures (SOP).

4. RECOMMENDATIONS

Members of The Board of Directors are asked to note the progress that has been made, ongoing and planned work.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
NHS Staff Survey - 2021			AGENDA ITEM:16, ENC 13
Report Author and Job Title:	Rachael Metcalf Director of HR	Responsible Director:	Rachael Metcalf Director of HR
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The NHS Annual Staff Survey results have been released along with the benchmarking data. South Tees has been benchmarked against Acute and Acute and Community Trusts of which there are 128.		
Background	The 2021 NHS Staff Survey saw a return of a 31.3% with 2,877 surveys completed		
Assessment	In the 2020 NHS Staff Survey the trust was ranked as the most improved in the country. The 2021 NHS Staff Survey results show that, in comparison to 2020, the trust has improved or maintained across the vast majority of questions, while overall national average scores have declined.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are recommended to note the results from the 2021 NHS Staff Survey and next-steps.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.		
Legal and Equality and Diversity implications	Positive action has been undertaken across a range of protective characteristics including ethnicity, disability and gender, due to the evidence that has emerged as to the significantly higher level of impact it has on people with whom identify within vulnerable groups identified.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and		

	beyond <input type="checkbox"/>	
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2021 NHS Staff Survey

1. PURPOSE OF REPORT

The purpose of the reports is to provide details of the 2021 NHS Staff Survey results and next step-actions.

2. BACKGROUND

In 2019 the trust's summer staff survey showed a steep drop in a number of areas, including the proportion of colleagues who said they would recommend the trust as a place to work, and who felt patient care was the organisation's number one priority. Since this time the Trust has undergone a number of significant changes which colleagues have made together.

The Trust's Clinical Policy Group now makes the decisions on how the Trust allocate its resources and deliver care, and this clinically-led approach has been at the heart of the way South Tees have met the enormous challenge of COVID-19 and the goal of helping to keep patients, service users and one another safe.

In addition, staff-side colleagues helped to create a 'you said we did' list of practical changes, including our STAR awards.

Colleagues across the trust have also helped to develop a new set of values and behaviours which we want our patients and colleagues to be able to use to describe how it feels to receive care or work at South Tees.

The results from the 2020 NHS Staff Survey showed significant improvements. For example there was a significant increase in the number of colleagues who feel patient care is the organisation's number priority and would recommend the trust as a place to work.

Following receipt of the 2020 NHS Staff Survey results, the trust's Clinical Collaboratives and teams worked together on areas highlighted by colleagues for continued improvement.

The 2021 NHS Staff Survey results show that, in comparison to 2020, the trust has improved or maintained across the vast majority of questions, while overall national average scores have declined.

3. 2021 STAFF SURVEY

The 2021 NHS Staff Survey saw a return of a 31.3% with 2,877 surveys completed.

The questions in the staff survey 2021 are aligned to the People Promise. This sets in the words of NHS staff, the things that would most improve their working experiences, and is made up of 7 elements plus two of the original themes reported in previous years - staff engagement and morale.

People Promise

- We are Compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale



We are compassionate and inclusive



We are recognised and rewarded



We each have a voice that counts



We are safe and healthy



We are always learning



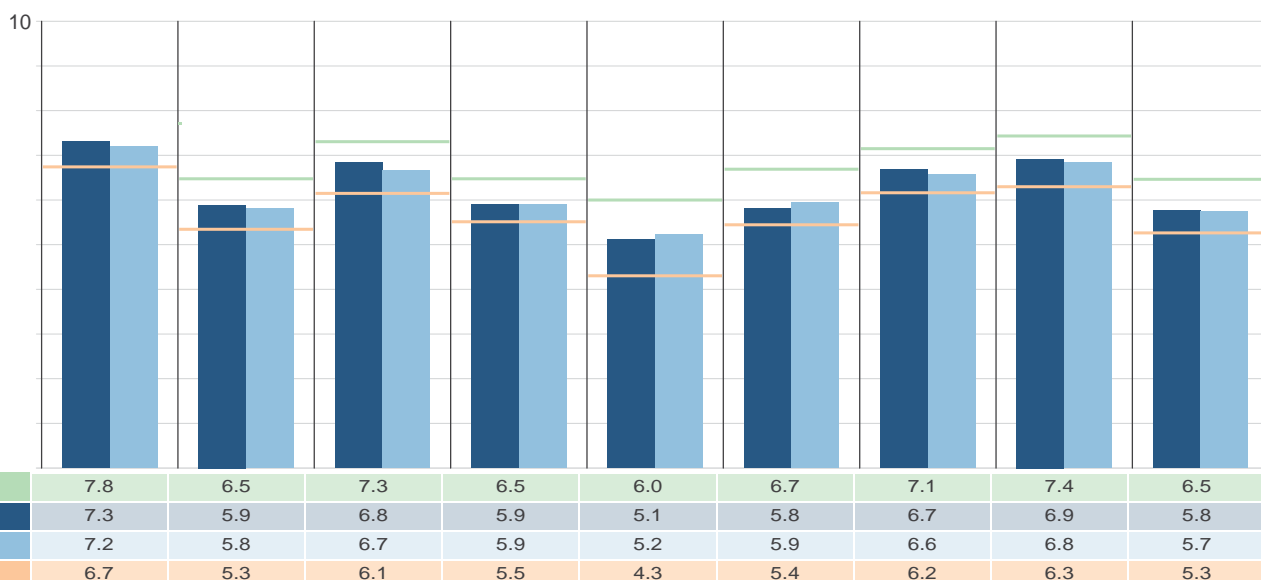
We work flexibly



We are a team

Staff Engagement

Morale



4. DETAILS

On the core questions, the trust's 2021 NHS Staff Survey results are:

- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (increase to 75.7 per cent and now above the 66.9 per cent national average).
- Care of patients / service users is my organisation's top priority (increase to 76 per cent and now above the 75.5 per cent national average).
- I would recommend my organisation as a place to work (increase to 59.5 per cent and now above national 58.4 per cent average).

5. RESULTS

5.1 We are Compassionate and inclusive

Key indicators in the section relate to care of our patients, raising concerns and recommending the Trust as a place to work. We have improvements in all of these areas and now benchmark above the national average.

In line with progress seen the 2020 NHS Staff Survey results which saw the trust ranked as the most improved trust in the country on the national Freedom to Speak Up Index, the 2021 NHS Staff Survey results show further significant improvement:

- I would feel secure raising concerns about unsafe clinical practice (76.9 per cent and now above the national average of 73.9 per cent).
- I am confident that my organisation would address my concern (60.7 per cent and now above the 57.6 per cent national average).
- I feel safe to speak up about anything that concerns me in this organisation (64.7 per cent and now above the 60.7 per cent national average).
- If I spoke up about something that concerned me I am confident my organisation would address my concern (49.9 per cent and now above the 47.9 per cent national average)

5.2 We are recognised and rewarded

This theme includes recognition for good work, feeling valued and satisfaction with level of pay. Our results are comparable with last year with no significant deviation.

5.3 We each have a voice that counts

This theme explores the how colleagues feel about their work environment with opportunities to use initiative, are trusted to do their role and are able to make suggestions.

Compared to our results from 2020 we have seen an improvement in this theme, with a significant improvement in colleagues being trusted to do their job which has increased from 89.5 per cent to 92.0 per cent.

We will continue to promote our Freedom to Speak up Guardians and our leadership and development programmes will continue to be embedded.

5.4 We are safe and healthy

This theme covers staffing, health and wellbeing and bullying and violence.

The survey reports a reduction in musculoskeletal problems and work related stress against an increase in the national portion.

5.5 We are always learning

This theme focuses on development opportunities and appraisals. We are in line with the national average for supporting staff to develop and career opportunities. We have improved on our 2020 position for colleagues suggesting the appraisal helped to improve colleagues to do their role and left them feeling valued.

In addition, the work the trust has undertaken over the last 12-months has seen a significant increase in the number of colleagues reporting that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (increase to 57.2 per cent and now above the national 55.7 per cent average).

5.6 We work flexibly

This theme relating to home life balance and flexible working. We have improved our position for opportunities for flexible working patterns.

We will be working with staff side colleagues to review our E Roster policy, and how we implement and communicate work-life balance opportunities. A communication package will be developed, to include examples and staff stories, and our flexible working policy and approach will also be subject to review.

5.7 We are a team

This theme looks at the support, respect and encouragement from line managers and team working. We have seen an improvement in all questions when benchmarked to our results from 2020. There has been significant improvement in the respect colleagues receive when at work which has increased from 68.5 per cent in 2020 to 72.3 per cent in 2021.

We will continue to embed our values and support managers through our leadership development programmes.

5.8 Staff engagement

This theme looks at motivation, enthusiasm and ability to make suggestions and improvements in the role.

Further improvement has seen an increase in overall staff engagement to 6.9 which is now above the 6.8 national average.

The key questions in this section are would colleagues recommend my organisation as a place to work and if a relative needed treatment would I be happy with the standard of care provided by this organisation.

5.9 Morale

This themes covered in this section are colleagues thoughts on leaving the organisation, materials, staffing and relationships.

We have seen an increase in colleagues feeling they get the respect they deserve and encouragement.

- I often think about leaving this organisation (32.9 per cent and above the 31.3 per cent national average).
- I will probably look for a job at a new organisation in the next 12 months (21.2 per cent and now below the 22.1 per cent national average).
- As soon as I can find another job, I will leave this organisation (14.9 per cent 15 per cent and now below the 16 per cent national average).

6. NEXT STEPS

Following the publication of the 2021 NHS Staff Survey, Clinical Collaboratives will develop action plans with progress monitored through the People Committee.

In partnership with our staff side colleagues we will be taking a theme per month and developing a 'you said we did' plan with a focus on appraisals in April and flexible working in May 2022.

7. RECOMMENDATIONS

Board is asked to note the content of this paper and the next steps actions to be undertaken.

8. APPENDICES

1. 2020 NHS Staff Survey actions summary

South Tees Hospitals NHS Foundation Trust

2021 NHS Staff Survey

Benchmark Report

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About this report

This benchmark report for South Tees Hospitals NHS Foundation Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our [results website](#).

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15* , Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '[Organisation details](#)' page contains key information about the organisation's survey and its benchmarking group.

People Promise element and theme results

This section provides a high-level [overview](#) of the results for the seven elements of the People Promise and the two themes, followed by results for each of the [sub-scores](#) that feed into these measures. [Trend data](#) are shown for the themes of Staff Engagement and Morale. Results for the People Promise elements and themes are also presented split by staff experience during the [Covid-19 pandemic](#).

In the [Detailed information section](#), question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

Questions not linked to a People Promise element or theme

[Results](#) for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the [Covid-19 pandemic](#) and [demographic and other classification questions](#).

Workforce Equality Standards

[This section](#) shows the data required for the NHS Staff Survey indicators used in the [Workforce Race Equality Standard \(WRES\)](#) and the [Workforce Disability Equality Standard \(WDES\)](#).

Appendices

Here you will find:

- Response rate trends
- Significance testing of the theme results for 2020 vs 2021
- Tips on action planning and interpreting results
- Details of the other reporting outputs available

Key features

Question number and text (or summary measure) specified at the top of each slide

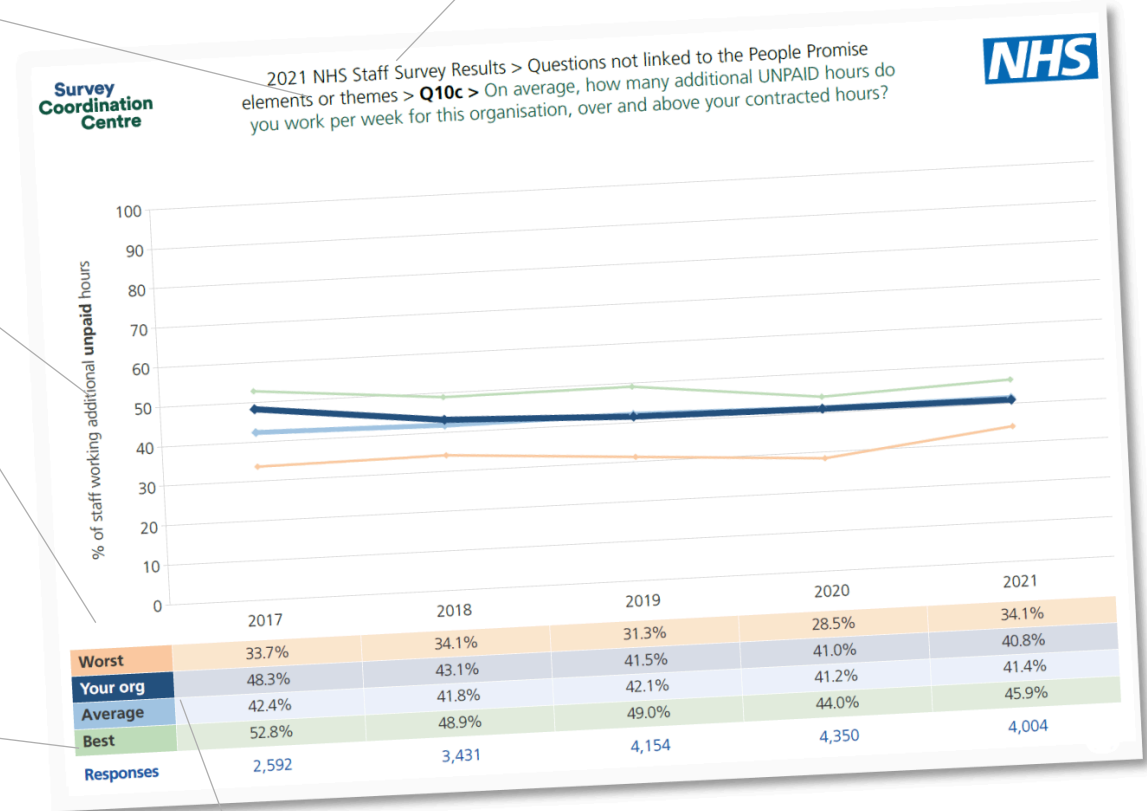
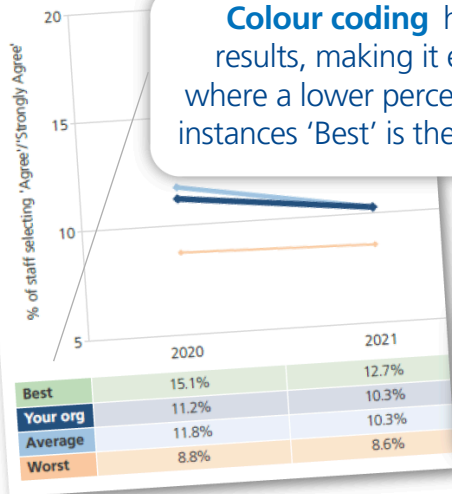
Slide headers are **hyperlinked** throughout the document. '2021 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text can be used to navigate to sections and sub-sections

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**



Tips on how to read, interpret and use the data are included in the [Appendices](#)

South Tees Hospitals NHS Foundation Trust

2021 NHS Staff Survey



Organisation details

Completed questionnaires **2,877**

2021 response rate **31%**

[See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

**Acute and Acute &
Community Trusts**



2021 benchmarking group details

Organisations in group: **126**

Median response rate: **46%**

No. of completed questionnaires:

444,326



People Promise element and theme results

For more details please see the [technical document](#).

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results



We are
compassionate
and inclusive



We are
recognised
and rewarded



We each
have a voice
that counts



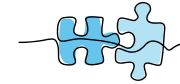
We are safe
and healthy



We are always
learning



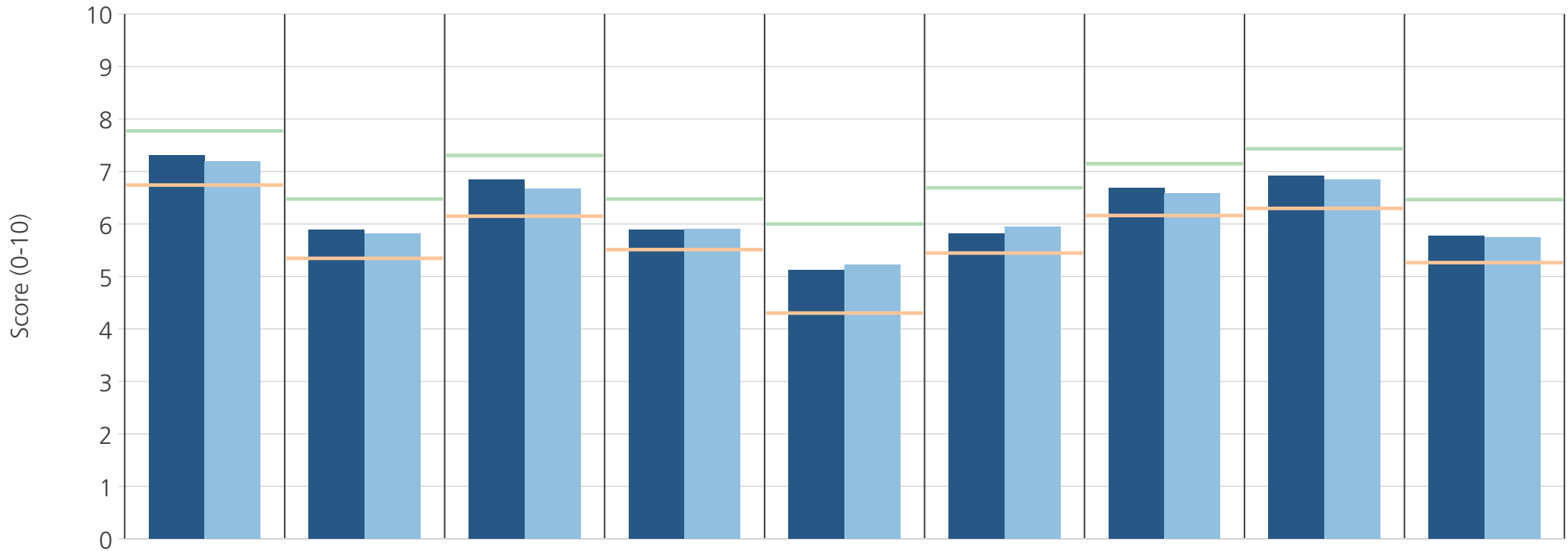
We work flexibly



We are a team

Staff
Engagement

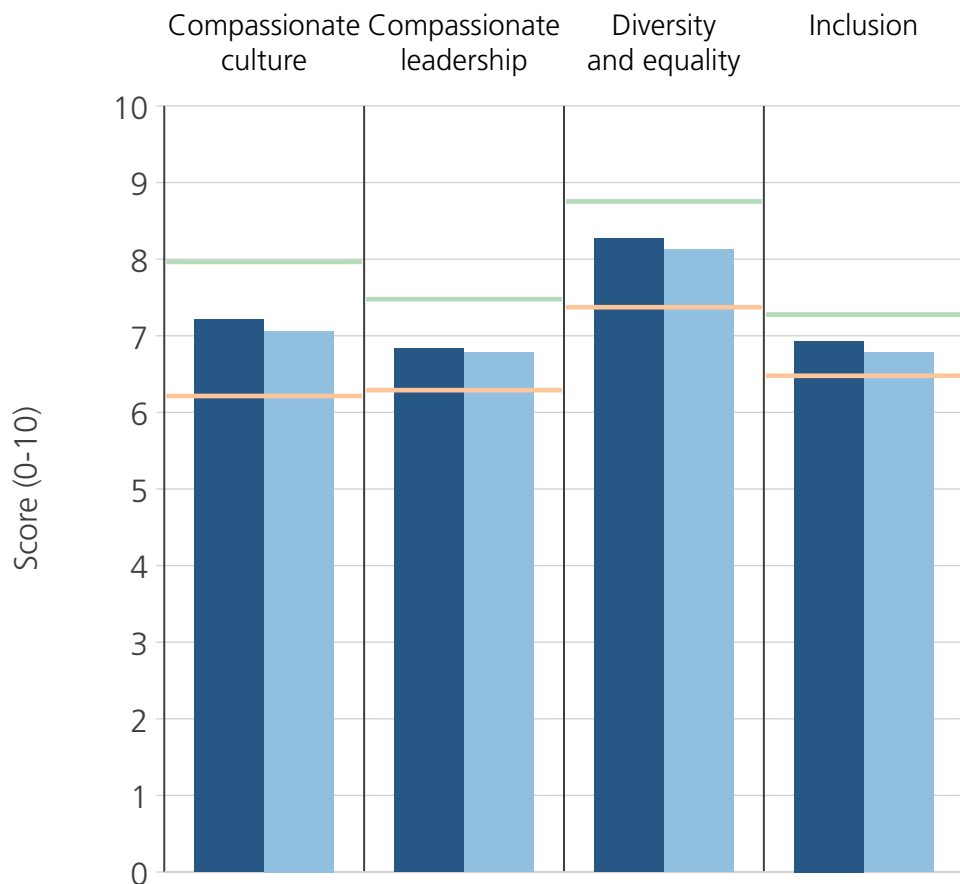
Morale



Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.3	5.9	6.8	5.9	5.1	5.8	6.7	6.9	5.8
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3

Responses	2,863	2,863	2,836	2,834	2,728	2,842	2,847	2,867	2,869
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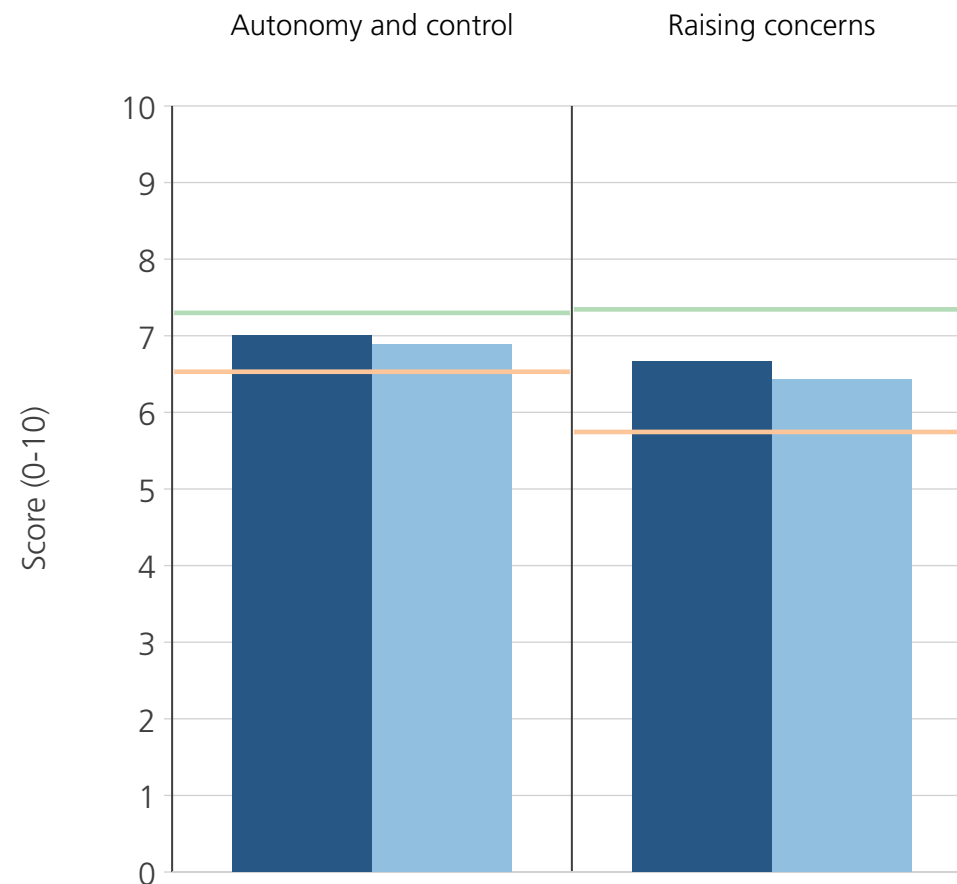
Promise element 1: We are compassionate and inclusive



Best	8.0	7.5	8.8	7.3
Your org	7.2	6.8	8.3	6.9
Average	7.1	6.8	8.1	6.8
Worst	6.2	6.3	7.4	6.5

Responses 2,854 2,862 2,864 2,855

Promise element 3: We each have a voice that counts

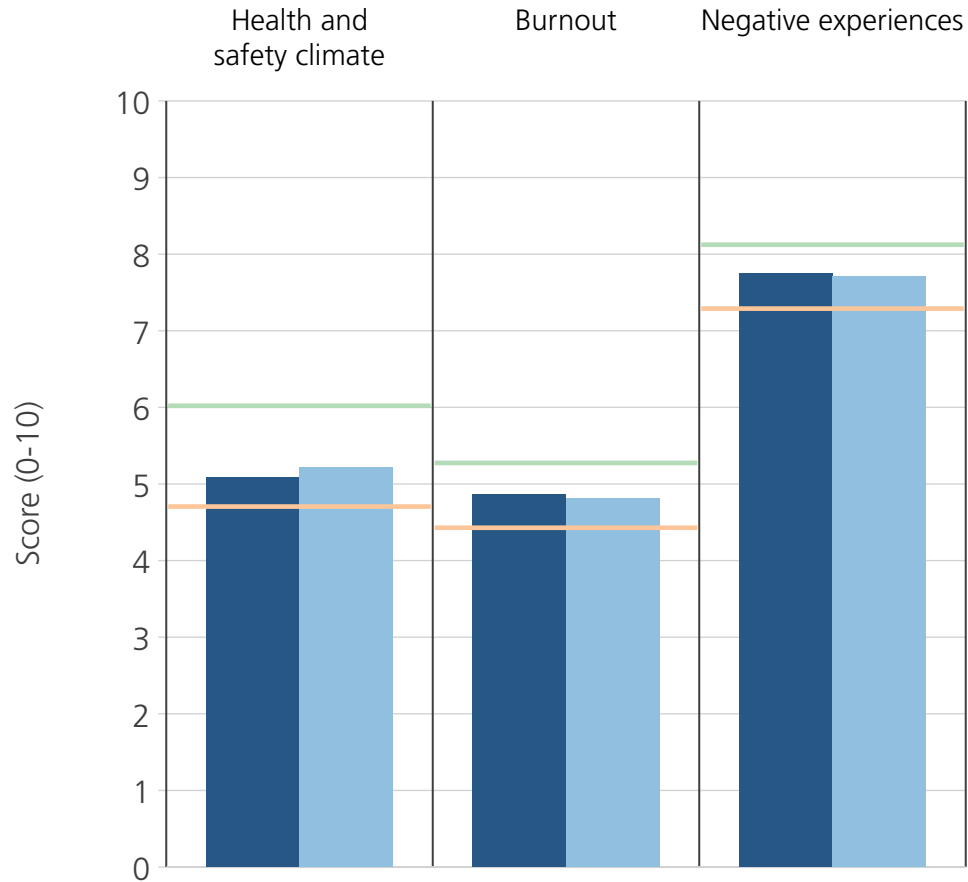


Best	7.3	7.3
Your org	7.0	6.7
Average	6.9	6.4
Worst	6.5	5.7

Responses 2,864 2,844

* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

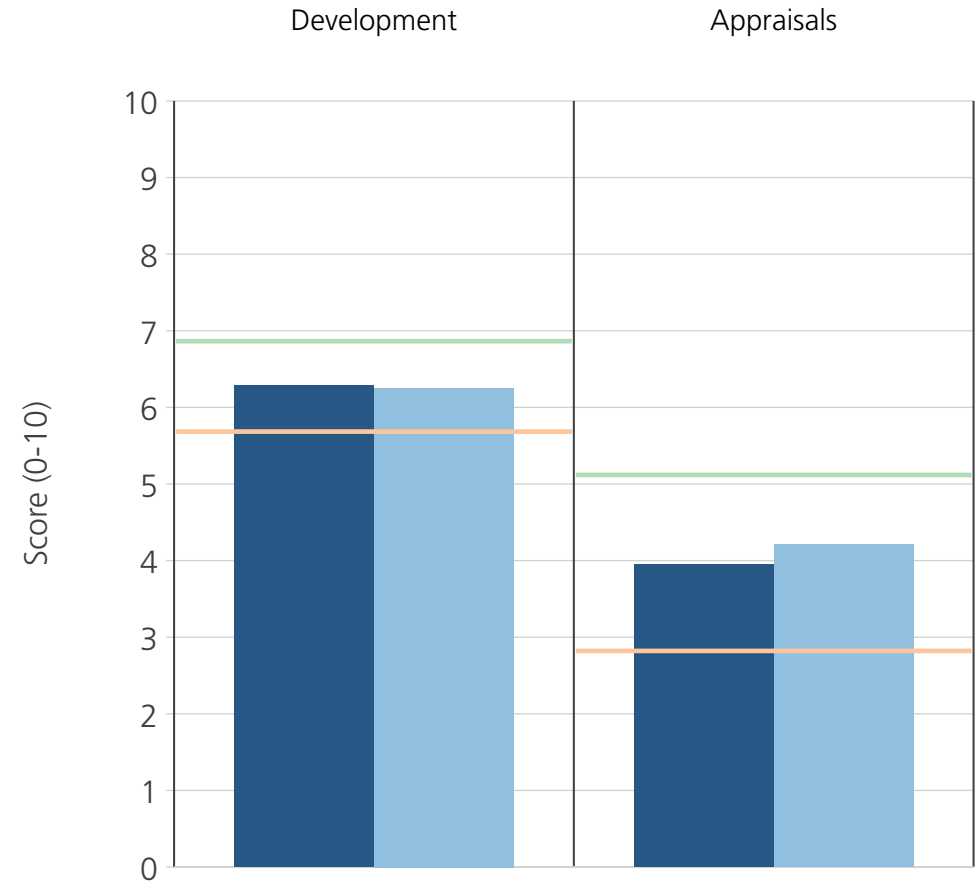
Promise element 4: We are safe and healthy



Best	6.0	5.3	8.1
Your org	5.1	4.9	7.7
Average	5.2	4.8	7.7
Worst	4.7	4.4	7.3

Responses 2,863 2,862 2,852

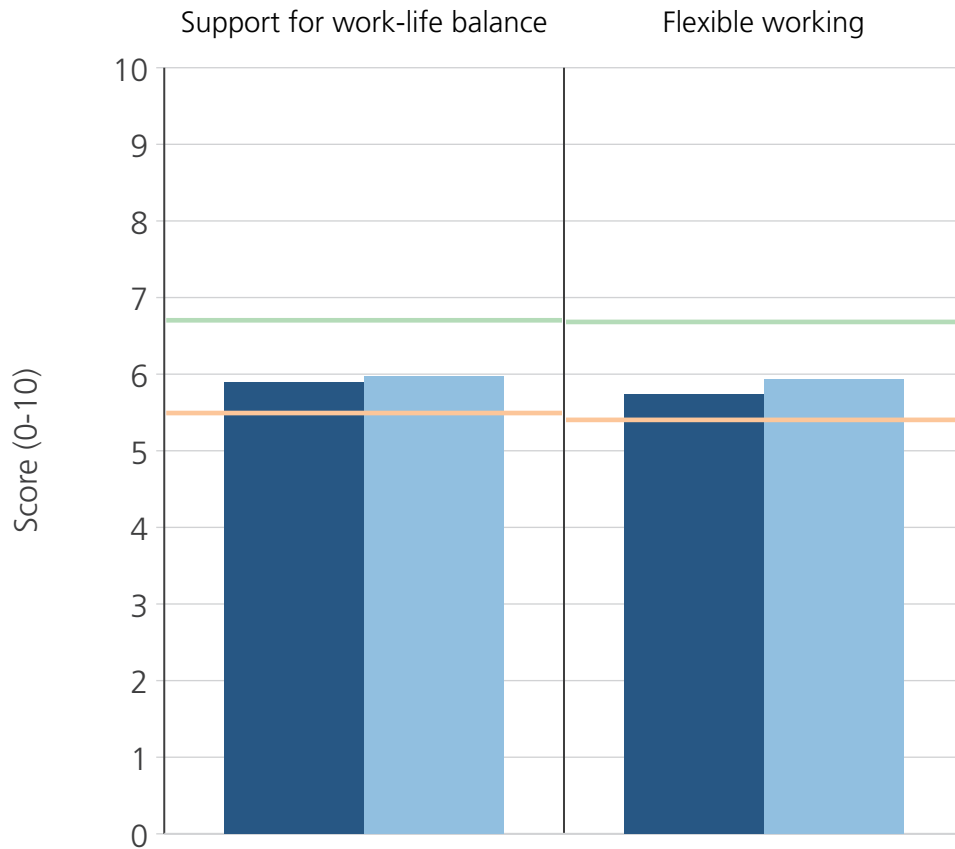
Promise element 5: We are always learning



Best	6.9	5.1
Your org	6.3	3.9
Average	6.3	4.2
Worst	5.7	2.8

Responses 2,858 2,735

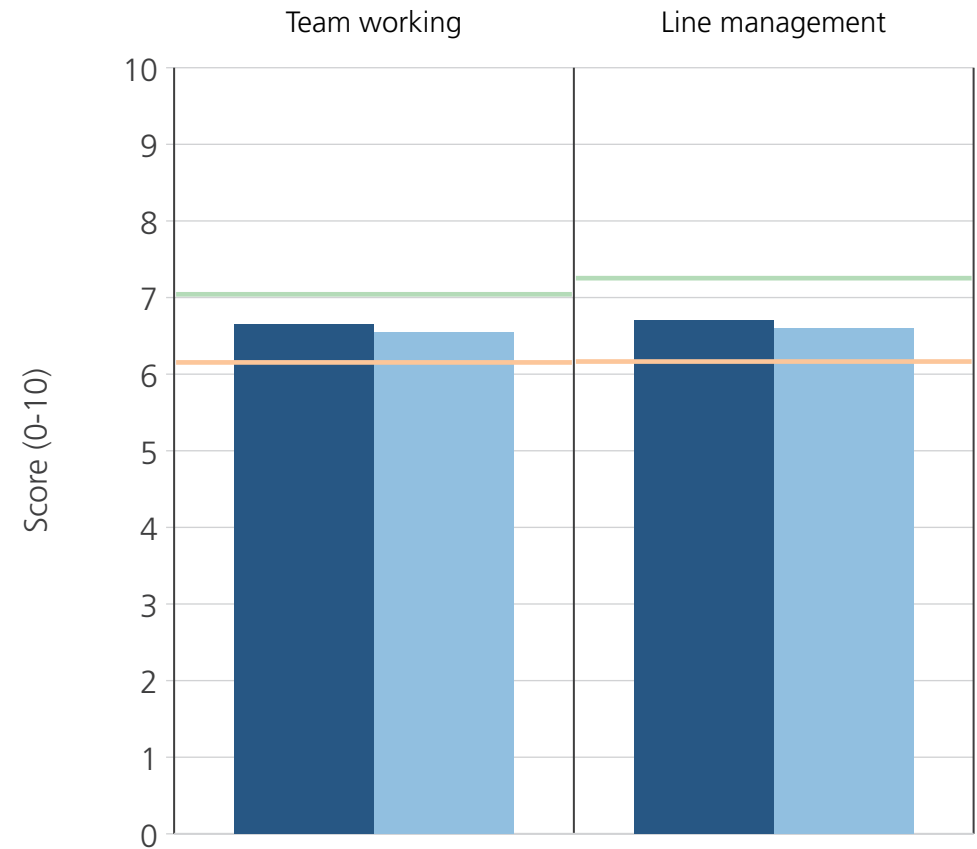
Promise element 6: We work flexibly



Best	6.7	6.7
Your org	5.9	5.7
Average	6.0	5.9
Worst	5.5	5.4

Responses 2,863 2,849

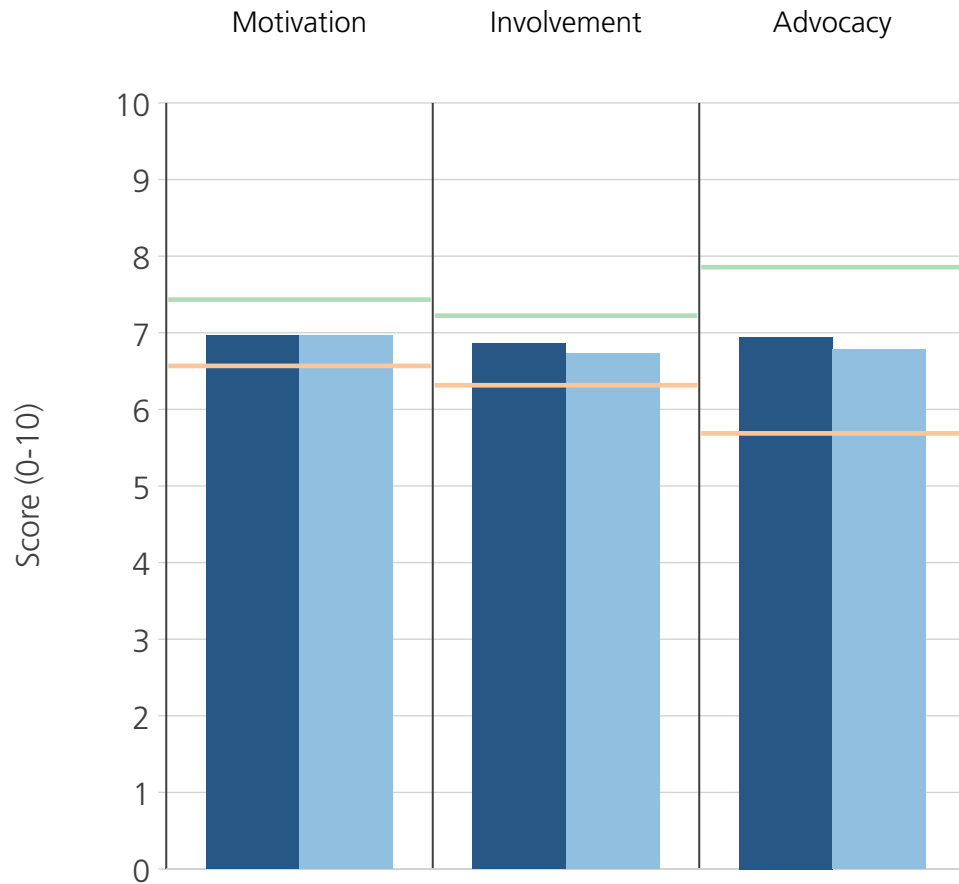
Promise element 7: We are a team



Best	7.0	7.3
Your org	6.7	6.7
Average	6.5	6.6
Worst	6.2	6.2

Responses 2,852 2,861

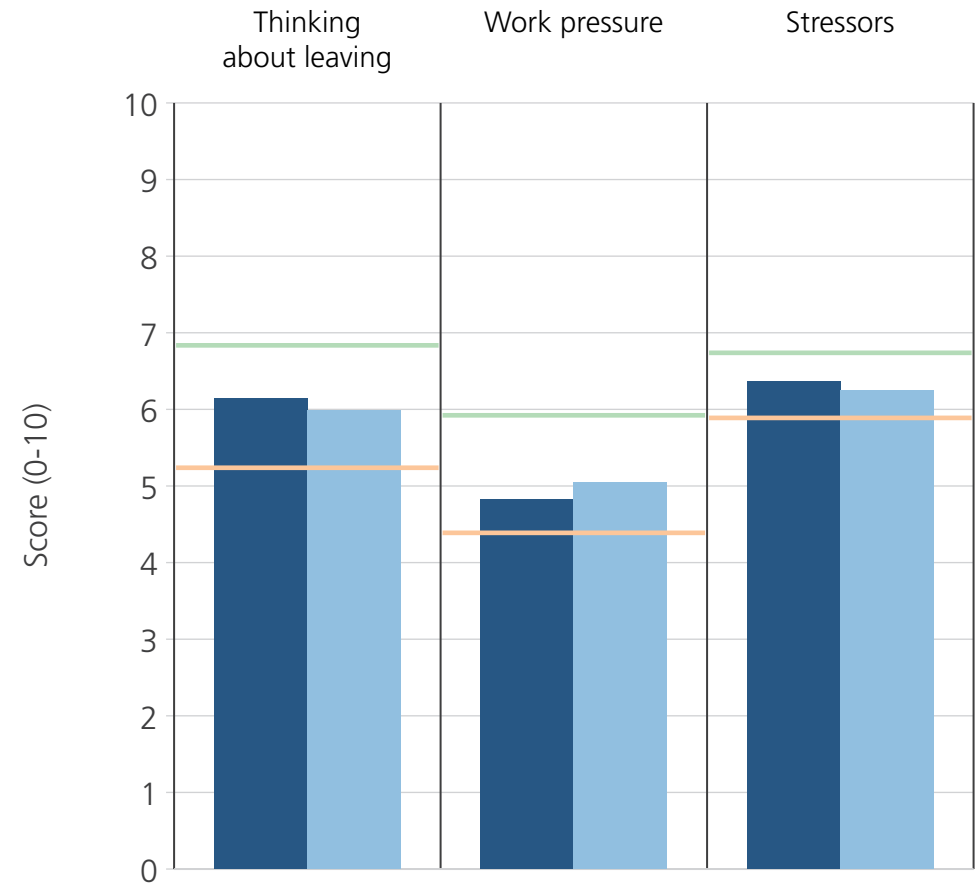
Staff Engagement



Best	7.4	7.2	7.9
Your org	7.0	6.9	6.9
Average	7.0	6.7	6.8
Worst	6.6	6.3	5.7

Responses 2,833 2,864 2,855

Morale

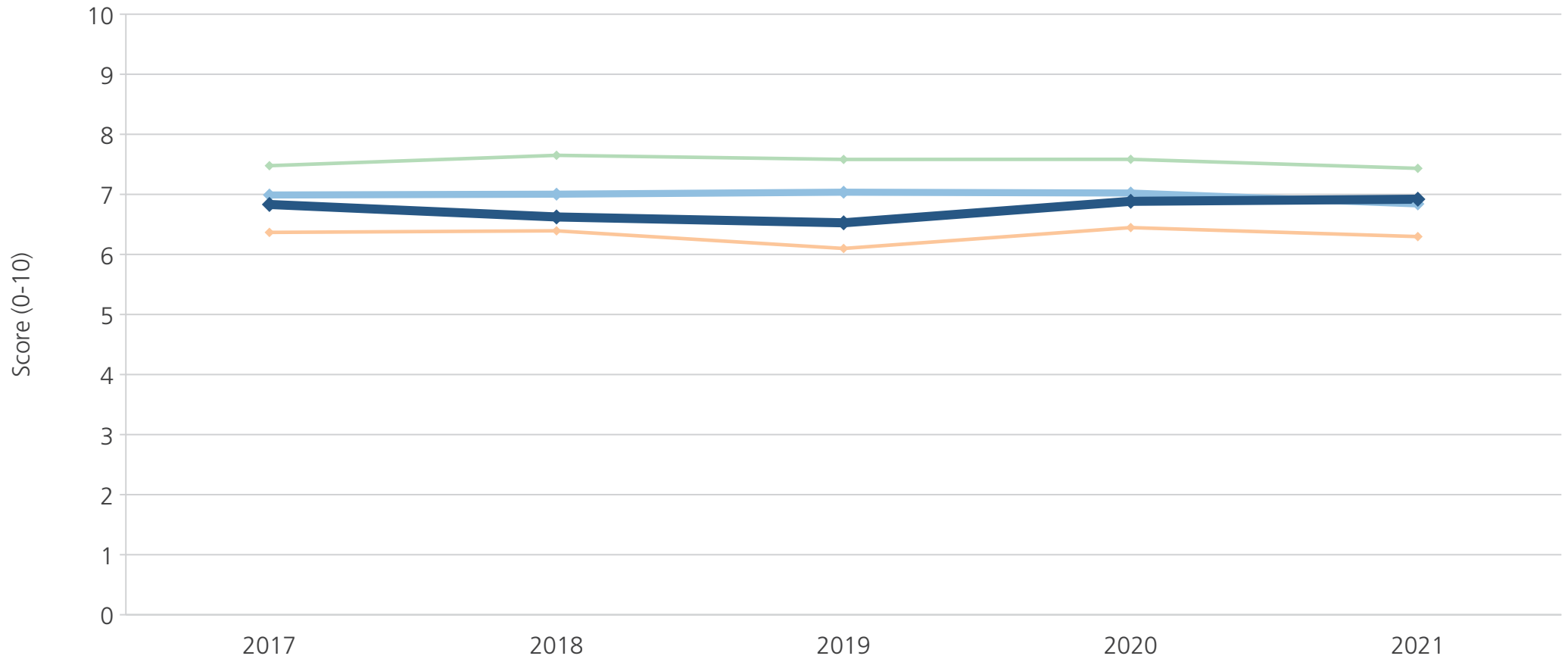


Best	6.8	5.9	6.7
Your org	6.1	4.8	6.4
Average	6.0	5.0	6.2
Worst	5.2	4.4	5.9

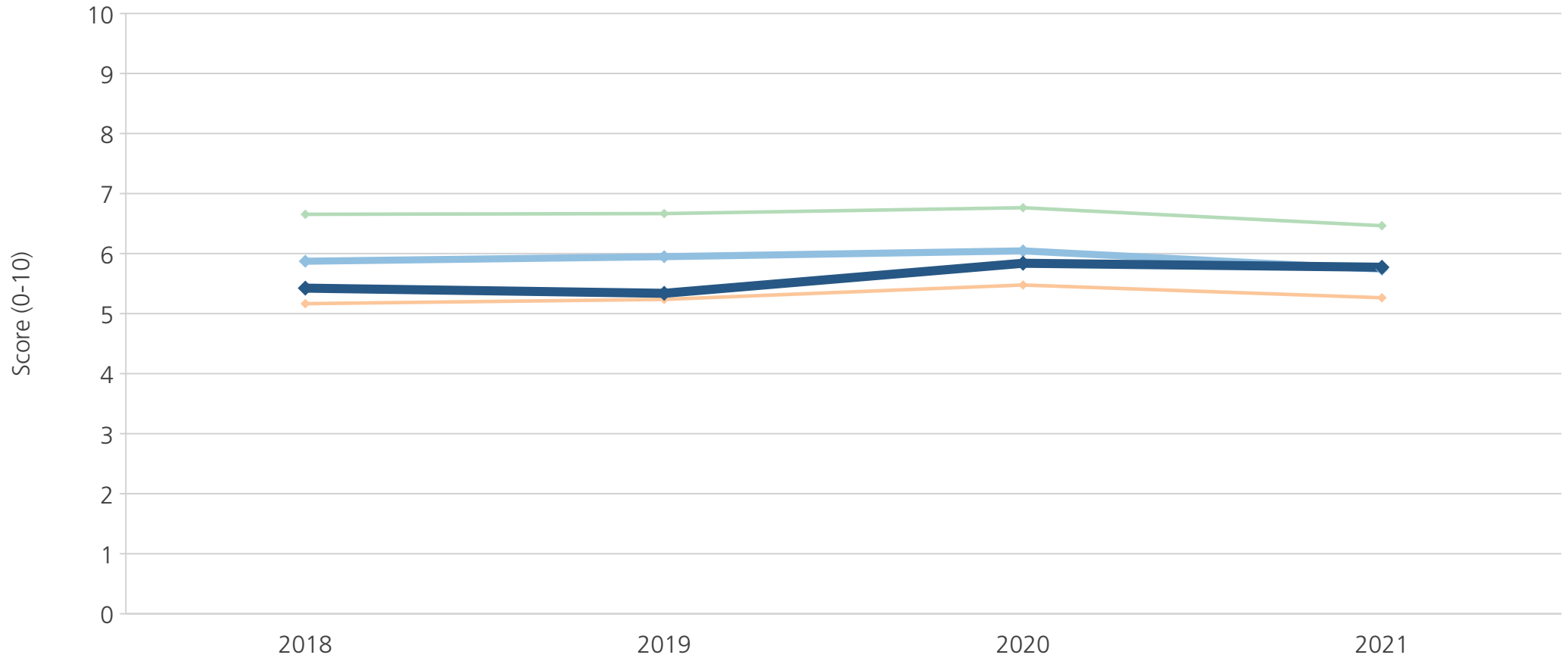
Responses 2,857 2,860 2,862

Staff Engagement and Morale – Trends

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
Best	7.5	7.7	7.6	7.6	7.4
Your org	6.8	6.6	6.5	6.9	6.9
Average	7.0	7.0	7.0	7.0	6.8
Worst	6.4	6.4	6.1	6.4	6.3
Responses	414	412	2,249	2,450	2,867



	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	5.4	5.3	5.8	5.8
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	412	2,249	2,450	2,869

People Promise element and theme results – Covid-19 classification breakdowns

Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|--|------------------------------|-----------------------------|
| a. Have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

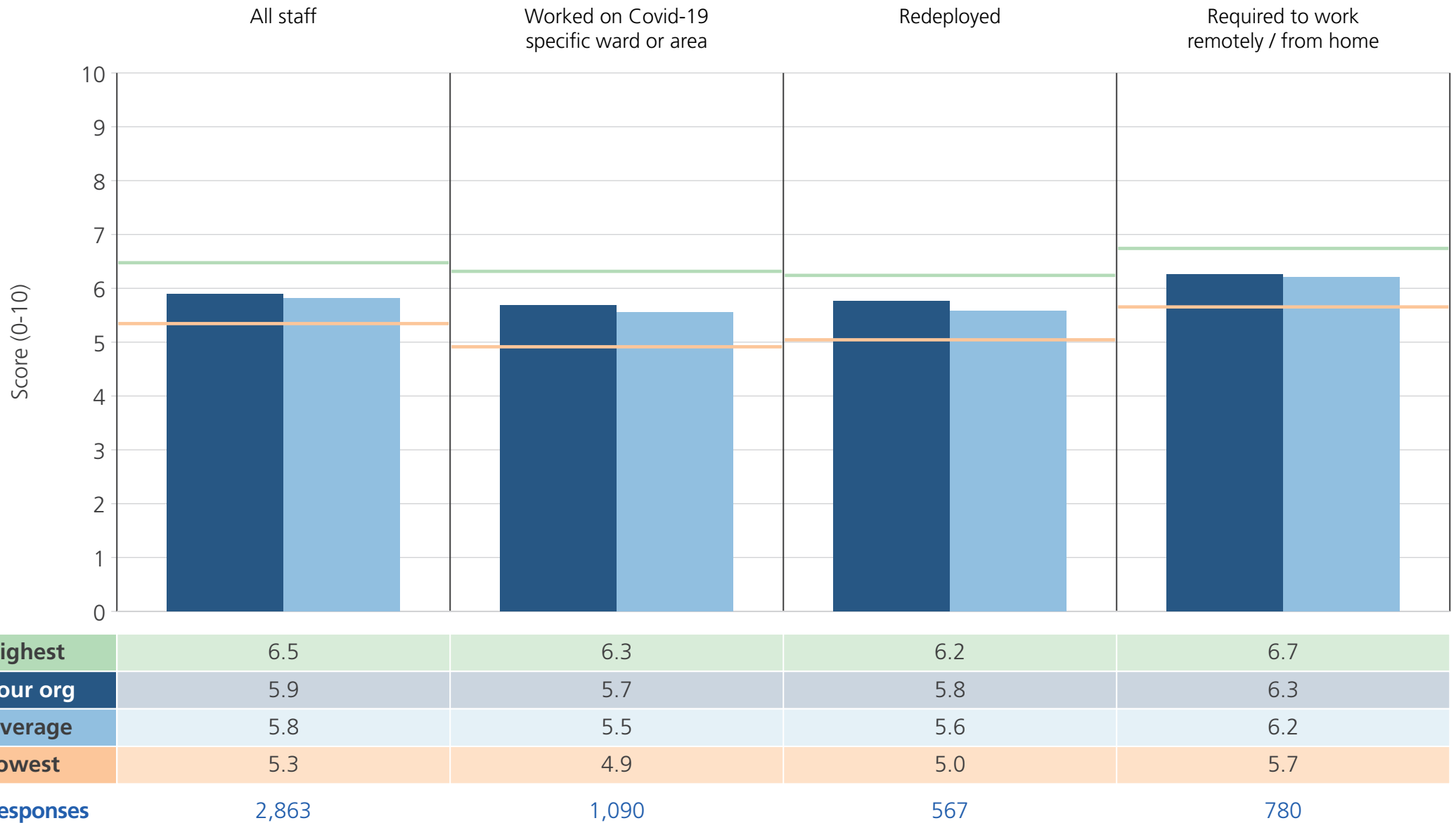
Comparing your data

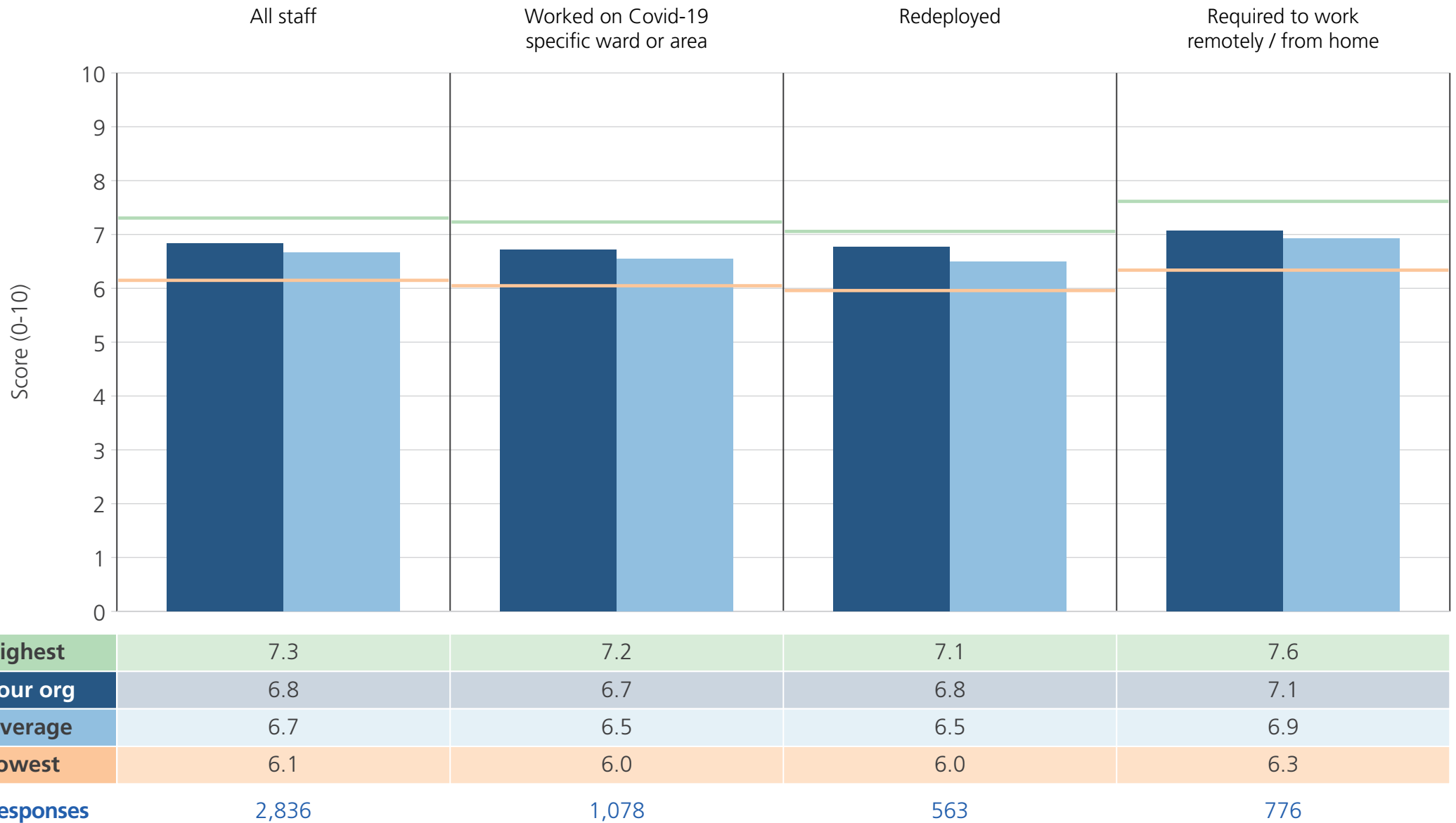
To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

Further information

Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



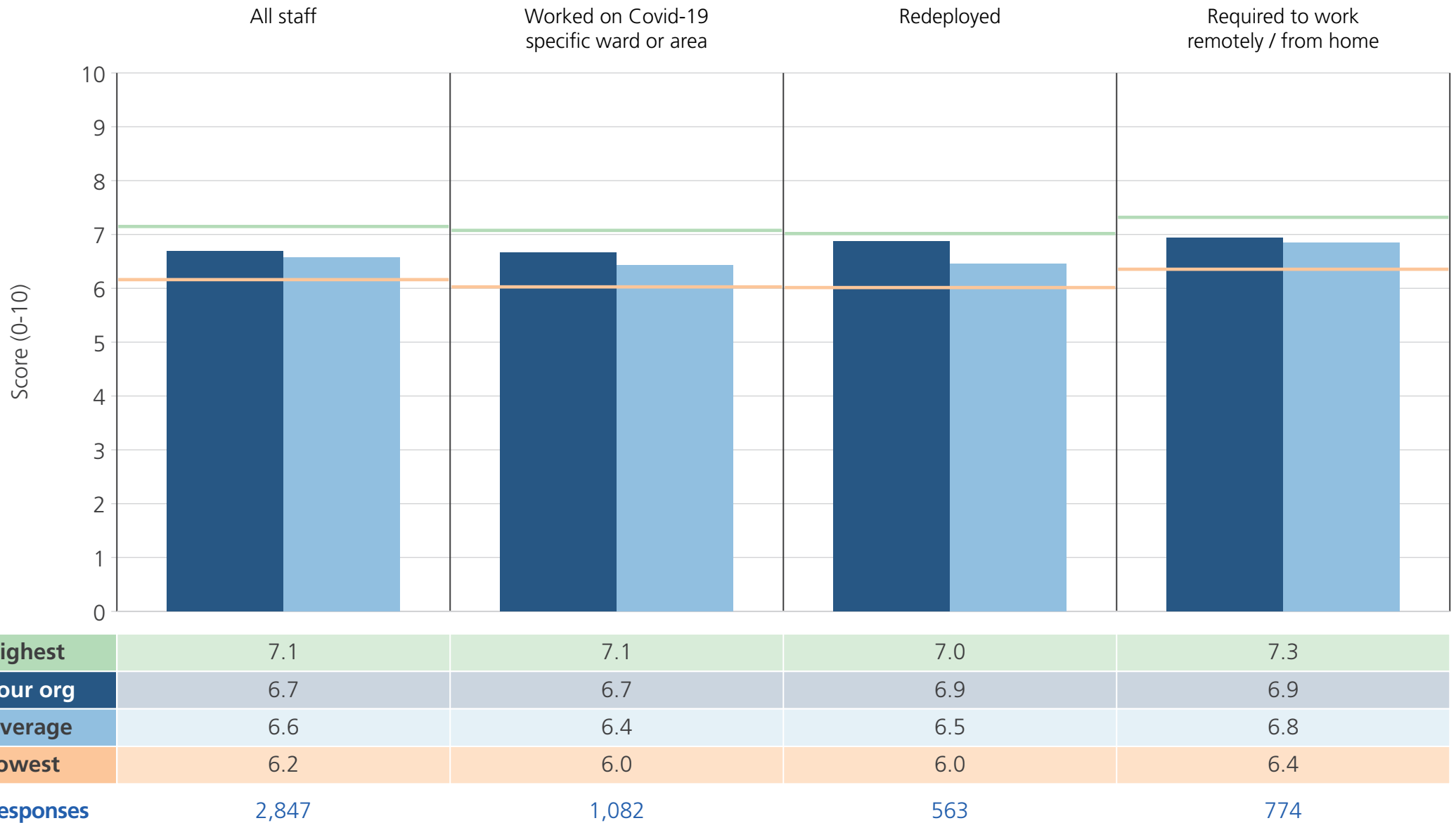




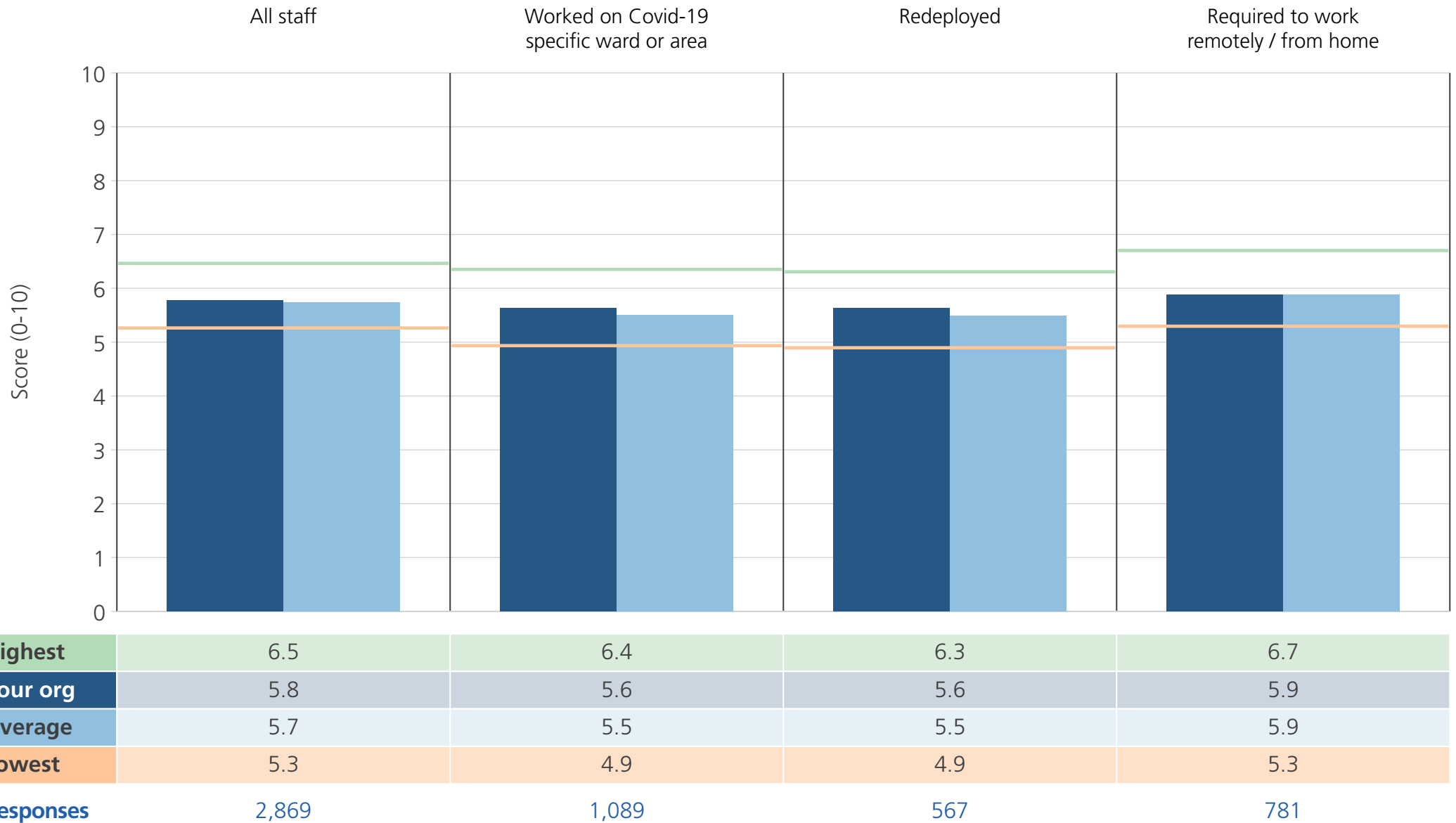




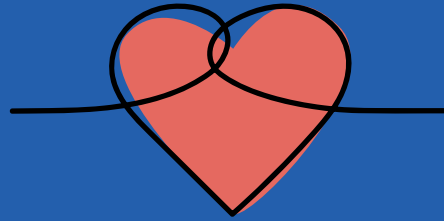








People Promise element and theme results – Detailed information



People Promise element detailed information – We are compassionate and inclusive

Questions:

Q6a, Q21a, Q21b, Q21c, Q21d

Q9f, Q9g, Q9h, Q9i

Q15, Q16a, Q16b, Q18

Q7h, Q7i, Q8b, Q8c

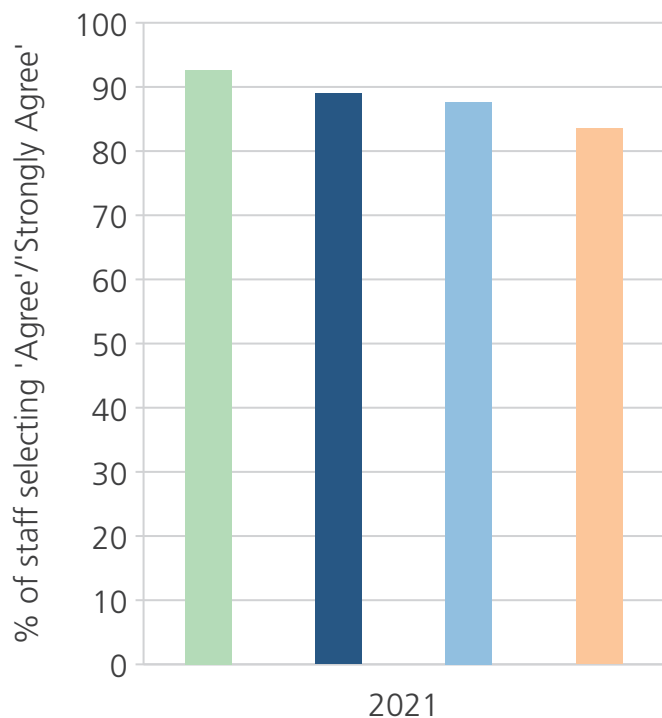
South Tees Hospitals NHS Foundation Trust

2021 NHS Staff Survey Results

Q6a

I feel that my role makes a difference to patients / service users

Due to changes in this year's survey it is not possible to display trend data for this question

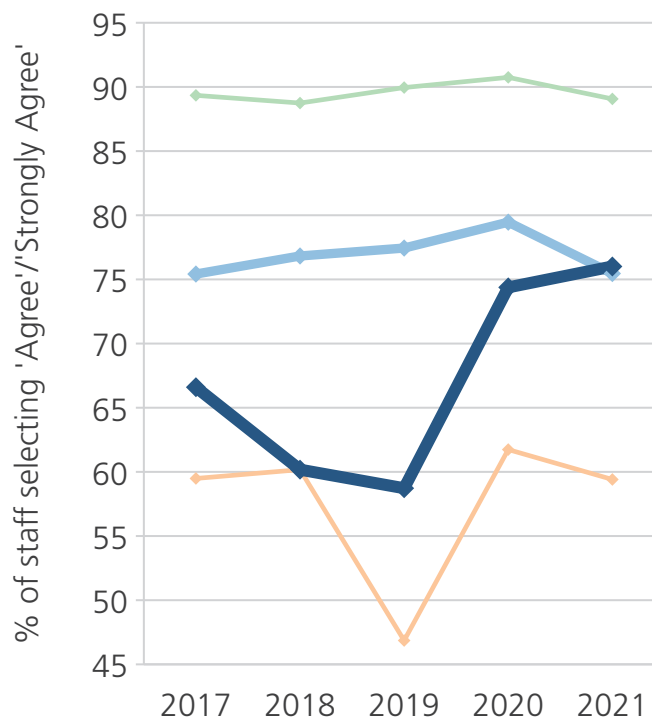


Best	92.6%
Your org	89.0%
Average	87.7%
Worst	83.5%

Responses 2,759

Q21a

Care of patients / service users is my organisation's top priority

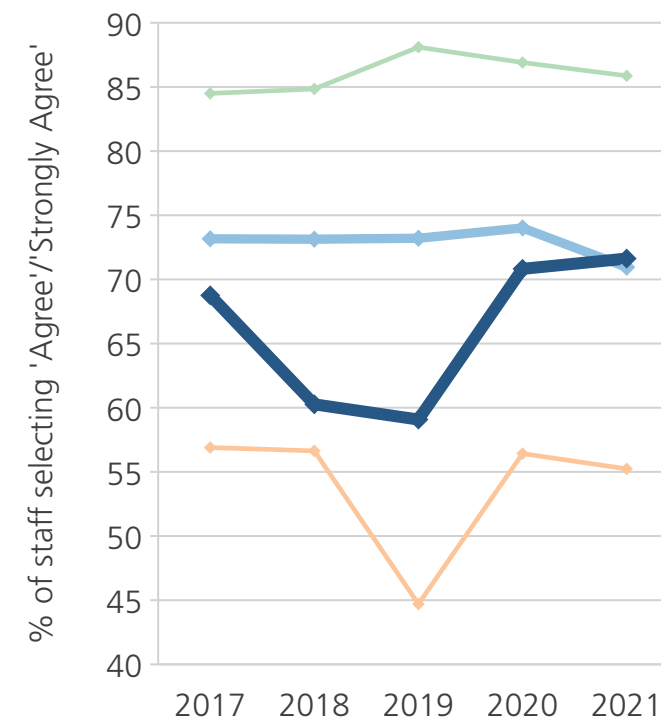


Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	66.6%	60.2%	58.7%	74.4%	76.0%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%

Responses 408 406 2,227 2,441 2,846

Q21b

My organisation acts on concerns raised by patients / service users

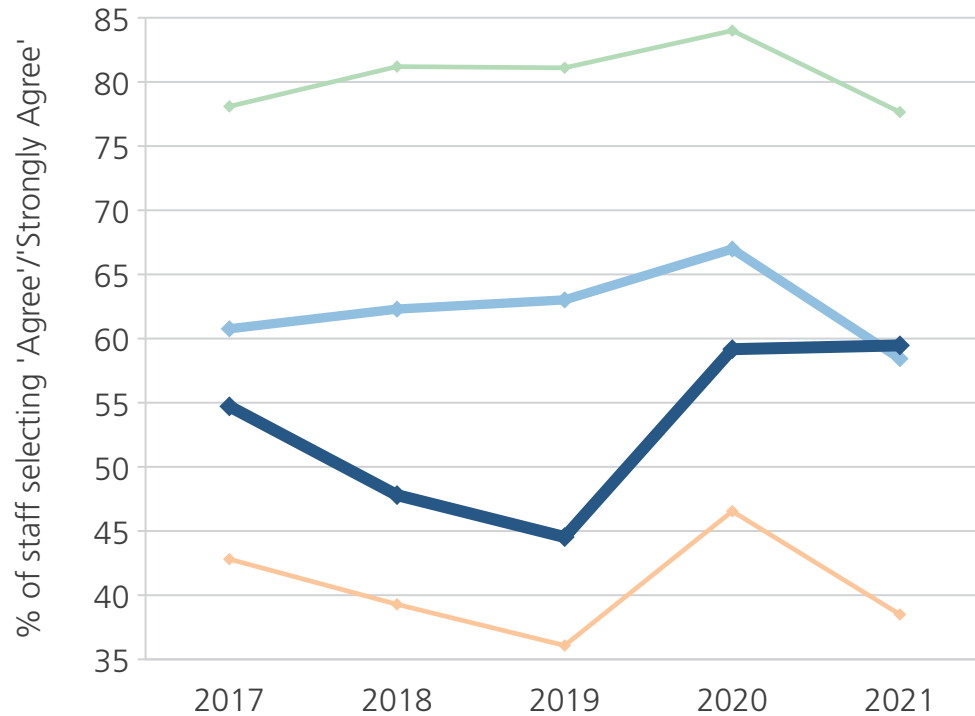


Best	84.5%	84.8%	88.1%	86.9%	85.9%
Your org	68.8%	60.3%	59.1%	70.8%	71.6%
Average	73.2%	73.1%	73.2%	74.0%	71.0%
Worst	56.9%	56.6%	44.7%	56.4%	55.2%

Responses 408 405 2,220 2,438 2,843

Q21c

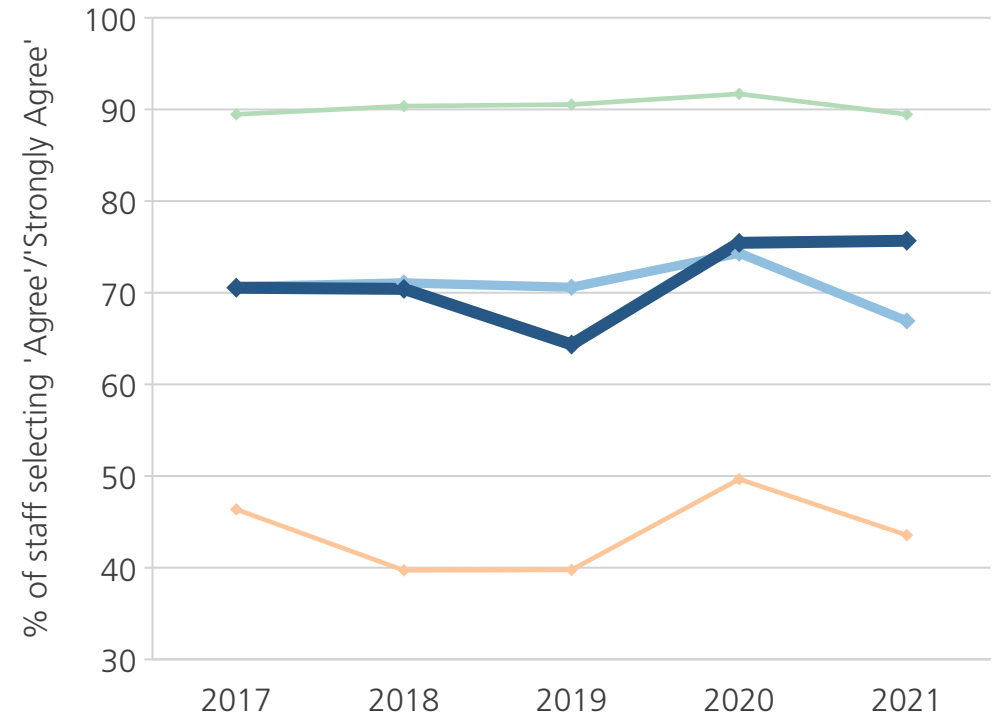
I would recommend my organisation as a place to work



Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	54.7%	47.8%	44.5%	59.2%	59.5%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	409	409	2,218	2,443	2,851

Q21d

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

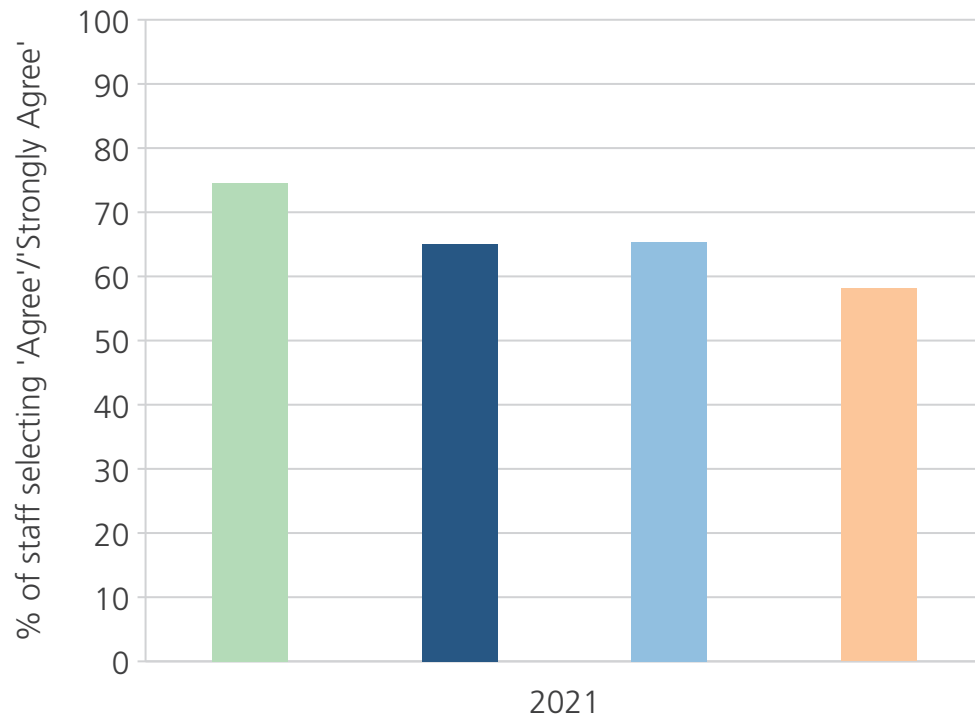


Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	70.5%	70.4%	64.4%	75.4%	75.7%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	406	406	2,214	2,444	2,847

Q9f

My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question



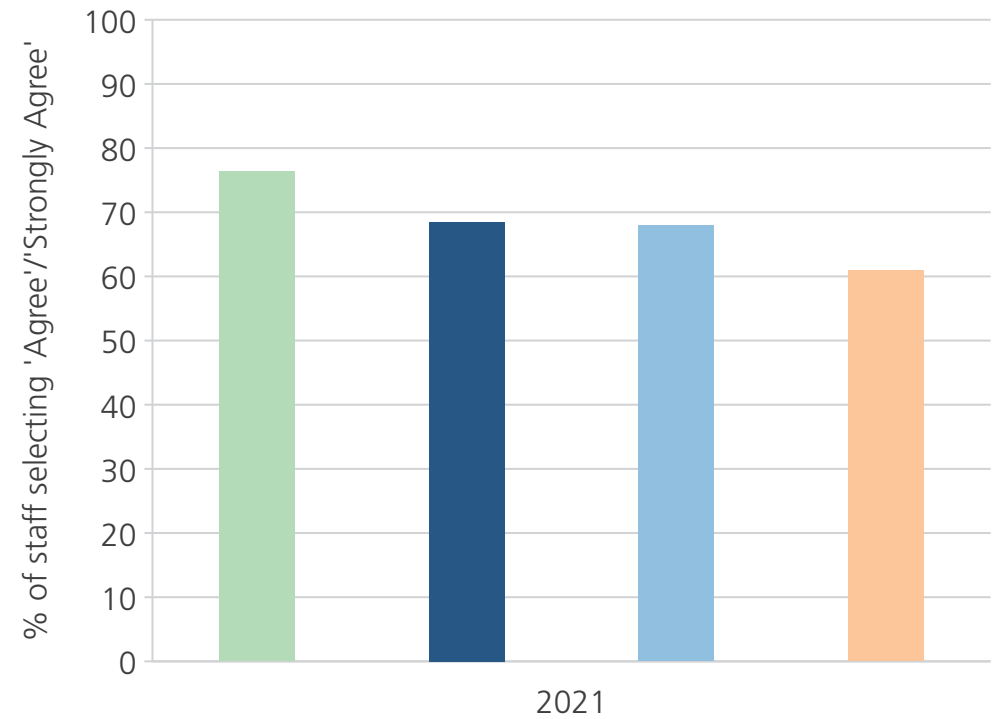
Best	74.6%
Your org	65.1%
Average	65.4%
Worst	58.1%

Responses 2,858

Q9g

My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question



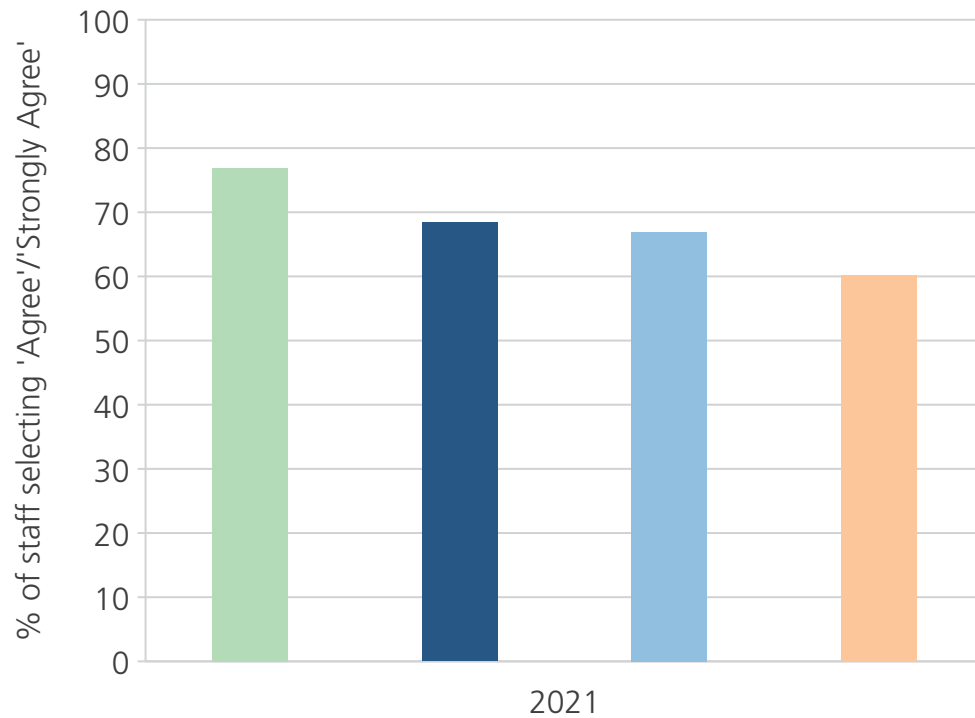
Best	76.3%
Your org	68.4%
Average	67.9%
Worst	60.9%

Responses 2,858

Q9h

My immediate manager cares about my concerns

No trend data are shown as this is a new question



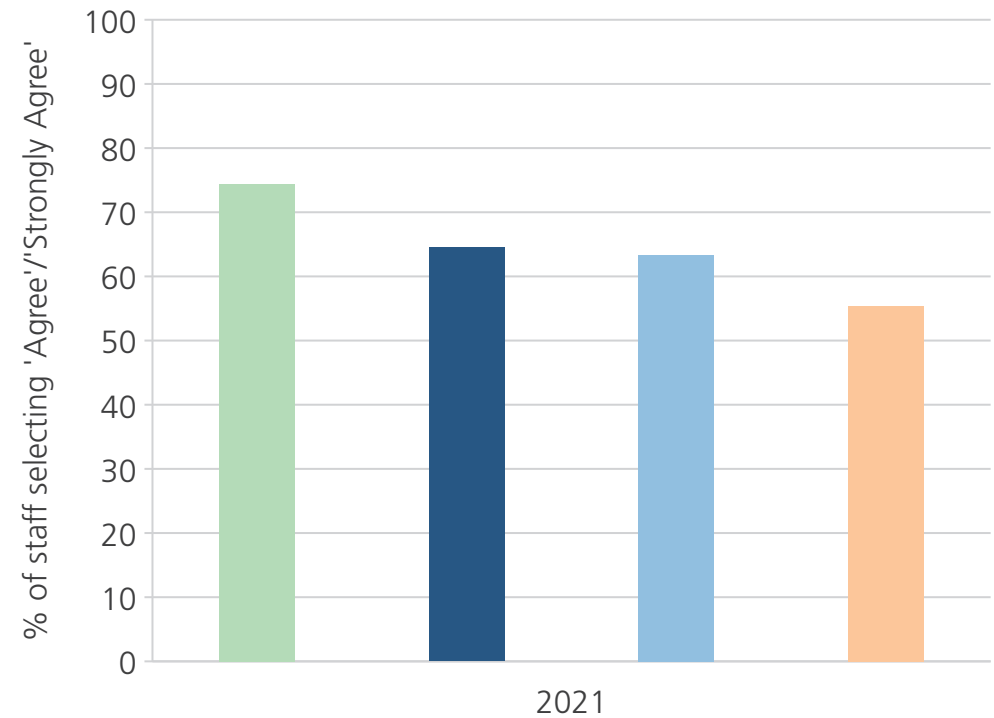
Best	76.9%
Your org	68.4%
Average	66.9%
Worst	60.1%

Responses 2,856

Q9i

My immediate line manager takes effective action to help me with any problems I face

No trend data are shown as this is a new question

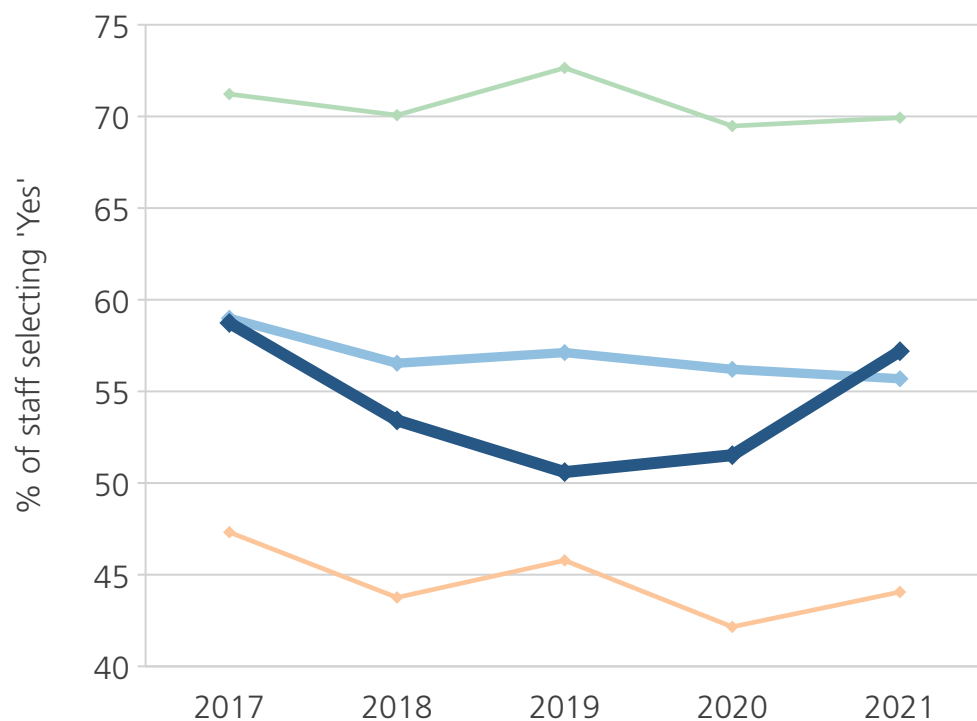


Best	74.4%
Your org	64.5%
Average	63.3%
Worst	55.3%

Responses 2,861

Q15

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

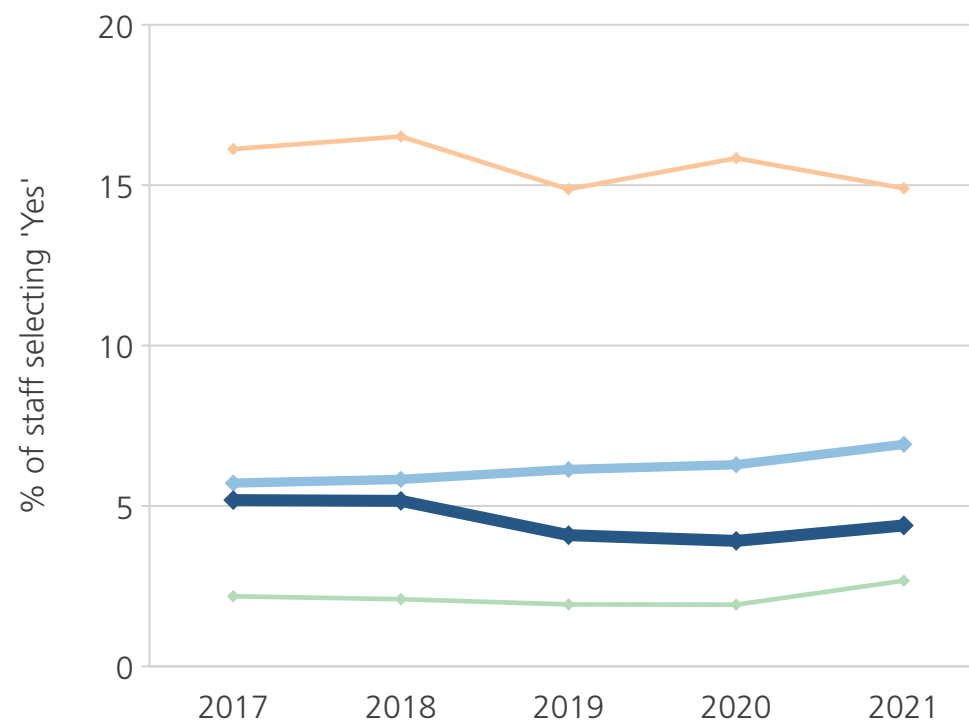


Best	71.2%	70.1%	72.6%	69.5%	69.9%
Your org	58.7%	53.4%	50.6%	51.5%	57.2%
Average	59.0%	56.5%	57.1%	56.2%	55.7%
Worst	47.3%	43.8%	45.8%	42.2%	44.1%

Responses 406 406 2,192 2,377 2,823

Q16a

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



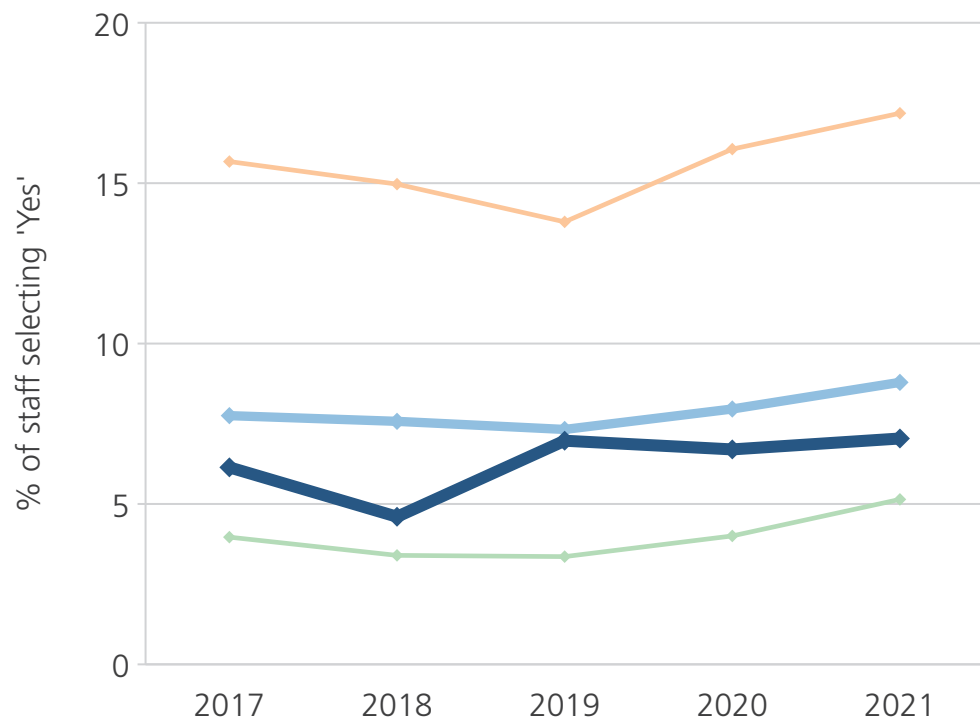
Worst	16.1%	16.5%	14.9%	15.8%	14.9%
Your org	5.2%	5.2%	4.1%	3.9%	4.4%
Average	5.7%	5.8%	6.1%	6.3%	6.9%
Best	2.2%	2.1%	1.9%	1.9%	2.7%

Responses 409 407 2,229 2,402 2,858

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

Q16b

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

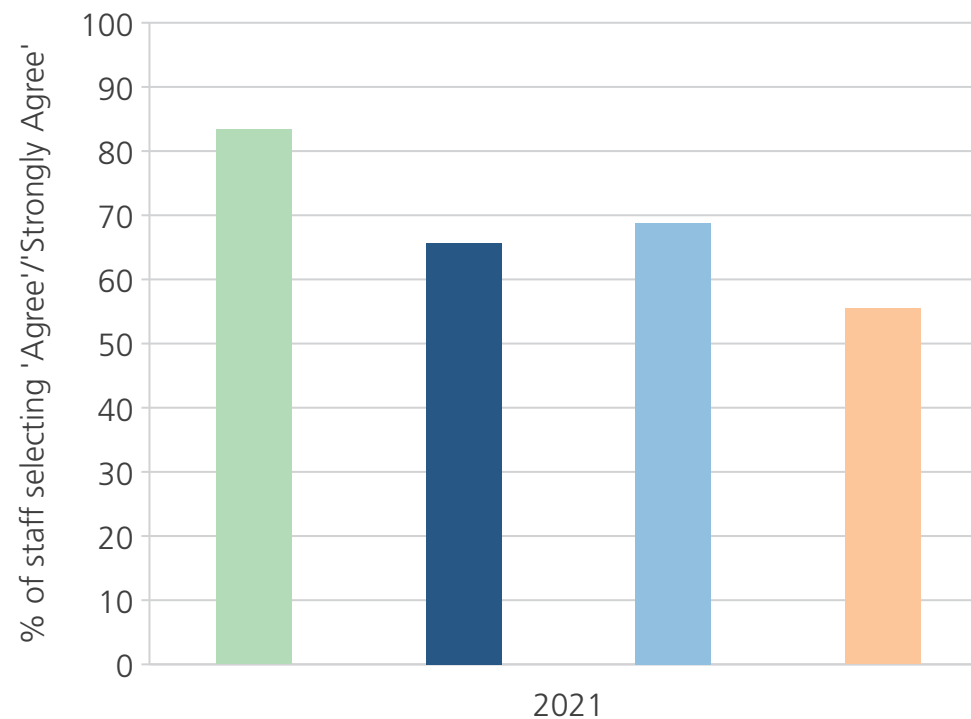


Worst	15.7%	15.0%	13.8%	16.1%	17.2%
Your org	6.1%	4.6%	7.0%	6.7%	7.0%
Average	7.8%	7.6%	7.3%	8.0%	8.8%
Best	4.0%	3.4%	3.4%	4.0%	5.1%
Responses	406	404	2,201	2,394	2,850

Q18

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question

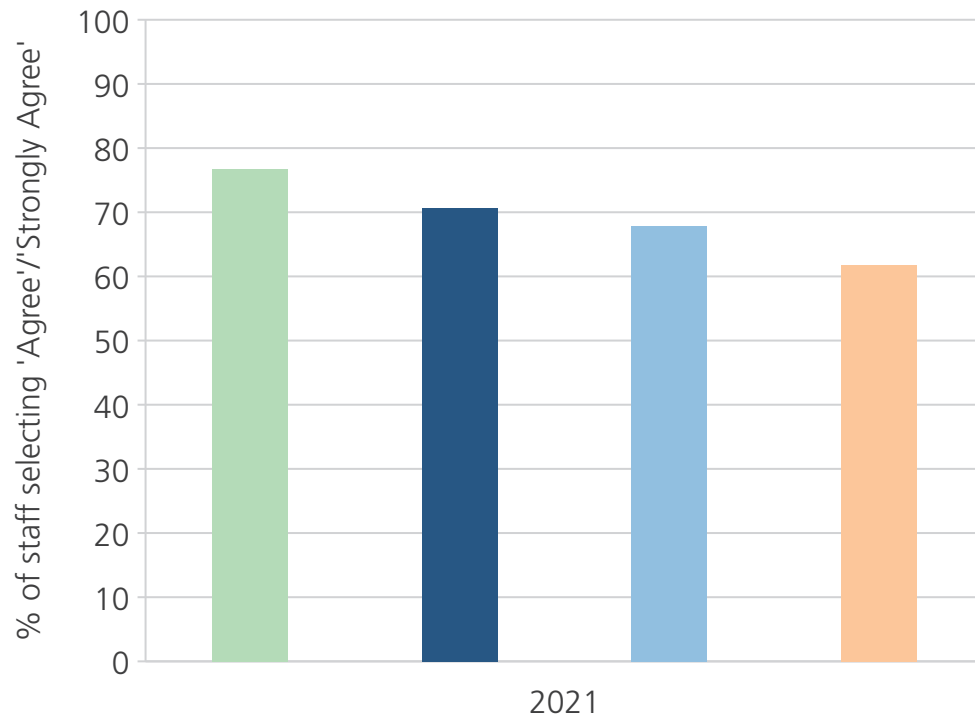


Best	83.4%
Your org	65.7%
Average	68.8%
Worst	55.5%
Responses	2,859

Q7h

I feel valued by my team

No trend data are shown as this is a new question



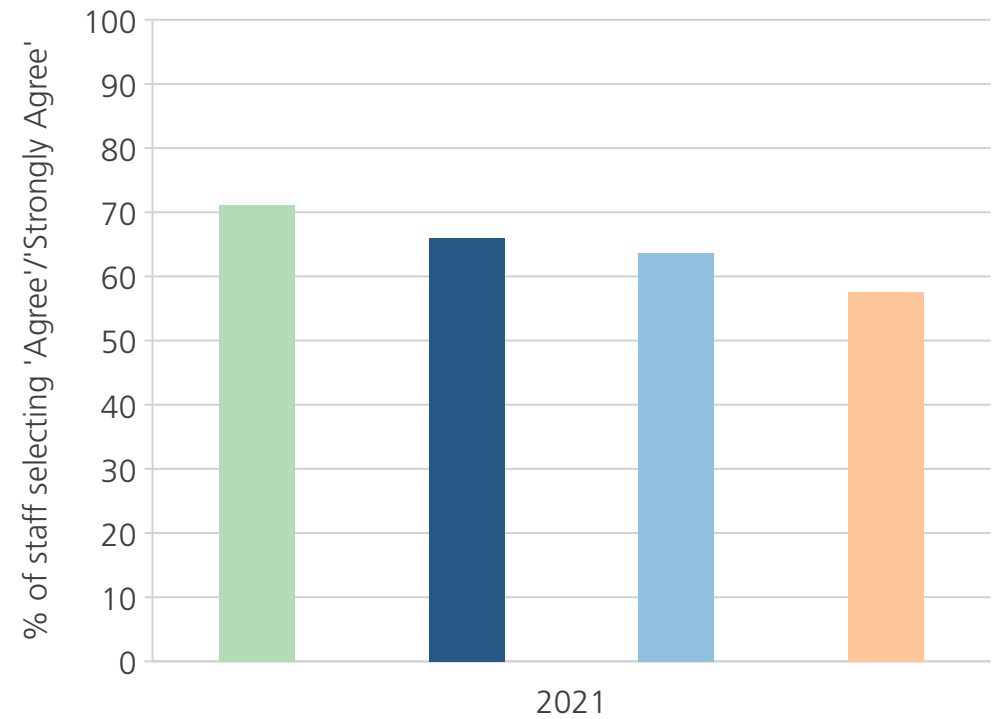
Best	76.8%
Your org	70.7%
Average	67.9%
Worst	61.8%

Responses 2,853

Q7i

I feel a strong personal attachment to my team

No trend data are shown as this is a new question



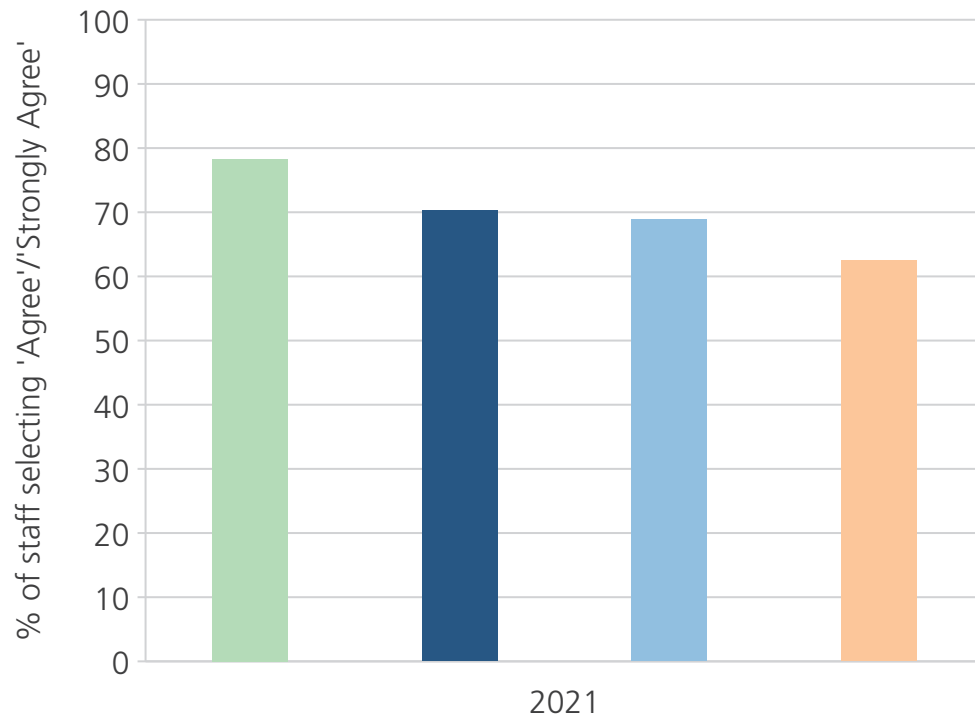
Best	71.1%
Your org	66.0%
Average	63.6%
Worst	57.6%

Responses 2,859

Q8b

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question



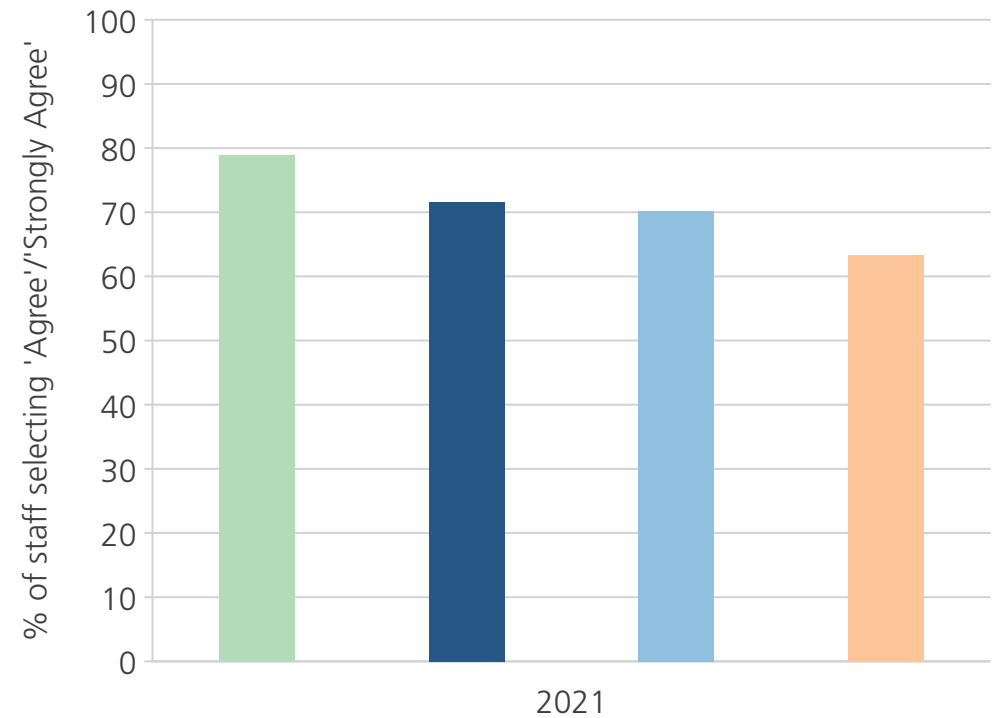
Best	78.3%
Your org	70.3%
Average	68.9%
Worst	62.5%

Responses 2,855

Q8c

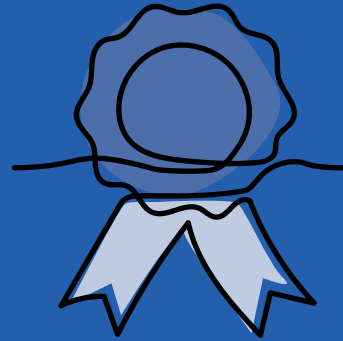
The people I work with are polite and treat each other with respect

No trend data are shown as this is a new question



Best	79.0%
Your org	71.6%
Average	70.2%
Worst	63.3%

Responses 2,848



People Promise element detailed information – We are recognised and rewarded

Questions:

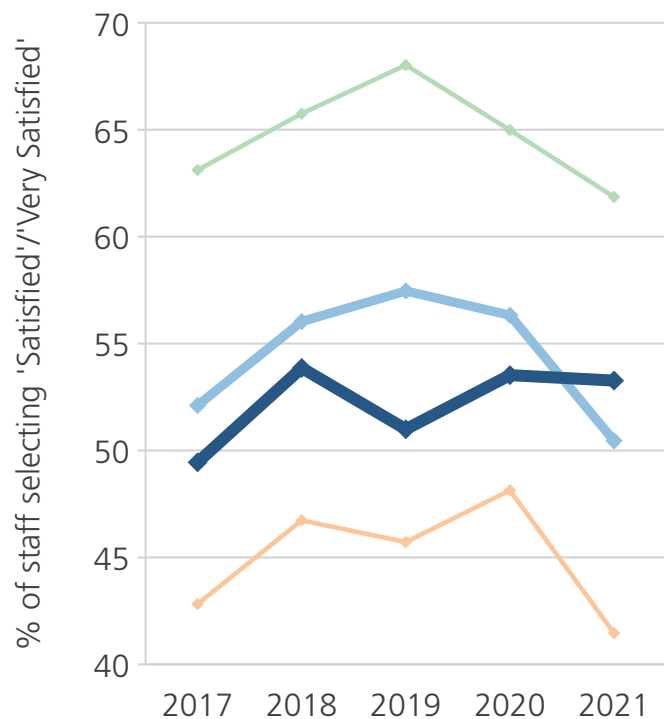
Q4a, Q4b, Q4c, Q8d, Q9e

South Tees Hospitals NHS Foundation Trust

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Q4a

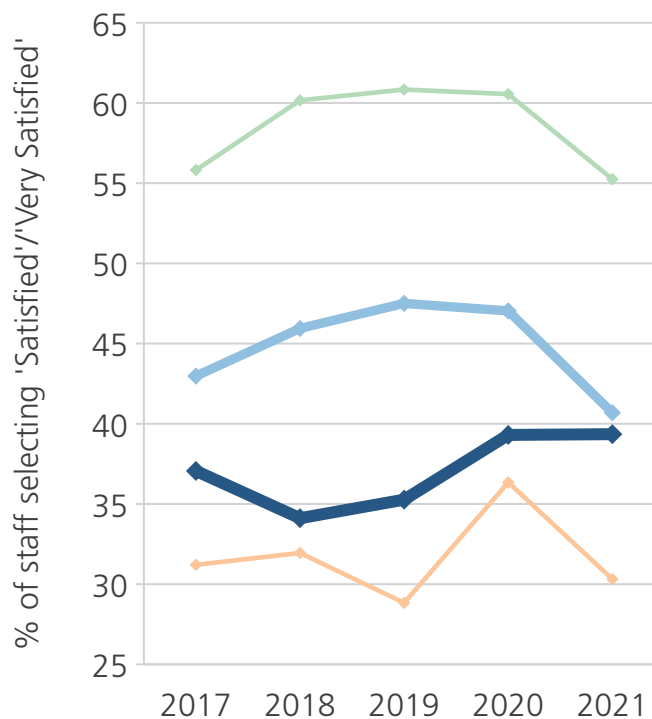
The recognition I get for good work



Responses 413 410 2,245 2,447 2,860

Q4b

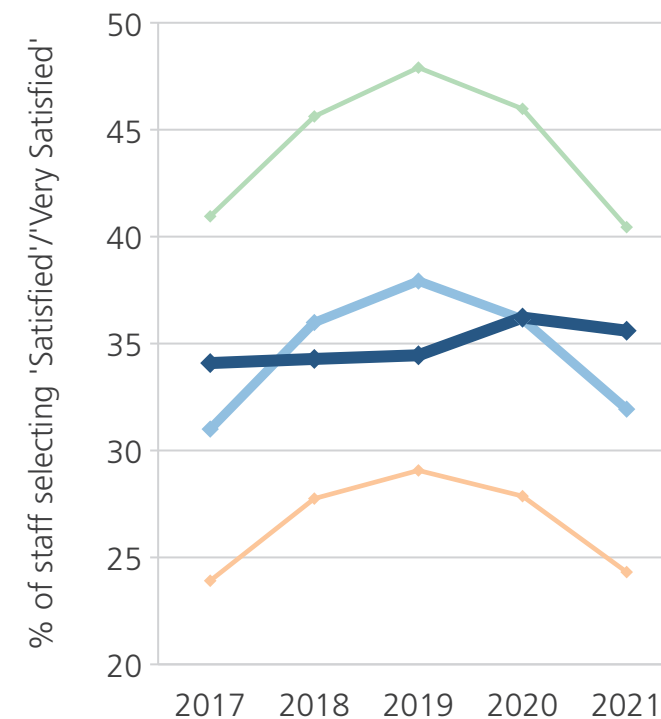
The extent to which my organisation values my work



Responses 410 411 2,241 2,442 2,852

Q4c

My level of pay



Responses 411 410 2,243 2,437 2,862

Best	63.1%	65.8%	68.0%	65.0%	61.9%
Your org	49.4%	53.9%	51.0%	53.5%	53.3%
Average	52.1%	56.0%	57.5%	56.3%	50.5%
Worst	42.8%	46.7%	45.7%	48.1%	41.5%

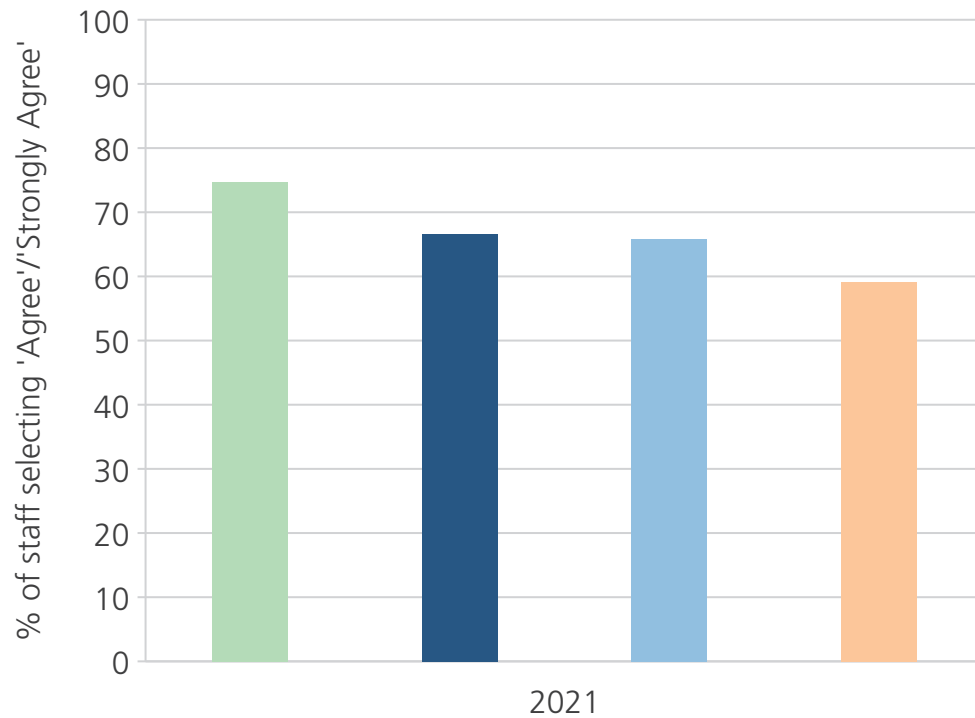
Best	55.8%	60.2%	60.8%	60.6%	55.2%
Your org	37.1%	34.1%	35.3%	39.3%	39.4%
Average	43.0%	45.9%	47.5%	47.0%	40.7%
Worst	31.2%	31.9%	28.8%	36.3%	30.3%

Best	40.9%	45.6%	47.9%	46.0%	40.4%
Your org	34.1%	34.3%	34.5%	36.2%	35.6%
Average	31.0%	36.0%	37.9%	36.1%	31.9%
Worst	23.9%	27.8%	29.1%	27.9%	24.3%

Q8d

The people I work with show appreciation to one another

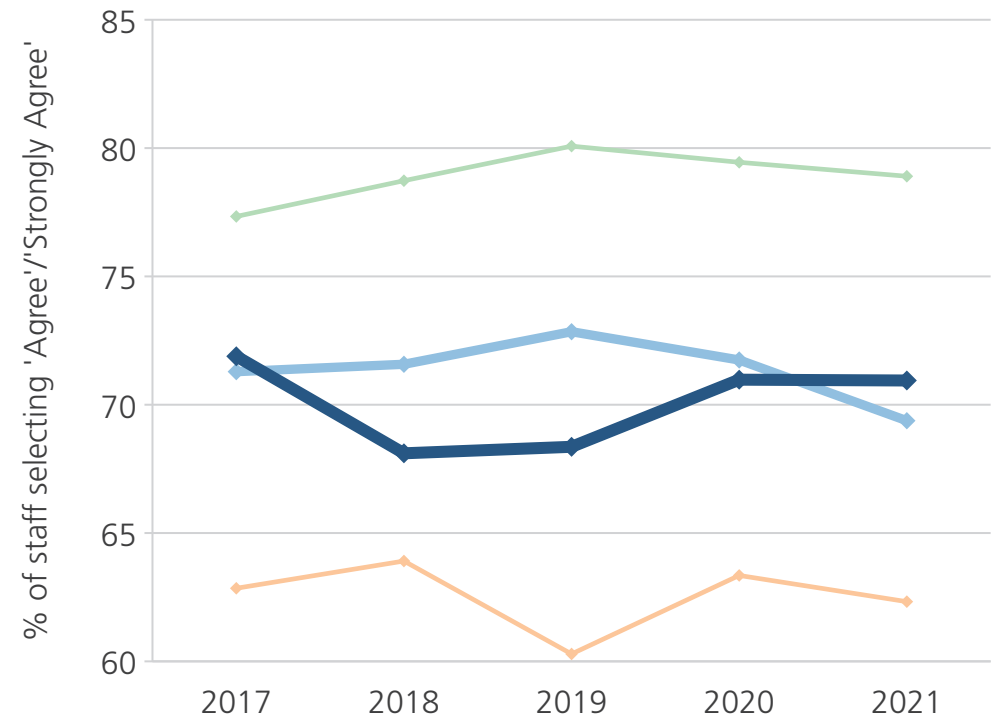
No trend data are shown as this is a new question



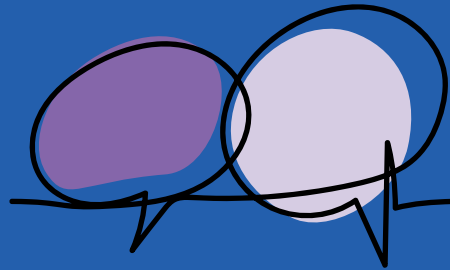
Best	74.7%
Your org	66.6%
Average	65.8%
Worst	59.1%
Responses	2,849

Q9e

My immediate manager values my work



Best	77.3%	78.7%	80.1%	79.4%	78.9%
Your org	71.9%	68.1%	68.4%	71.0%	70.9%
Average	71.3%	71.6%	72.8%	71.7%	69.4%
Worst	62.8%	63.9%	60.3%	63.3%	62.3%
Responses	408	407	2,242	2,439	2,859



People Promise element detailed information – We each have a voice that counts

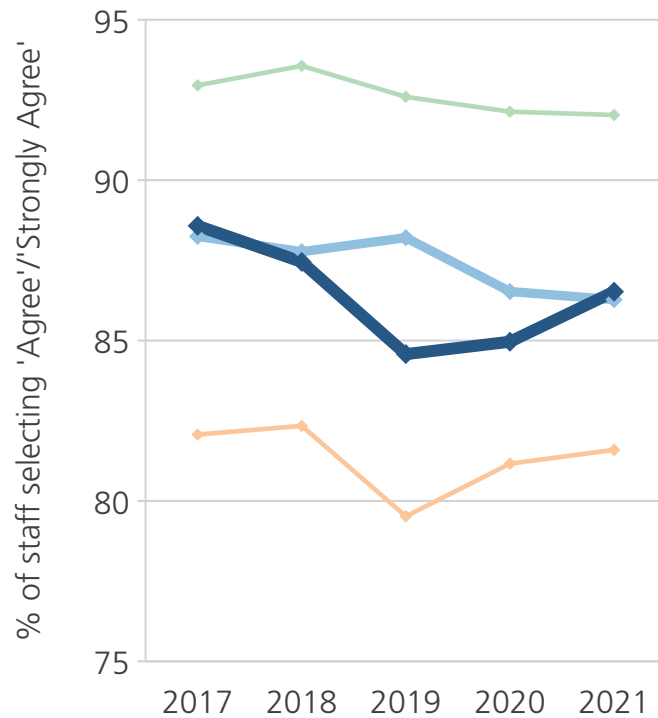
Questions:

Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
Q17a, Q17b, Q21e, Q21f

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results

Q3a

I always know what my work responsibilities are

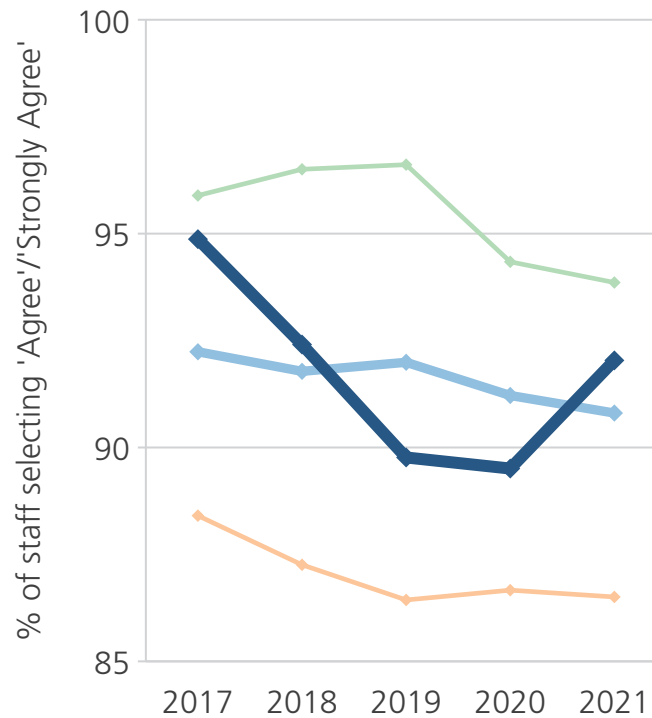


Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	88.6%	87.5%	84.6%	85.0%	86.5%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%

Responses 414 411 2,248 2,451 2,866

Q3b

I am trusted to do my job

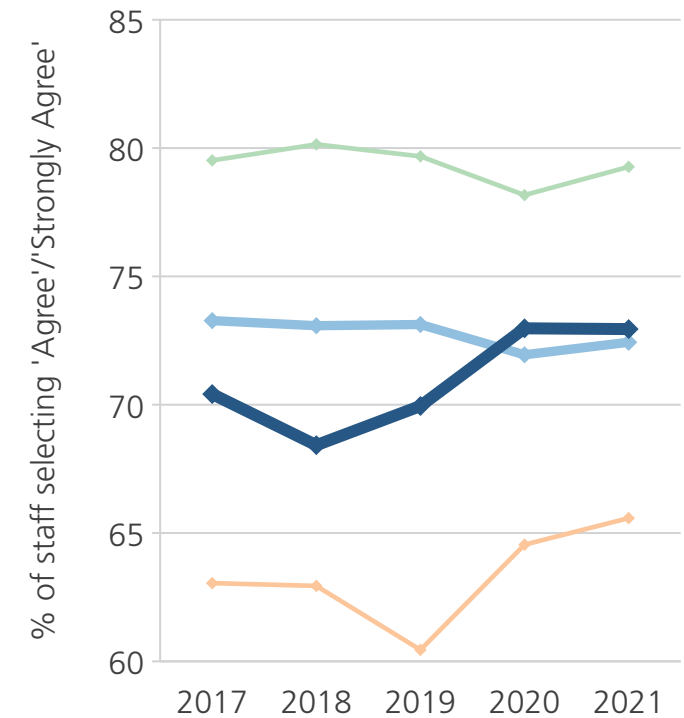


Best	95.9%	96.5%	96.6%	94.3%	93.9%
Your org	94.9%	92.4%	89.8%	89.5%	92.0%
Average	92.2%	91.8%	92.0%	91.2%	90.8%
Worst	88.4%	87.3%	86.4%	86.7%	86.5%

Responses 411 411 2,237 2,440 2,863

Q3c

There are frequent opportunities for me to show initiative in my role

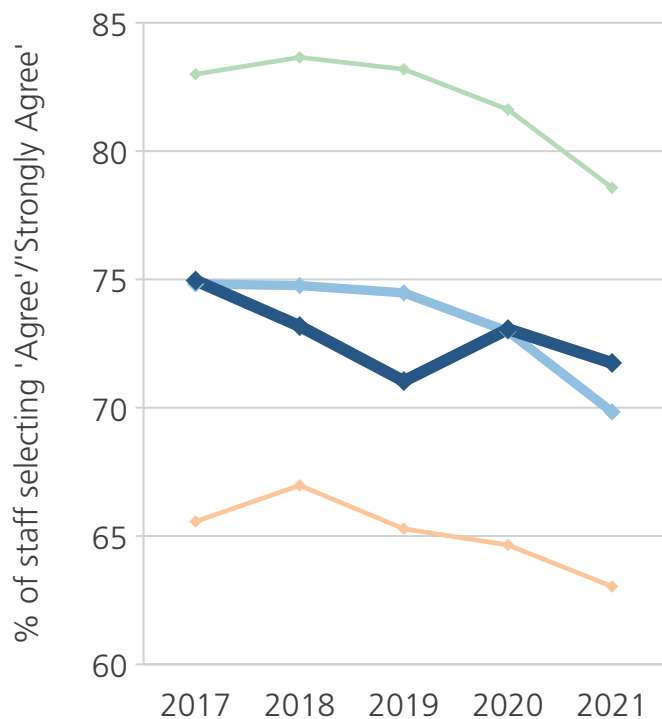


Best	79.5%	80.1%	79.7%	78.2%	79.3%
Your org	70.4%	68.4%	69.9%	73.0%	72.9%
Average	73.3%	73.1%	73.1%	71.9%	72.4%
Worst	63.0%	62.9%	60.4%	64.5%	65.6%

Responses 412 411 2,248 2,445 2,860

Q3d

I am able to make suggestions to improve the work of my team / department

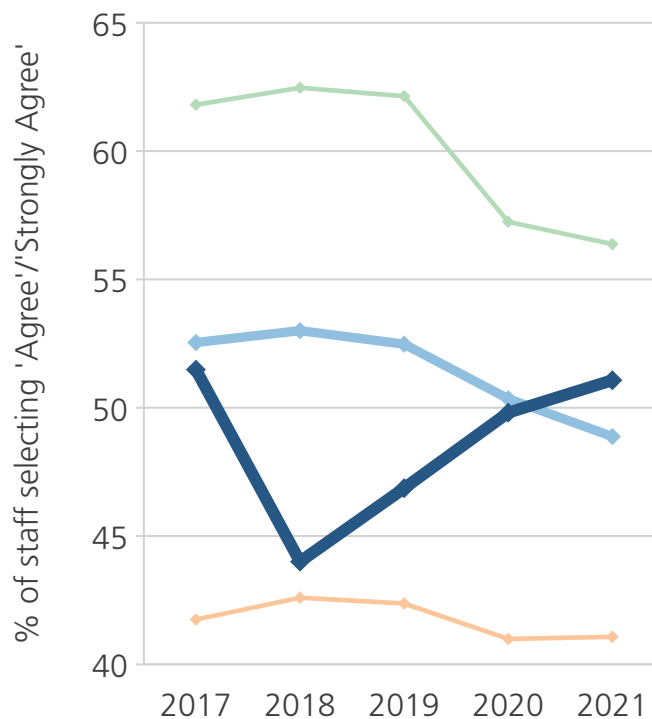


Best	83.0%	83.7%	83.2%	81.6%	78.6%
Your org	75.0%	73.2%	71.0%	73.1%	71.7%
Average	74.8%	74.8%	74.5%	73.0%	69.8%
Worst	65.6%	67.0%	65.3%	64.7%	63.0%

Responses 413 411 2,245 2,446 2,850

Q3e

I am involved in deciding on changes introduced that affect my work area / team / department

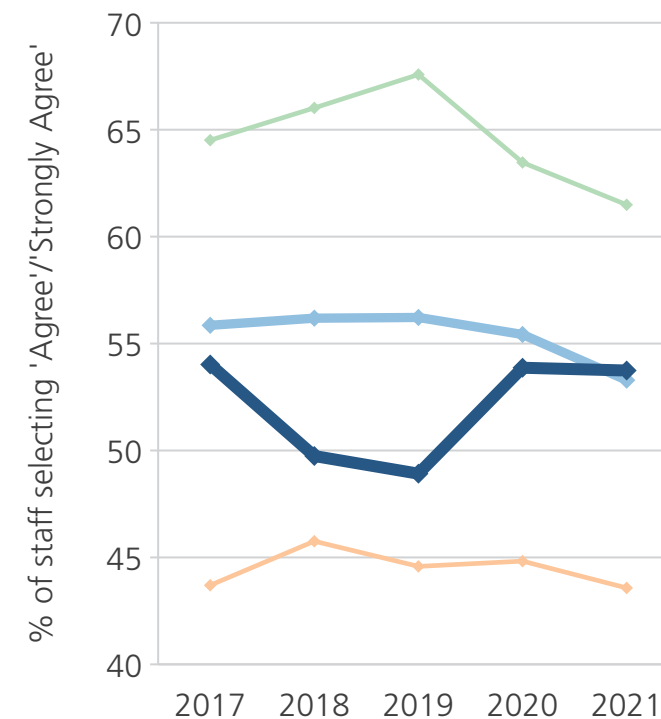


Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	51.5%	44.0%	46.9%	49.8%	51.1%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%

Responses 411 411 2,244 2,443 2,857

Q3f

I am able to make improvements happen in my area of work

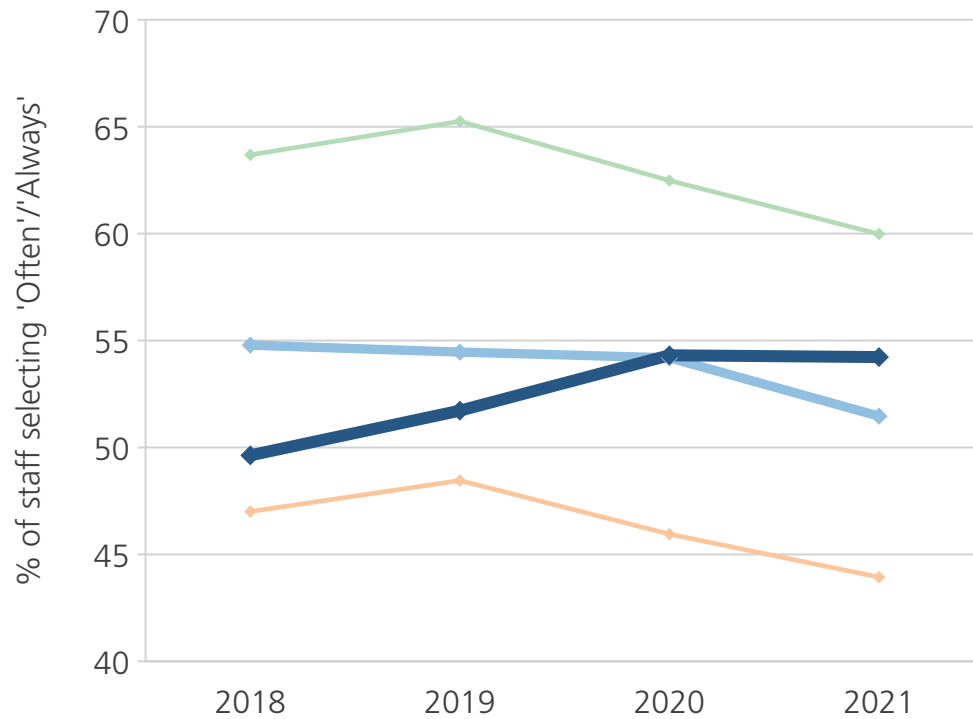


Best	64.5%	66.0%	67.6%	63.5%	61.5%
Your org	54.0%	49.7%	48.9%	53.9%	53.7%
Average	55.9%	56.2%	56.2%	55.4%	53.3%
Worst	43.7%	45.8%	44.6%	44.8%	43.6%

Responses 410 410 2,236 2,443 2,849

Q5b

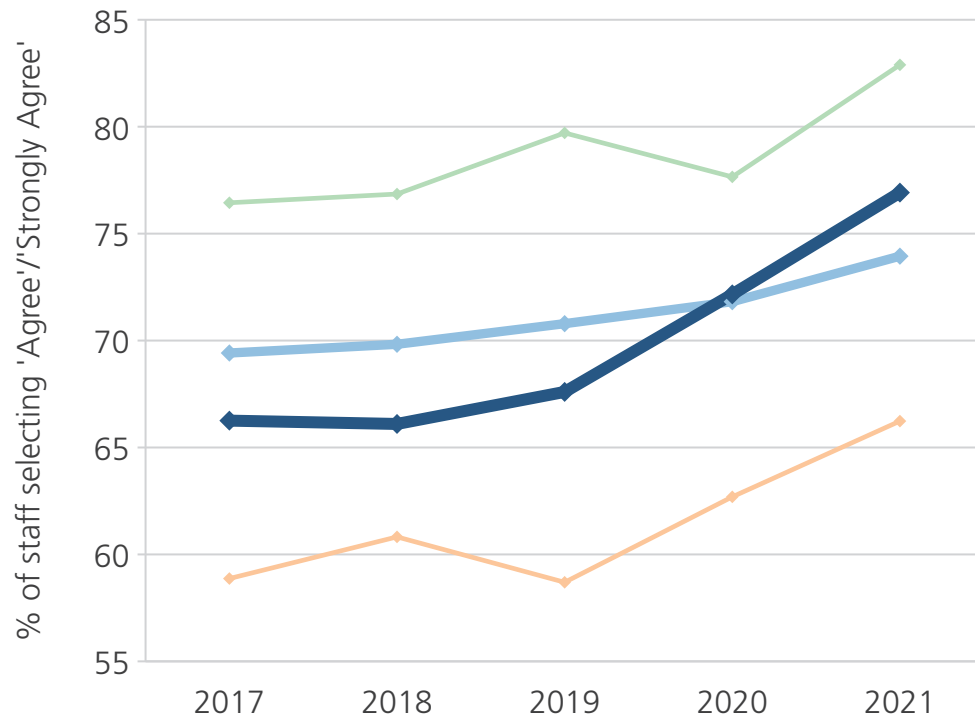
I have a choice in deciding how to do my work



Best	63.7%	65.3%	62.5%	60.0%
Your org	49.6%	51.7%	54.3%	54.2%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%
Responses	411	2,235	2,443	2,854

Q17a

I would feel secure raising concerns about unsafe clinical practice

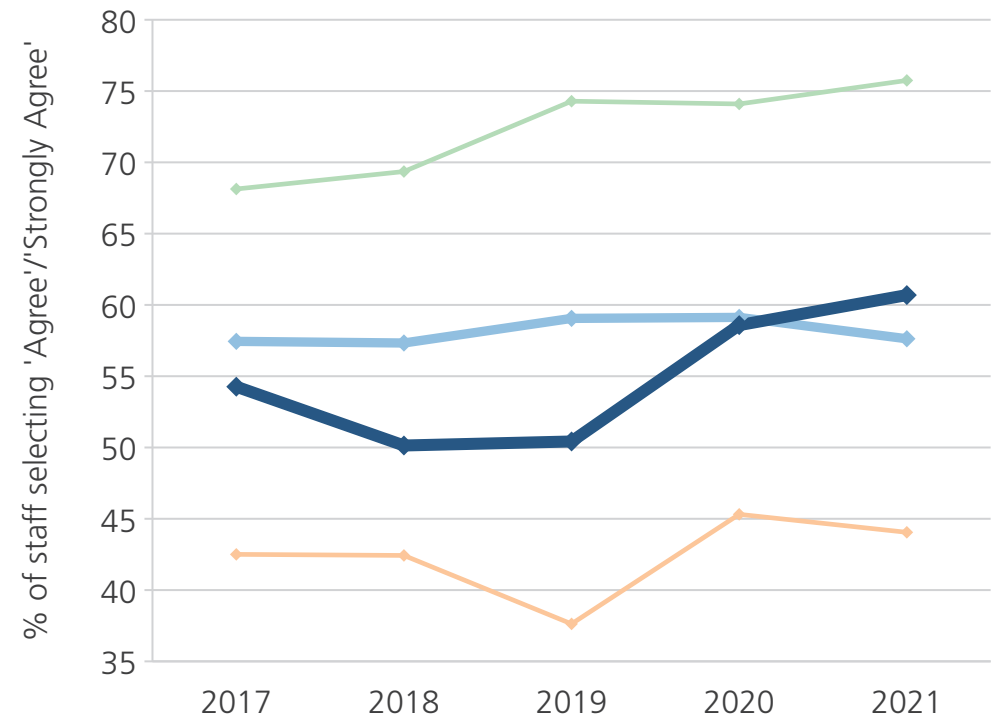


Best	76.4%	76.9%	79.7%	77.7%	82.9%
Your org	66.3%	66.1%	67.6%	72.2%	76.9%
Average	69.4%	69.8%	70.8%	71.8%	73.9%
Worst	58.9%	60.8%	58.7%	62.7%	66.2%

Responses 407 407 2,231 2,440 2,853

Q17b

I am confident that my organisation would address my concern

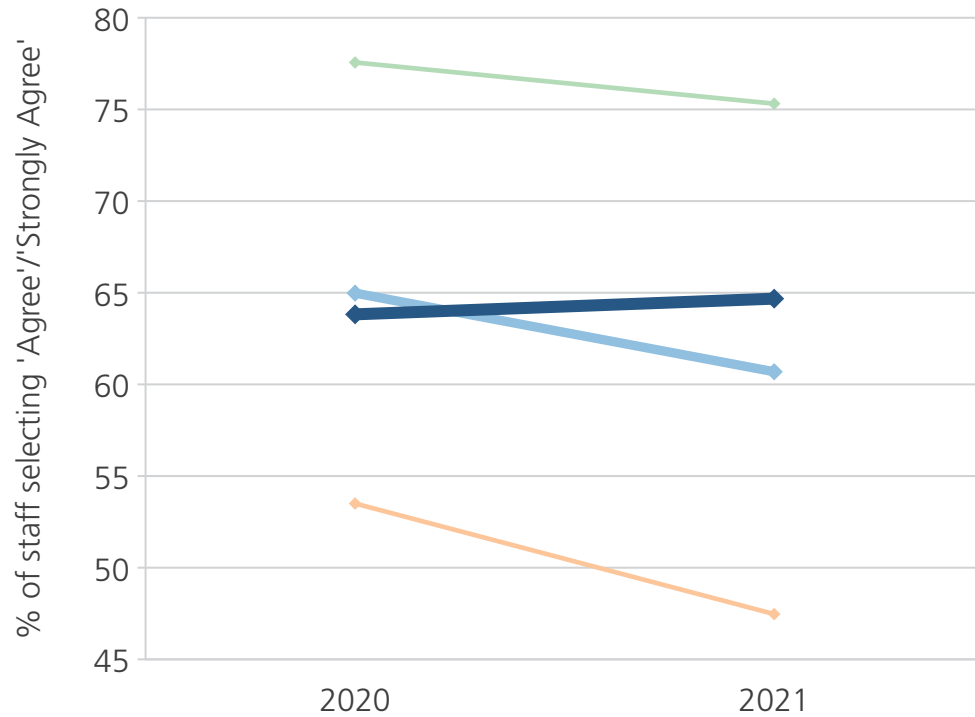


Best	68.1%	69.4%	74.3%	74.1%	75.7%
Your org	54.3%	50.1%	50.4%	58.6%	60.7%
Average	57.4%	57.3%	59.1%	59.1%	57.6%
Worst	42.5%	42.4%	37.6%	45.3%	44.1%

Responses 407 402 2,224 2,434 2,842

Q21e

I feel safe to speak up about anything that concerns me in this organisation

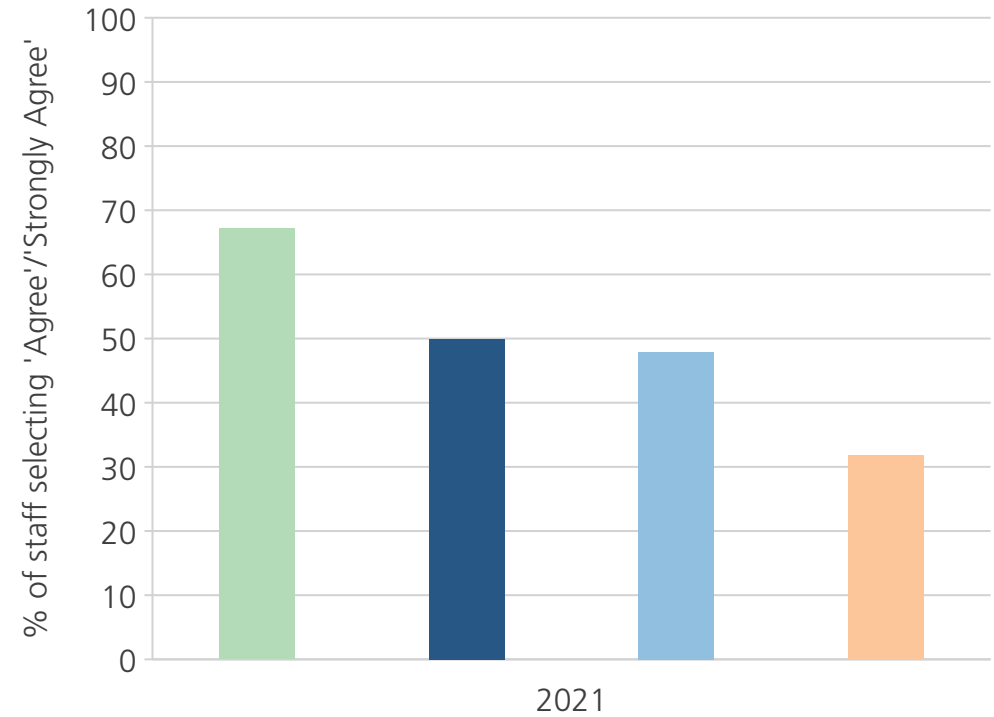


Best	77.6%	75.3%
Your org	63.8%	64.7%
Average	65.0%	60.7%
Worst	53.5%	47.5%
Responses	2,442	2,851

Q21f

If I spoke up about something that concerned me I am confident my organisation would address my concern

No trend data are shown as this is a new question



Best	67.2%
Your org	49.9%
Average	47.9%
Worst	31.9%
Responses	2,852



People Promise element detailed information – We are safe and healthy

Questions:

Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

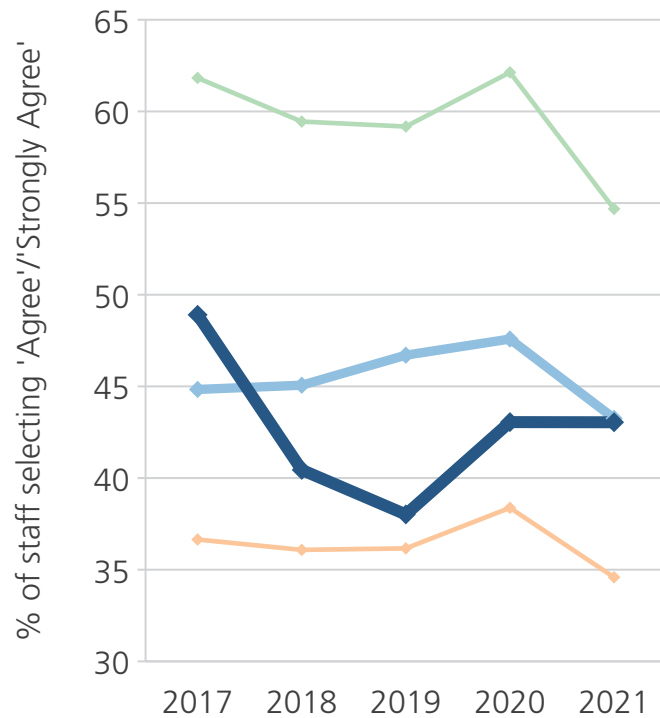
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

South Tees Hospitals NHS Foundation Trust

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Q3g

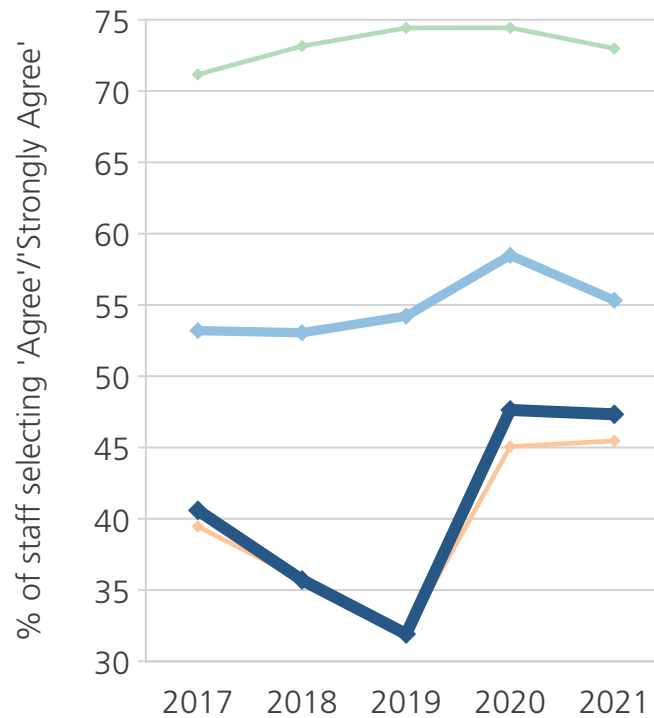
I am able to meet all the conflicting demands on my time at work



Responses 411 409 2,240 2,432 2,850

Q3h

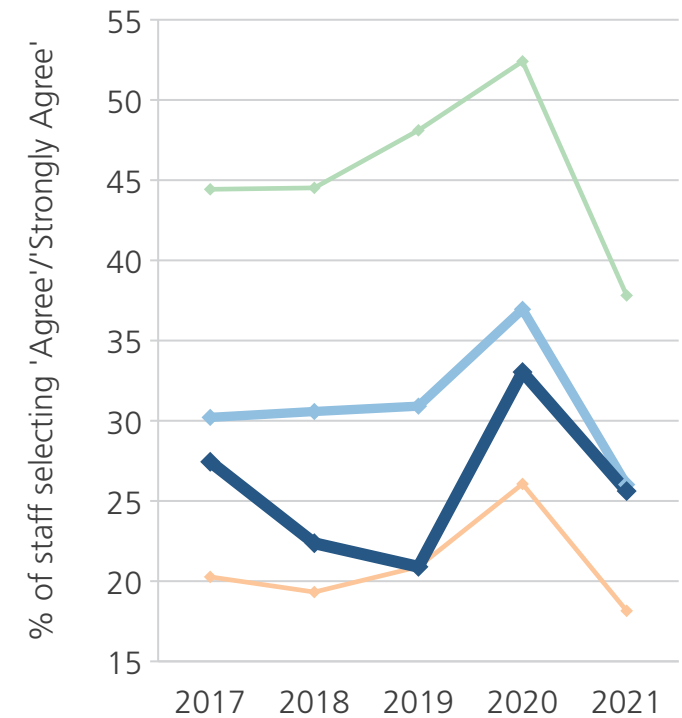
I have adequate materials, supplies and equipment to do my work



Responses 411 411 2,241 2,434 2,850

Q3i

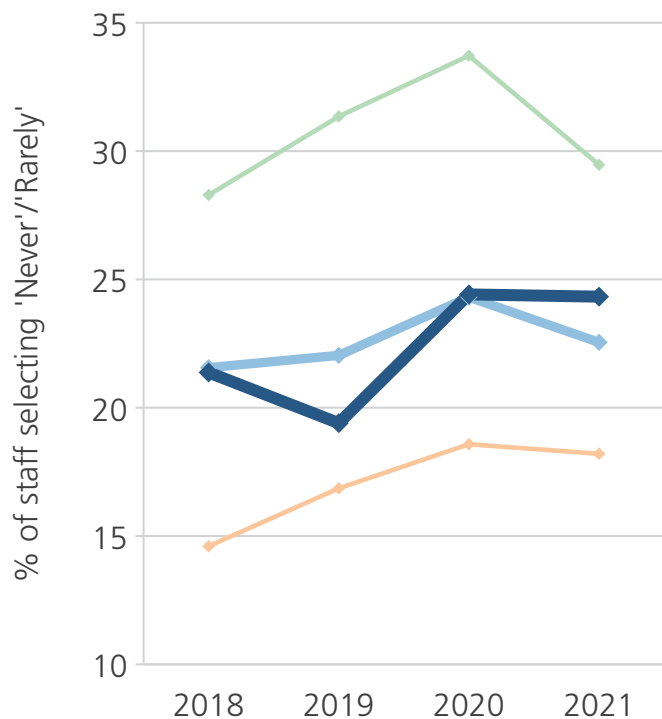
There are enough staff at this organisation for me to do my job properly



Responses 412 409 2,237 2,440 2,854

Q5a

I have unrealistic time pressures

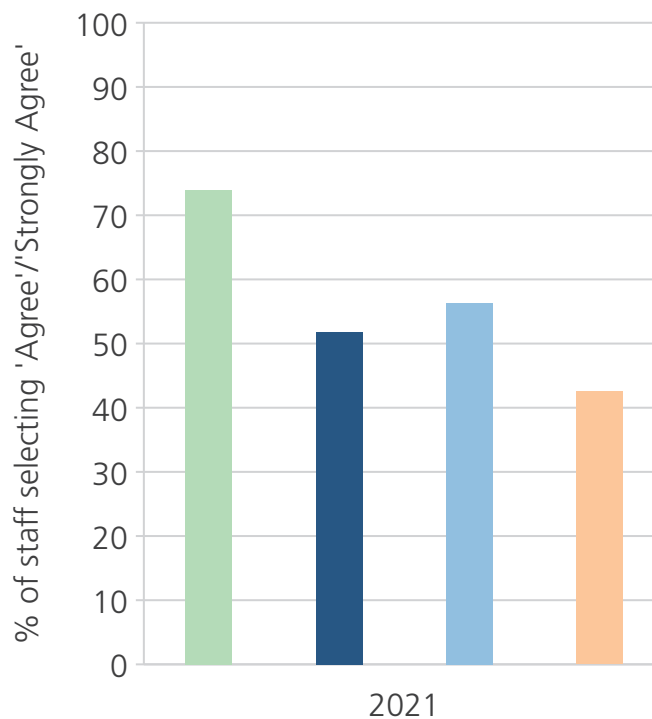


Best	28.3%	31.3%	33.7%	29.5%
Your org	21.4%	19.4%	24.4%	24.3%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%
Responses	412	2,242	2,442	2,852

Q11a

My organisation takes positive action on health and well-being

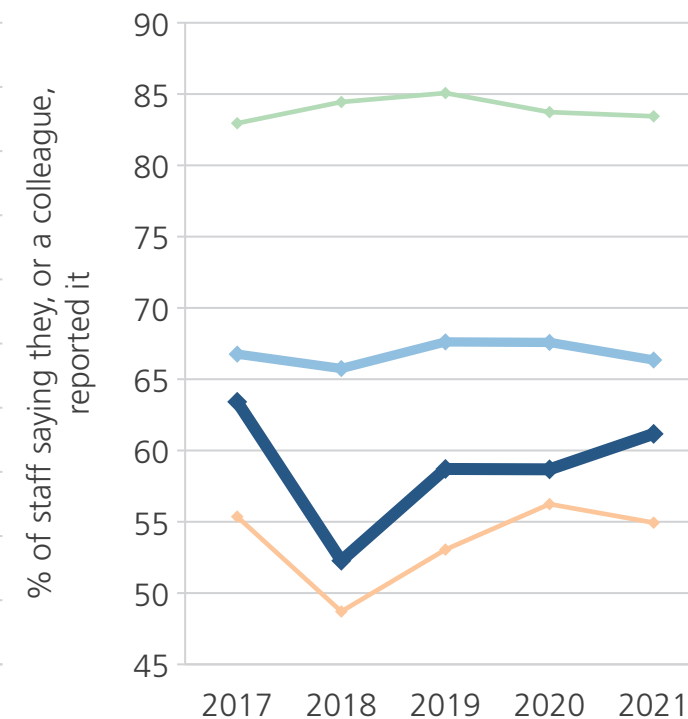
No trend data are shown as this is a new question



Best	74.0%
Your org	51.8%
Average	56.4%
Worst	42.5%
Responses	2,836

Q13d

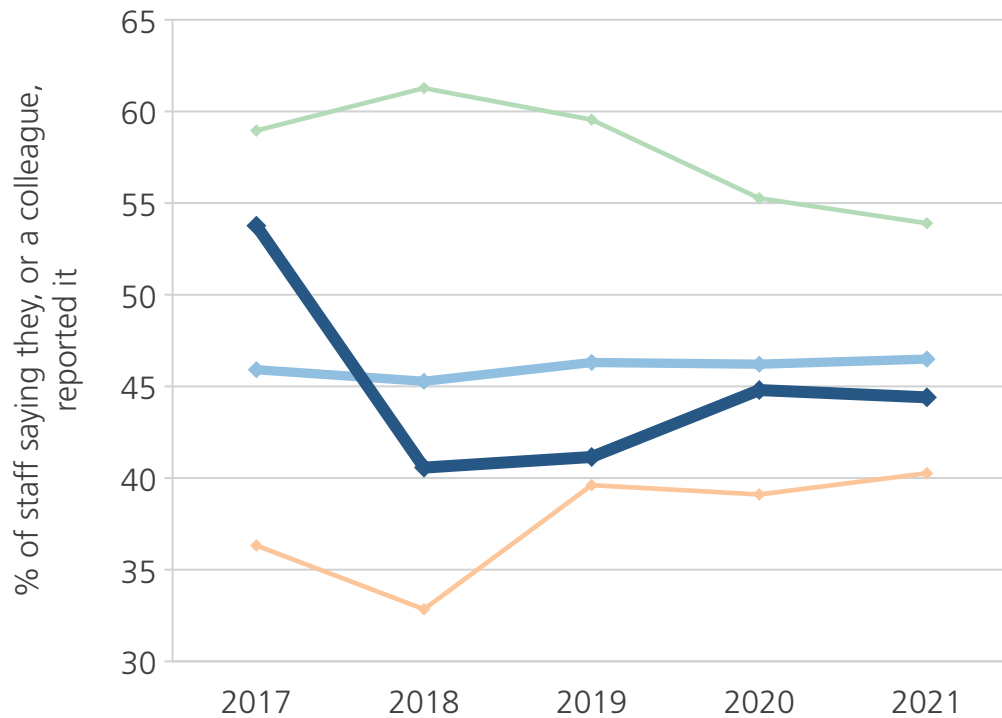
The last time you experienced physical violence at work, did you or a colleague report it?



Best	83.0%	84.4%	85.1%	83.7%	83.4%
Your org	63.4%	52.3%	58.7%	58.7%	61.2%
Average	66.8%	65.7%	67.6%	67.6%	66.3%
Worst	55.4%	48.7%	53.0%	56.2%	54.9%
Responses	60	47	260	208	296

Q14d

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



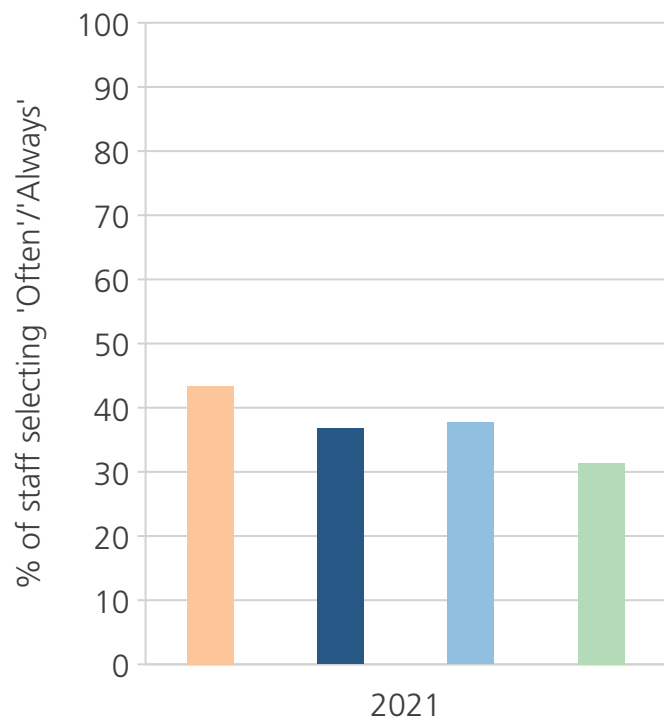
Best	59.0%	61.3%	59.5%	55.3%	53.9%
Your org	53.8%	40.6%	41.1%	44.8%	44.4%
Average	45.9%	45.3%	46.3%	46.2%	46.5%
Worst	36.3%	32.8%	39.6%	39.1%	40.3%

Responses 150 141 754 800 860

Q12a

How often, if at all, do you find your work emotionally exhausting?

No trend data are shown as this is a new question



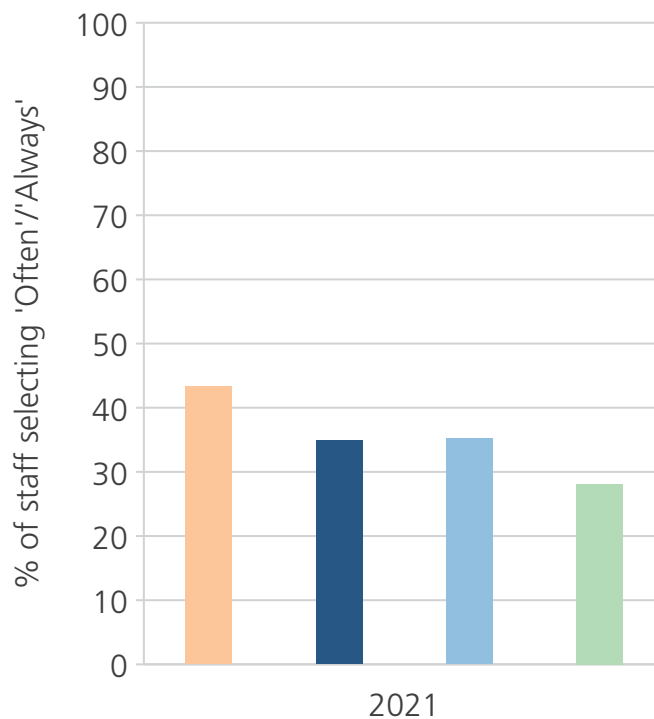
Worst	43.4%
Your org	36.8%
Average	37.7%
Best	31.4%

Responses 2,860

Q12b

How often, if at all, do you feel burnt out because of your work?

No trend data are shown as this is a new question



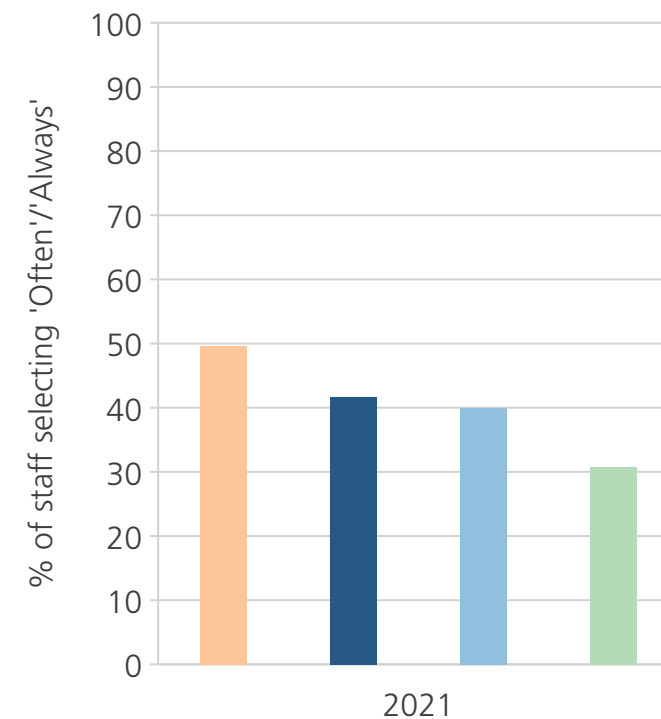
Worst	43.3%
Your org	34.9%
Average	35.2%
Best	28.1%

Responses 2,856

Q12c

How often, if at all, does your work frustrate you?

No trend data are shown as this is a new question



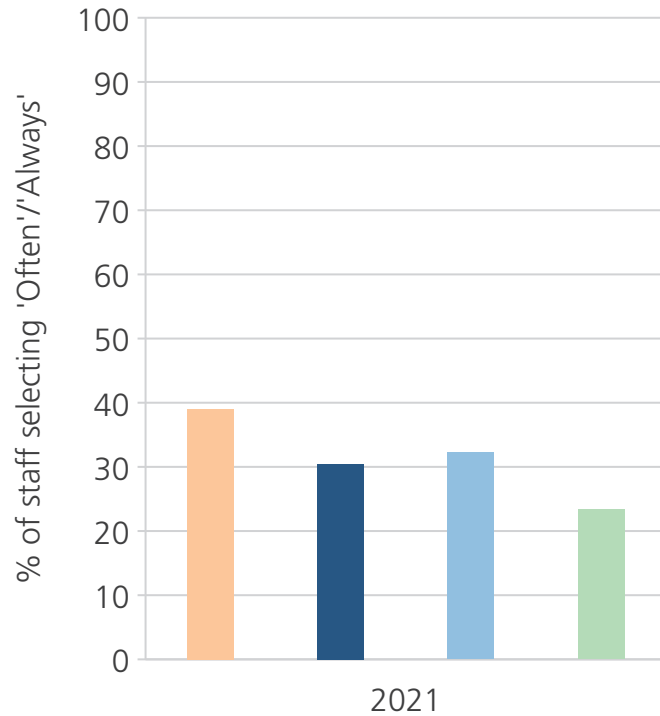
Worst	49.7%
Your org	41.7%
Average	39.9%
Best	30.8%

Responses 2,858

Q12d

How often, if at all, are you exhausted at the thought of another day/shift at work?

No trend data are shown as this is a new question



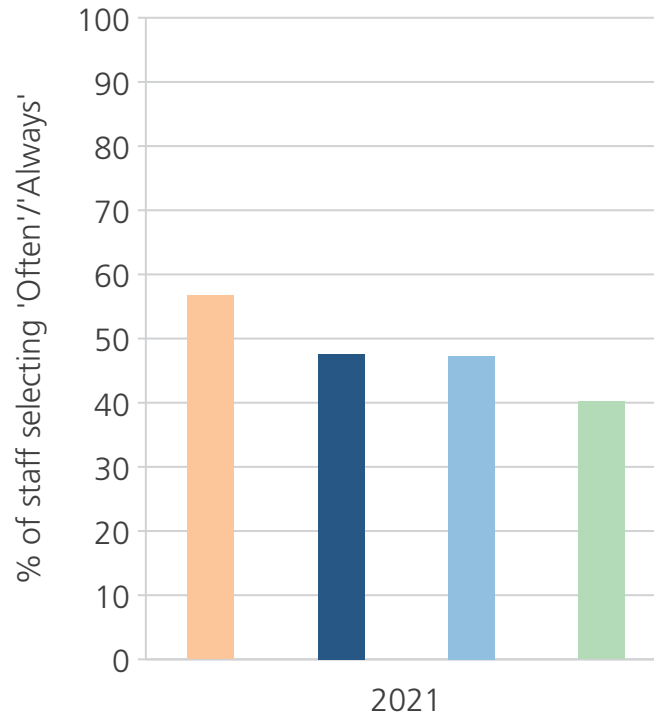
Worst	39.0%
Your org	30.5%
Average	32.2%
Best	23.4%

Responses 2,856

Q12e

How often, if at all, do you feel worn out at the end of your working day/shift?

No trend data are shown as this is a new question



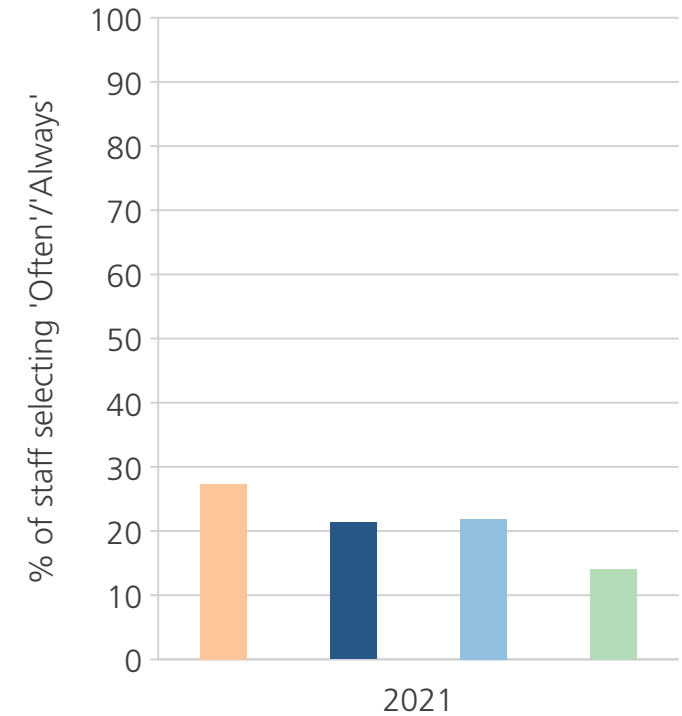
Worst	56.7%
Your org	47.6%
Average	47.2%
Best	40.2%

Responses 2,855

Q12f

How often, if at all, do you feel that every working hour is tiring for you?

No trend data are shown as this is a new question



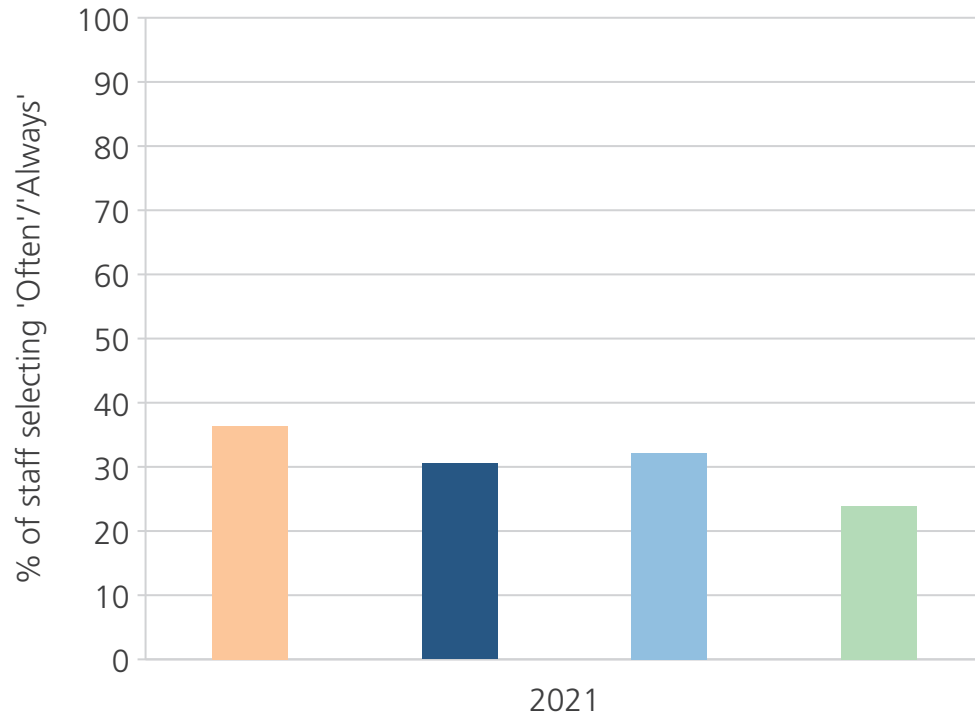
Worst	27.3%
Your org	21.3%
Average	21.9%
Best	14.1%

Responses 2,847

Q12g

How often, if at all, do you not have enough energy for family and friends during leisure time?

No trend data are shown as this is a new question

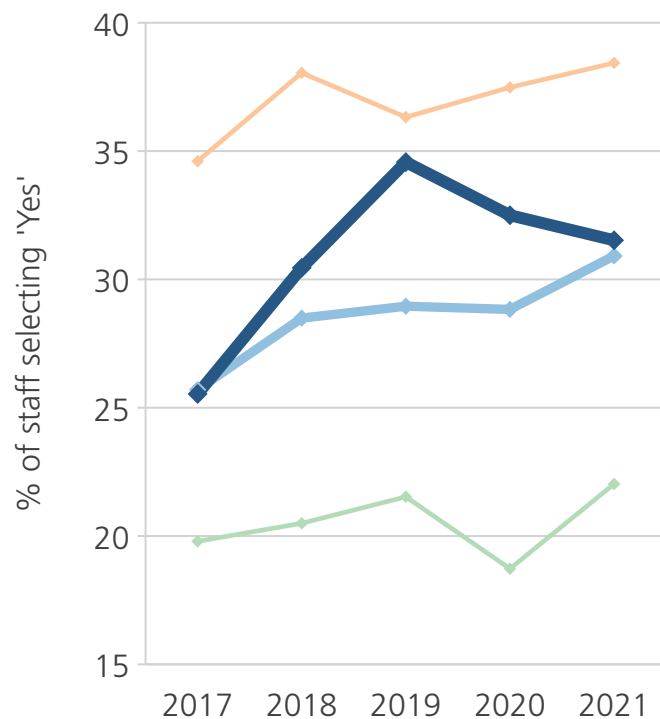


Worst	36.3%
Your org	30.5%
Average	32.1%
Best	23.9%

Responses 2,860

Q11b

In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

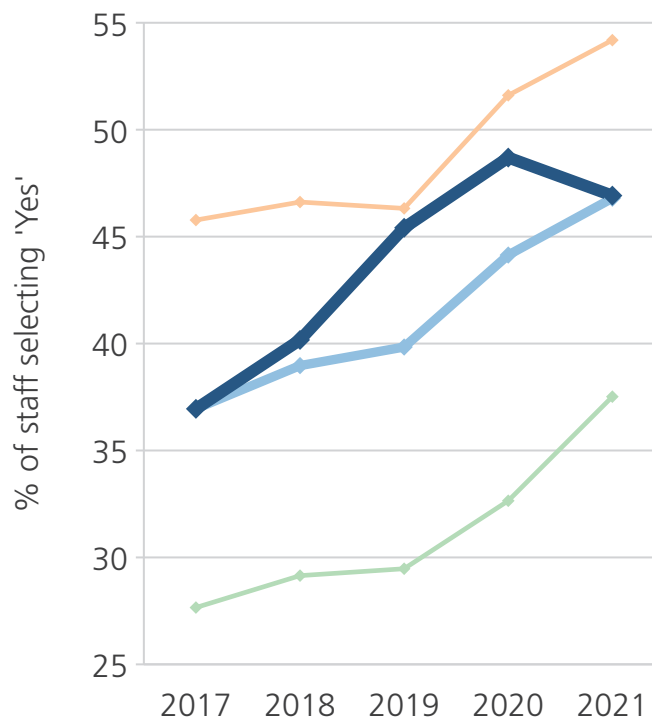


Worst	34.6%	38.0%	36.3%	37.5%	38.4%
Your org	25.5%	30.5%	34.6%	32.5%	31.5%
Average	25.7%	28.5%	29.0%	28.8%	30.9%
Best	19.8%	20.5%	21.5%	18.7%	22.0%

Responses 410 410 2,238 2,442 2,854

Q11c

During the last 12 months have you felt unwell as a result of work related stress?

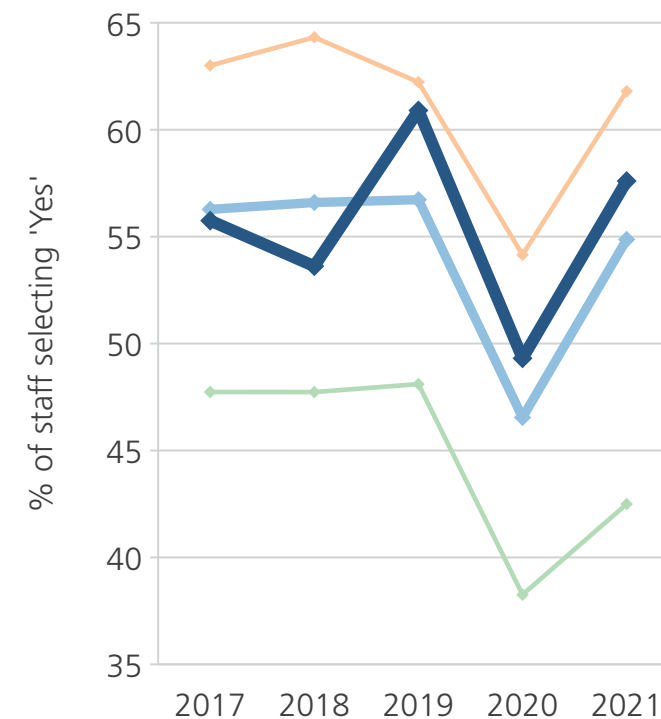


Worst	45.8%	46.6%	46.3%	51.6%	54.2%
Your org	36.9%	40.2%	45.4%	48.7%	46.9%
Average	36.9%	39.0%	39.8%	44.1%	46.8%
Best	27.7%	29.1%	29.5%	32.6%	37.5%

Responses 410 410 2,238 2,443 2,847

Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?

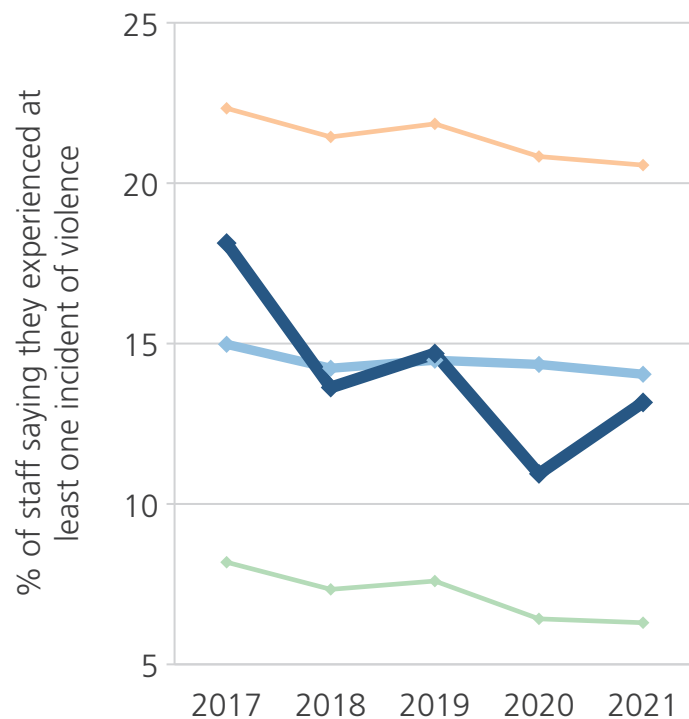


Worst	63.0%	64.3%	62.2%	54.2%	61.8%
Your org	55.7%	53.6%	60.9%	49.3%	57.6%
Average	56.3%	56.6%	56.7%	46.5%	54.9%
Best	47.7%	47.7%	48.1%	38.3%	42.5%

Responses 409 409 2,235 2,442 2,839

Q13a

In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

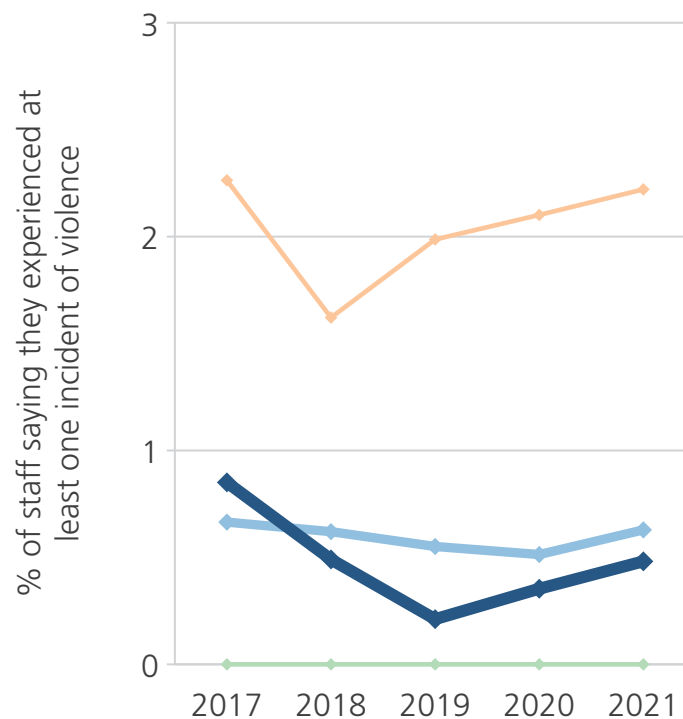


Worst	22.3%	21.4%	21.8%	20.8%	20.6%
Your org	18.1%	13.6%	14.7%	10.9%	13.2%
Average	15.0%	14.2%	14.5%	14.3%	14.0%
Best	8.2%	7.3%	7.6%	6.4%	6.3%

Responses 413 409 2,228 2,439 2,863

Q13b

In the last 12 months how many times have you personally experienced physical violence at work from managers?

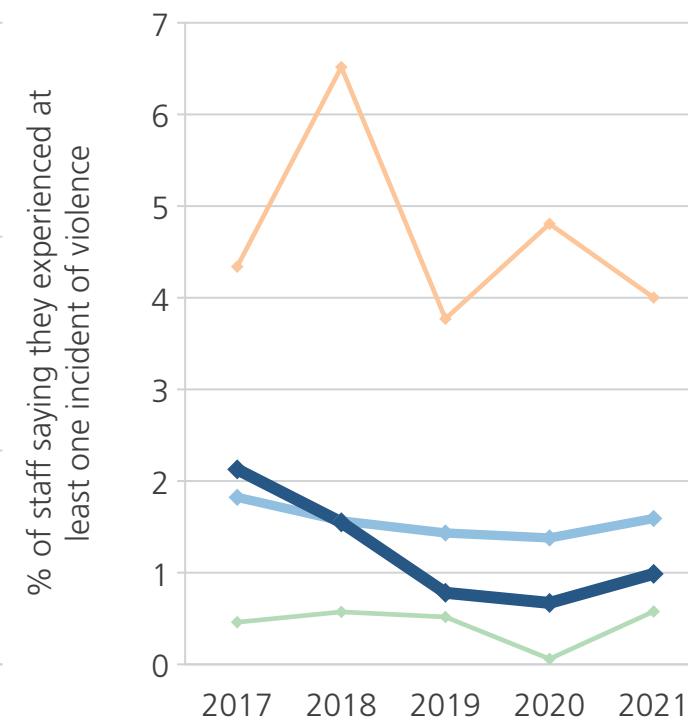


Worst	2.3%	1.6%	2.0%	2.1%	2.2%
Your org	0.9%	0.5%	0.2%	0.4%	0.5%
Average	0.7%	0.6%	0.6%	0.5%	0.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Responses 410 404 2,219 2,438 2,839

Q13c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?

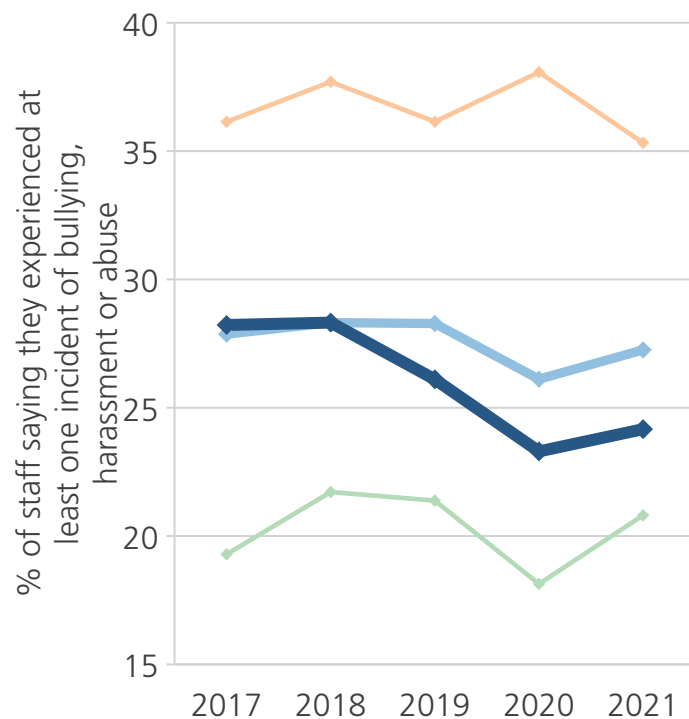


Worst	4.3%	6.5%	3.8%	4.8%	4.0%
Your org	2.1%	1.5%	0.8%	0.7%	1.0%
Average	1.8%	1.6%	1.4%	1.4%	1.6%
Best	0.5%	0.6%	0.5%	0.1%	0.6%

Responses 407 404 2,216 2,434 2,816

Q14a

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

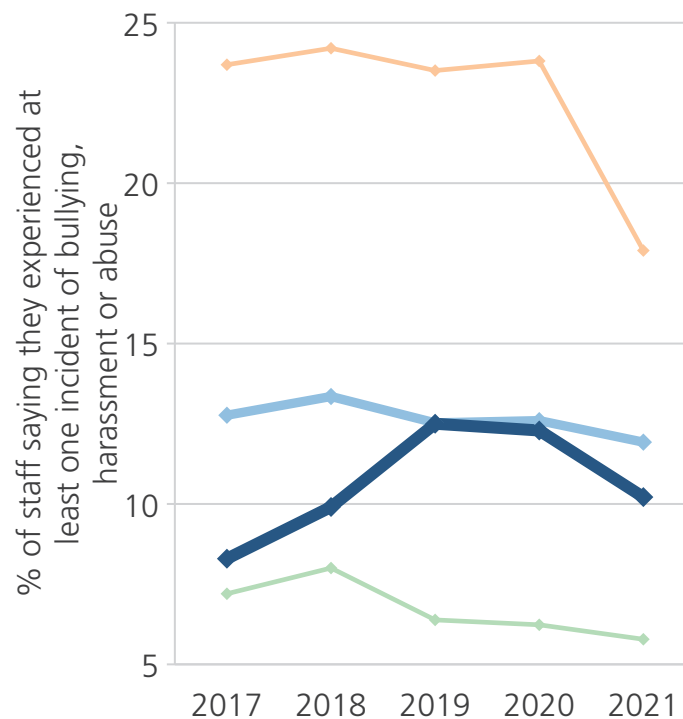


Worst	36.1%	37.7%	36.1%	38.1%	35.3%
Your org	28.2%	28.3%	26.1%	23.3%	24.2%
Average	27.9%	28.3%	28.3%	26.1%	27.3%
Best	19.3%	21.7%	21.4%	18.1%	20.8%

Responses 410 410 2,218 2,440 2,854

Q14b

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

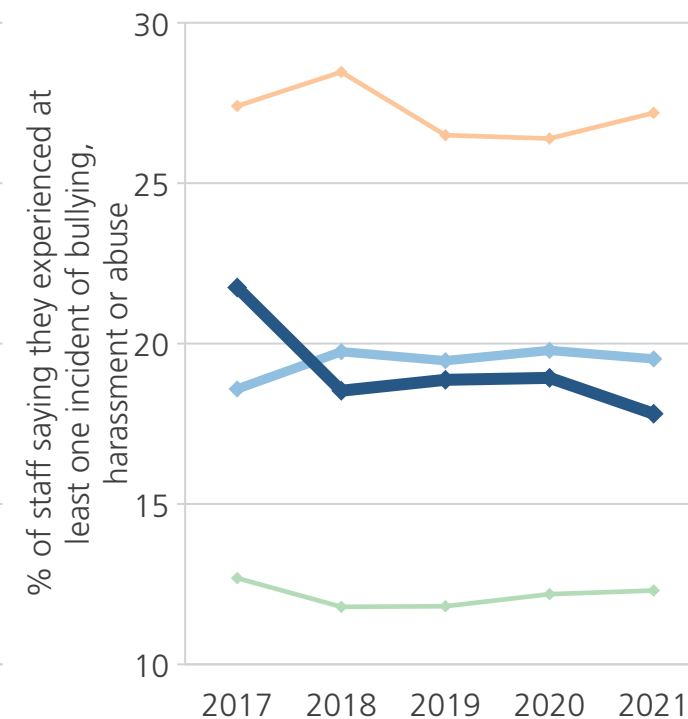


Worst	23.7%	24.2%	23.5%	23.8%	17.9%
Your org	8.3%	9.9%	12.5%	12.3%	10.2%
Average	12.8%	13.3%	12.5%	12.6%	11.9%
Best	7.2%	8.0%	6.4%	6.2%	5.8%

Responses 408 405 2,209 2,433 2,835

Q14c

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	21.7%	18.5%	18.9%	18.9%	17.8%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%

Responses 406 404 2,204 2,431 2,827



People Promise element detailed information – We are always learning

Questions:

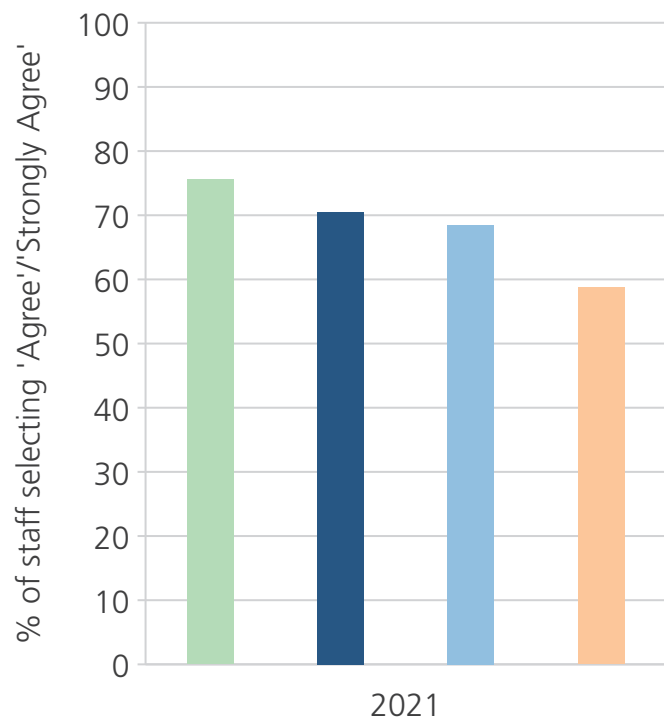
Q20a, Q20b, Q20c, Q20d, Q20e
Q19a, Q19b, Q19c, Q19d

South Tees Hospitals NHS Foundation Trust
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Q20a

This organisation offers me challenging work

No trend data are shown as this is a new question



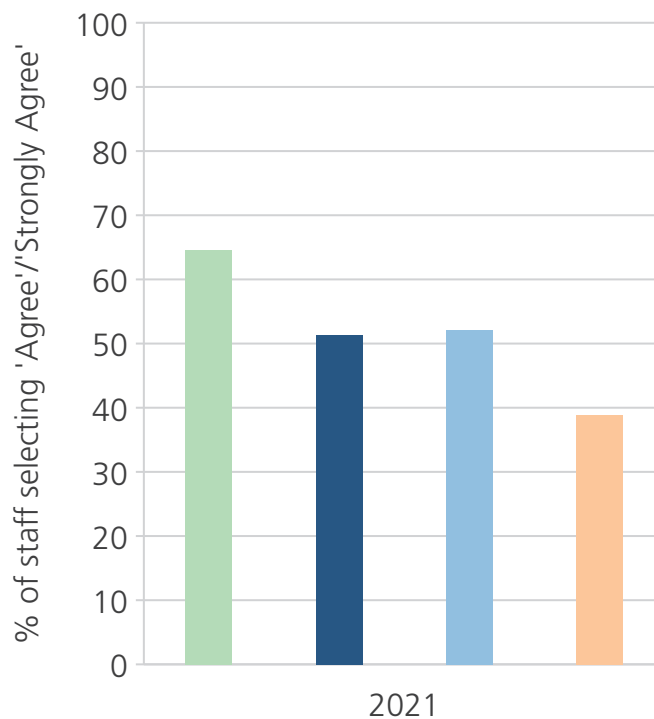
Best	75.6%
Your org	70.5%
Average	68.4%
Worst	58.8%

Responses 2,855

Q20b

There are opportunities for me to develop my career in this organisation

No trend data are shown as this is a new question



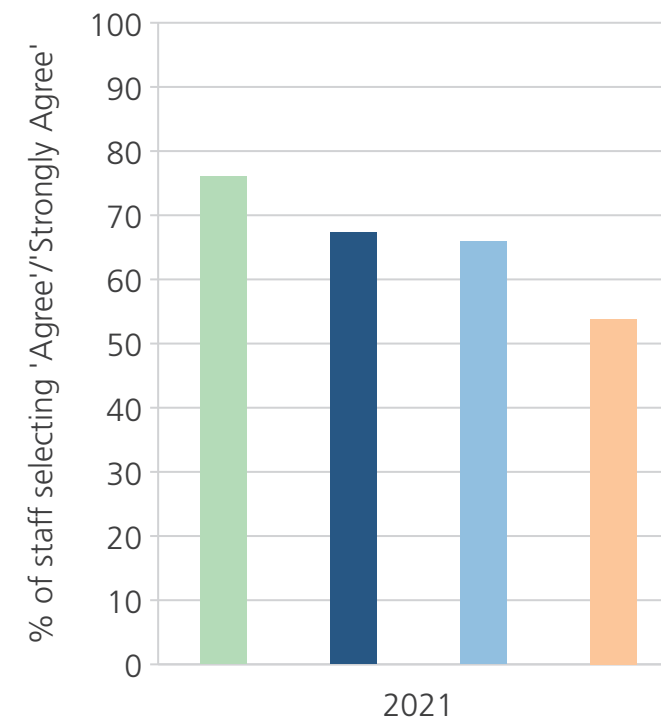
Best	64.6%
Your org	51.4%
Average	52.1%
Worst	38.8%

Responses 2,854

Q20c

I have opportunities to improve my knowledge and skills

No trend data are shown as this is a new question



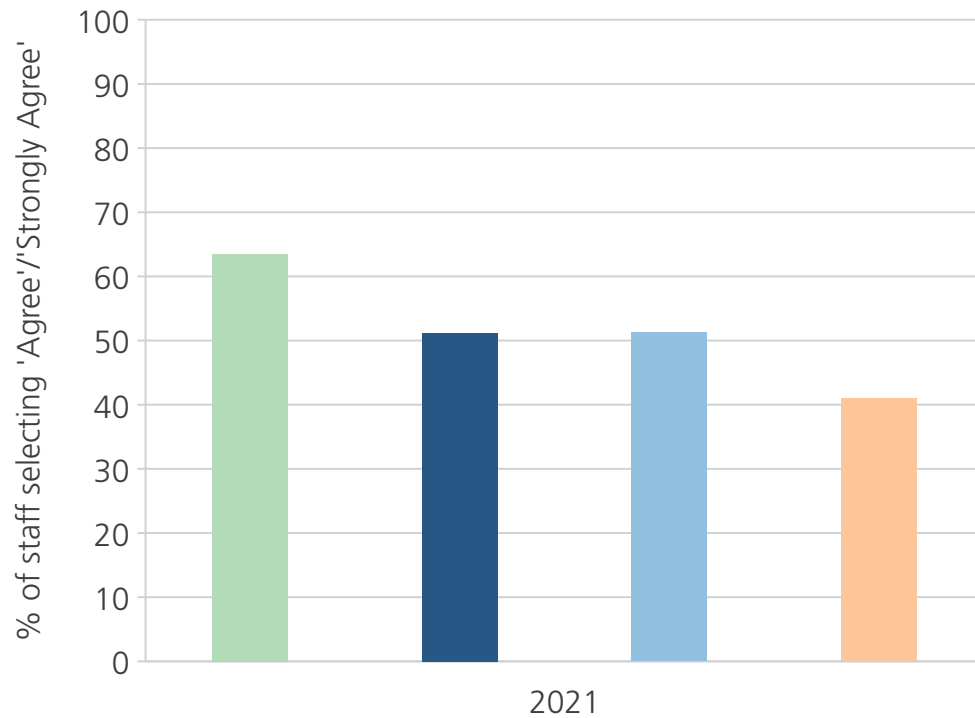
Best	76.0%
Your org	67.3%
Average	65.9%
Worst	53.8%

Responses 2,855

Q20d

I feel supported to develop my potential

No trend data are shown as this is a new question



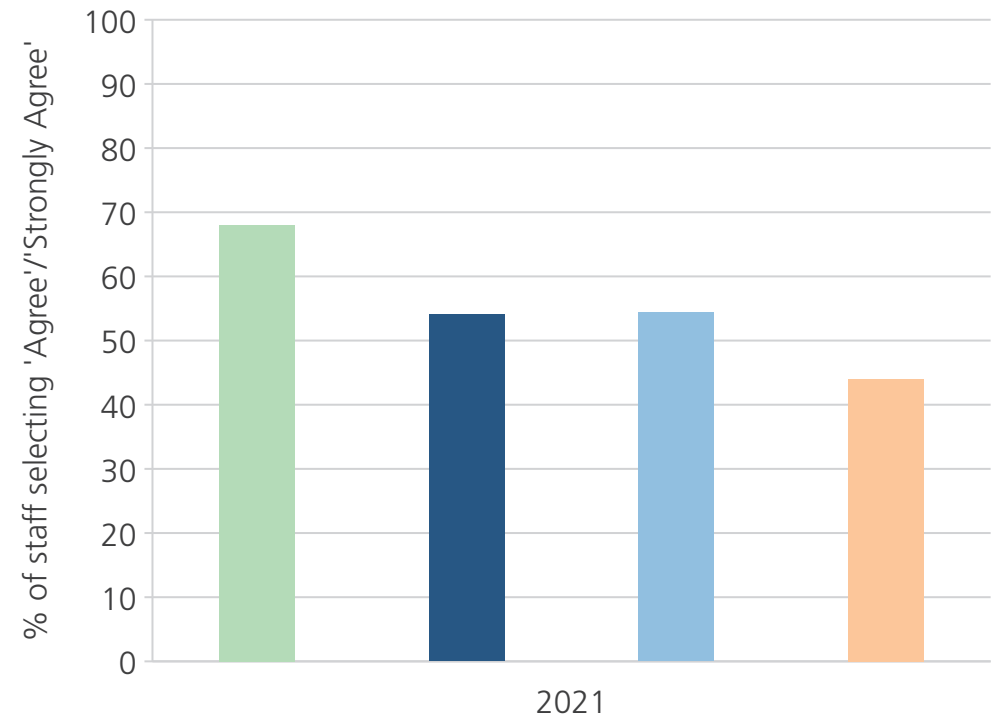
Best	63.5%
Your org	51.2%
Average	51.3%
Worst	41.0%

Responses 2,848

Q20e

I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question



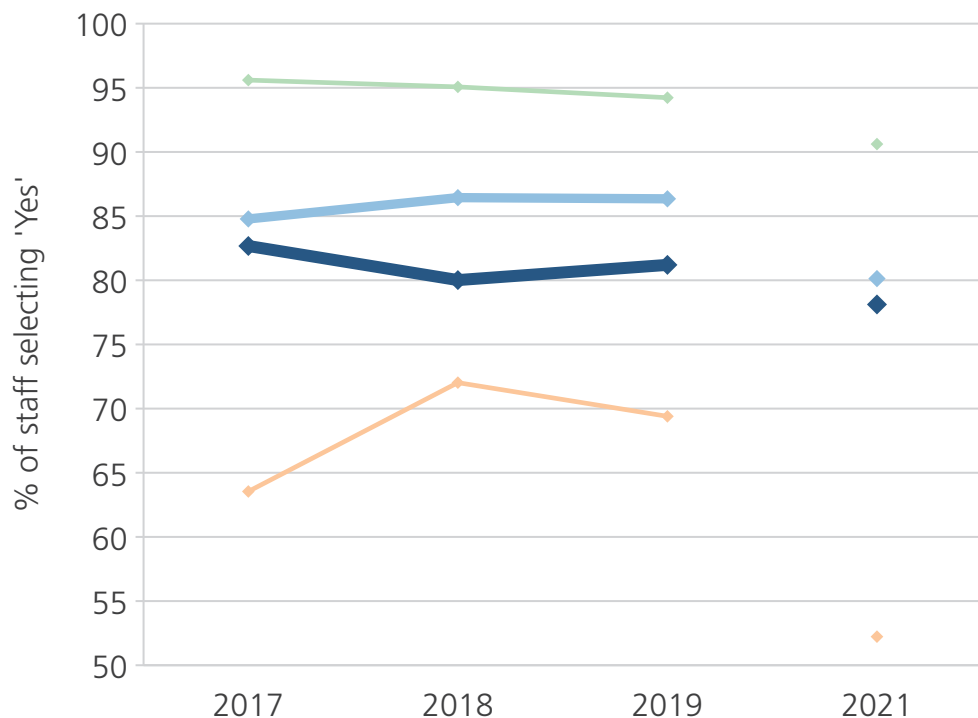
Best	68.0%
Your org	54.1%
Average	54.4%
Worst	44.1%

Responses 2,853

Q19a

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

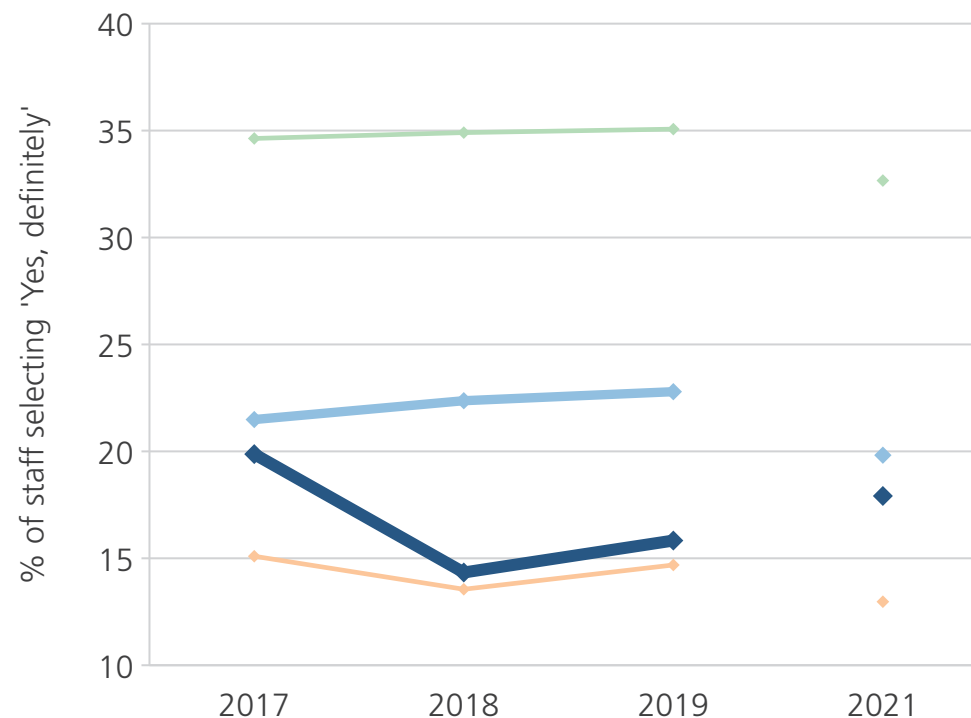


Highest	95.6%	95.1%	94.2%	90.6%
Your org	82.7%	80.0%	81.2%	78.1%
Average	84.8%	86.4%	86.3%	80.1%
Lowest	63.5%	72.0%	69.4%	52.2%
Responses	407	406	2,217	2,842

Q19b

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

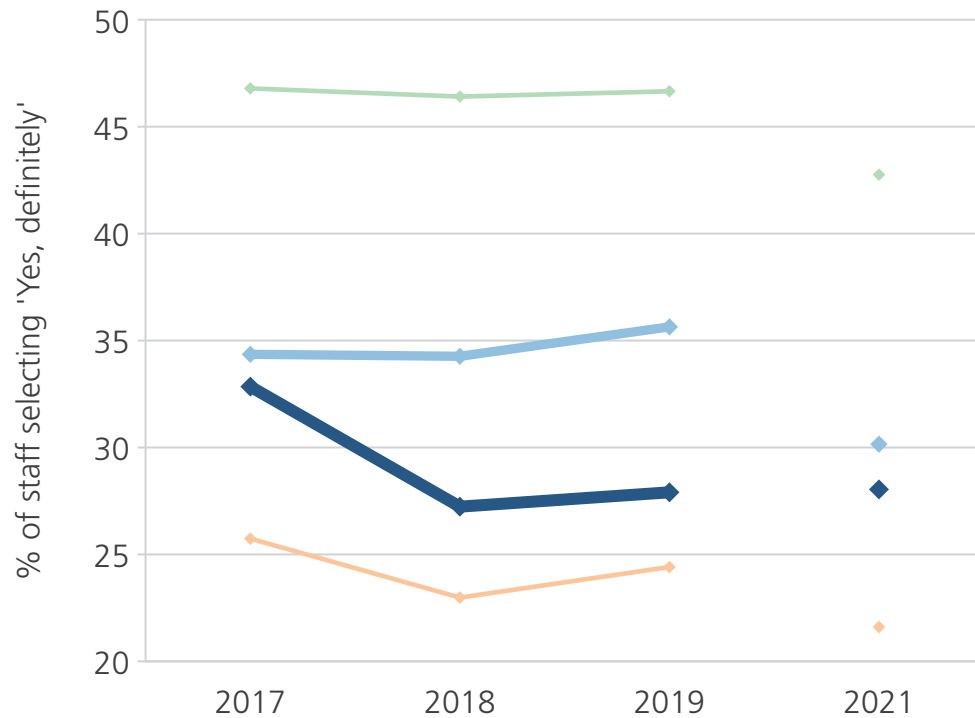


Best	34.6%	34.9%	35.1%	32.7%
Your org	19.9%	14.3%	15.8%	17.9%
Average	21.5%	22.4%	22.8%	19.8%
Worst	15.1%	13.6%	14.7%	13.0%
Responses	331	326	1,811	2,200

Q19c

It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

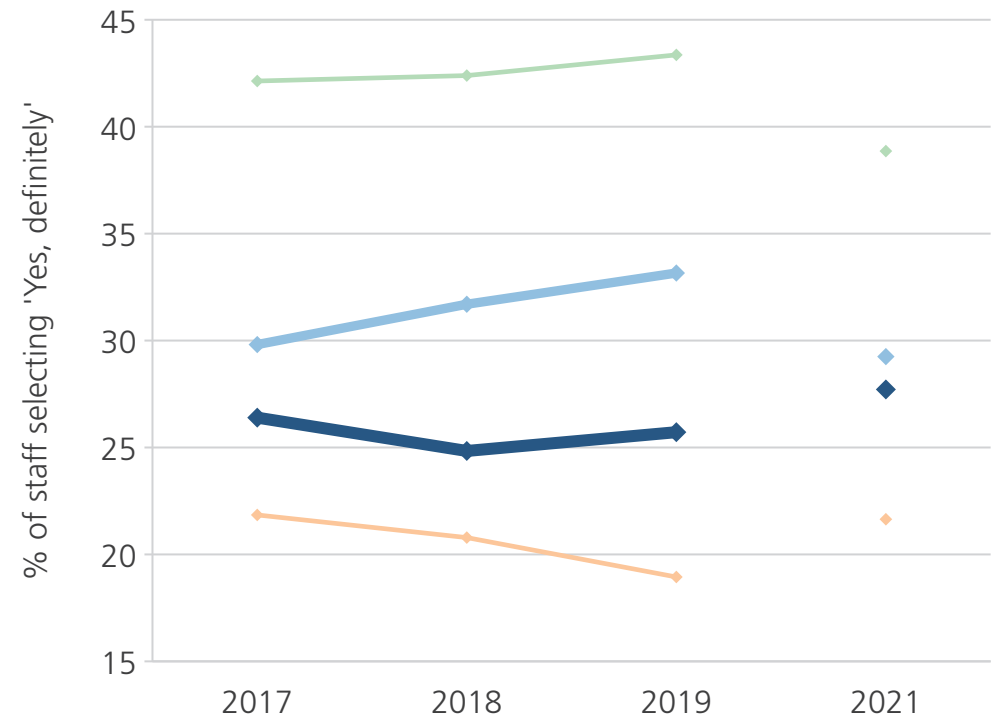


Best	46.8%	46.4%	46.7%	42.8%
Your org	32.8%	27.2%	27.9%	28.0%
Average	34.4%	34.3%	35.6%	30.2%
Worst	25.7%	23.0%	24.4%	21.6%
Responses	332	326	1,808	2,198

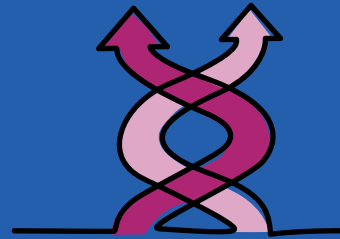
Q19d

It left me feeling that my work is valued by my organisation

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Best	42.1%	42.4%	43.4%	38.9%
Your org	26.4%	24.8%	25.7%	27.7%
Average	29.8%	31.7%	33.2%	29.3%
Worst	21.8%	20.8%	18.9%	21.6%
Responses	331	321	1,802	2,195



People Promise element detailed information – We work flexibly

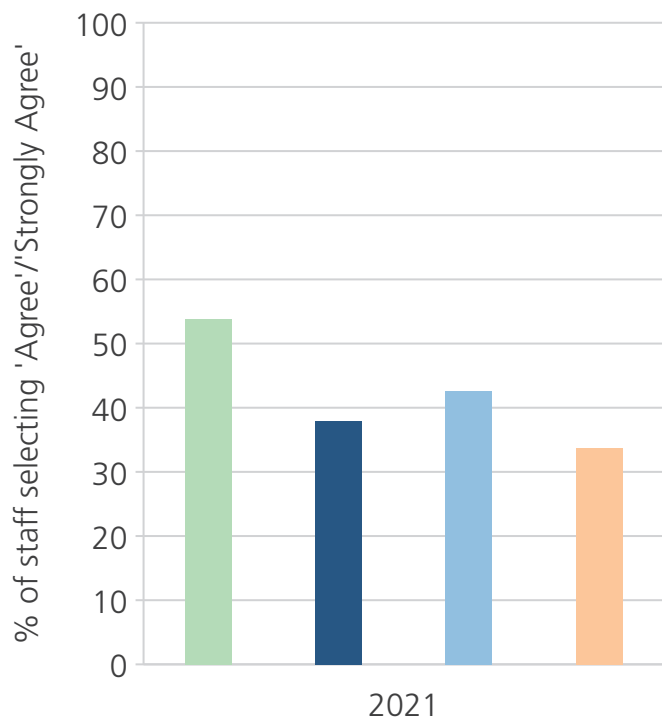
Questions:

Q6b, Q6c, Q6d
Q4d

Q6b

My organisation is committed to helping me balance my work and home life

No trend data are shown as this is a new question



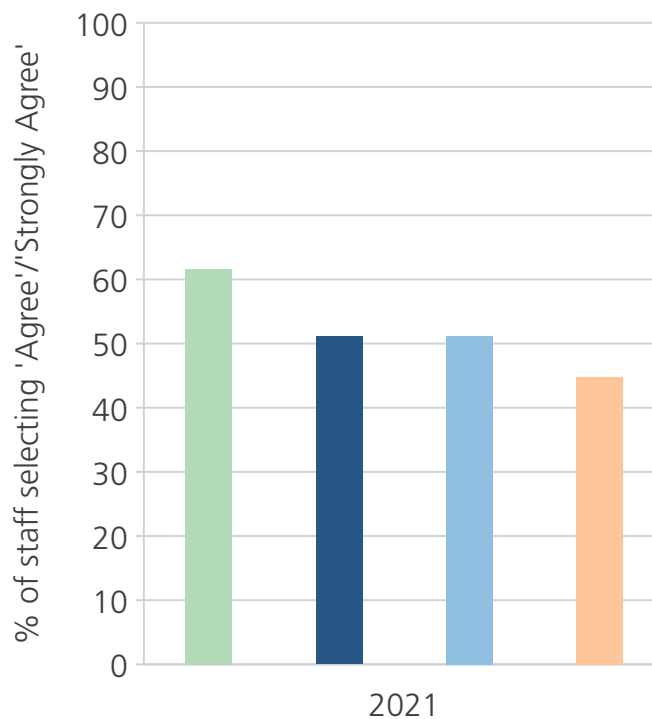
Best	53.8%
Your org	37.9%
Average	42.6%
Worst	33.8%

Responses 2,865

Q6c

I achieve a good balance between my work life and my home life

No trend data are shown as this is a new question



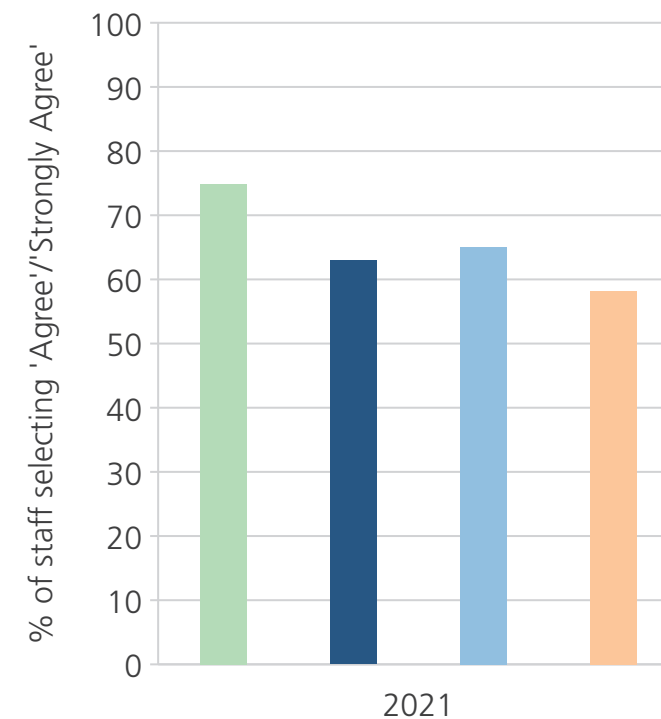
Best	61.6%
Your org	51.1%
Average	51.1%
Worst	44.7%

Responses 2,853

Q6d

I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question

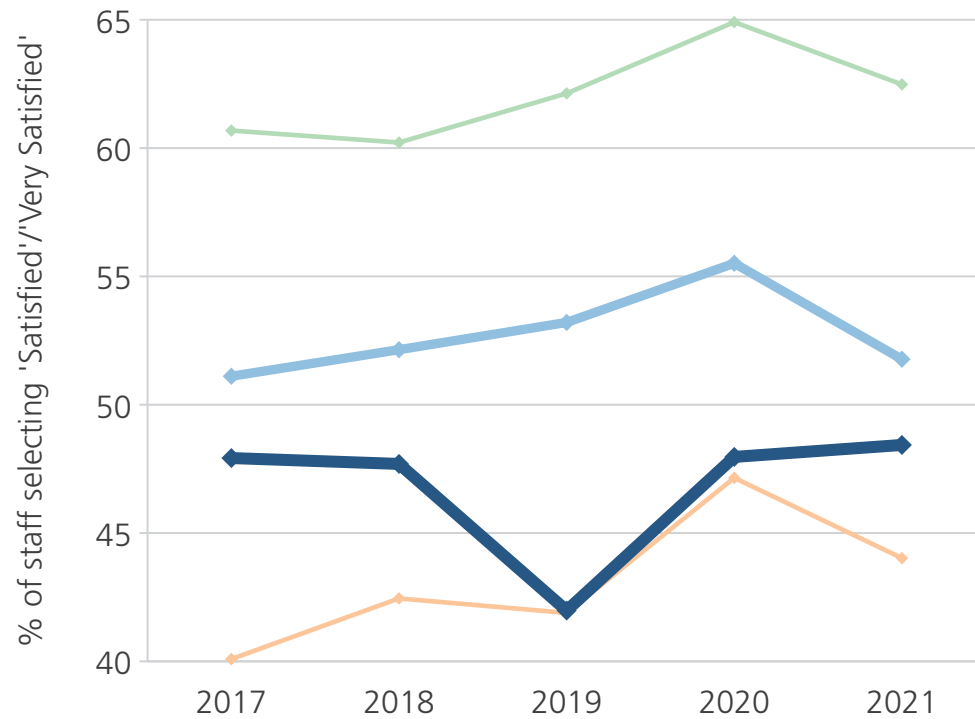


Best	74.8%
Your org	62.9%
Average	65.0%
Worst	58.2%

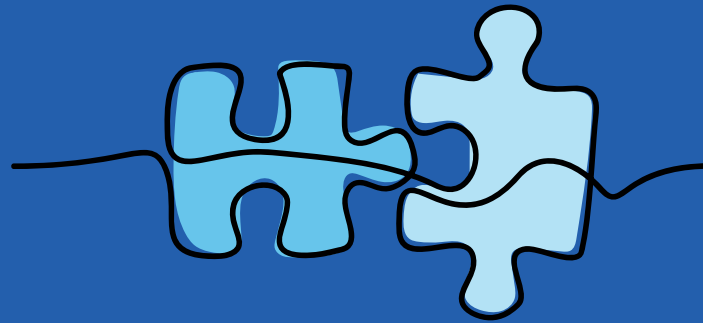
Responses 2,856

Q4d

The opportunities for flexible working patterns



Best	60.7%	60.2%	62.1%	64.9%	62.5%
Your org	47.9%	47.7%	42.0%	48.0%	48.4%
Average	51.1%	52.1%	53.2%	55.5%	51.8%
Worst	40.1%	42.5%	41.9%	47.2%	44.0%
Responses	413	408	2,242	2,445	2,849



People Promise element detailed information – We are a team

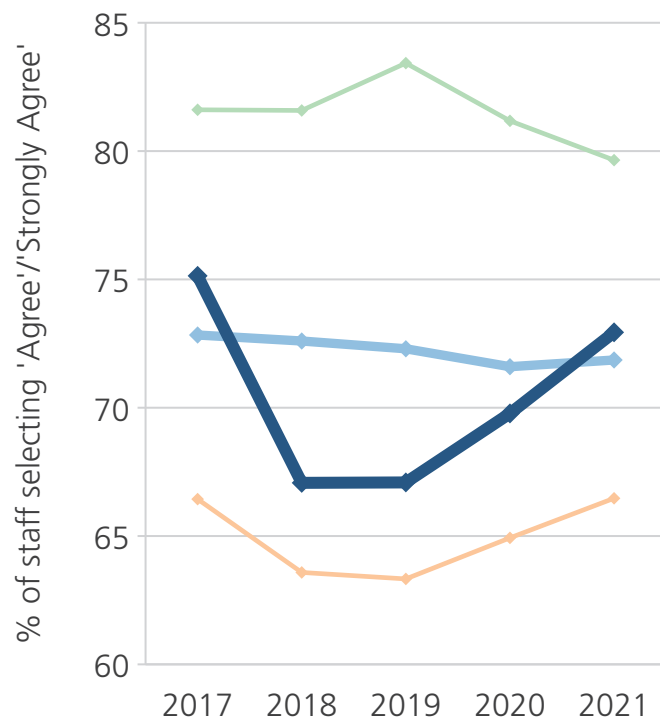
Questions:

Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
Q9a, Q9b, Q9c, Q9d

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Q7a

The team I work in has a set of shared objectives

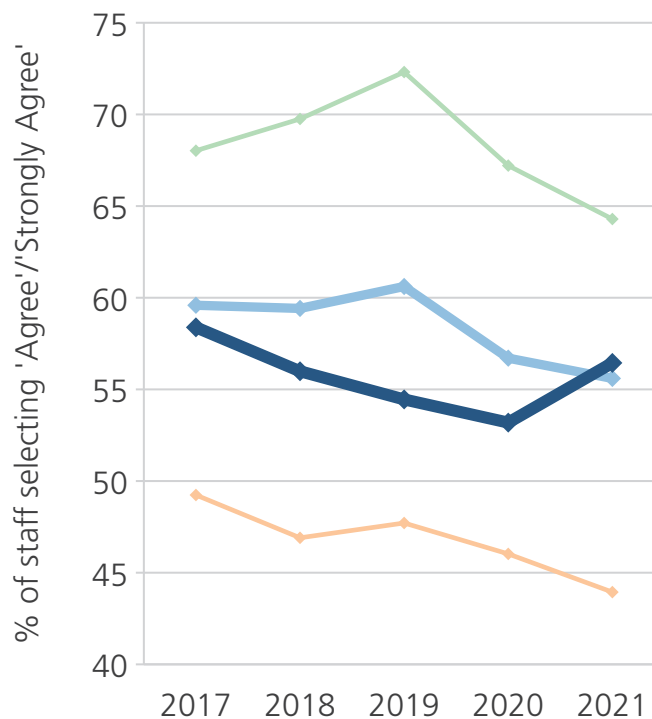


Best	81.6%	81.6%	83.4%	81.2%	79.6%
Your org	75.1%	67.1%	67.1%	69.8%	72.9%
Average	72.8%	72.6%	72.3%	71.6%	71.9%
Worst	66.4%	63.6%	63.3%	64.9%	66.5%

Responses 411 408 2,233 2,434 2,845

Q7b

The team I work in often meets to discuss the team's effectiveness

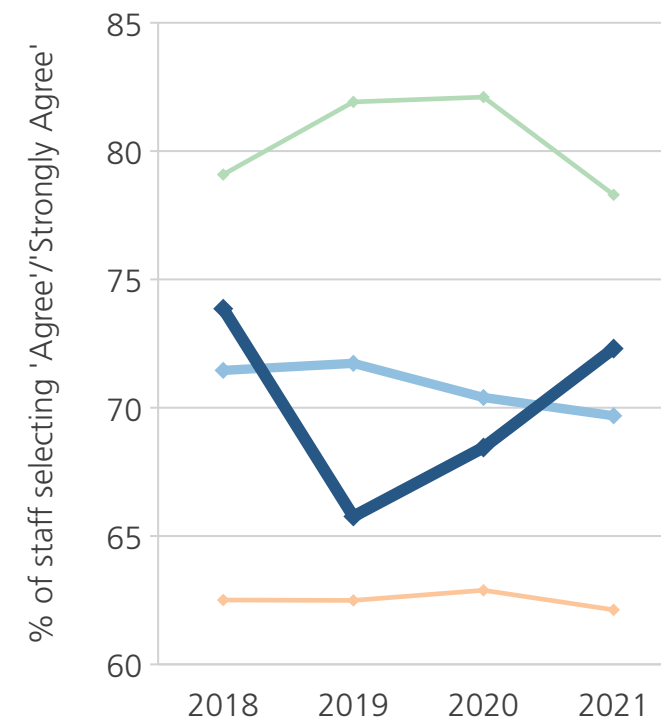


Best	68.0%	69.8%	72.3%	67.2%	64.3%
Your org	58.4%	56.0%	54.5%	53.2%	56.4%
Average	59.6%	59.4%	60.6%	56.7%	55.6%
Worst	49.2%	46.9%	47.7%	46.0%	43.9%

Responses 409 409 2,240 2,439 2,851

Q7c

I receive the respect I deserve from my colleagues at work



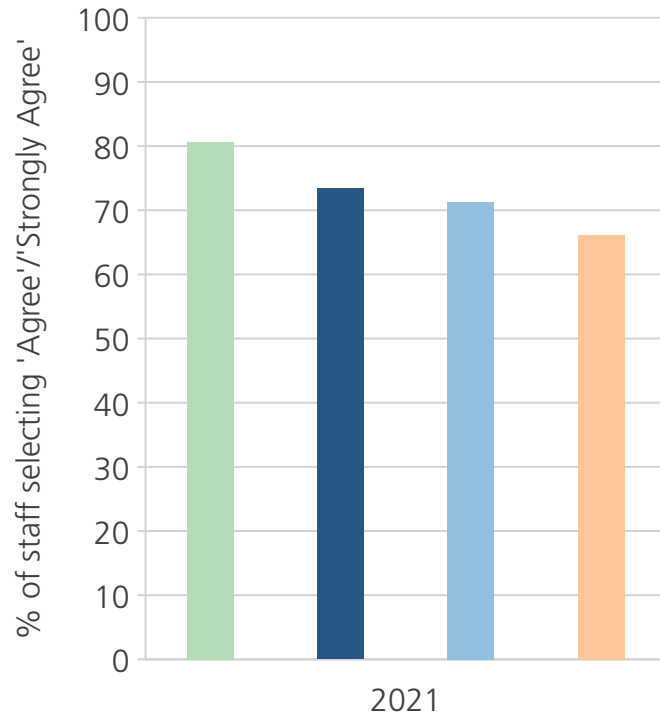
Best	79.1%	81.9%	82.1%	78.3%
Your org	73.9%	65.8%	68.5%	72.3%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%

Responses 410 2,140 2,442 2,848

Q7d

Team members understand each other's roles

No trend data are shown as this is a new question



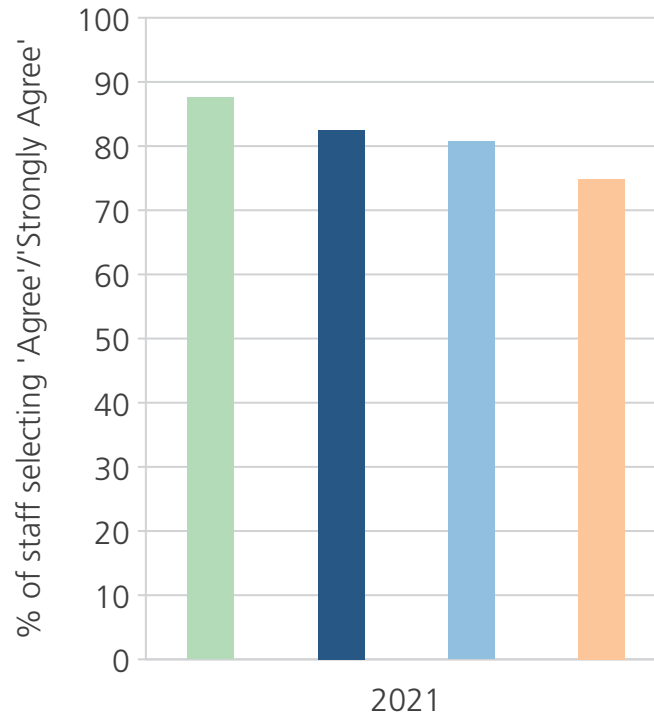
Best	80.6%
Your org	73.4%
Average	71.3%
Worst	66.1%

Responses 2,844

Q7e

I enjoy working with the colleagues in my team

No trend data are shown as this is a new question



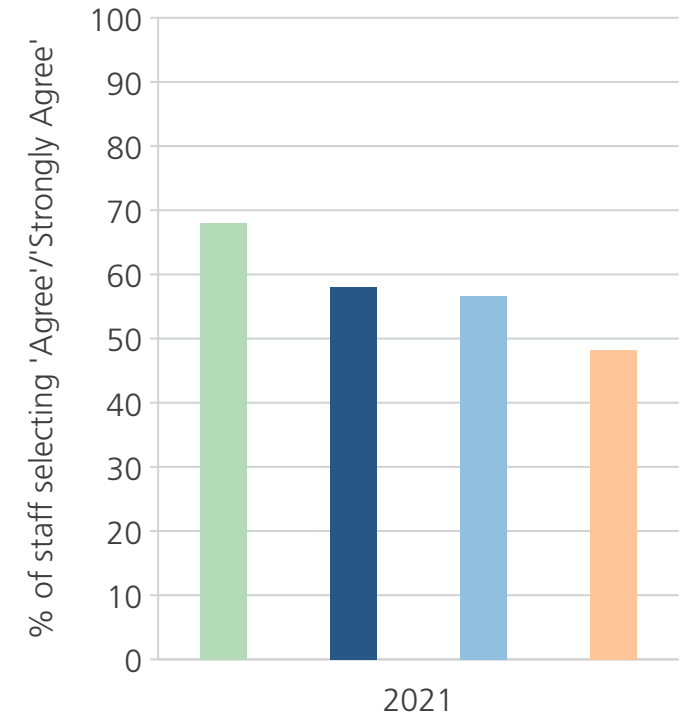
Best	87.6%
Your org	82.5%
Average	80.7%
Worst	74.9%

Responses 2,846

Q7f

My team has enough freedom in how to do its work

No trend data are shown as this is a new question



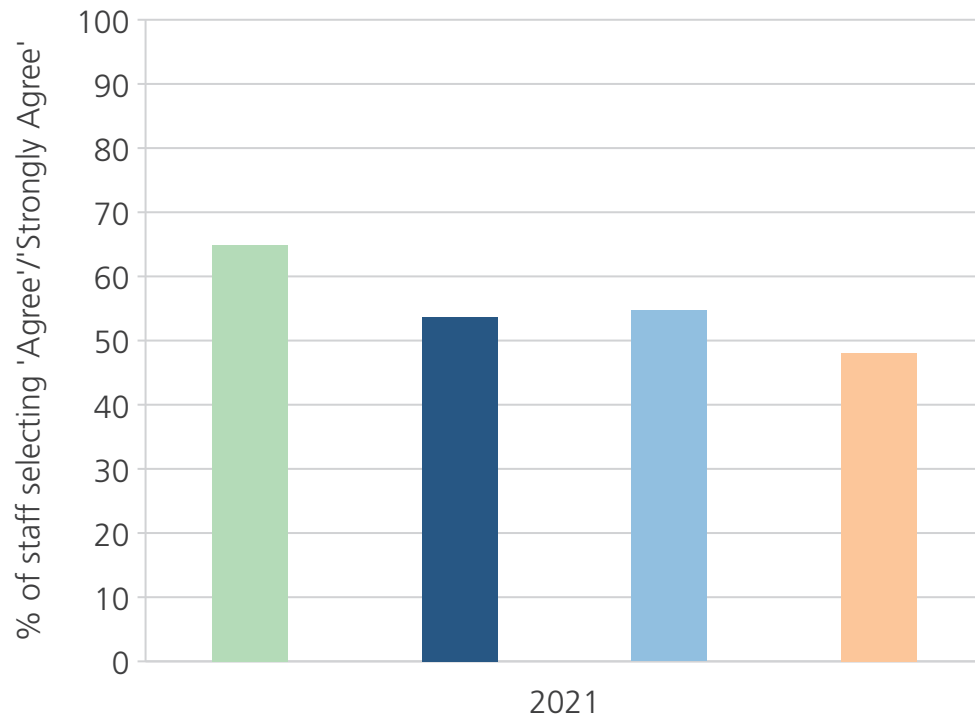
Best	68.0%
Your org	58.1%
Average	56.6%
Worst	48.2%

Responses 2,838

Q7g

In my team disagreements are dealt with constructively

No trend data are shown as this is a new question



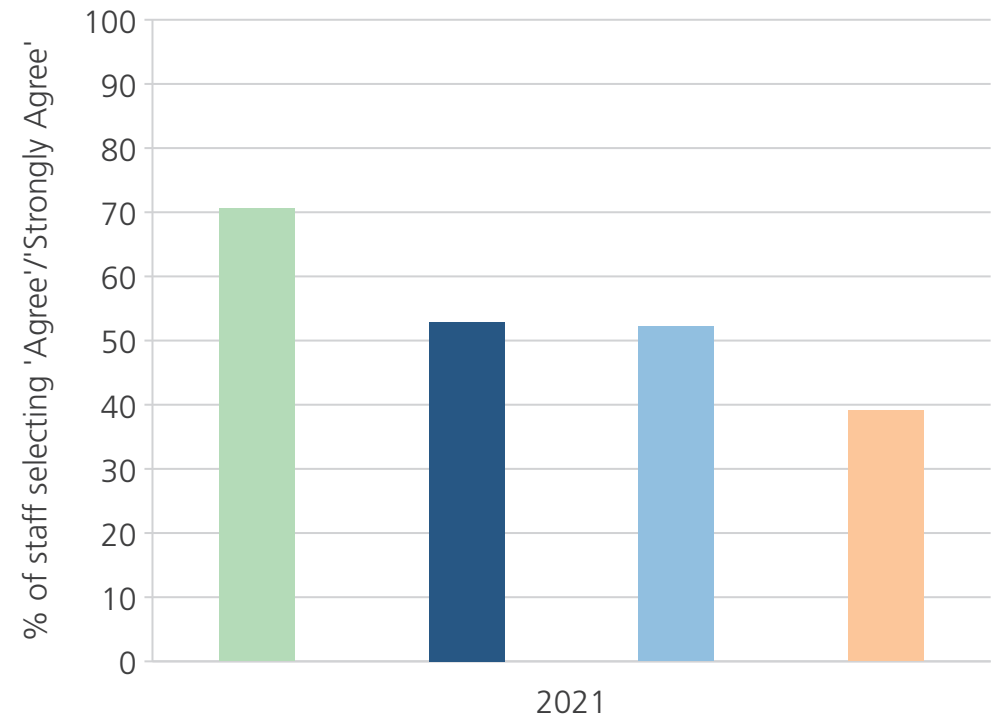
Best	64.9%
Your org	53.7%
Average	54.7%
Worst	48.0%

Responses 2,856

Q8a

Teams within this organisation work well together to achieve their objectives

No trend data are shown as this is a new question

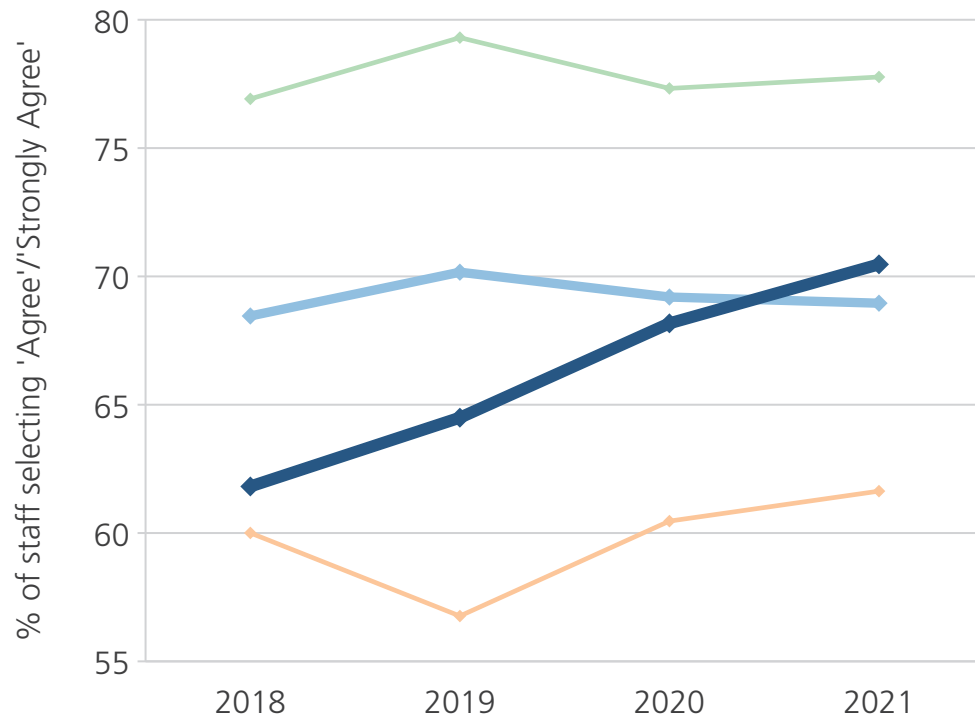


Best	70.6%
Your org	52.9%
Average	52.2%
Worst	39.1%

Responses 2,854

Q9a

My immediate manager encourages me at work

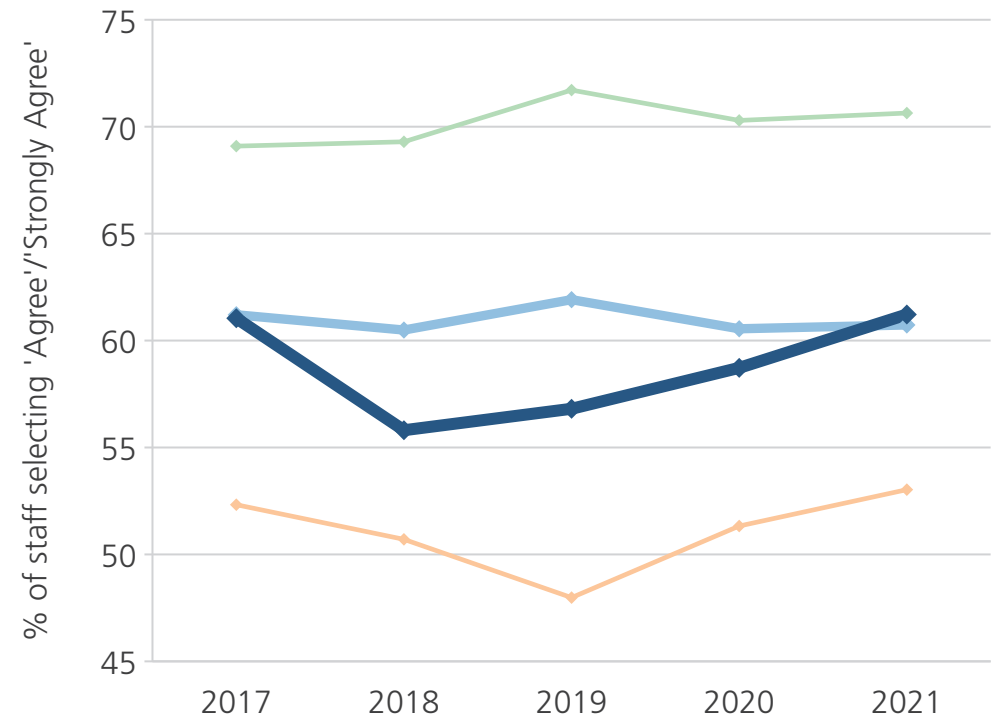


Best	76.9%	79.3%	77.3%	77.8%
Your org	61.8%	64.5%	68.2%	70.5%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%

Responses 408 2,247 2,446 2,857

Q9b

My immediate manager gives me clear feedback on my work

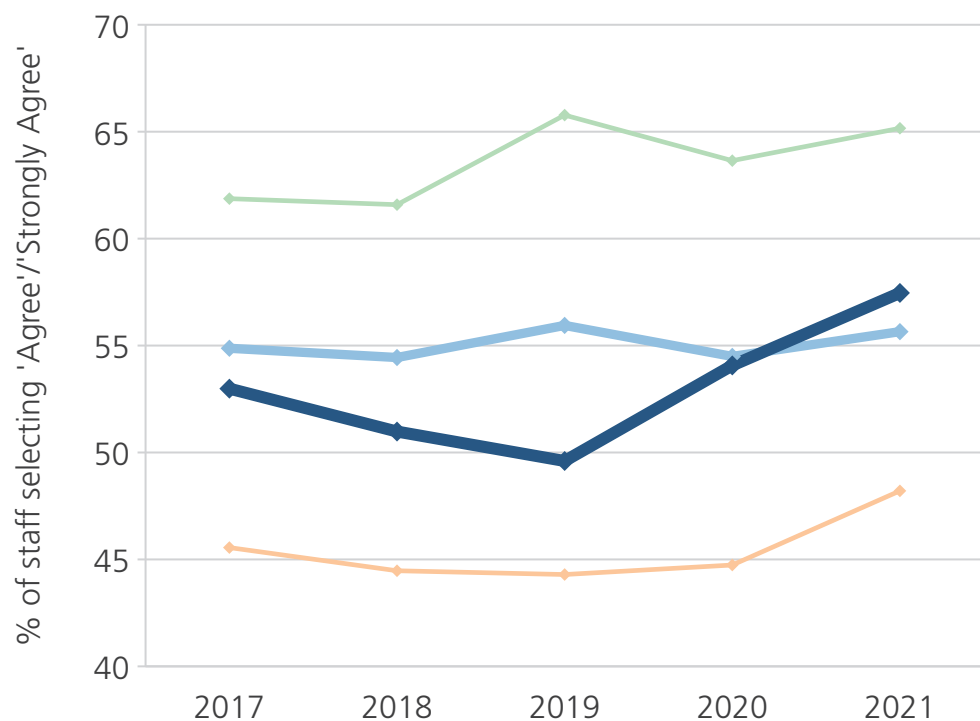


Best	69.1%	69.3%	71.7%	70.3%	70.6%
Your org	61.0%	55.8%	56.8%	58.7%	61.2%
Average	61.2%	60.5%	61.9%	60.6%	60.7%
Worst	52.3%	50.7%	48.0%	51.3%	53.0%

Responses 412 409 2,240 2,441 2,854

Q9c

My immediate manager asks for my opinion before making decisions that affect my work

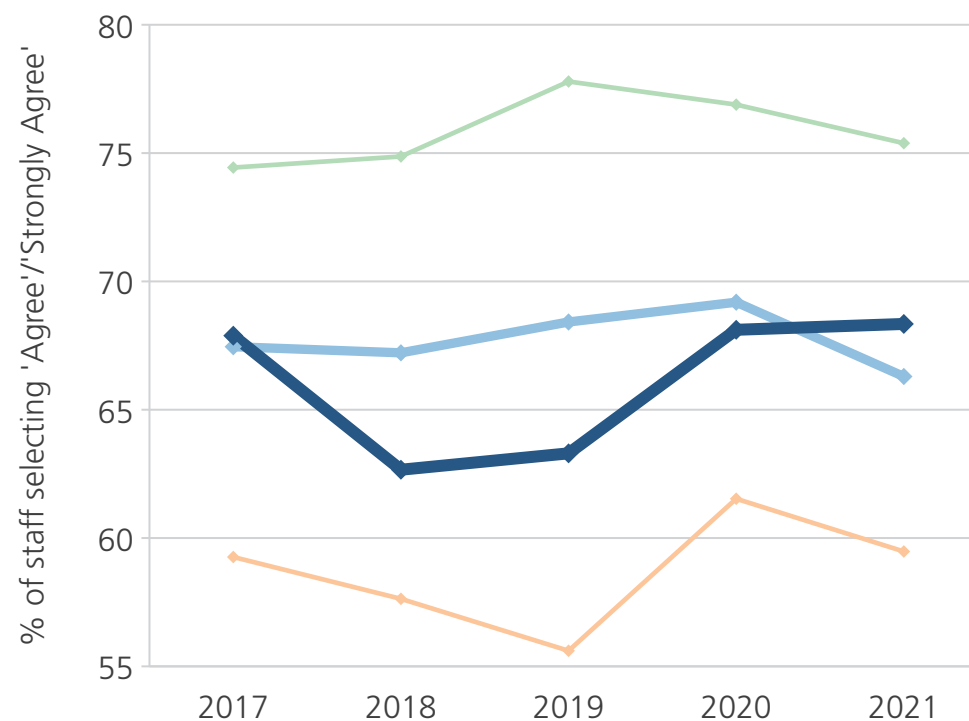


Best	61.9%	61.6%	65.8%	63.6%	65.2%
Your org	53.0%	51.0%	49.6%	54.1%	57.5%
Average	54.9%	54.4%	55.9%	54.5%	55.7%
Worst	45.6%	44.5%	44.3%	44.7%	48.2%

Responses 410 406 2,241 2,439 2,854

Q9d

My immediate manager takes a positive interest in my health and well-being



Best	74.4%	74.9%	77.8%	76.9%	75.4%
Your org	67.9%	62.7%	63.3%	68.1%	68.3%
Average	67.5%	67.2%	68.4%	69.2%	66.3%
Worst	59.3%	57.6%	55.6%	61.5%	59.5%

Responses 412 408 2,243 2,444 2,858

Theme detailed information – Staff Engagement

Questions:

Q2a, Q2b, Q2c

Q3c, Q3d, Q3f

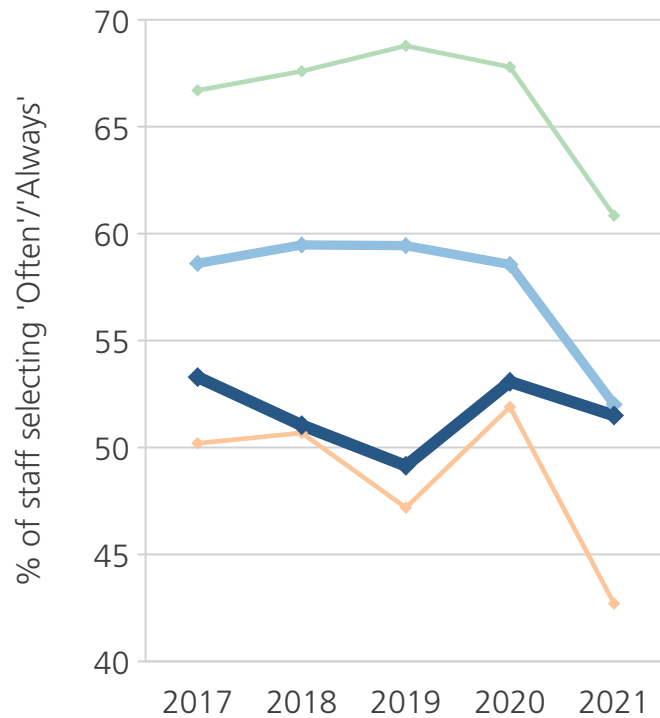
Q21a, Q21c, Q21d

South Tees Hospitals NHS Foundation Trust

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Q2a

I look forward to going to work

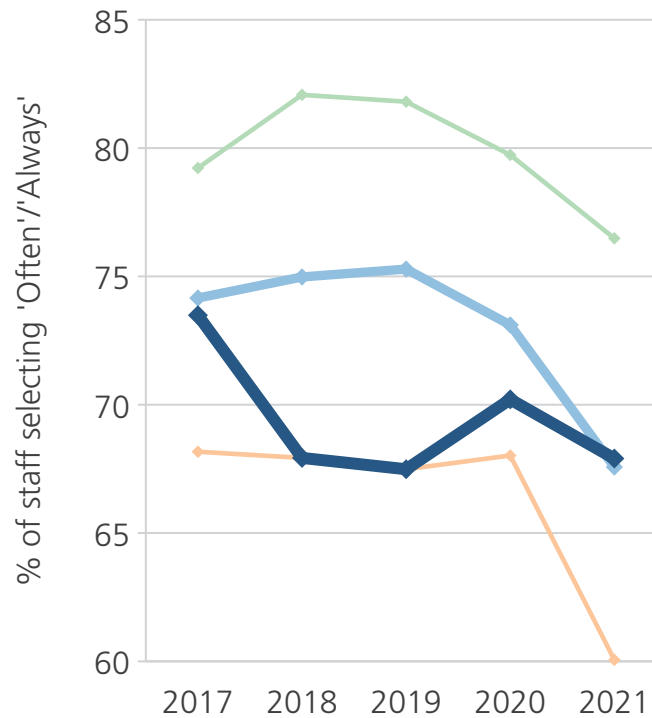


Best	66.7%	67.6%	68.8%	67.8%	60.8%
Your org	53.3%	51.0%	49.1%	53.1%	51.5%
Average	58.6%	59.5%	59.4%	58.6%	52.0%
Worst	50.2%	50.7%	47.2%	51.9%	42.7%

Responses 412 410 2,235 2,443 2,850

Q2b

I am enthusiastic about my job

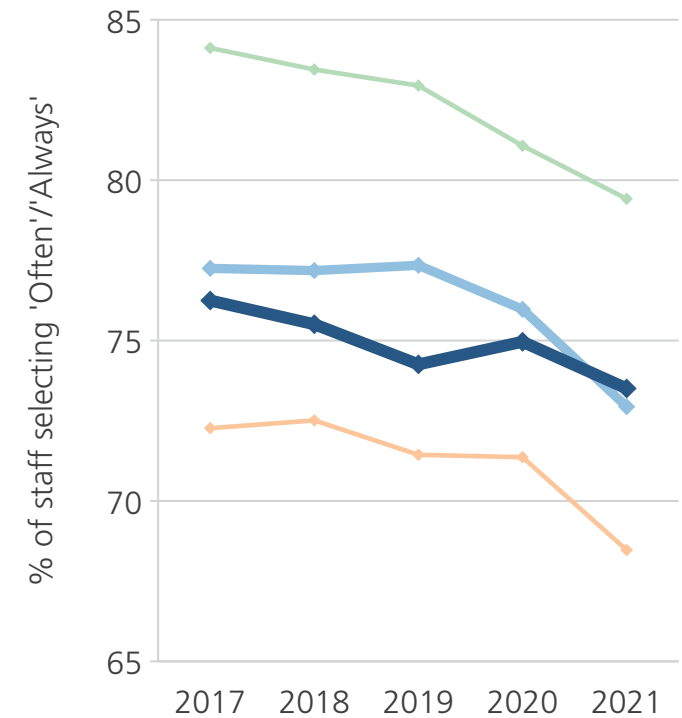


Best	79.2%	82.1%	81.8%	79.7%	76.5%
Your org	73.5%	67.9%	67.5%	70.2%	67.9%
Average	74.2%	75.0%	75.3%	73.1%	67.6%
Worst	68.2%	67.9%	67.5%	68.0%	60.1%

Responses 402 407 2,230 2,440 2,834

Q2c

Time passes quickly when I am working

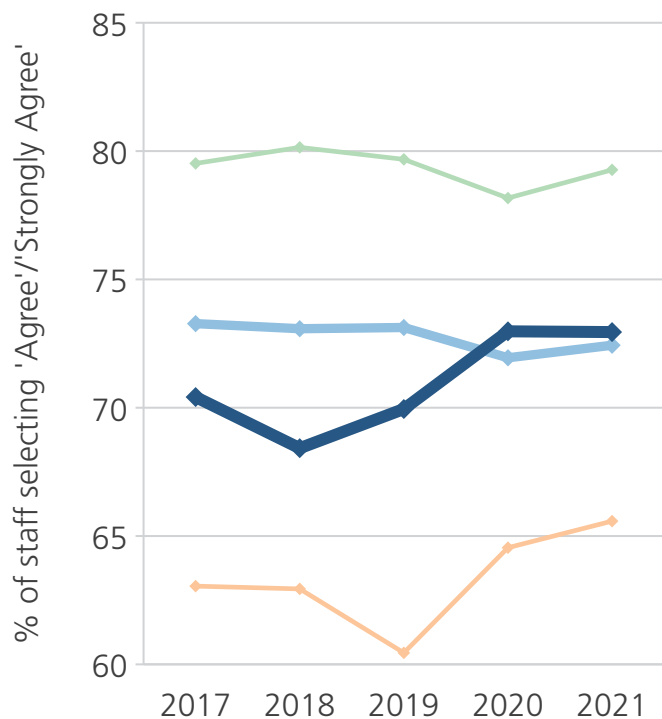


Best	84.1%	83.4%	82.9%	81.1%	79.4%
Your org	76.2%	75.5%	74.3%	75.0%	73.5%
Average	77.2%	77.2%	77.3%	76.0%	72.9%
Worst	72.3%	72.5%	71.4%	71.4%	68.5%

Responses 403 407 2,225 2,434 2,833

Q3c

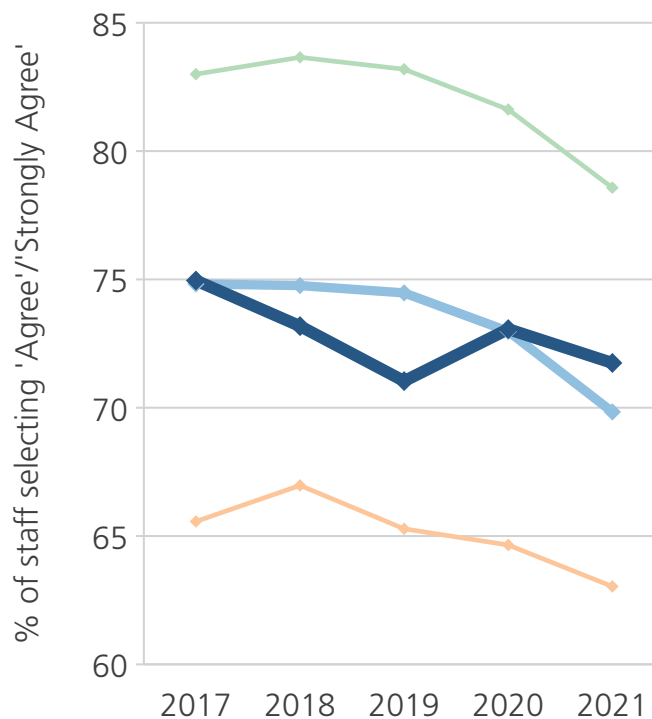
There are frequent opportunities for me to show initiative in my role



Responses 412 411 2,248 2,445 2,860

Q3d

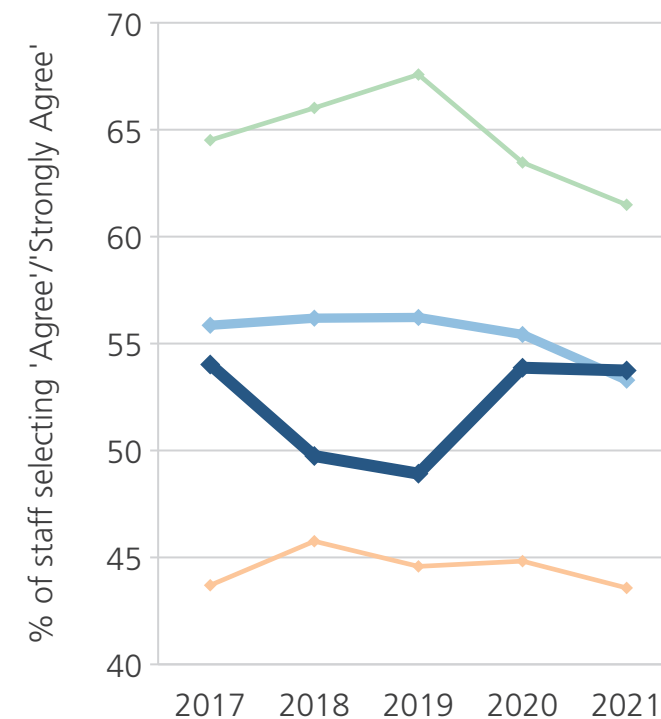
I am able to make suggestions to improve the work of my team / department



Responses 413 411 2,245 2,446 2,850

Q3f

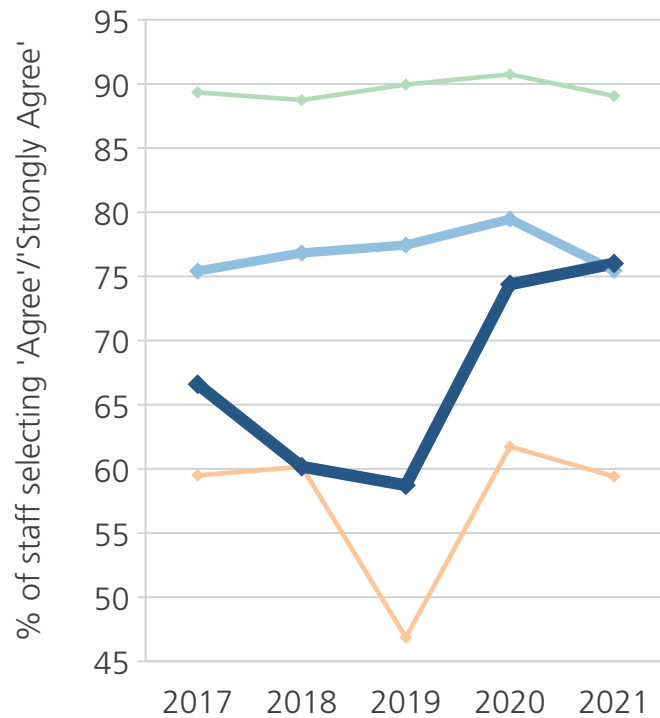
I am able to make improvements happen in my area of work



Responses 410 410 2,236 2,443 2,849

Q21a

Care of patients / service users
is my organisation's top priority

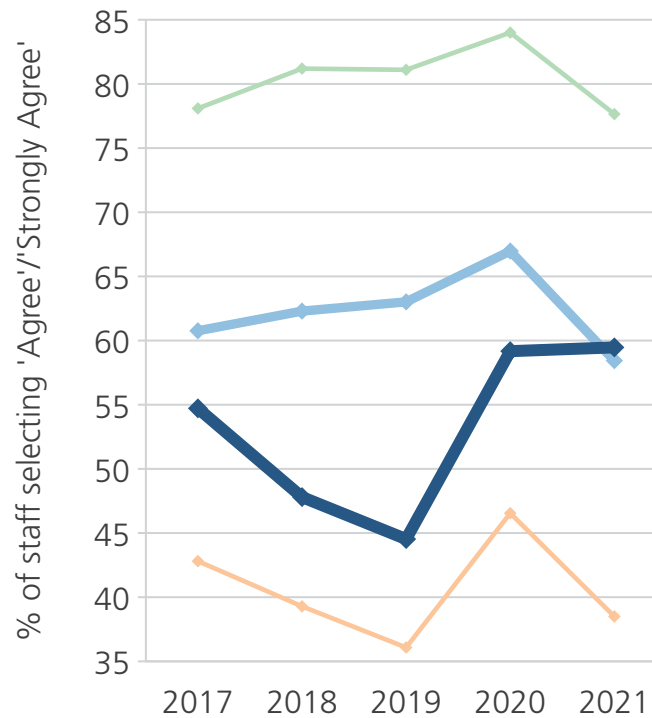


Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	66.6%	60.2%	58.7%	74.4%	76.0%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%

Responses 408 406 2,227 2,441 2,846

Q21c

I would recommend my
organisation as a place to work

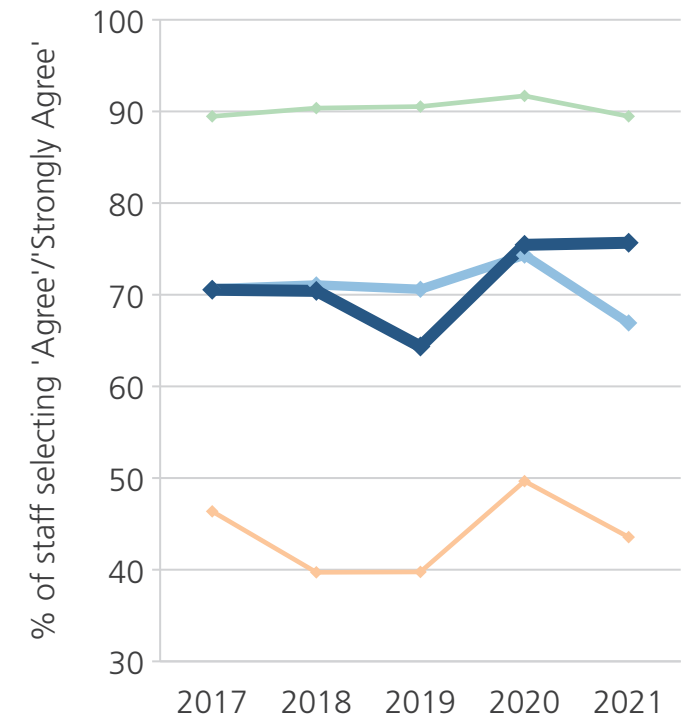


Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	54.7%	47.8%	44.5%	59.2%	59.5%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%

Responses 409 409 2,218 2,443 2,851

Q21d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	70.5%	70.4%	64.4%	75.4%	75.7%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%

Responses 406 406 2,214 2,444 2,847

Theme detailed information – Morale

Questions:

Q22a, Q22b, Q22c

Q3g, Q3h, Q3i

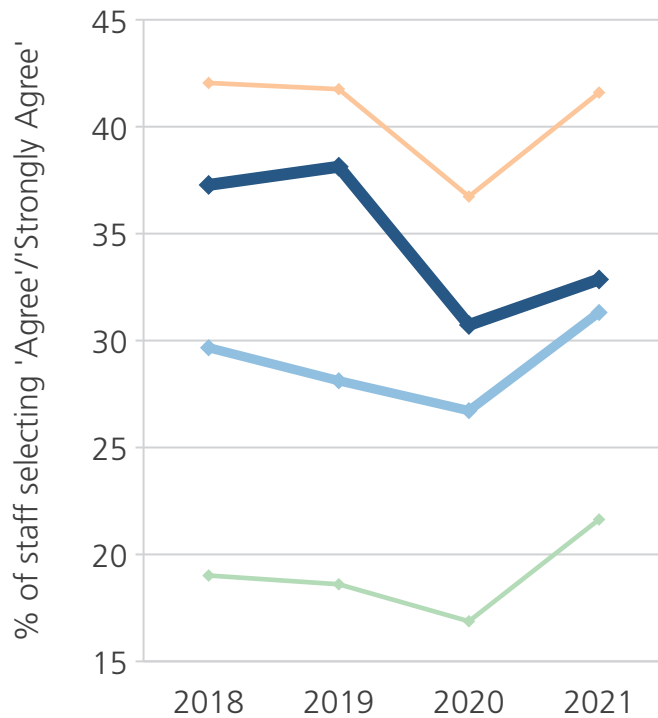
Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

South Tees Hospitals NHS Foundation Trust

2021 NHS Staff Survey Results

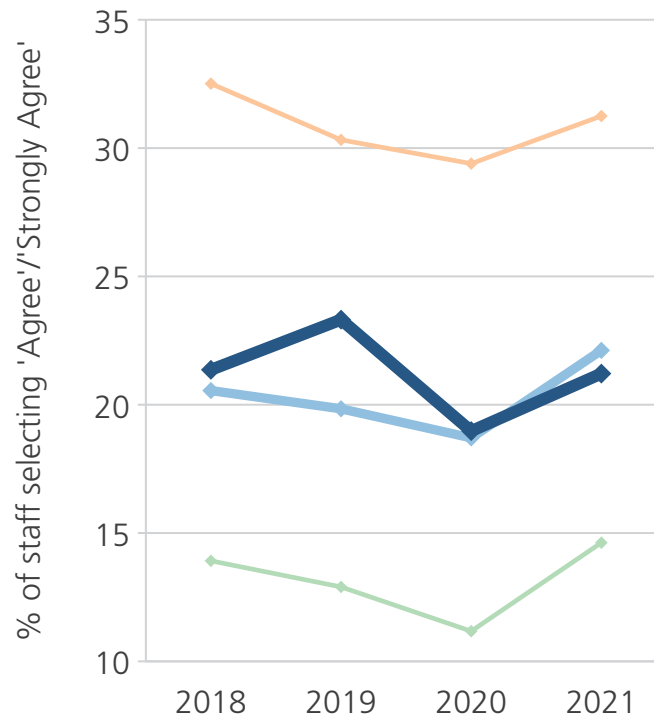
Q22a

I often think about leaving this organisation



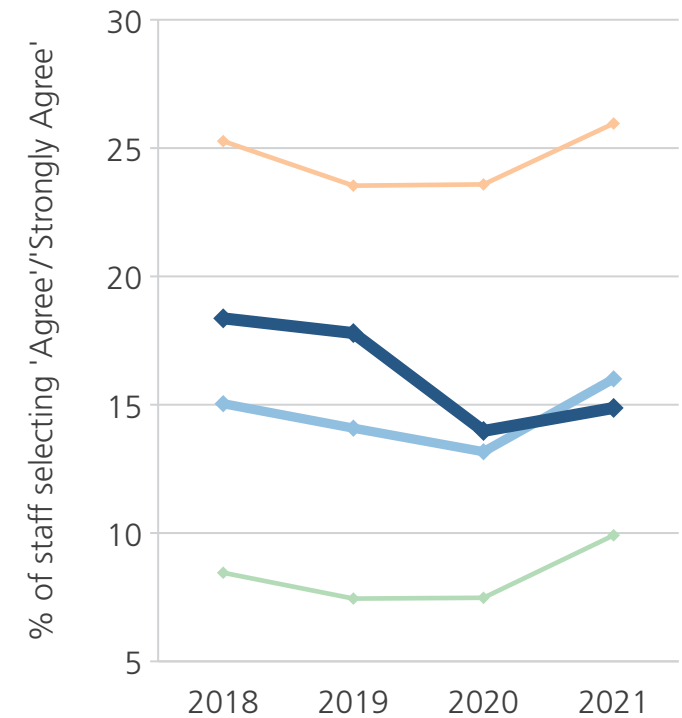
Q22b

I will probably look for a job at a new organisation in the next 12 months



Q22c

As soon as I can find another job, I will leave this organisation



Worst	42.0%	41.8%	36.7%	41.6%
Your org	37.3%	38.1%	30.7%	32.9%
Average	29.7%	28.1%	26.7%	31.3%
Best	19.0%	18.6%	16.9%	21.6%

Responses 406 2,235 2,445 2,862

Worst	32.5%	30.3%	29.4%	31.2%
Your org	21.4%	23.3%	19.0%	21.2%
Average	20.6%	19.8%	18.7%	22.1%
Best	13.9%	12.9%	11.2%	14.6%

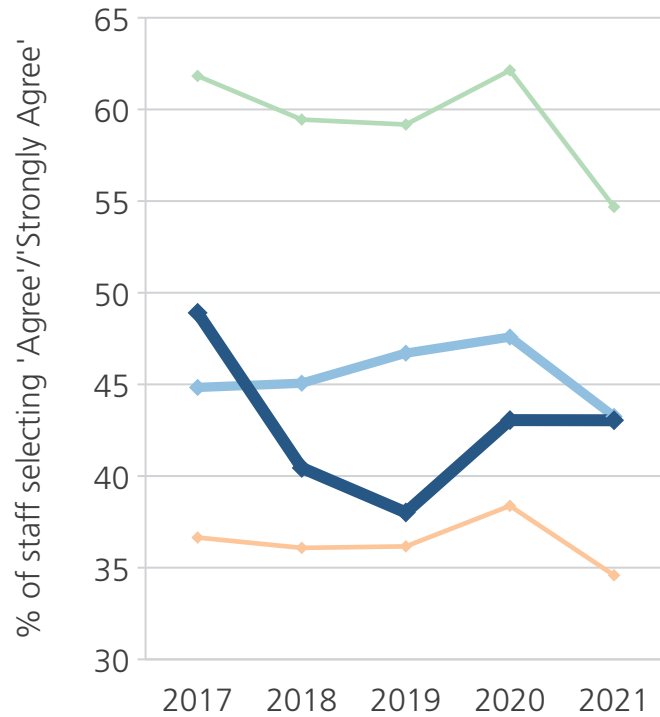
Responses 406 2,231 2,444 2,854

Worst	25.3%	23.5%	23.6%	26.0%
Your org	18.4%	17.8%	14.0%	14.9%
Average	15.0%	14.1%	13.2%	16.0%
Best	8.5%	7.4%	7.5%	9.9%

Responses 405 2,225 2,440 2,842

Q3g

I am able to meet all the conflicting demands on my time at work

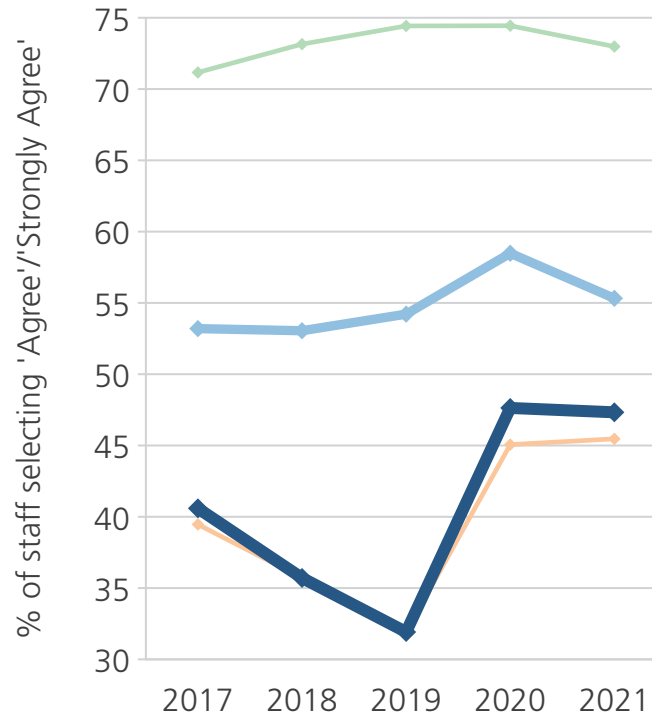


Best	61.8%	59.4%	59.2%	62.1%	54.7%
Your org	48.9%	40.4%	38.0%	43.1%	43.0%
Average	44.8%	45.1%	46.7%	47.6%	43.3%
Worst	36.6%	36.1%	36.2%	38.4%	34.6%

Responses 411 409 2,240 2,432 2,850

Q3h

I have adequate materials, supplies and equipment to do my work

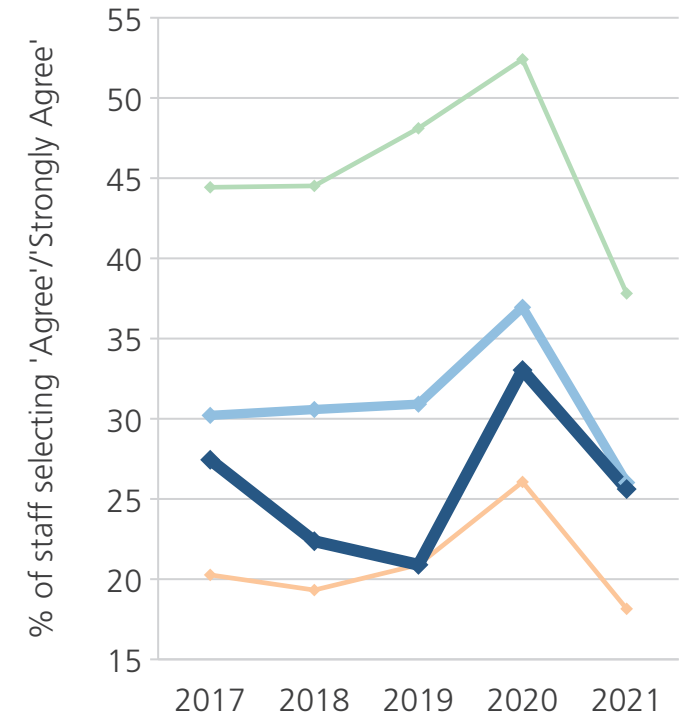


Best	71.2%	73.2%	74.4%	74.4%	73.0%
Your org	40.6%	35.7%	31.9%	47.6%	47.3%
Average	53.2%	53.0%	54.2%	58.5%	55.3%
Worst	39.5%	35.7%	31.9%	45.1%	45.5%

Responses 411 411 2,241 2,434 2,850

Q3i

There are enough staff at this organisation for me to do my job properly



Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	27.4%	22.4%	20.9%	33.0%	25.6%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%

Responses 412 409 2,237 2,440 2,854

Q3a

I always know what my work responsibilities are

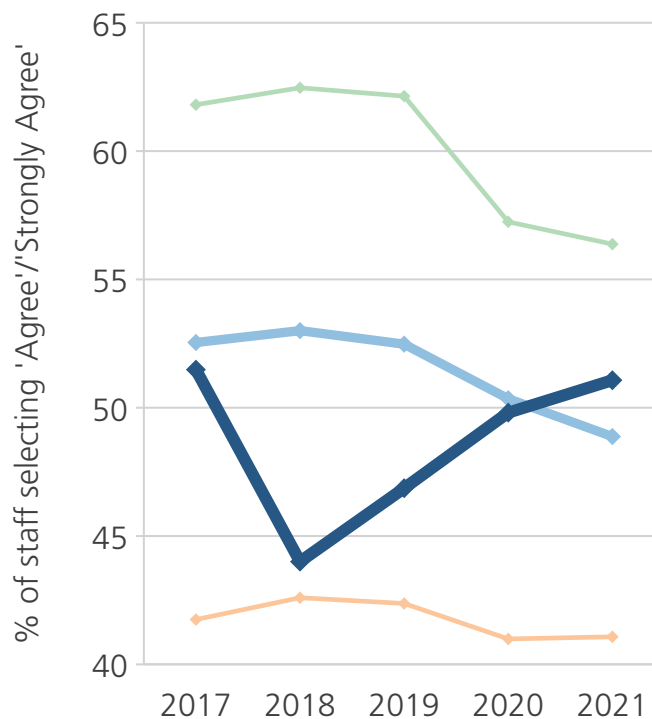


Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	88.6%	87.5%	84.6%	85.0%	86.5%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%

Responses 414 411 2,248 2,451 2,866

Q3e

I am involved in deciding on changes introduced that affect my work area / team / department

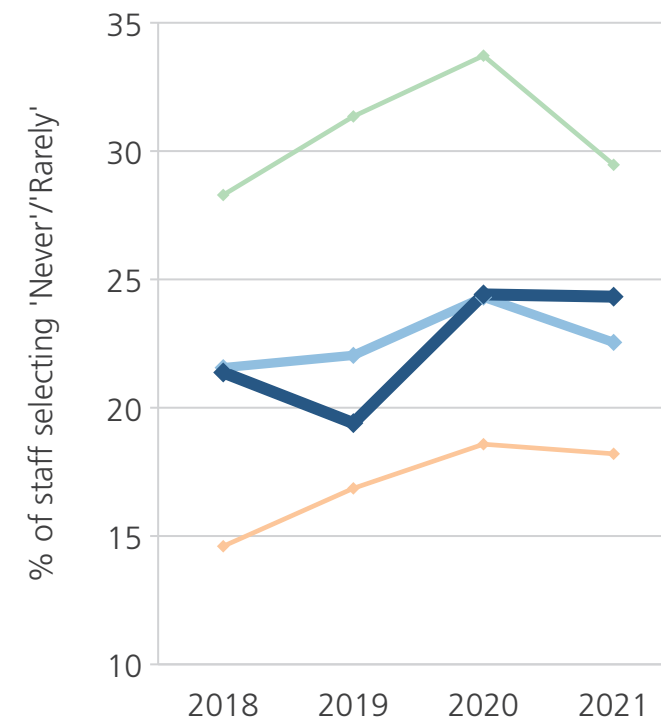


Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	51.5%	44.0%	46.9%	49.8%	51.1%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%

Responses 411 411 2,244 2,443 2,857

Q5a

I have unrealistic time pressures

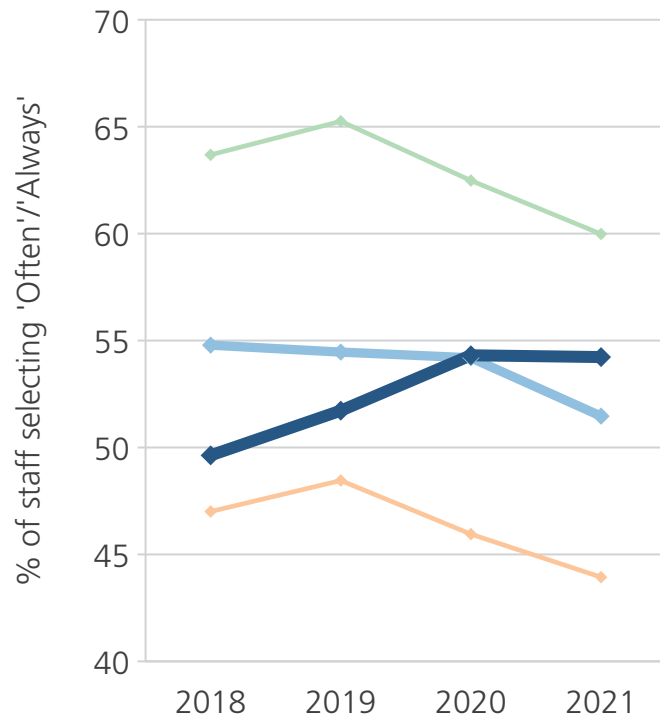


Best	28.3%	31.3%	33.7%	29.5%
Your org	21.4%	19.4%	24.4%	24.3%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%

Responses 412 2,242 2,442 2,852

Q5b

I have a choice in deciding
how to do my work

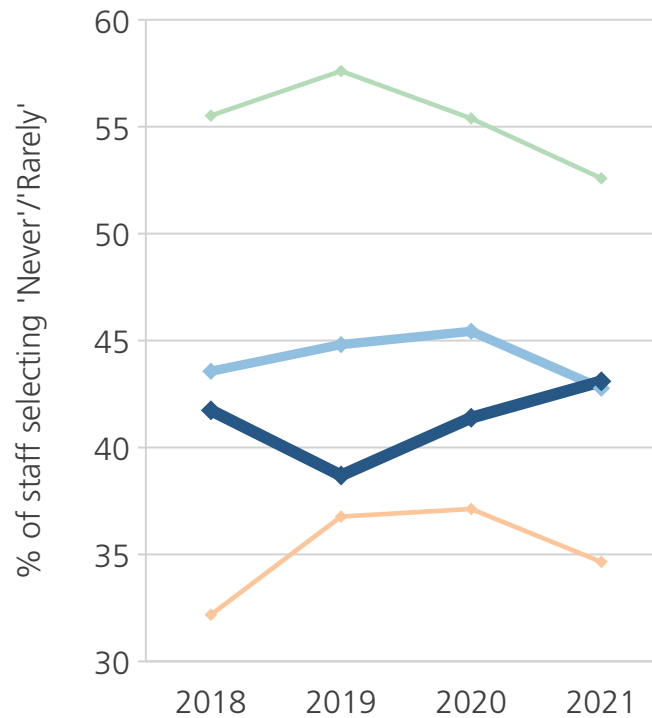


Best	63.7%	65.3%	62.5%	60.0%
Your org	49.6%	51.7%	54.3%	54.2%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%

Responses 411 2,235 2,443 2,854

Q5c

Relationships at work are strained

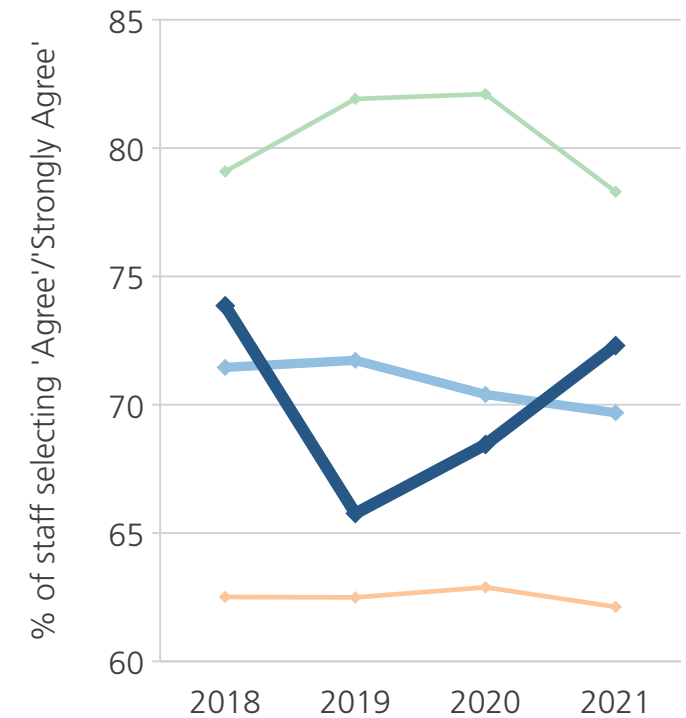


Best	55.5%	57.6%	55.4%	52.6%
Your org	41.7%	38.7%	41.4%	43.1%
Average	43.6%	44.8%	45.4%	42.8%
Worst	32.2%	36.8%	37.1%	34.6%

Responses 407 2,234 2,436 2,857

Q7c

I receive the respect I deserve
from my colleagues at work

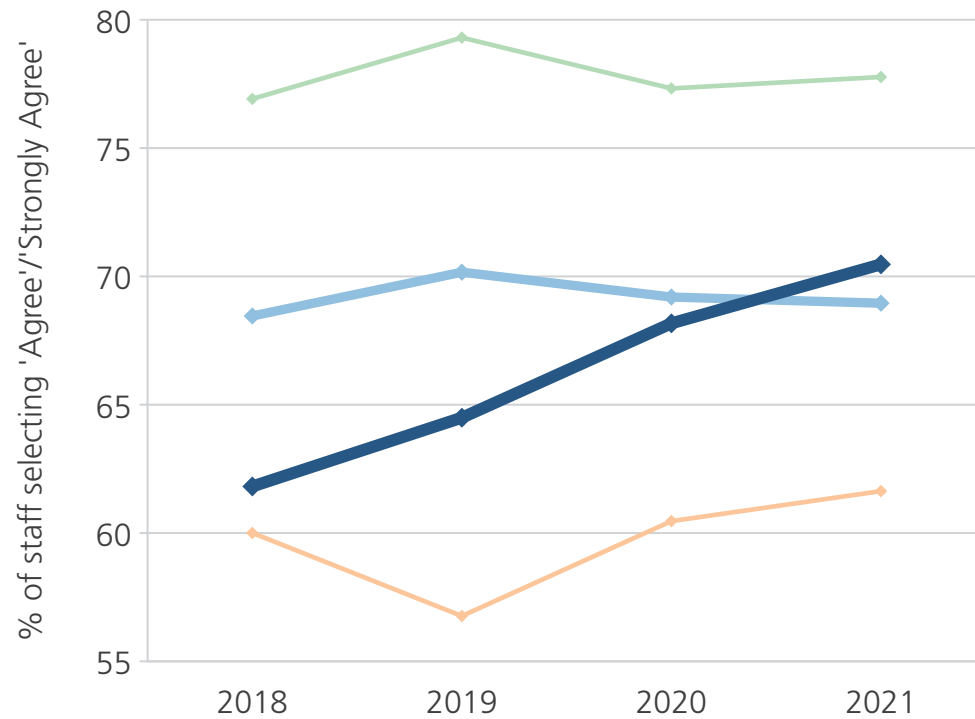


Best	79.1%	81.9%	82.1%	78.3%
Your org	73.9%	65.8%	68.5%	72.3%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%

Responses 410 2,140 2,442 2,848

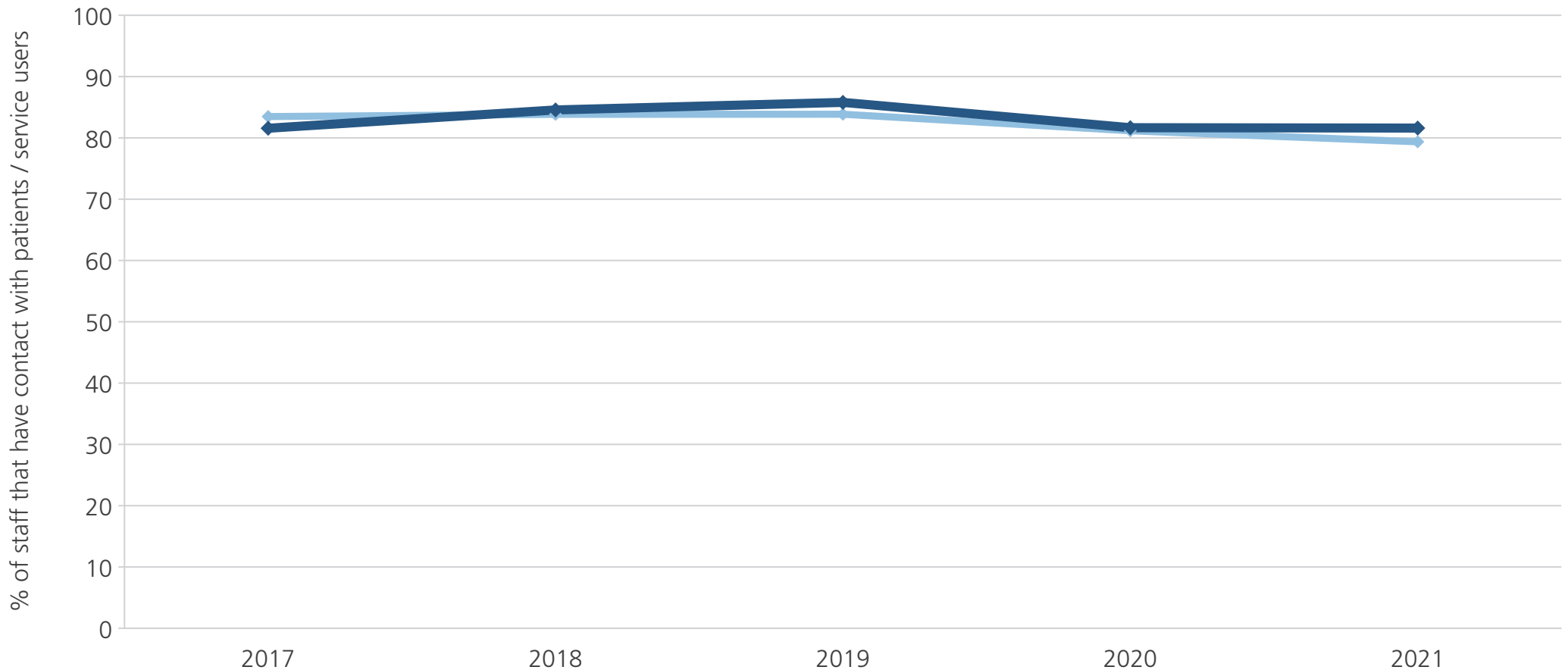
Q9a

My immediate manager encourages me at work

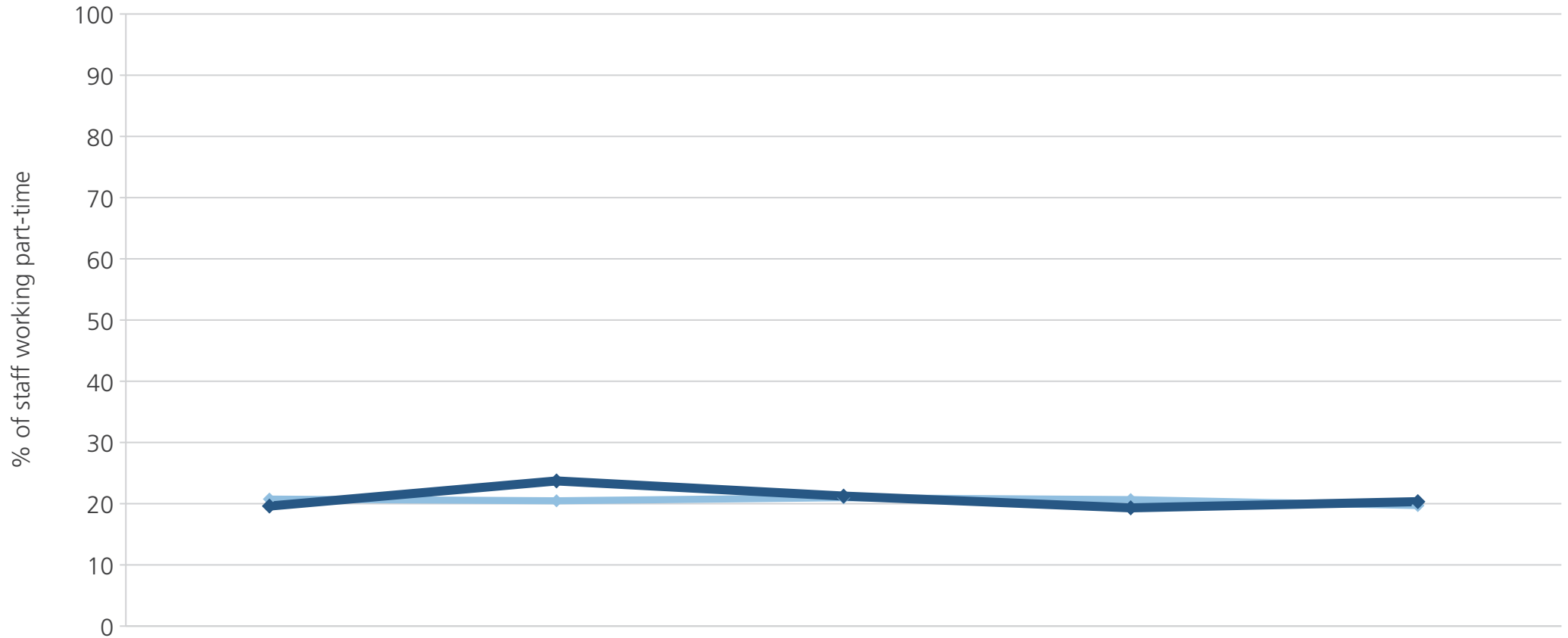


Best	76.9%	79.3%	77.3%	77.8%
Your org	61.8%	64.5%	68.2%	70.5%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%
Responses	408	2,247	2,446	2,857

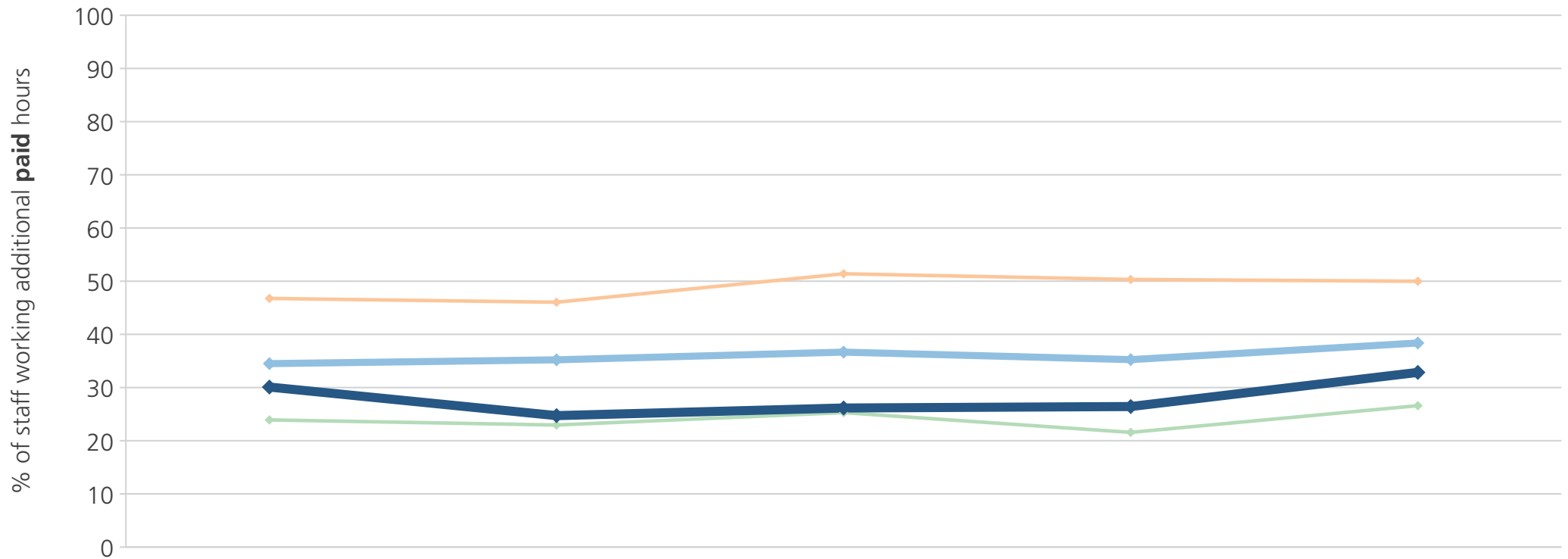
Questions not linked to the People Promise elements or themes



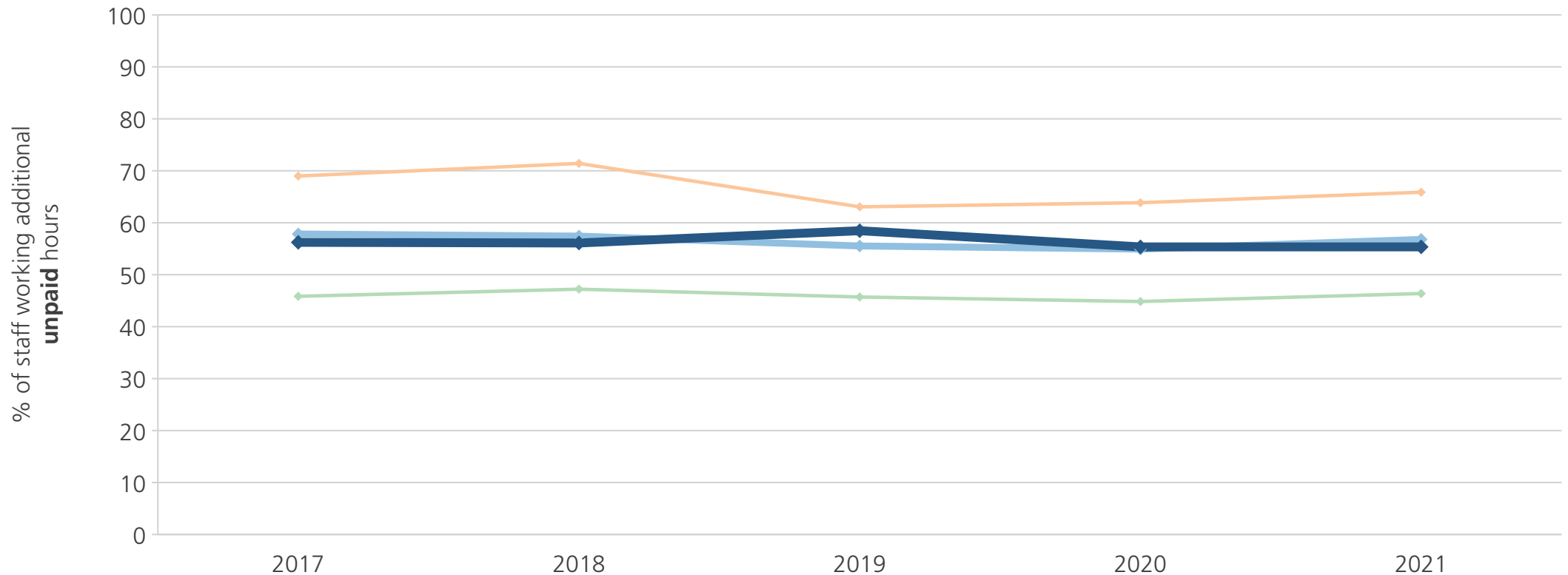
	2017	2018	2019	2020	2021
Your org	81.6%	84.6%	85.8%	81.7%	81.6%
Average	83.5%	83.8%	83.9%	81.2%	79.4%
Responses	407	408	2,118	2,334	2,848



	2017	2018	2019	2020	2021
Your org	19.6%	23.7%	21.2%	19.3%	20.3%
Average	20.7%	20.5%	21.0%	20.7%	19.7%
Responses	408	409	2,001	2,143	2,779

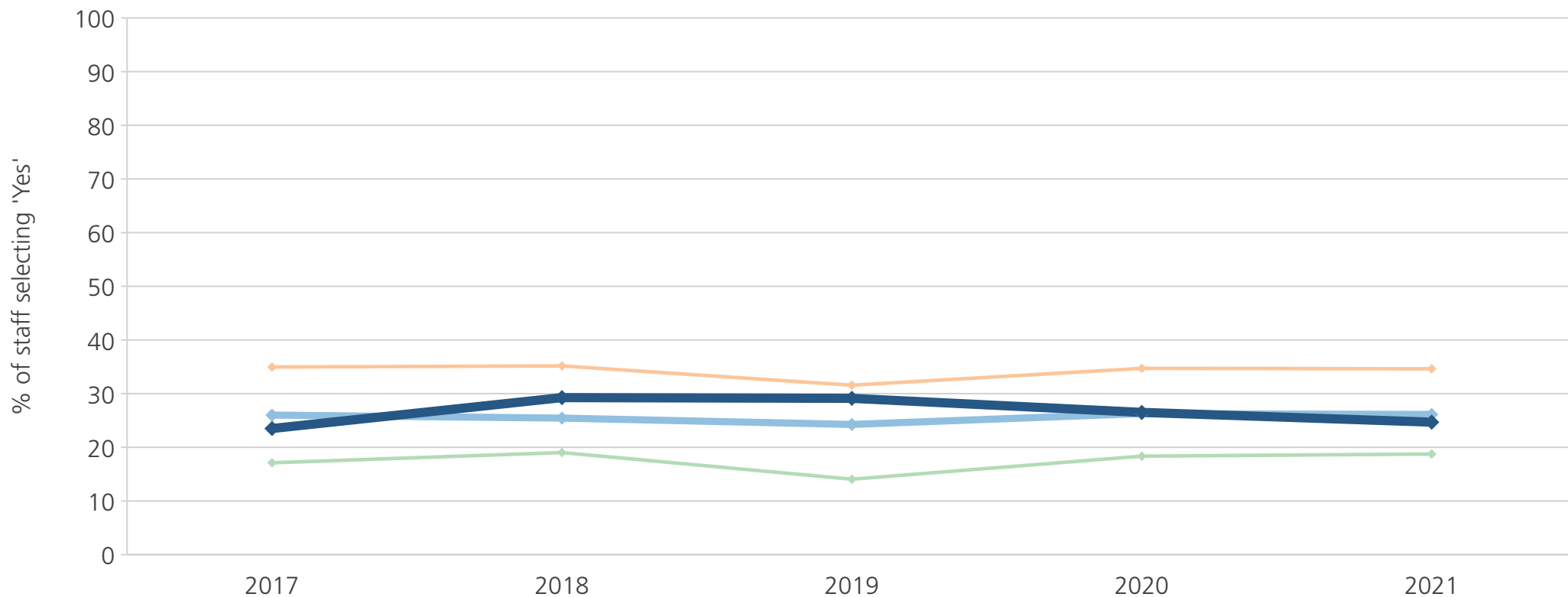


	2017	2018	2019	2020	2021
Highest	46.8%	46.0%	51.4%	50.3%	50.0%
Your org	30.1%	24.7%	26.2%	26.4%	32.8%
Average	34.5%	35.2%	36.7%	35.2%	38.4%
Lowest	23.9%	22.9%	25.3%	21.6%	26.6%
Responses	400	399	2,201	2,426	2,703

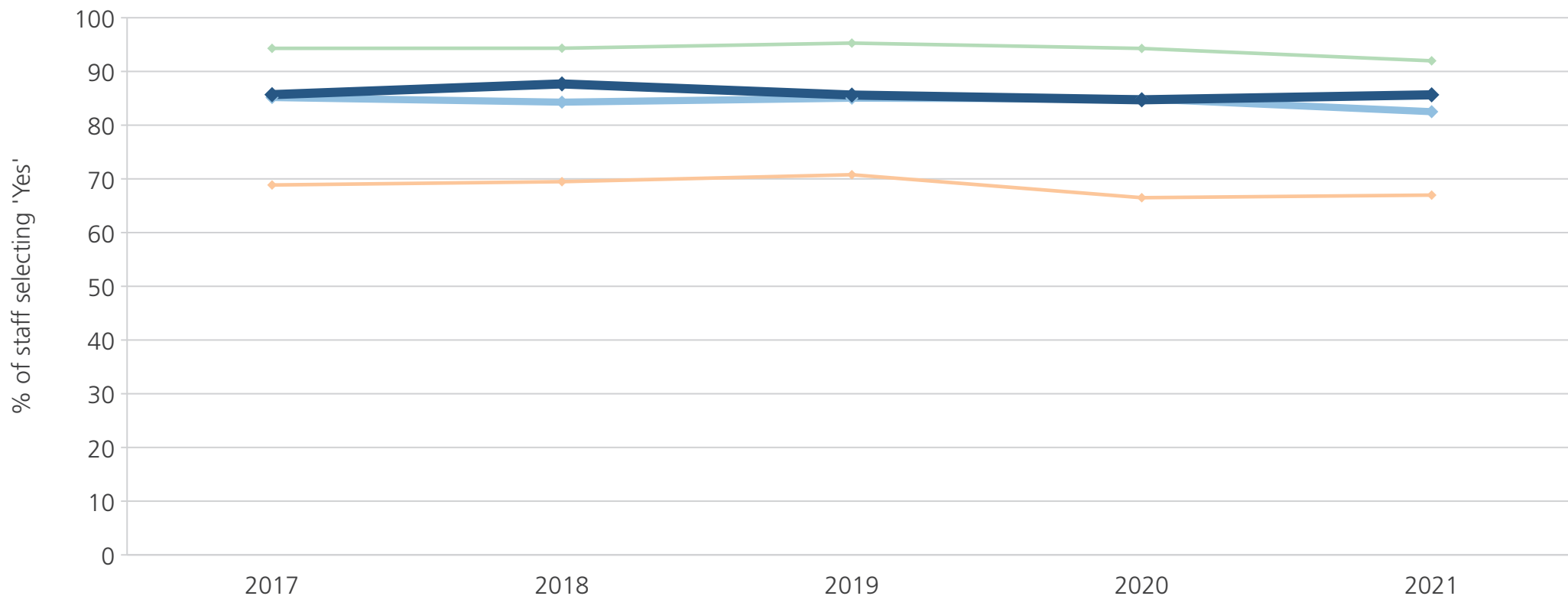


Highest	69.0%	71.4%	63.1%	63.9%	65.9%
Your org	56.2%	56.1%	58.5%	55.4%	55.4%
Average	57.8%	57.4%	55.5%	54.9%	56.8%
Lowest	45.8%	47.2%	45.7%	44.8%	46.4%
Responses	401	397	2,189	2,406	2,727

This question was only answered by people who responded 'Yes' to Q11d.



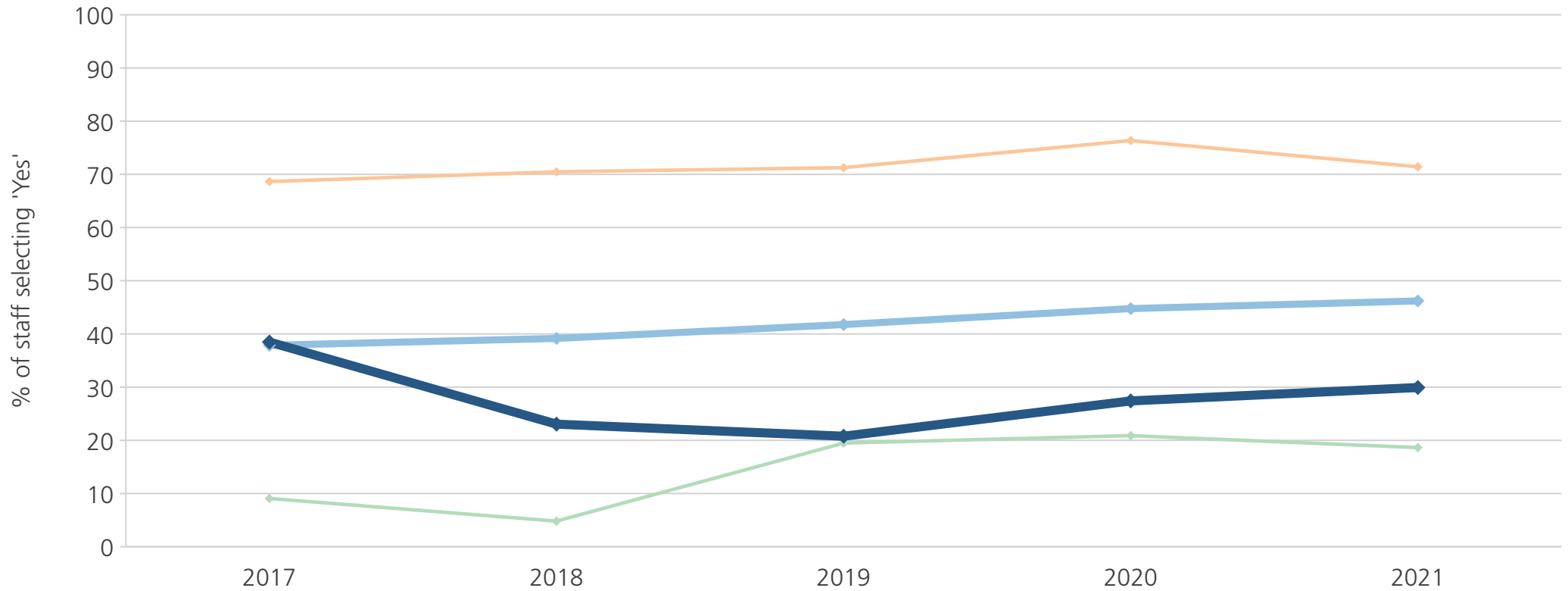
Worst	35.0%	35.2%	31.6%	34.7%	34.6%
Your org	23.5%	29.3%	29.1%	26.5%	24.7%
Average	26.0%	25.4%	24.3%	26.3%	26.1%
Best	17.1%	19.0%	14.1%	18.3%	18.7%
Responses	225	212	1,338	1,200	1,478



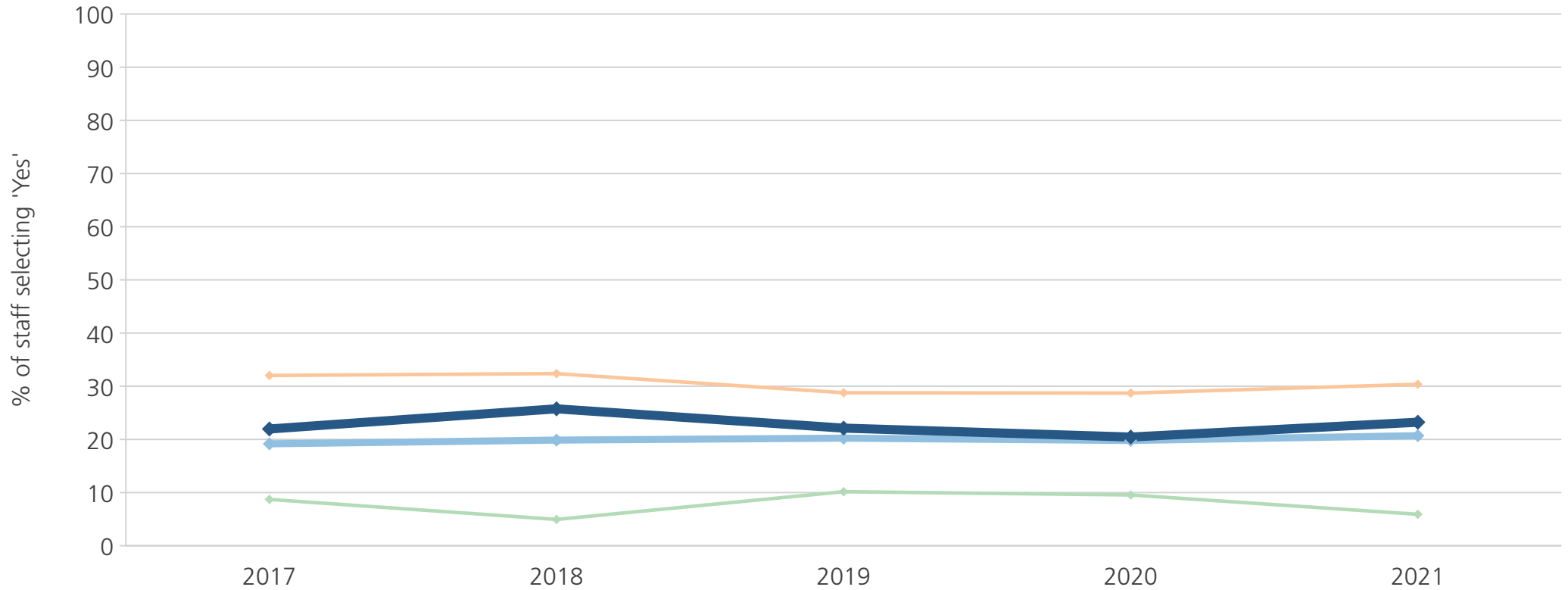
Best	94.3%	94.3%	95.3%	94.3%	92.0%
Your org	85.7%	87.7%	85.6%	84.7%	85.6%
Average	85.1%	84.3%	85.0%	84.9%	82.5%
Worst	68.9%	69.5%	70.8%	66.5%	67.0%

Responses 277 248 1,286 1,439 1,879

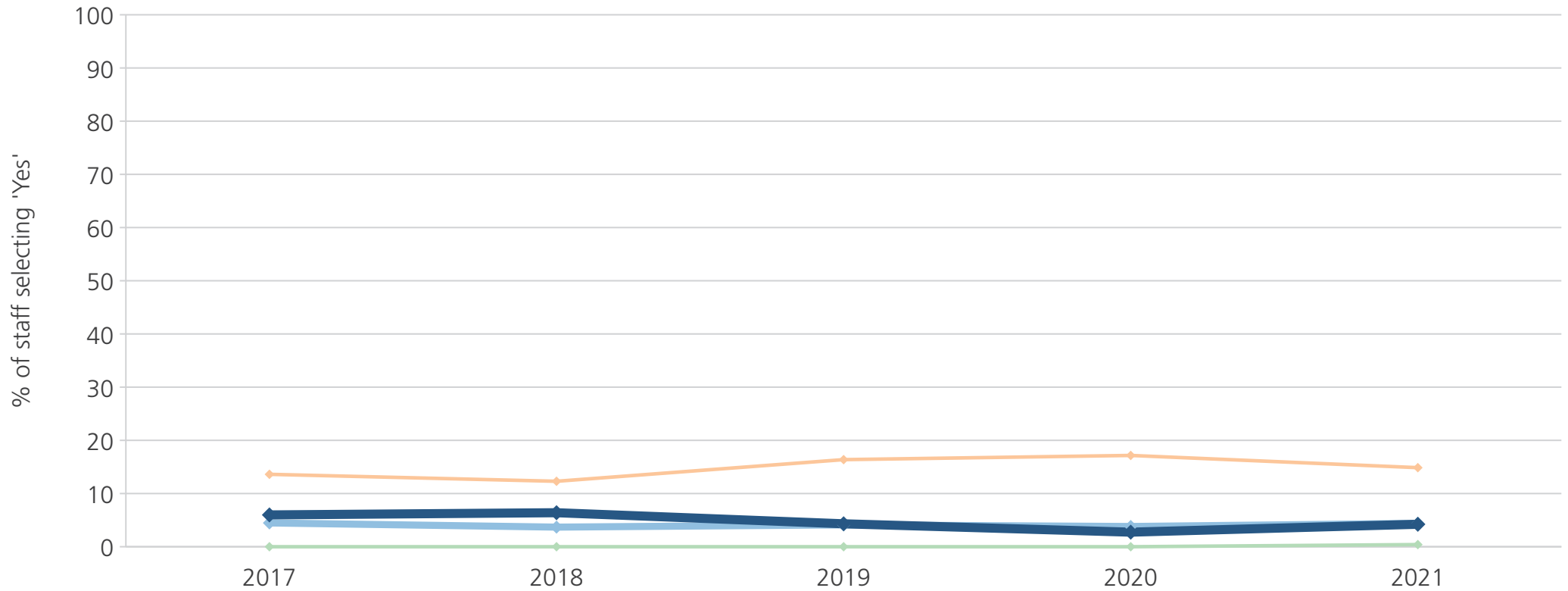
Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.



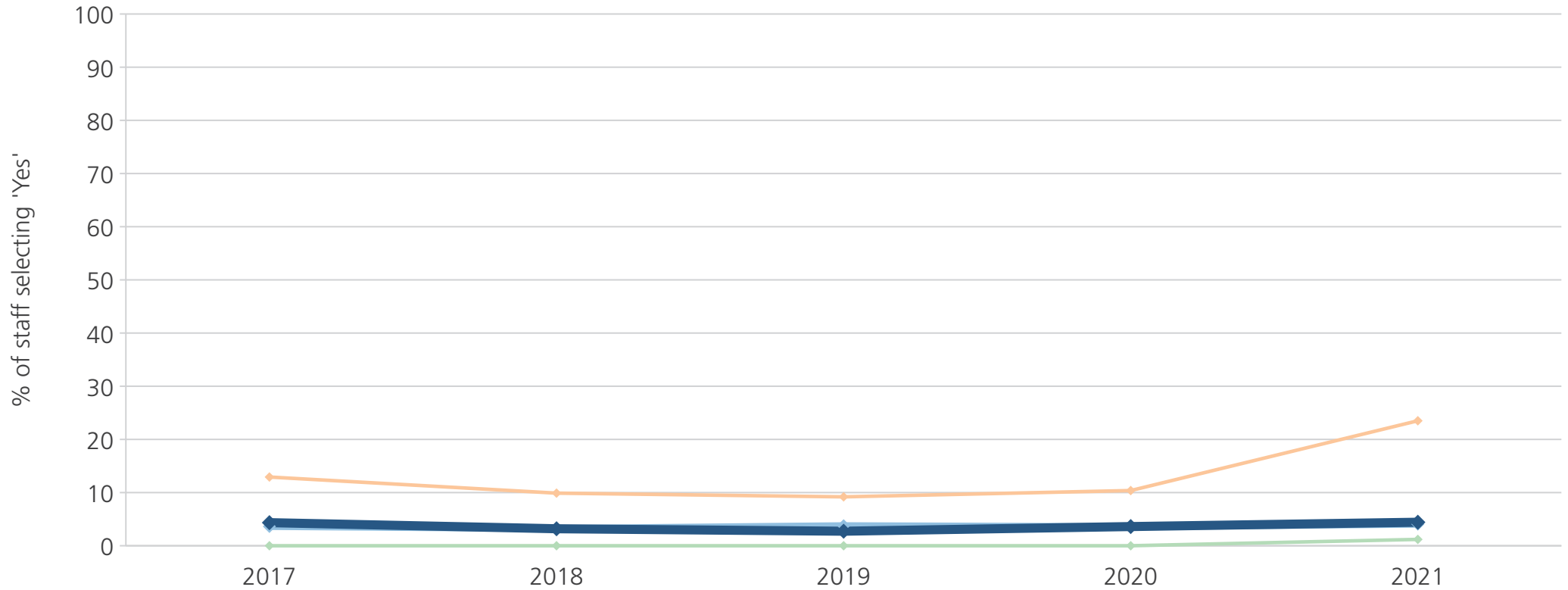
Worst	68.6%	70.5%	71.3%	76.4%	71.4%
Your org	38.5%	23.0%	20.8%	27.4%	29.9%
Average	37.9%	39.2%	41.8%	44.8%	46.2%
Best	9.1%	4.8%	19.5%	20.9%	18.6%
Responses	33	34	197	212	254



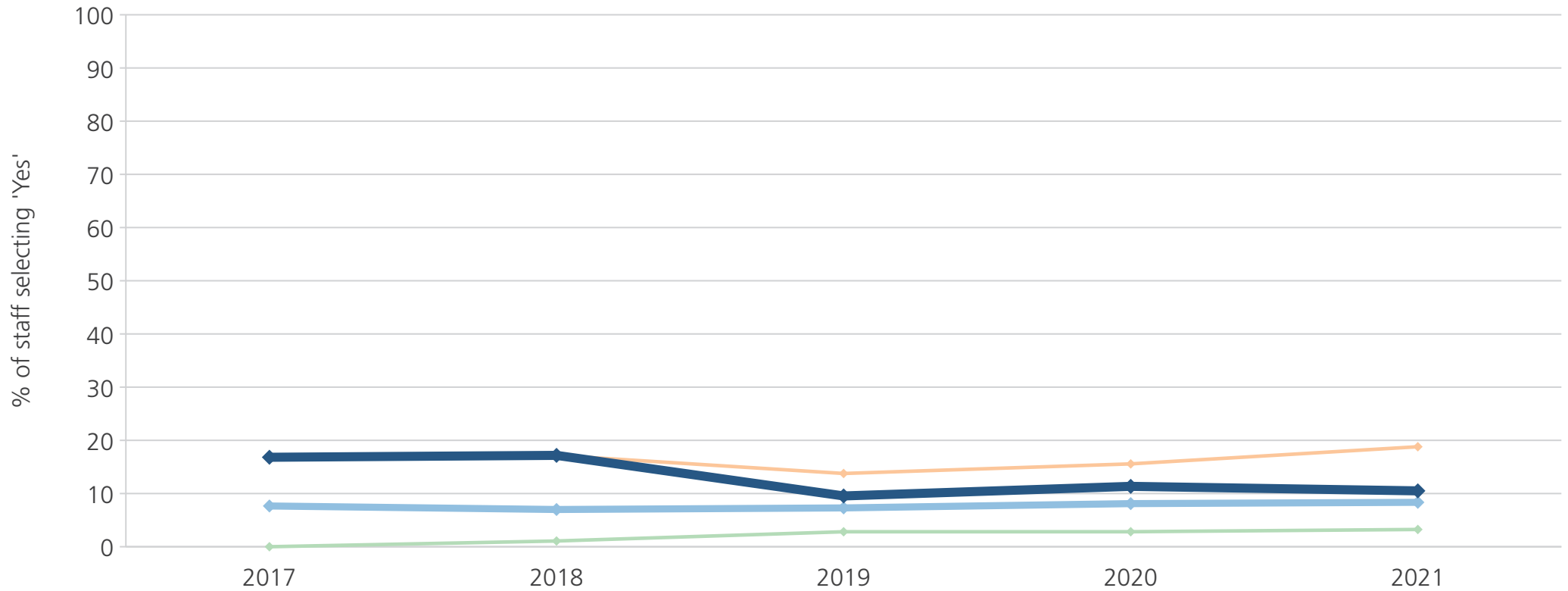
Worst	32.0%	32.4%	28.8%	28.7%	30.4%
Your org	22.0%	25.8%	22.1%	20.4%	23.2%
Average	19.2%	19.9%	20.2%	19.8%	20.7%
Best	8.7%	4.9%	10.2%	9.6%	5.9%
Responses	33	34	197	212	254



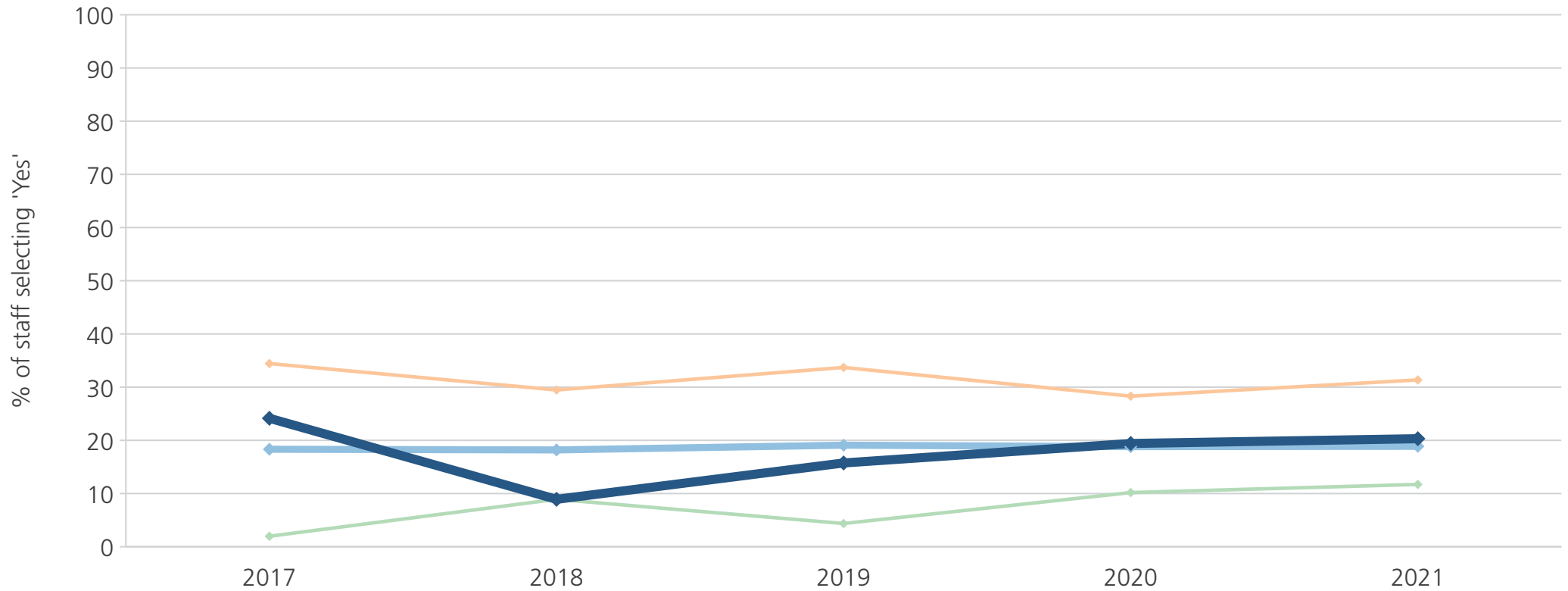
Worst	13.6%	12.3%	16.4%	17.2%	14.9%
Your org	6.0%	6.4%	4.3%	2.7%	4.2%
Average	4.5%	3.7%	4.1%	3.8%	4.4%
Best	0.0%	0.0%	0.0%	0.0%	0.4%
Responses	33	34	197	212	254



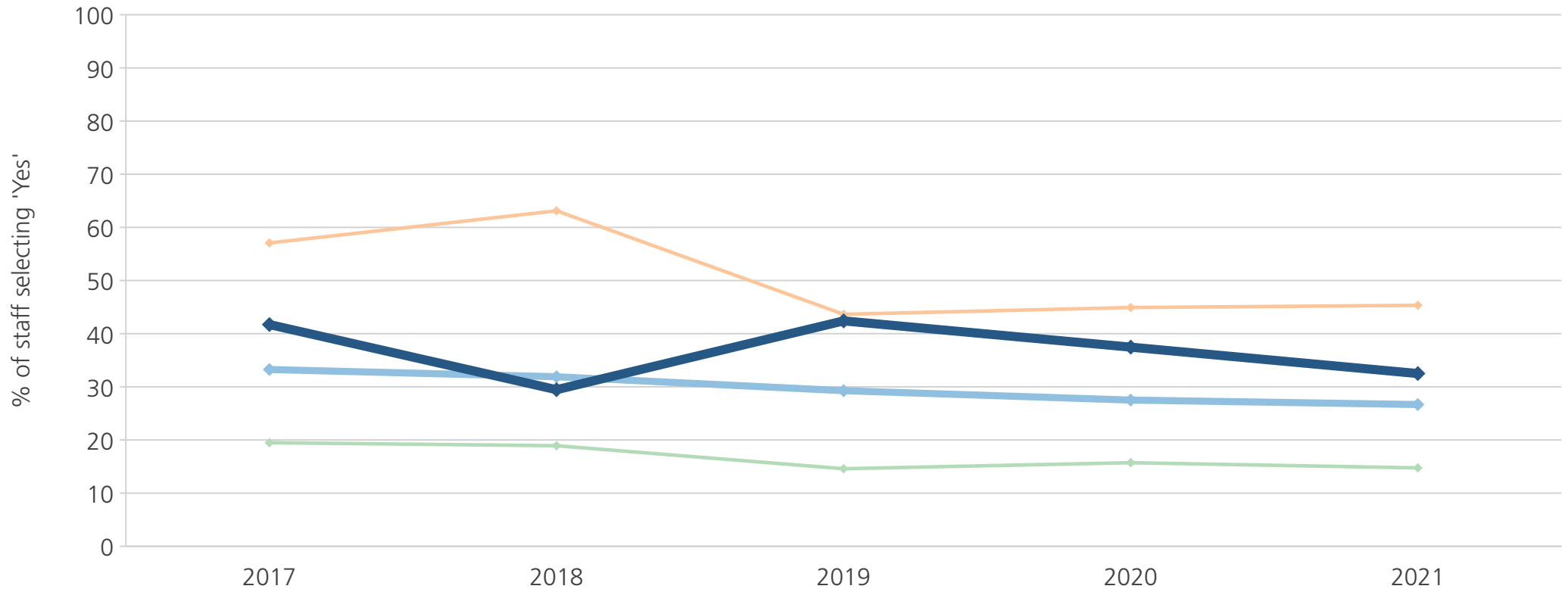
Worst	12.9%	9.9%	9.2%	10.4%	23.5%
Your org	4.3%	3.2%	2.7%	3.6%	4.4%
Average	3.6%	3.2%	3.8%	3.6%	4.1%
Best	0.0%	0.0%	0.0%	0.0%	1.2%
Responses	33	34	197	212	254



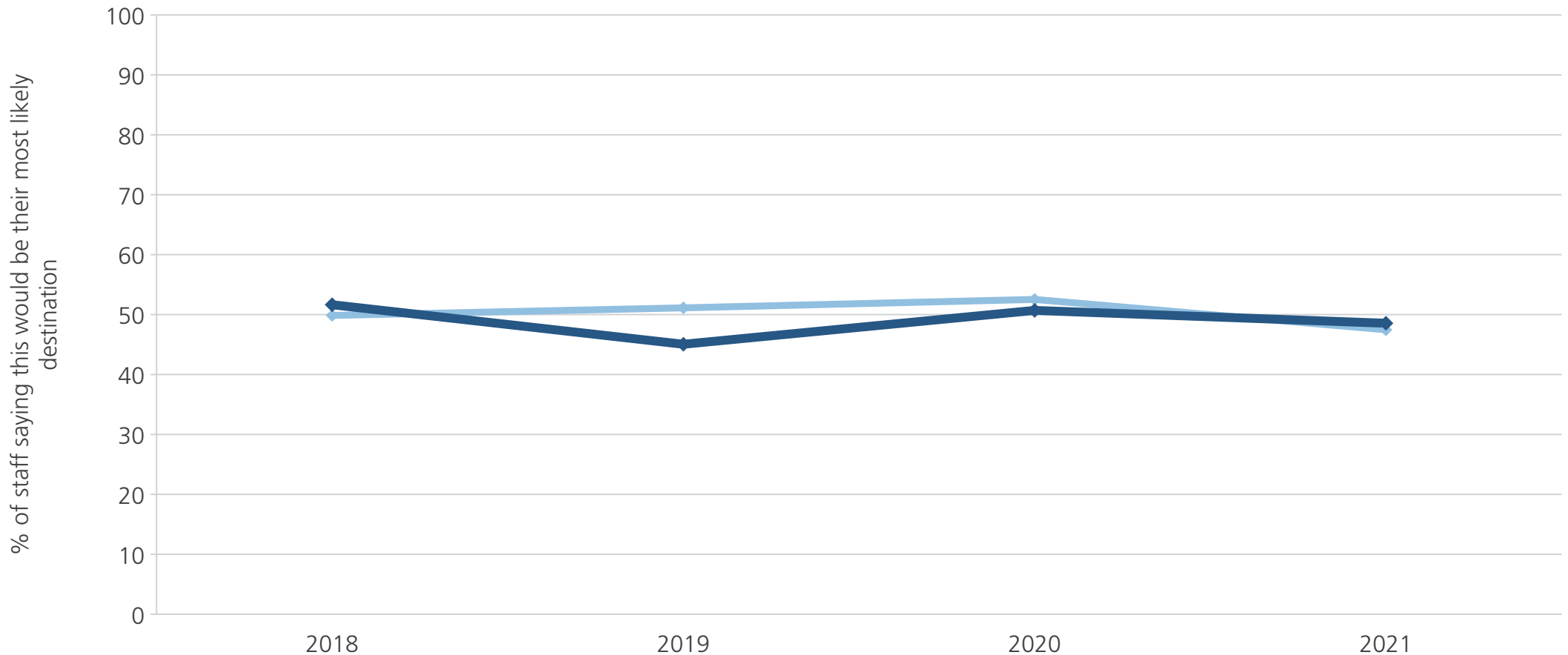
Worst	16.8%	17.2%	13.8%	15.6%	18.8%
Your org	16.8%	17.2%	9.5%	11.4%	10.5%
Average	7.7%	7.0%	7.3%	8.1%	8.3%
Best	0.0%	1.1%	2.8%	2.8%	3.2%
Responses	33	34	197	212	254



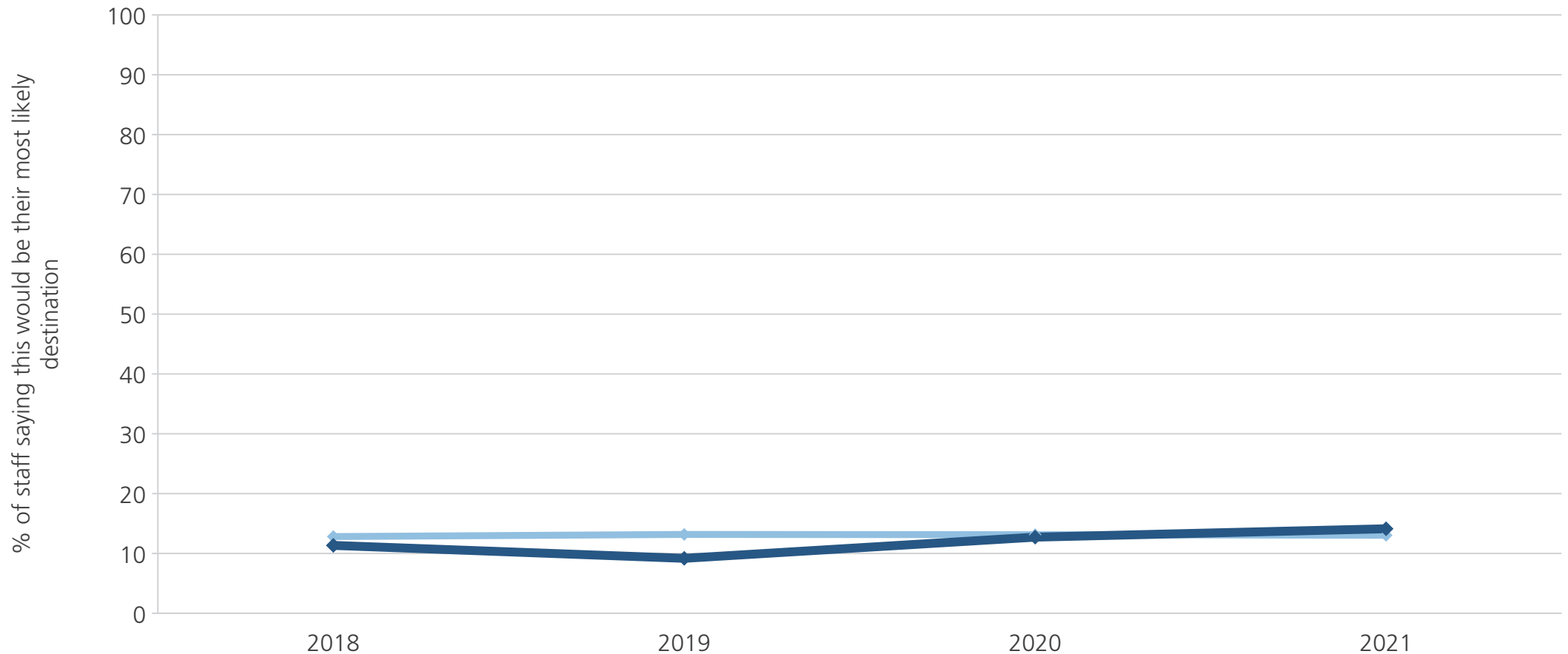
Worst	34.4%	29.5%	33.7%	28.3%	31.4%
Your org	24.1%	8.9%	15.7%	19.4%	20.3%
Average	18.3%	18.2%	19.1%	18.8%	18.9%
Best	2.0%	8.9%	4.4%	10.2%	11.7%
Responses	33	34	197	212	254



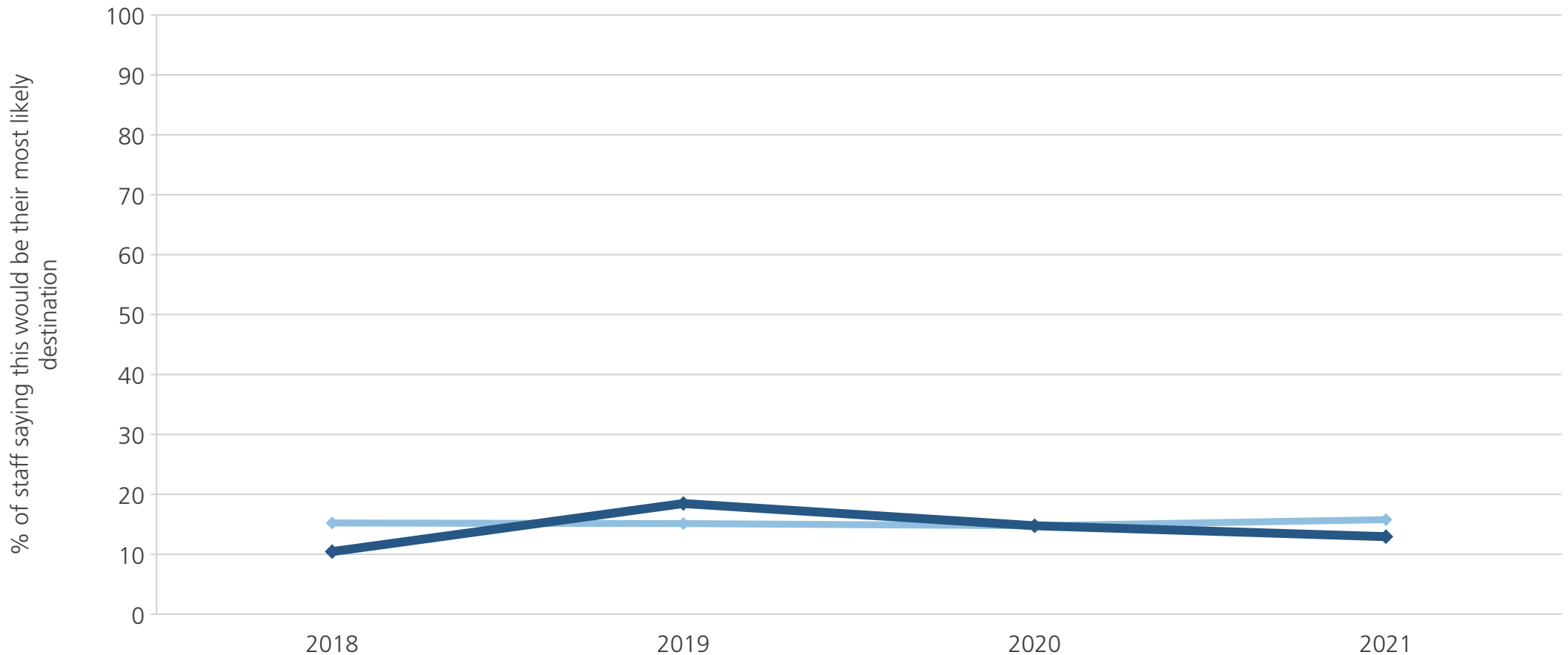
Worst	57.1%	63.1%	43.6%	44.9%	45.3%
Your org	41.7%	29.5%	42.4%	37.5%	32.5%
Average	33.3%	31.9%	29.3%	27.5%	26.7%
Best	19.5%	18.9%	14.6%	15.7%	14.7%
Responses	33	34	197	212	254



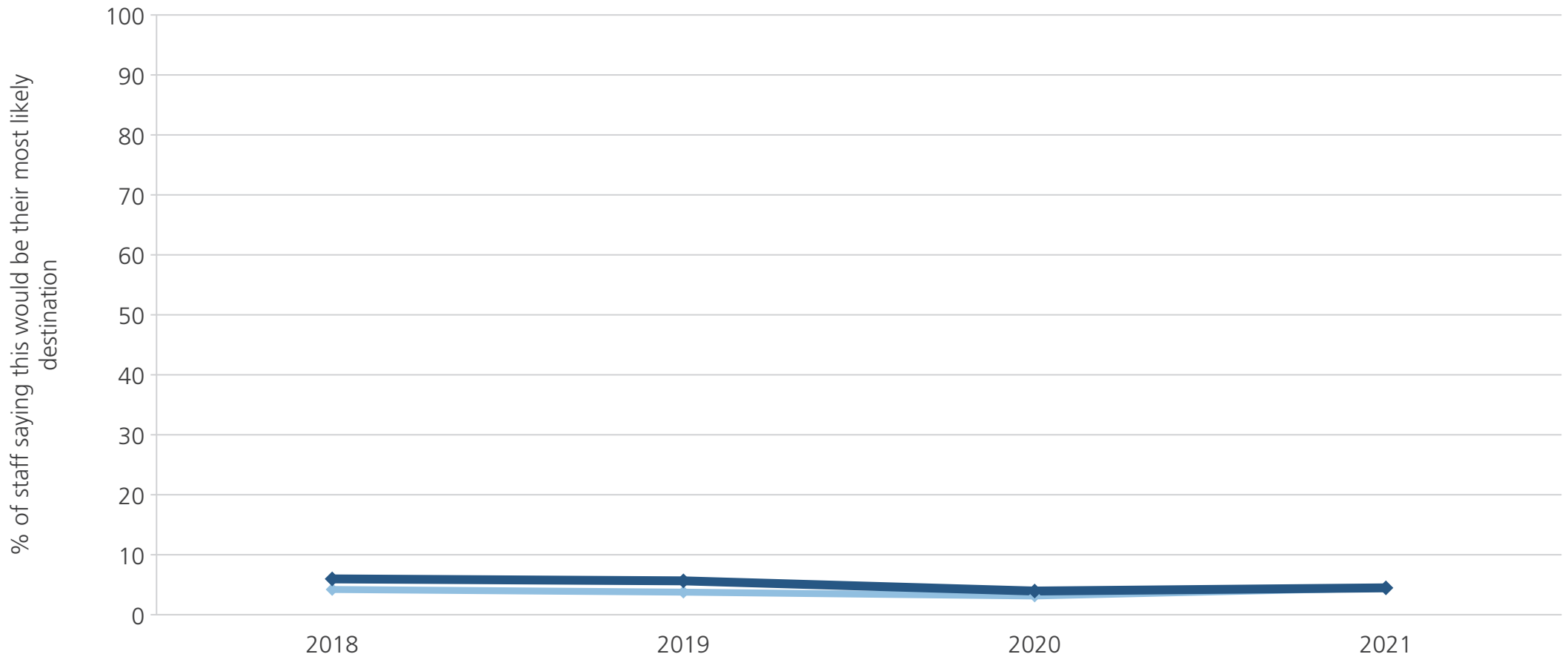
	2018	2019	2020	2021
Your org	51.6%	45.0%	50.7%	48.6%
Average	49.9%	51.1%	52.5%	47.5%
Responses	335	1,949	2,154	2,457



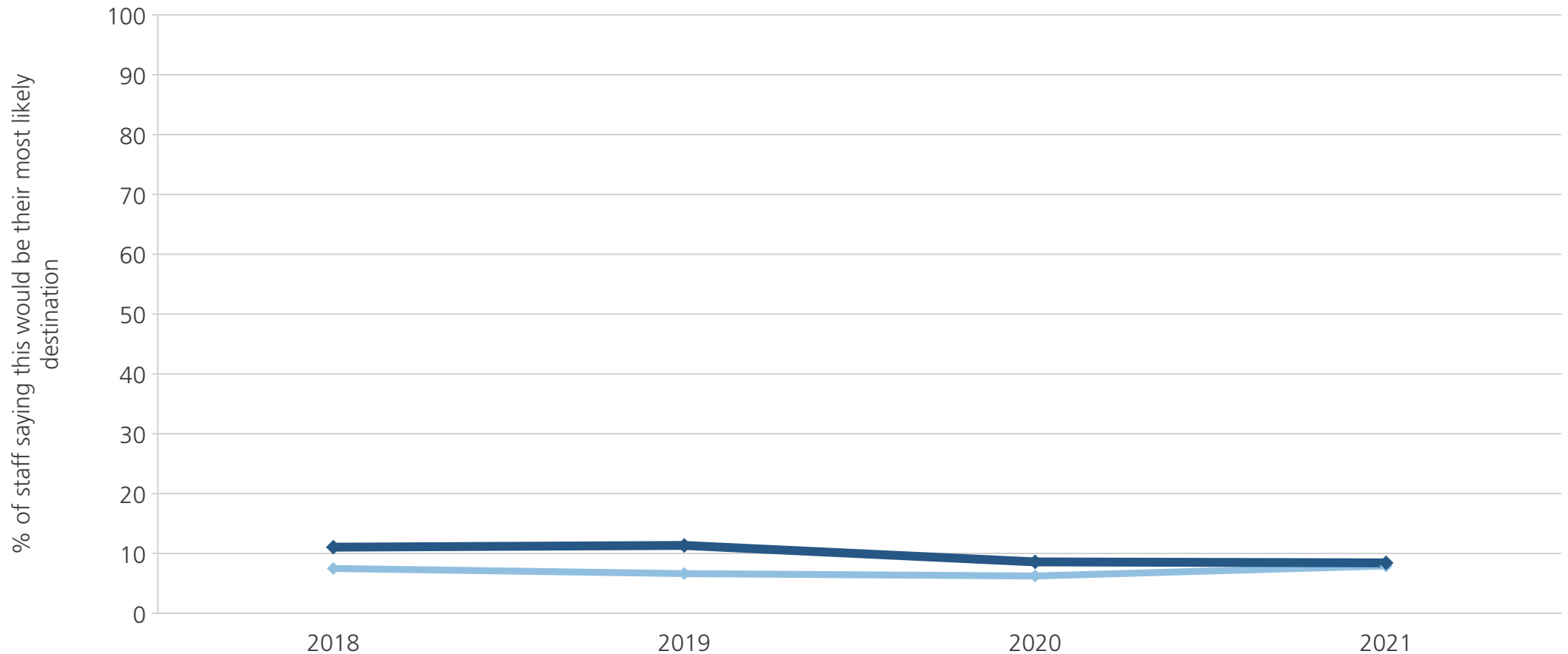
Your org	11.3%	9.2%	12.7%	14.1%
Average	12.8%	13.2%	13.1%	13.0%
Responses	335	1,949	2,154	2,457



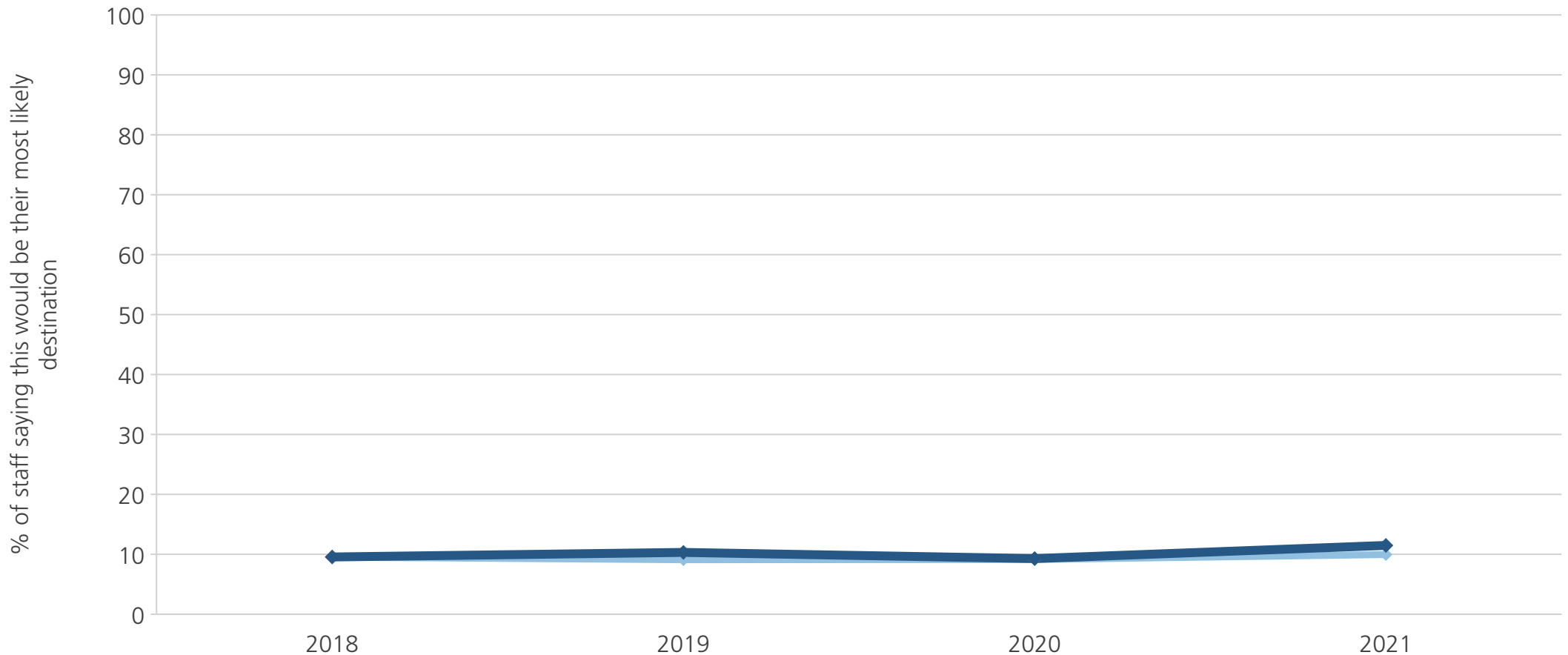
	2018	2019	2020	2021
Your org	10.4%	18.5%	14.8%	12.9%
Average	15.2%	15.1%	14.8%	15.8%
Responses	335	1,949	2,154	2,457



Your org	6.0%	5.6%	3.9%	4.5%
Average	4.2%	3.8%	3.1%	4.5%
Responses	335	1,949	2,154	2,457

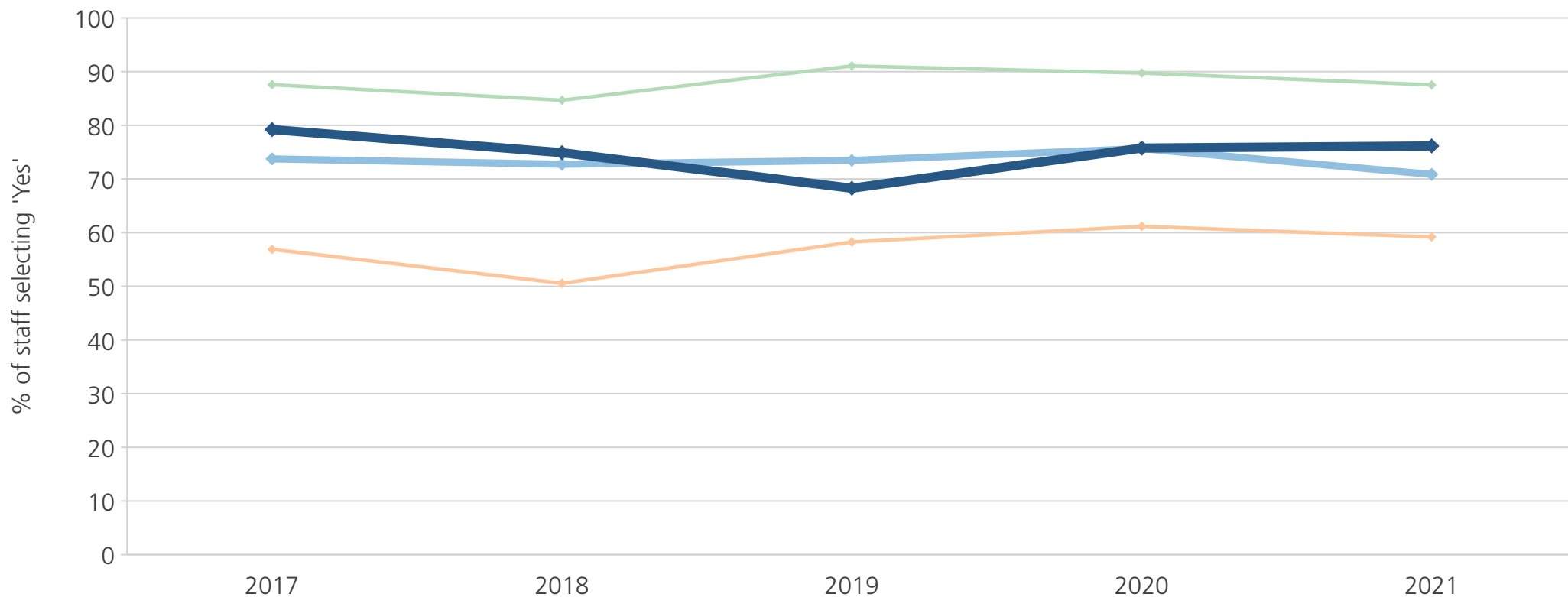


	2018	2019	2020	2021
Your org	11.0%	11.3%	8.6%	8.4%
Average	7.5%	6.6%	6.2%	7.9%
Responses	335	1,949	2,154	2,457



Your org	9.6%	10.3%	9.3%	11.5%
Average	9.5%	9.1%	9.1%	10.0%
Responses	335	1,949	2,154	2,457

This questions was only answered by people who responded 'yes' to Q28a



Best	87.6%	84.7%	91.1%	89.7%	87.5%
Your org	79.2%	74.9%	68.3%	75.8%	76.2%
Average	73.7%	72.7%	73.5%	75.7%	70.9%
Worst	56.9%	50.6%	58.2%	61.2%	59.2%
Responses	38	33	269	286	381

About your respondents

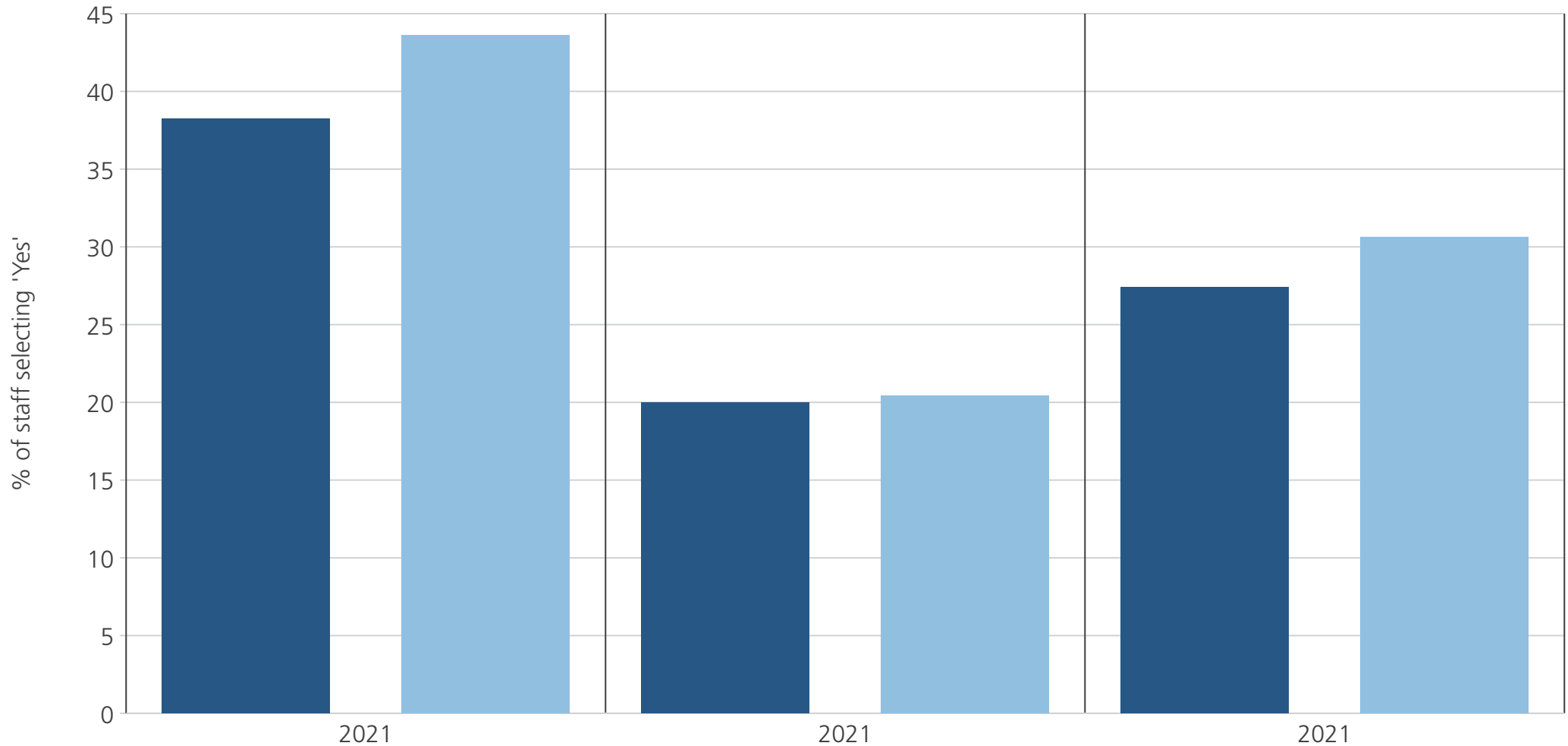
South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results

About your respondents – The Covid-19 pandemic

In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?

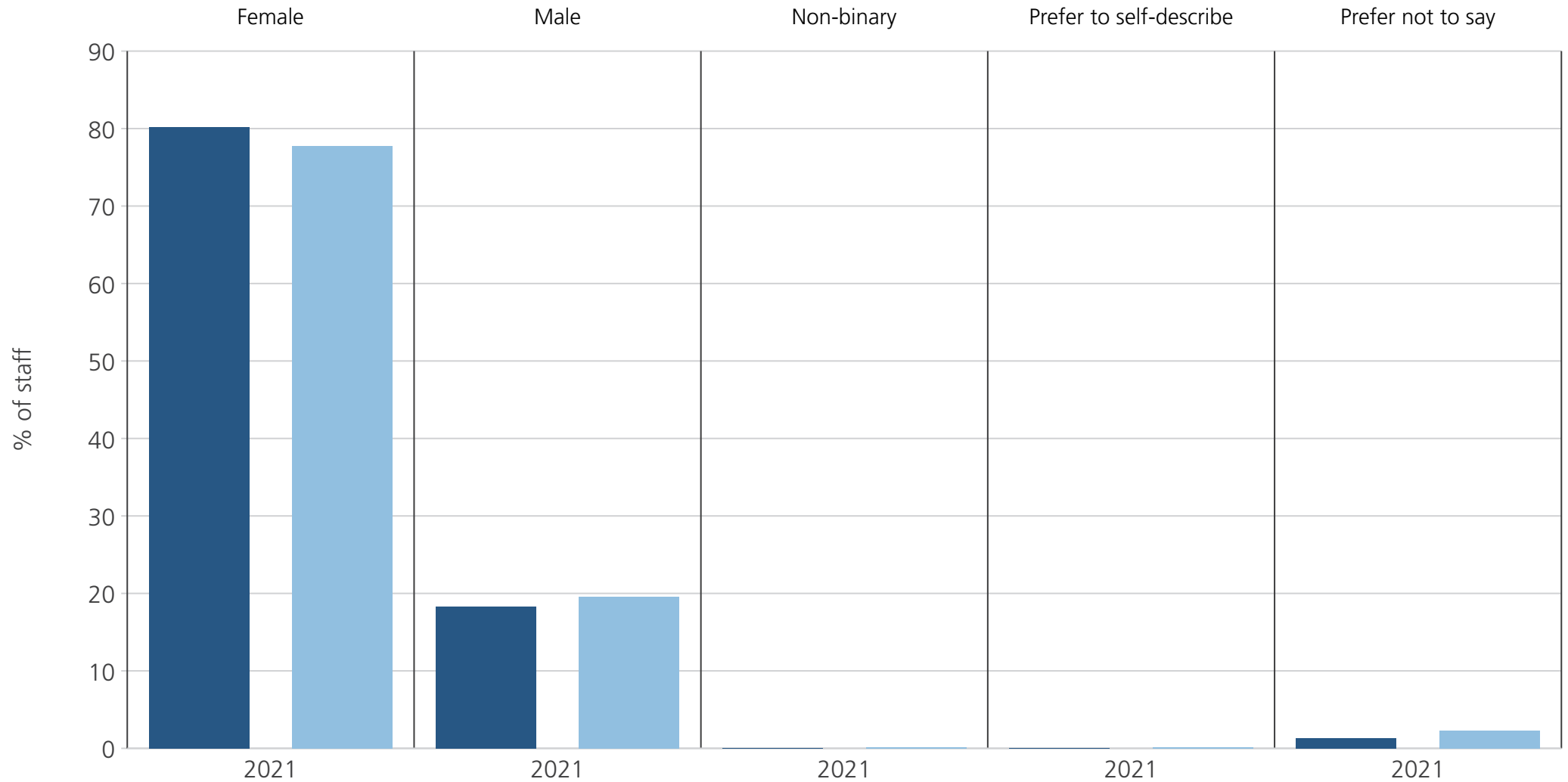
In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?

In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?

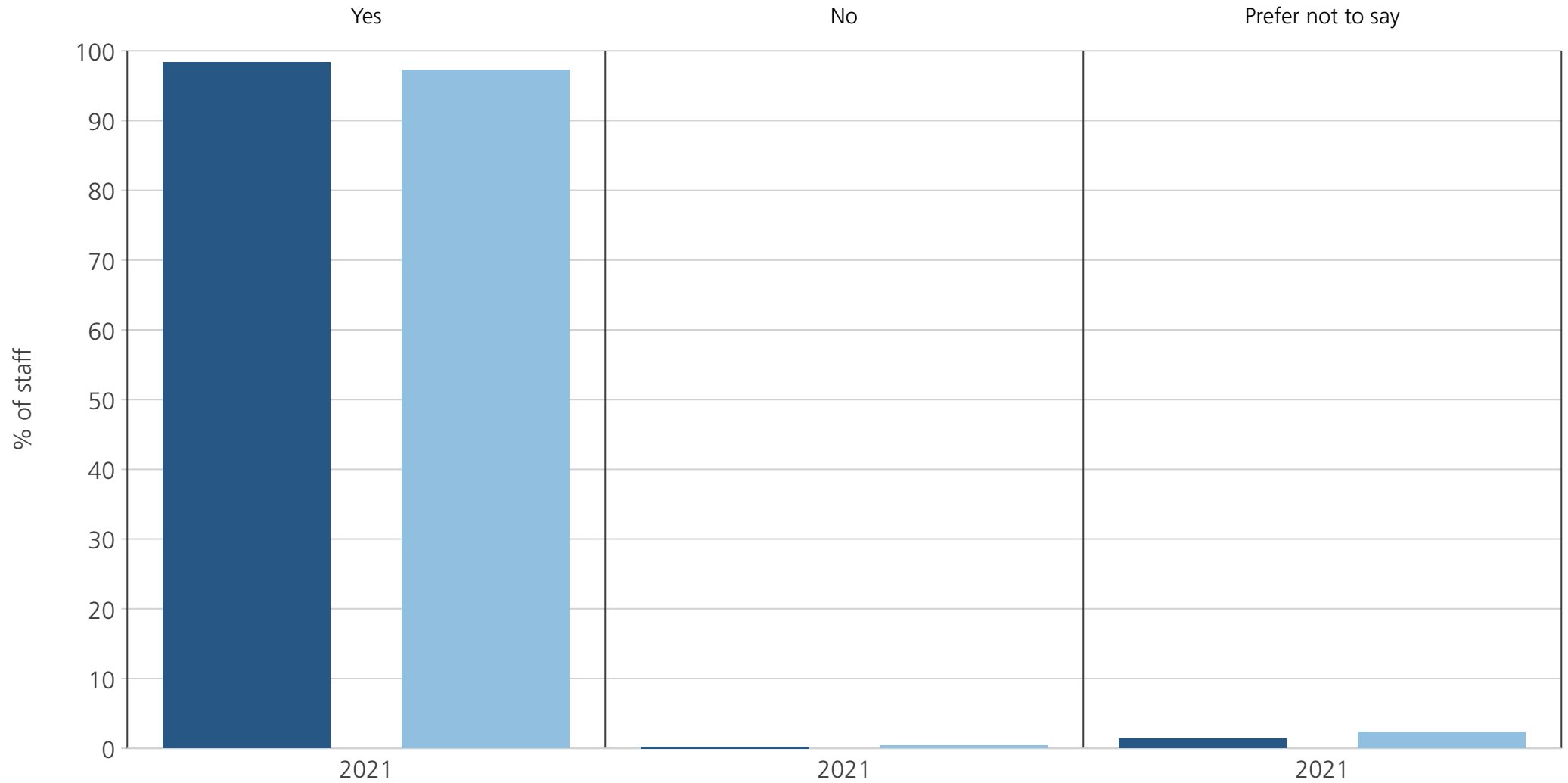


Your org	38.2%	20.0%	27.4%
Average	43.6%	20.4%	30.6%
Responses	2,861	2,844	2,849

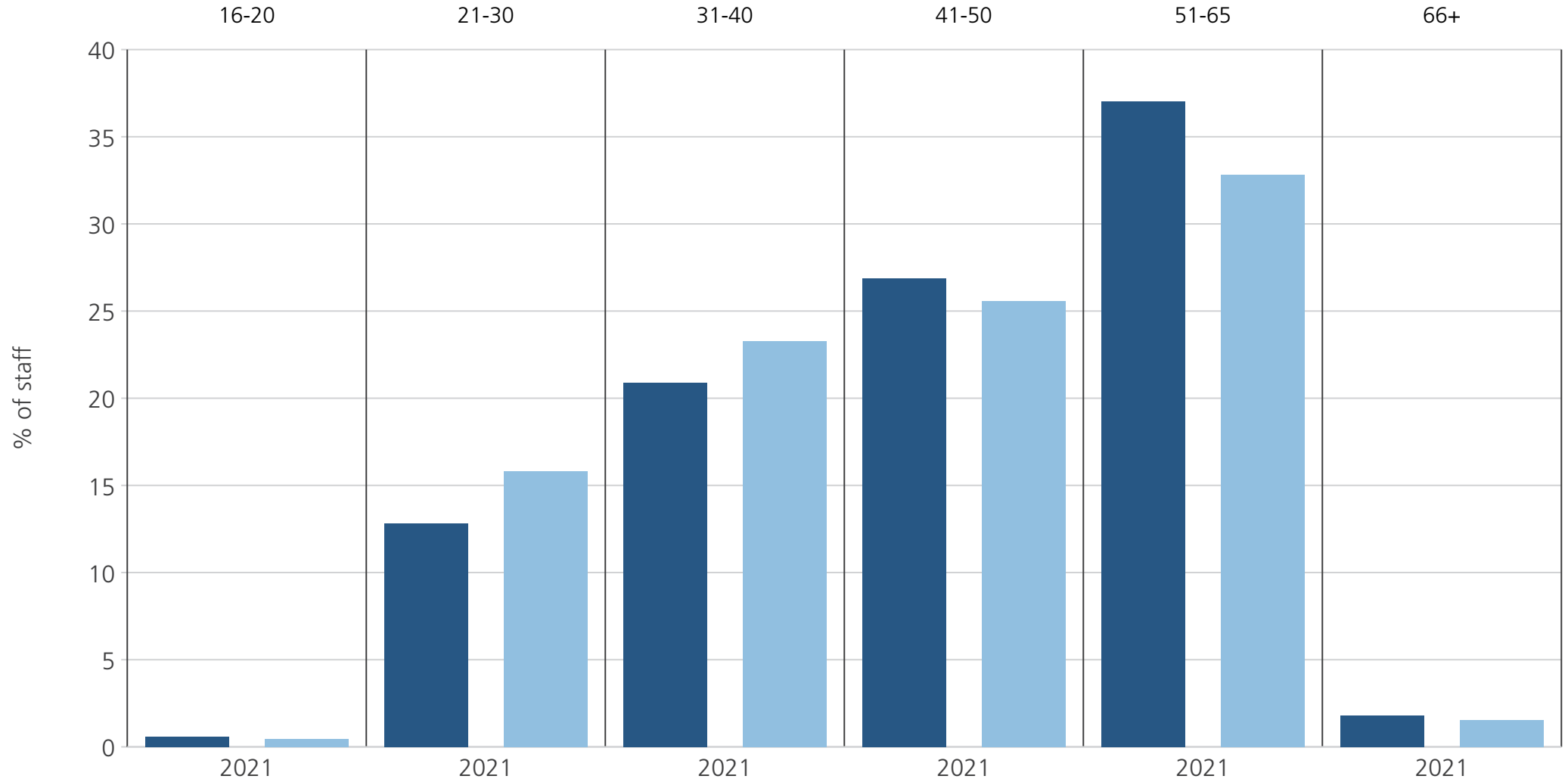
About your respondents – Background details



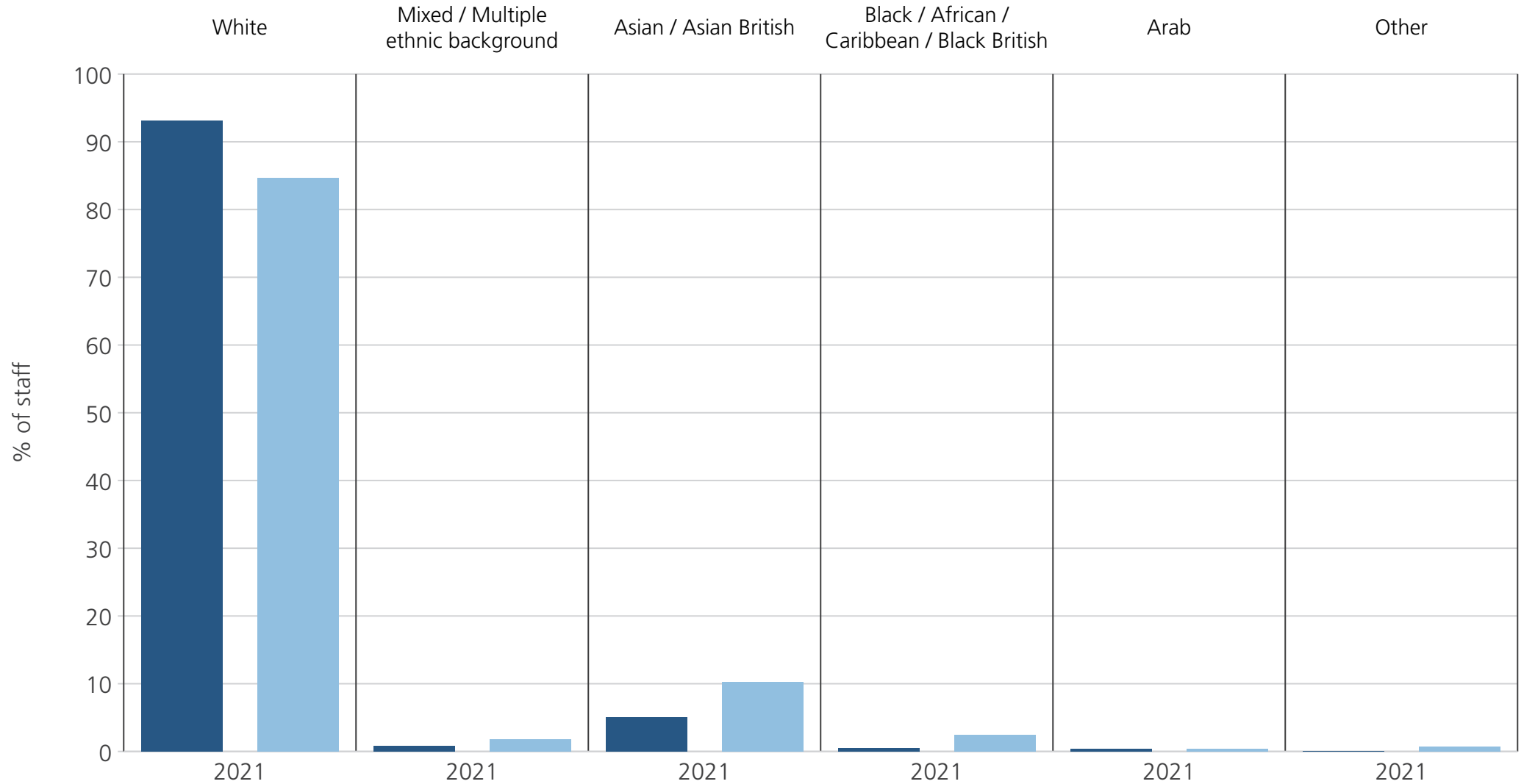
Your org	80.2%	18.3%	0.1%	0.1%	1.4%
Average	77.8%	19.6%	0.1%	0.2%	2.3%
Responses	2,857	2,857	2,857	2,857	2,857



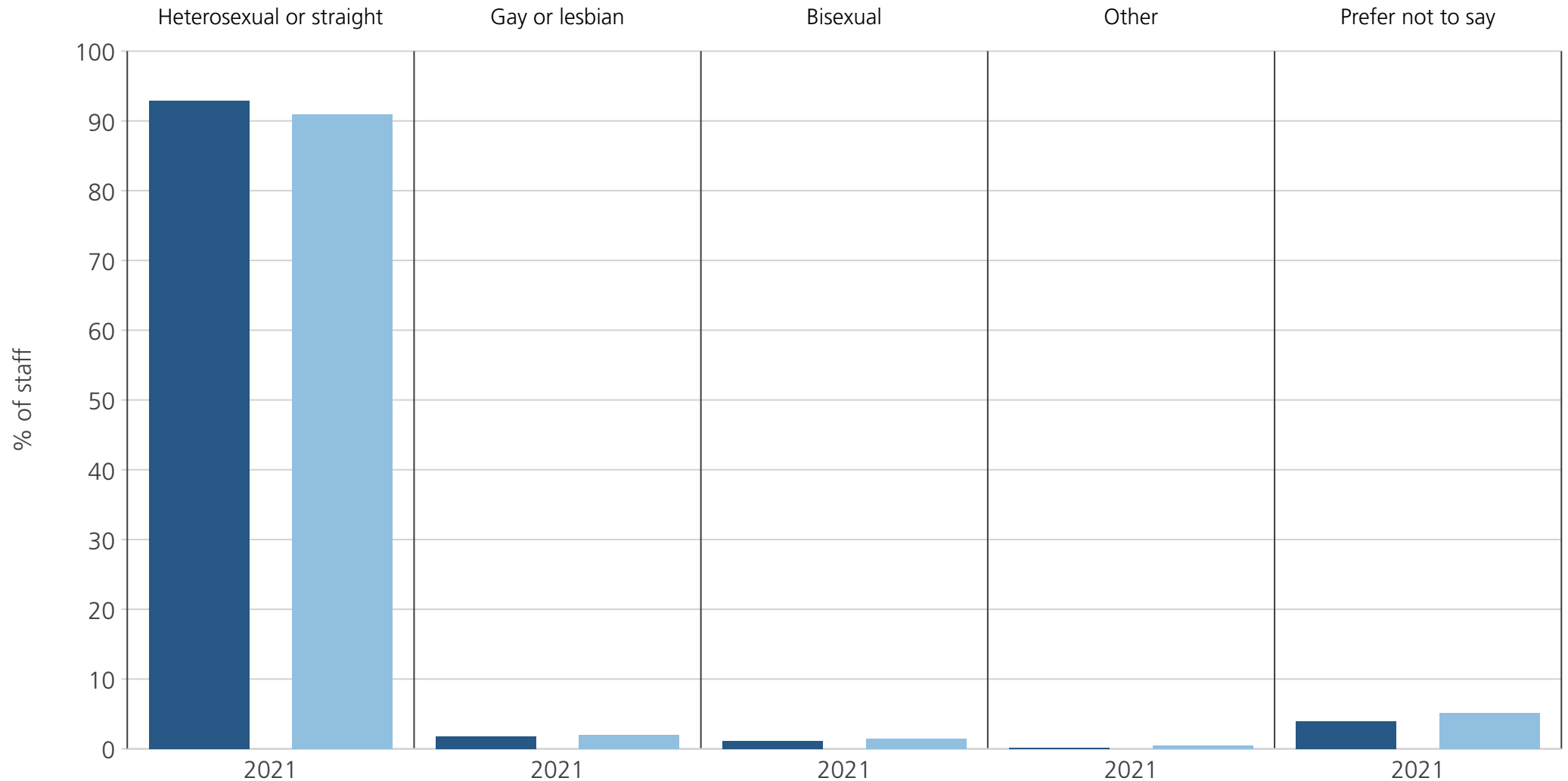
Your org	98.4%	0.2%	1.4%
Average	97.2%	0.4%	2.3%
Responses	2,490	2,490	2,490



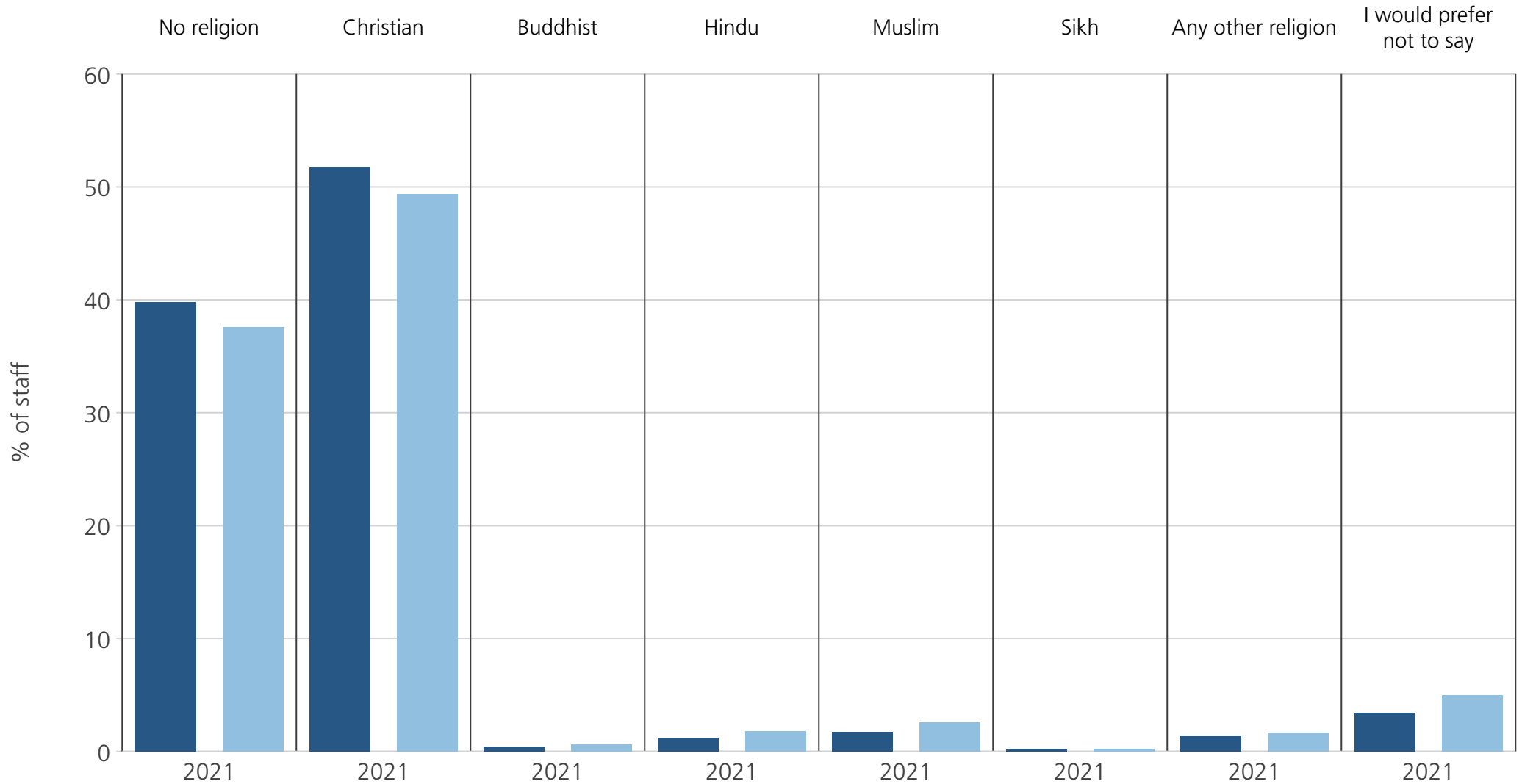
Your org	0.6%	12.8%	20.9%	26.9%	37.0%	1.8%
Average	0.4%	15.8%	23.3%	25.6%	32.8%	1.5%
Responses	2,815	2,815	2,815	2,815	2,815	2,815



Your org	93.2%	0.8%	5.1%	0.5%	0.4%	0.1%
Average	84.7%	1.8%	10.3%	2.4%	0.4%	0.7%
Responses	2,848	2,848	2,848	2,848	2,848	2,848

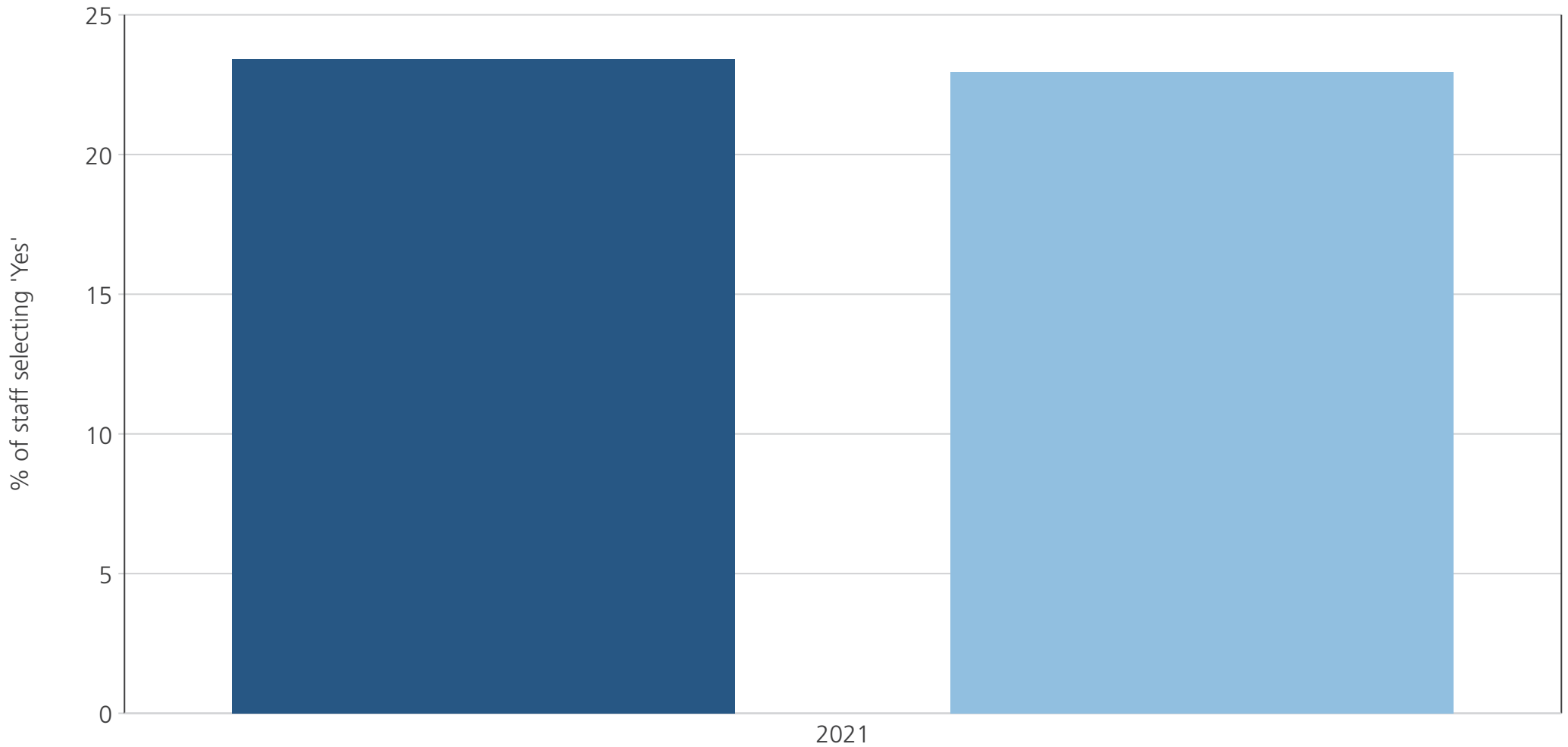


Your org	92.9%	1.8%	1.1%	0.2%	3.9%
Average	90.9%	2.0%	1.4%	0.5%	5.1%
Responses	2,847	2,847	2,847	2,847	2,847



Your org	39.8%	51.8%	0.4%	1.2%	1.7%	0.2%	1.4%	3.4%
Average	37.6%	49.4%	0.6%	1.8%	2.6%	0.2%	1.7%	5.0%
Responses	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843

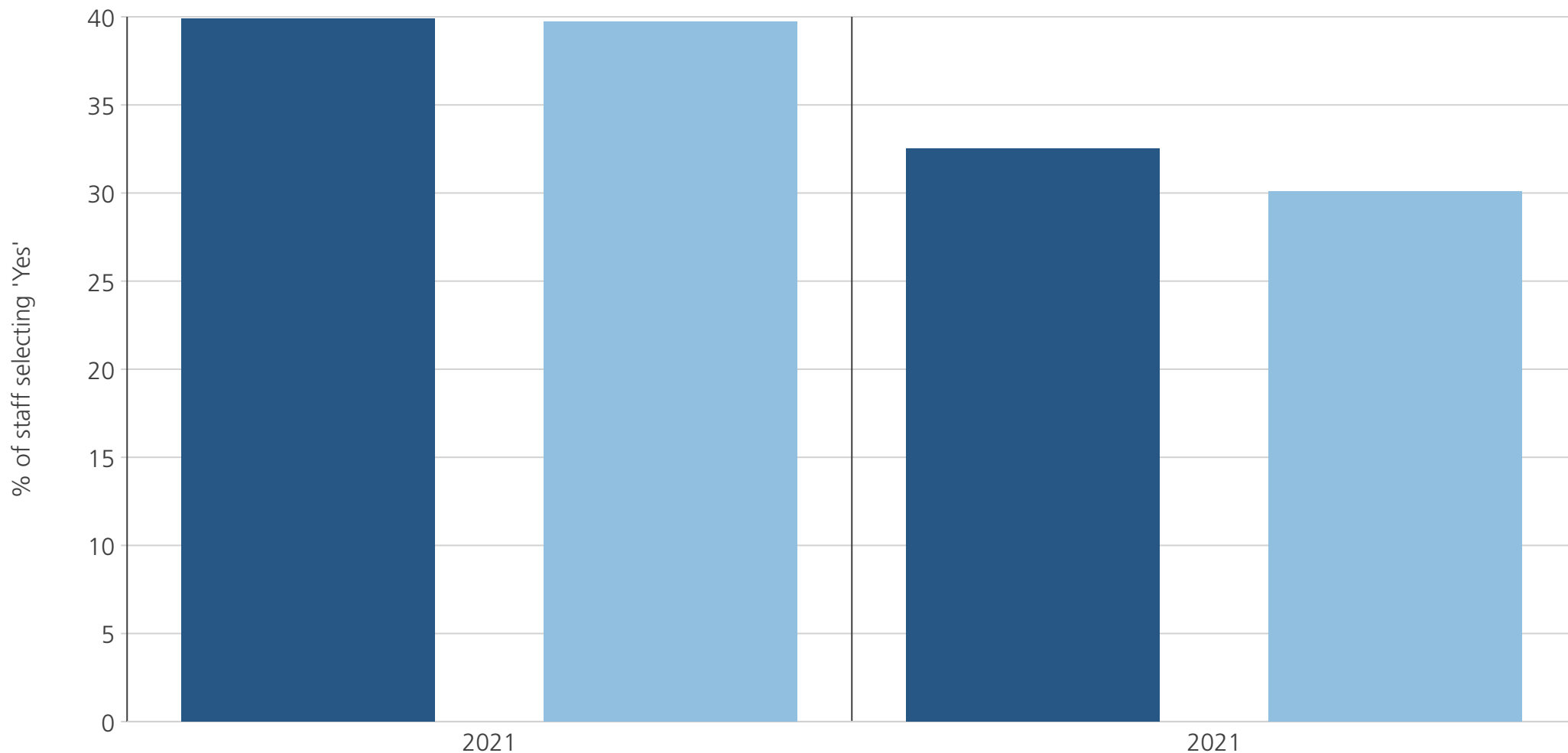
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



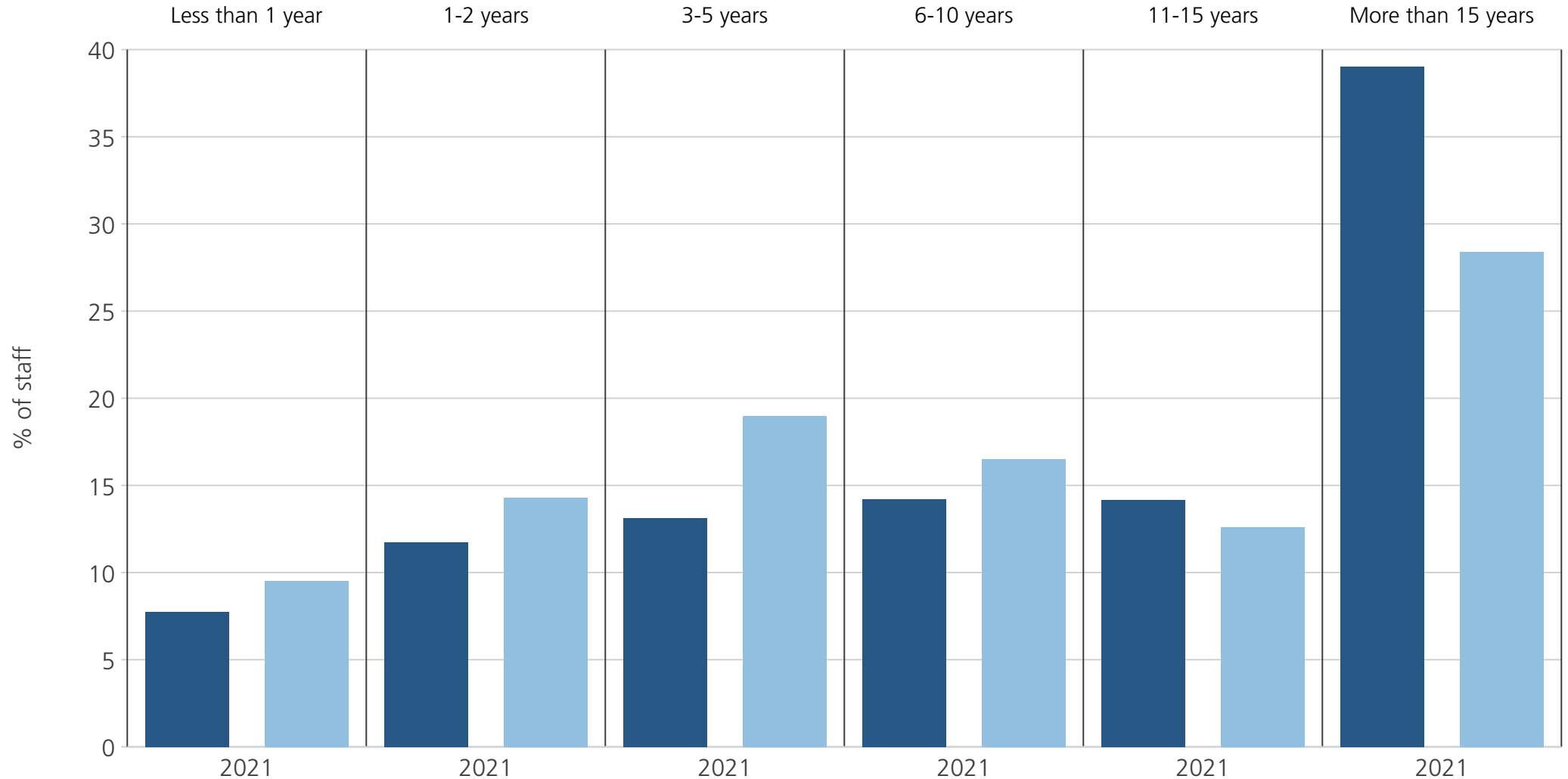
Your org	23.4%
Average	23.0%
Responses	2,844

Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?

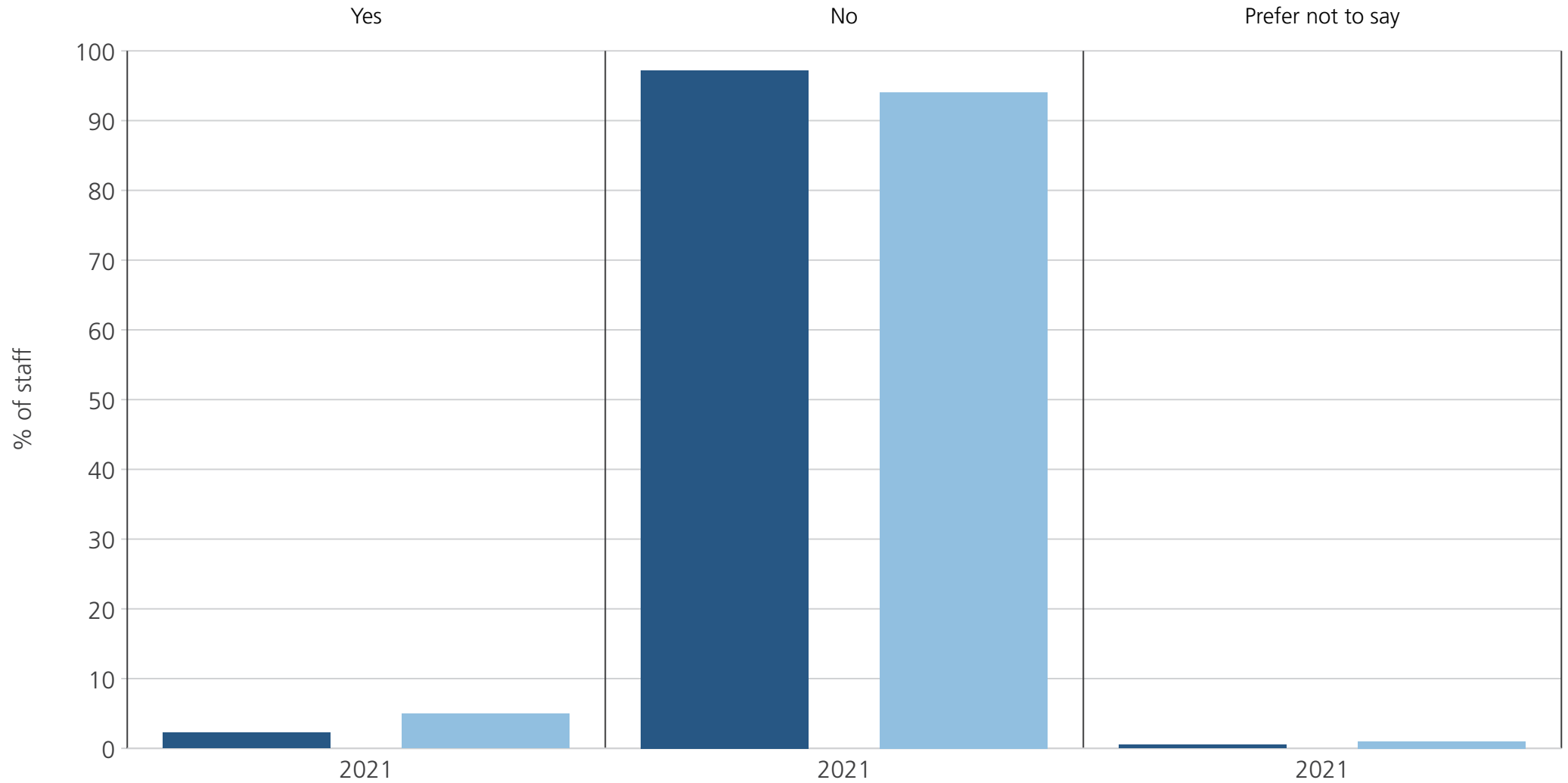
Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?



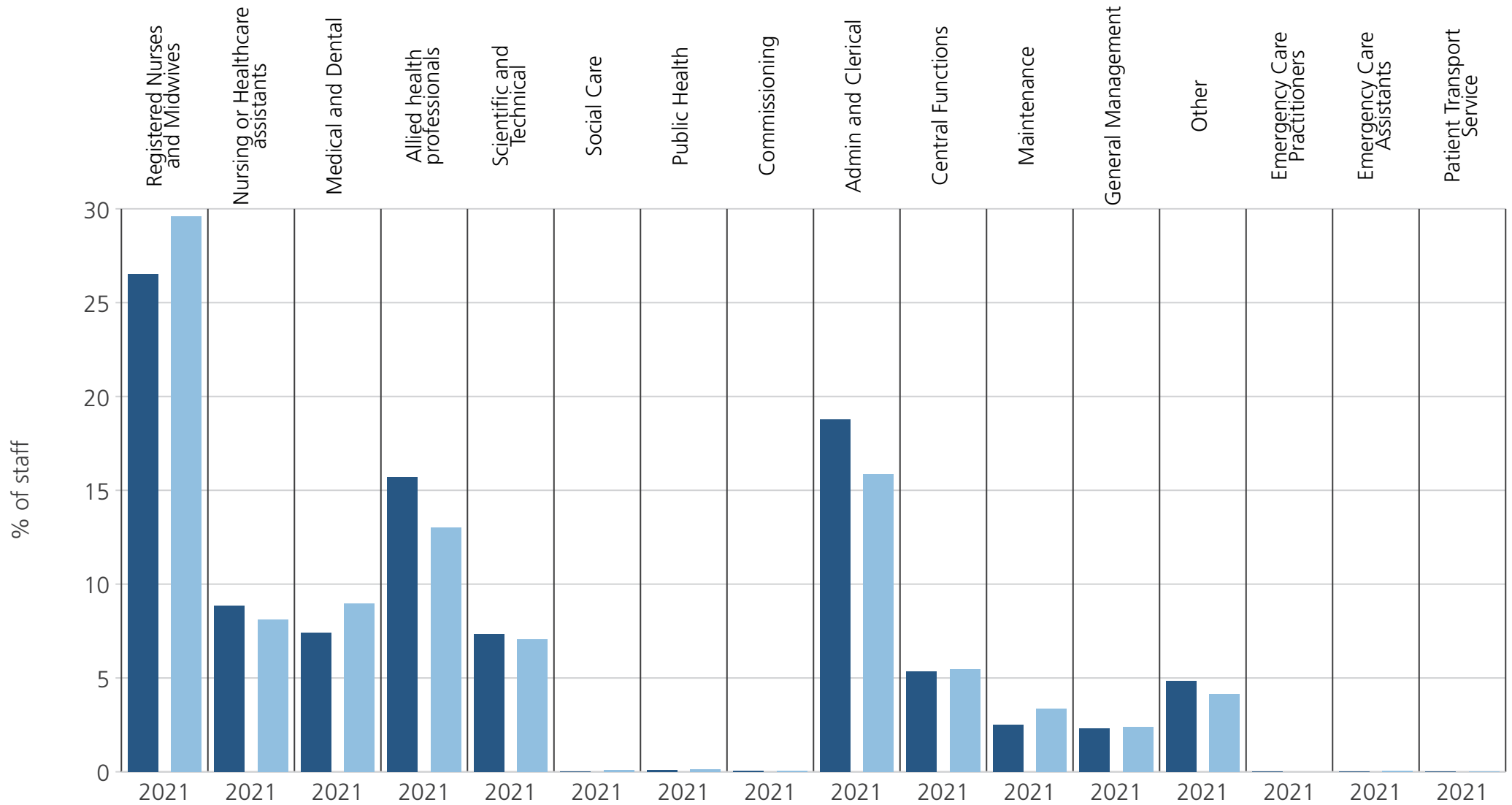
Your org	39.9%	32.5%
Average	39.7%	30.1%
Responses	2,845	2,834



Your org	7.7%	11.7%	13.1%	14.2%	14.1%	39.0%
Average	9.5%	14.3%	19.0%	16.5%	12.6%	28.4%
Responses	2,835	2,835	2,835	2,835	2,835	2,835



Your org	2.3%	97.2%	0.5%
Average	5.0%	94.1%	1.0%
Responses	2,251	2,251	2,251



Your org	26.5%	8.8%	7.4%	15.7%	7.3%	0.0%	0.1%	0.1%	18.8%	5.4%	2.5%	2.3%	4.9%	0.0%	0.0%	0.0%
Average	29.6%	8.1%	9.0%	13.0%	7.1%	0.1%	0.2%	0.1%	15.9%	5.5%	3.4%	2.4%	4.1%	0.0%	0.0%	0.0%
Responses	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817

Workforce Equality Standards

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

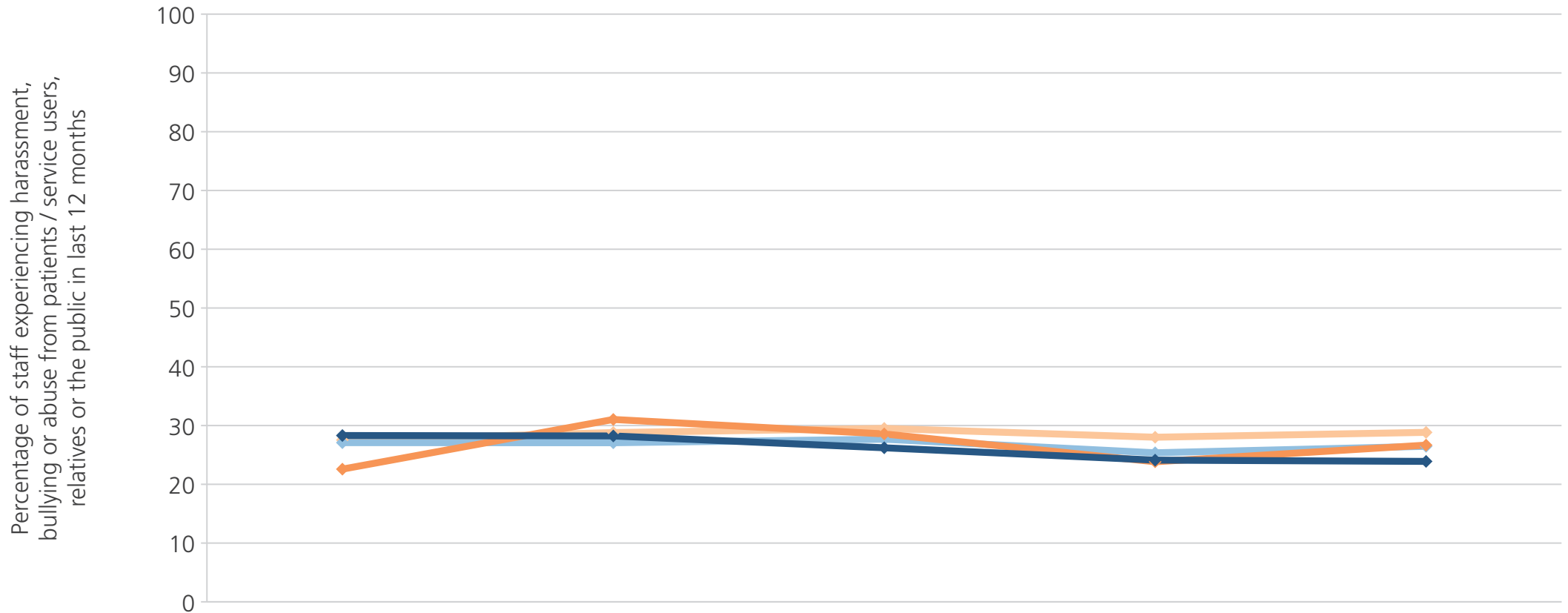
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q28a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Changes to how the Workforce Equality Standards are calculated

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
- Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Workforce Race Equality Standard (WRES)

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
White: Your org	28.3%	28.2%	26.2%	24.1%	23.9%
BME: Your org	22.6%	31.0%	28.6%	23.8%	26.7%
White: Average	27.1%	27.1%	27.7%	25.4%	26.5%
BME: Average	27.5%	28.8%	29.5%	28.0%	28.8%

White: Responses

371

372

2,022

2,227

2,632

BME: Responses

31

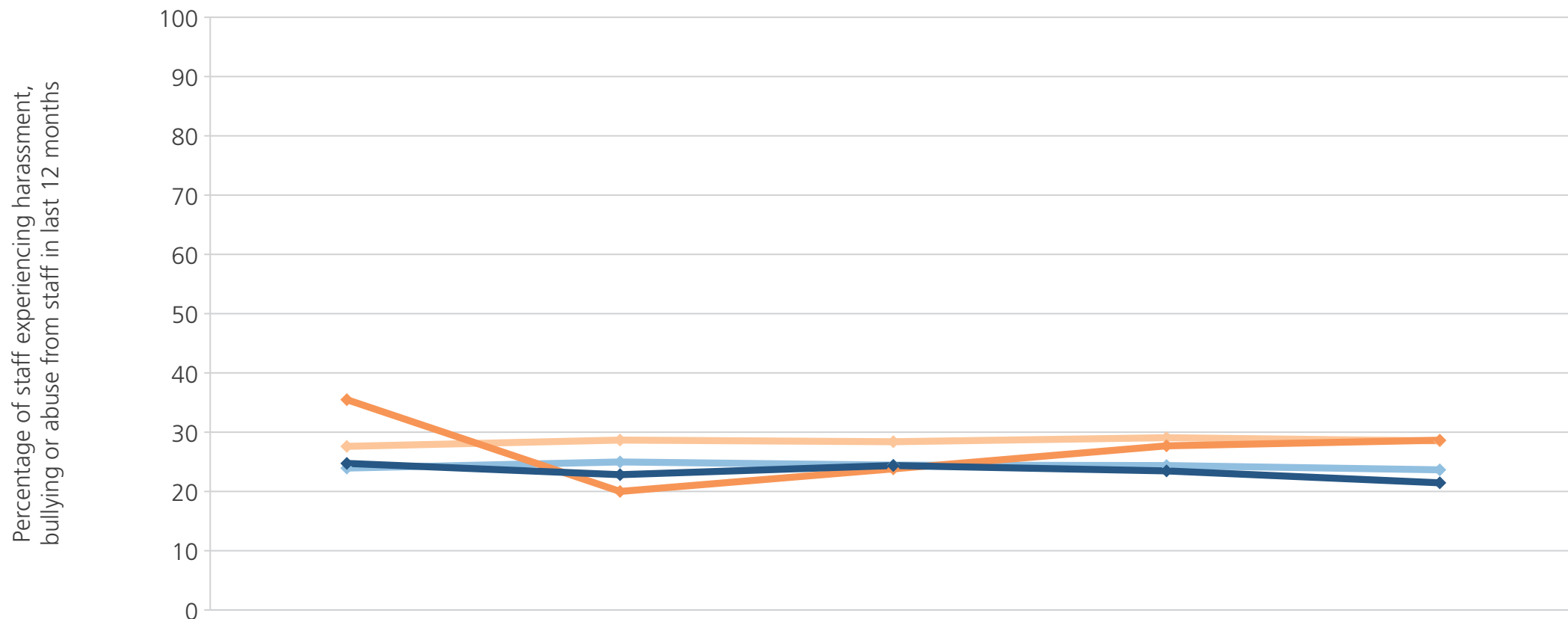
29

168

193

195

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	24.7%	22.8%	24.4%	23.5%	21.5%
BME: Your org	35.5%	20.0%	23.8%	27.7%	28.6%
White: Average	23.9%	25.0%	24.4%	24.4%	23.6%
BME: Average	27.6%	28.7%	28.4%	29.1%	28.5%

White: Responses

372

368

2,027

2,229

2,629

BME: Responses

31

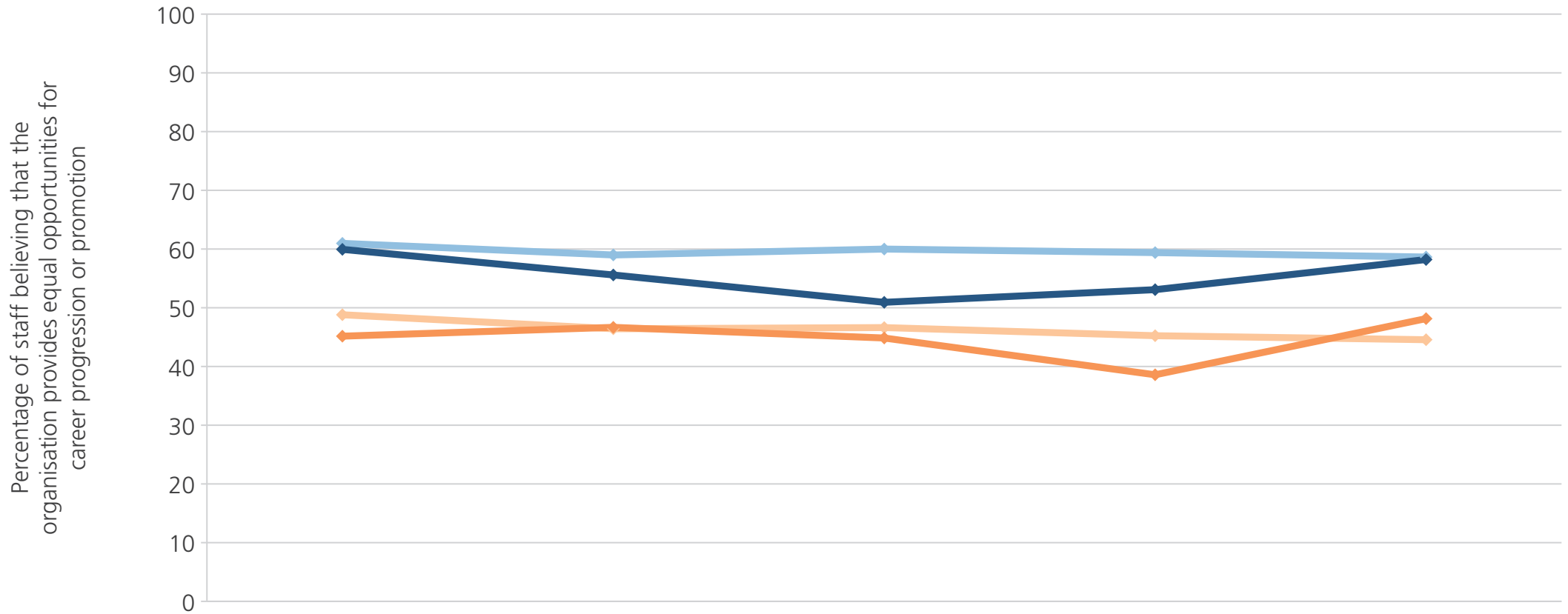
30

168

195

192

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	59.9%	55.6%	50.9%	53.1%	58.2%
BME: Your org	45.2%	46.7%	44.8%	38.6%	48.1%
White: Average	61.0%	59.0%	60.0%	59.4%	58.6%
BME: Average	48.8%	46.4%	46.6%	45.2%	44.6%

White: Responses

367

367

1,997

2,174

2,606

BME: Responses

31

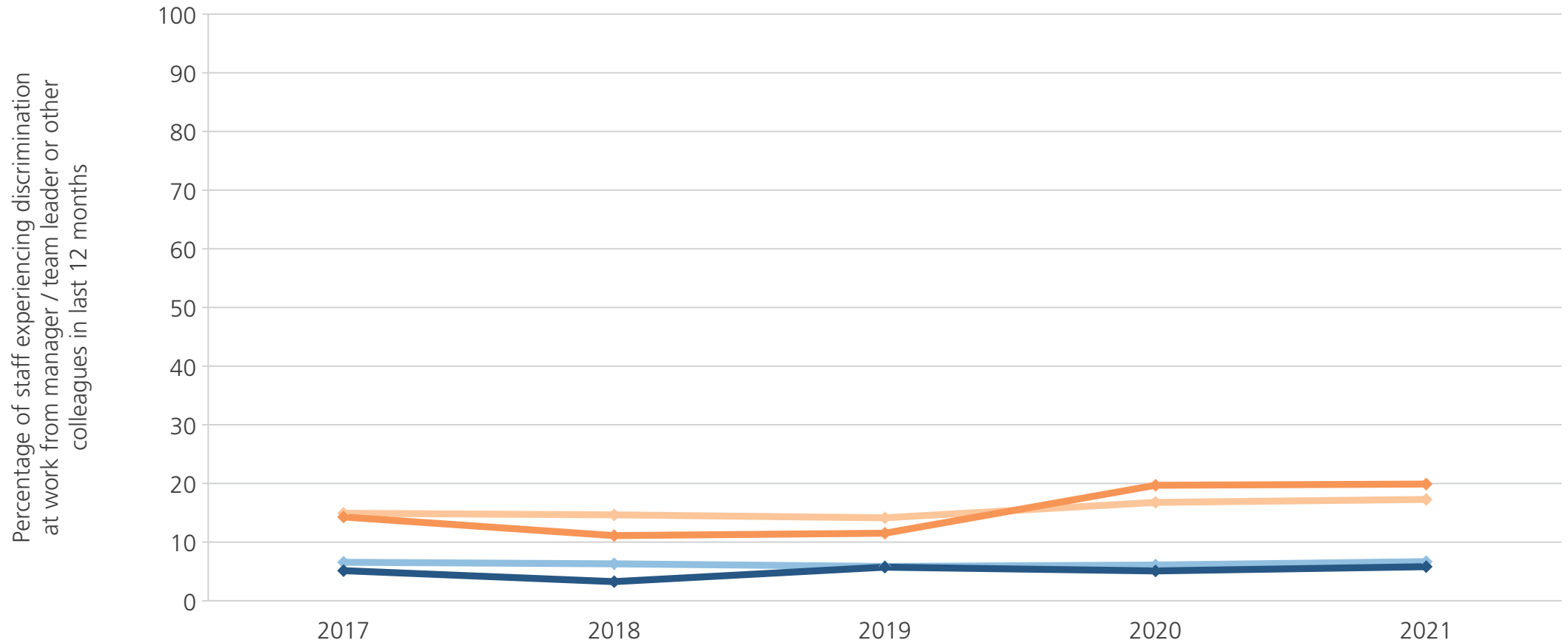
30

165

184

189

Average calculated as the median for the benchmark group



White: Your org	5.1%	3.3%	5.7%	5.1%	5.8%
BME: Your org	14.3%	11.1%	11.5%	19.7%	19.9%
White: Average	6.6%	6.3%	5.9%	6.1%	6.7%
BME: Average	14.9%	14.6%	14.1%	16.8%	17.3%

White: Responses

370

368

2,007

2,182

2,633

BME: Responses

28

27

165

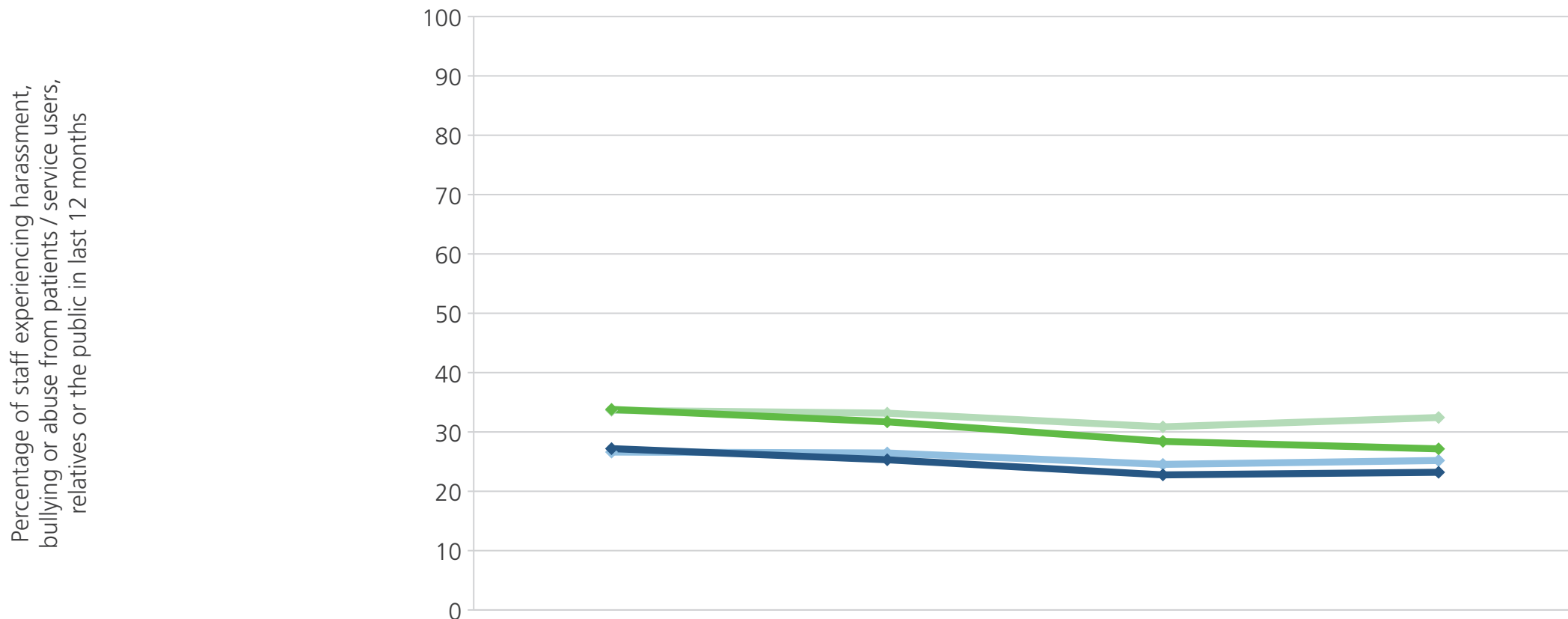
193

191

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

South Tees Hospitals NHS Foundation Trust
2021 NHS Staff Survey Results



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	33.8%	31.7%	28.4%	27.1%
Staff without a LTC or illness: Your org	27.2%	25.3%	22.8%	23.2%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%

Staff with a LTC or illness: Responses

71

451

528

663

Staff without a LTC or illness: Responses

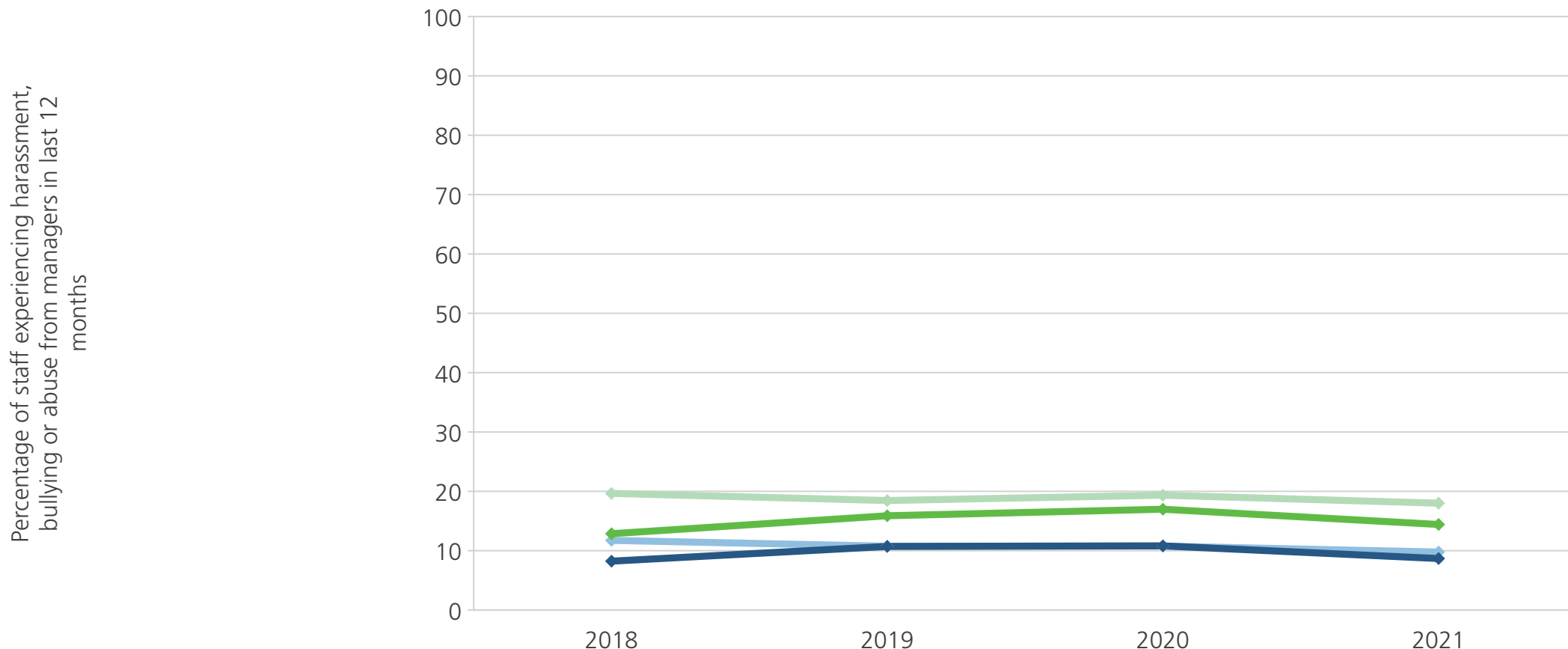
331

1,683

1,779

2,159

Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	12.9%	15.9%	17.0%	14.4%
Staff without a LTC or illness: Your org	8.2%	10.7%	10.8%	8.7%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%

Staff with a LTC or illness: Responses

70

447

524

659

Staff without a LTC or illness: Responses

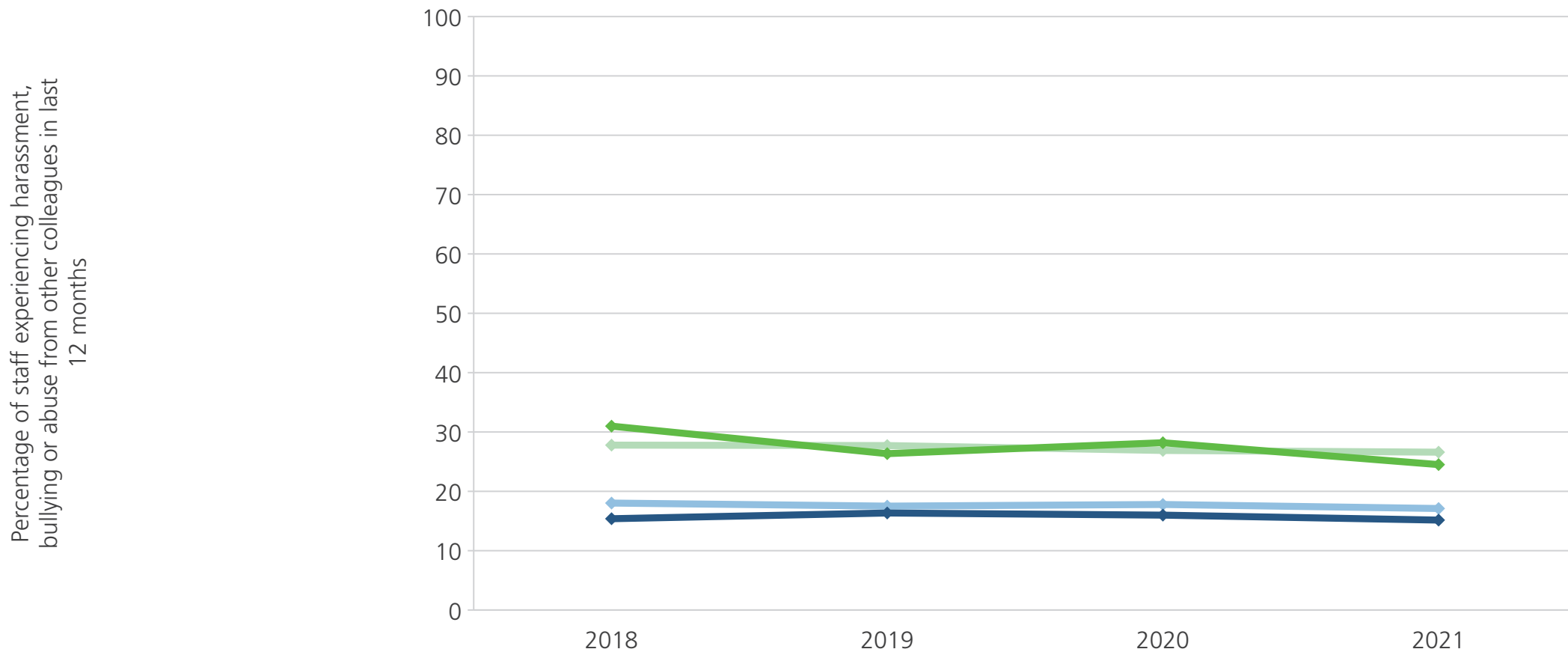
328

1,680

1,776

2,144

Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	31.0%	26.4%	28.2%	24.5%
Staff without a LTC or illness: Your org	15.4%	16.3%	16.0%	15.2%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%

Staff with a LTC or illness: Responses

71

444

525

657

Staff without a LTC or illness: Responses

325

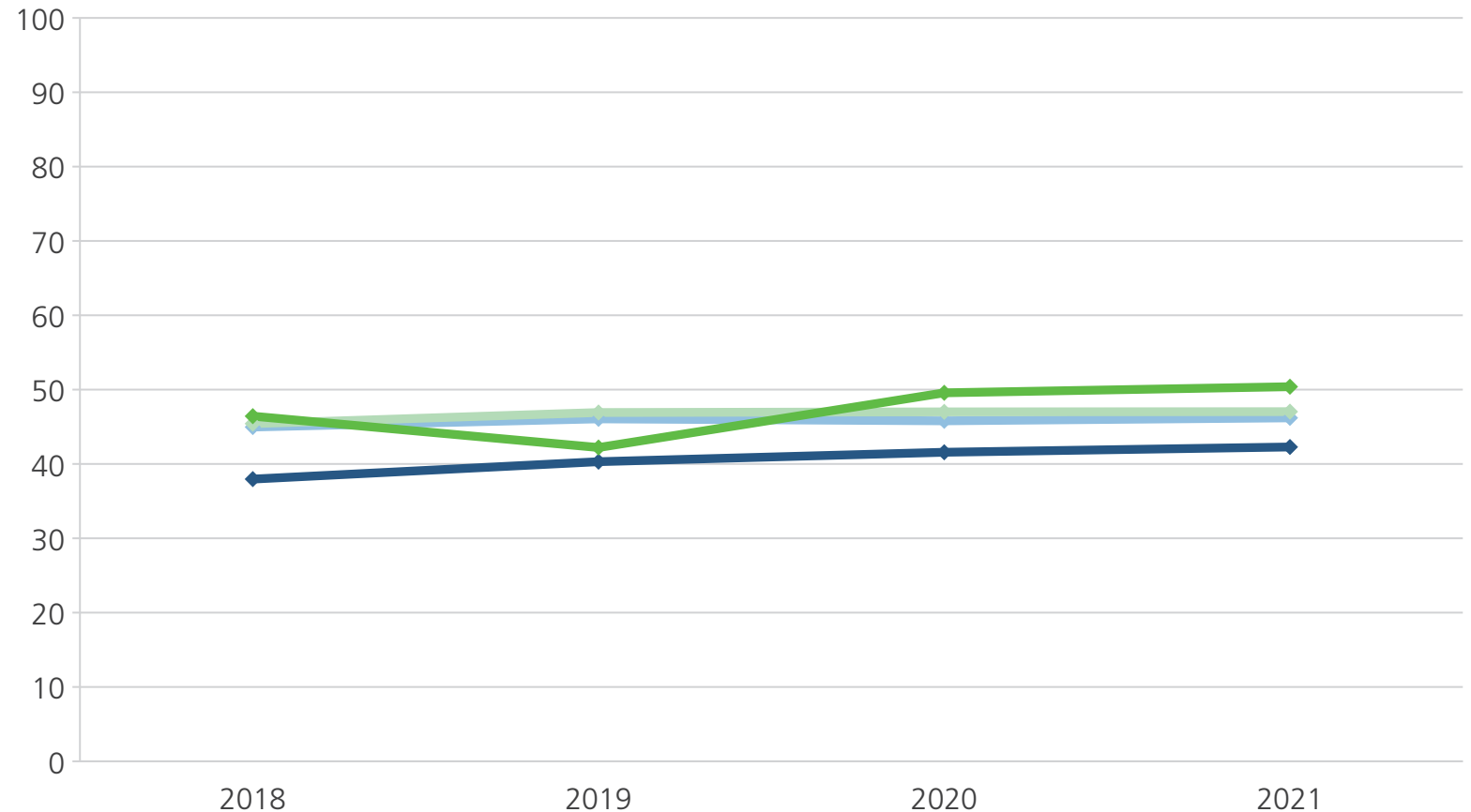
1,676

1,776

2,138

Average calculated as the median for the benchmark group

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



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	46.4%	42.2%	49.6%	50.4%
Staff without a LTC or illness: Your org	38.0%	40.3%	41.6%	42.3%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%

Staff with a LTC or illness: Responses

28

199

232

256

Staff without a LTC or illness: Responses

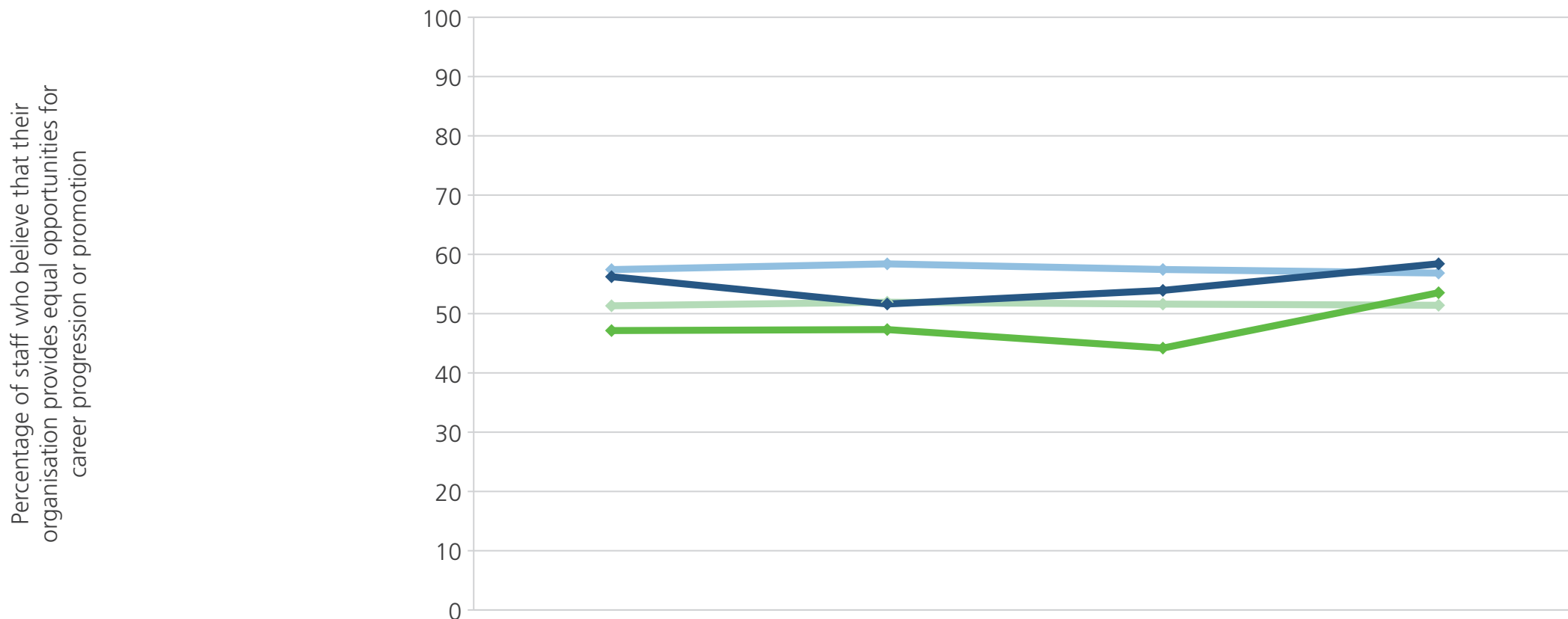
108

526

534

596

Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	47.1%	47.3%	44.2%	53.5%
Staff without a LTC or illness: Your org	56.2%	51.6%	53.9%	58.4%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%

Staff with a LTC or illness: Responses

70

446

516

652

Staff without a LTC or illness: Responses

329

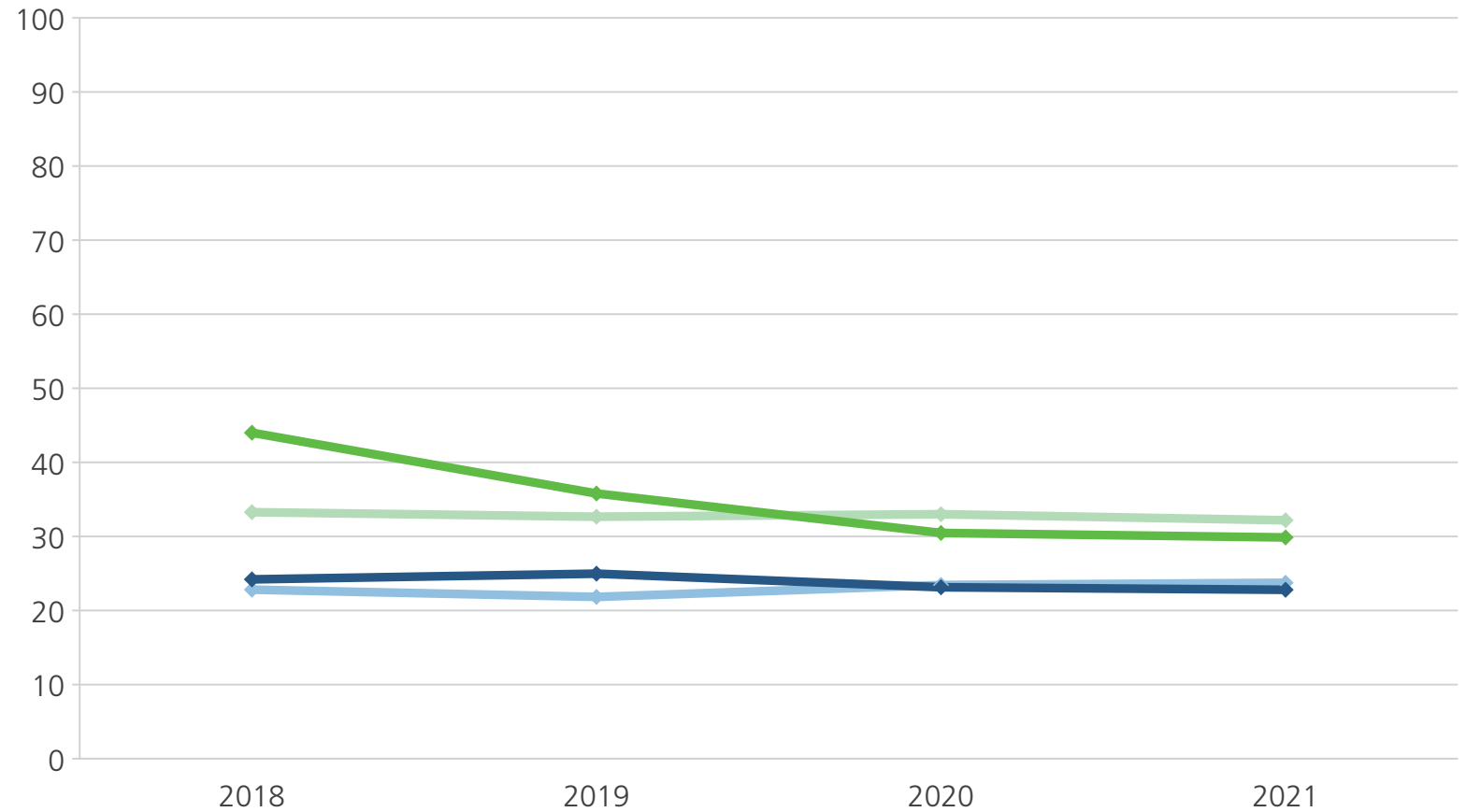
1,664

1,734

2,140

Average calculated as the median for the benchmark group

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



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	44.0%	35.8%	30.5%	29.9%
Staff without a LTC or illness: Your org	24.2%	25.0%	23.1%	22.8%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%

Staff with a LTC or illness: Responses

50

352

361

442

Staff without a LTC or illness: Responses

157

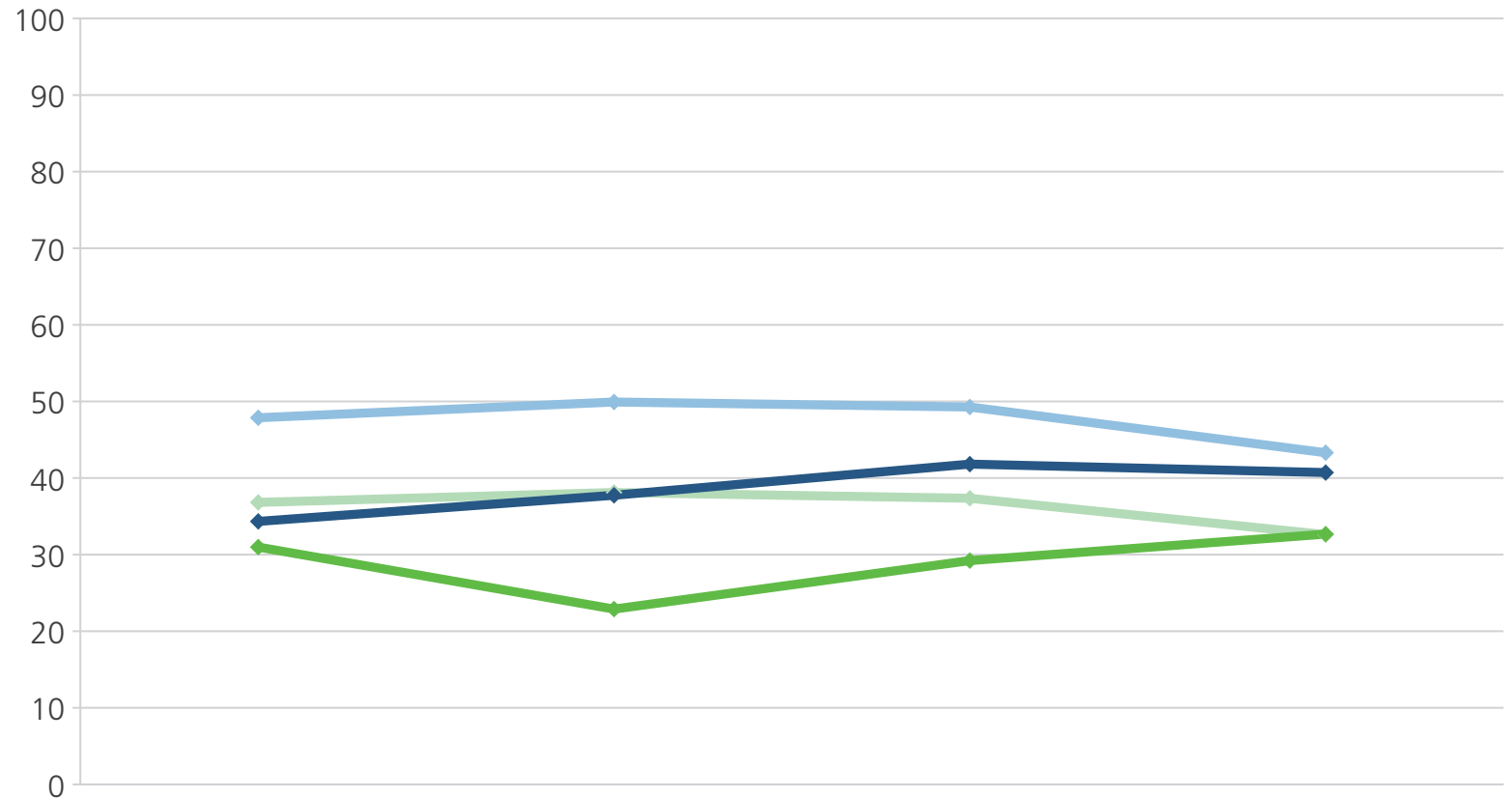
937

778

1,022

Average calculated as the median for the benchmark group

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



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	31.0%	22.9%	29.2%	32.7%
Staff without a LTC or illness: Your org	34.3%	37.7%	41.8%	40.7%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%

Staff with a LTC or illness: Responses

71

450

527

661

Staff without a LTC or illness: Responses

332

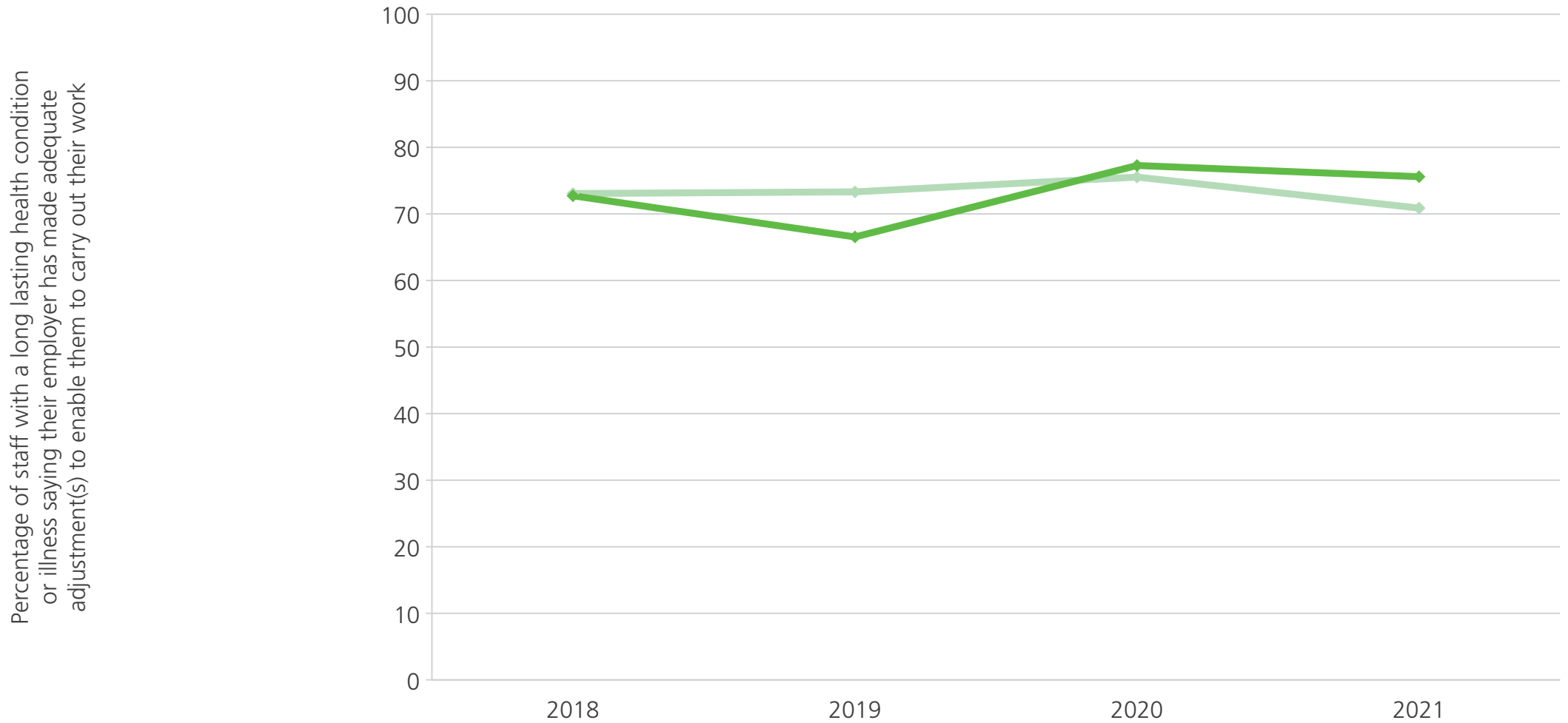
1,706

1,784

2,159

Average calculated as the median for the benchmark group

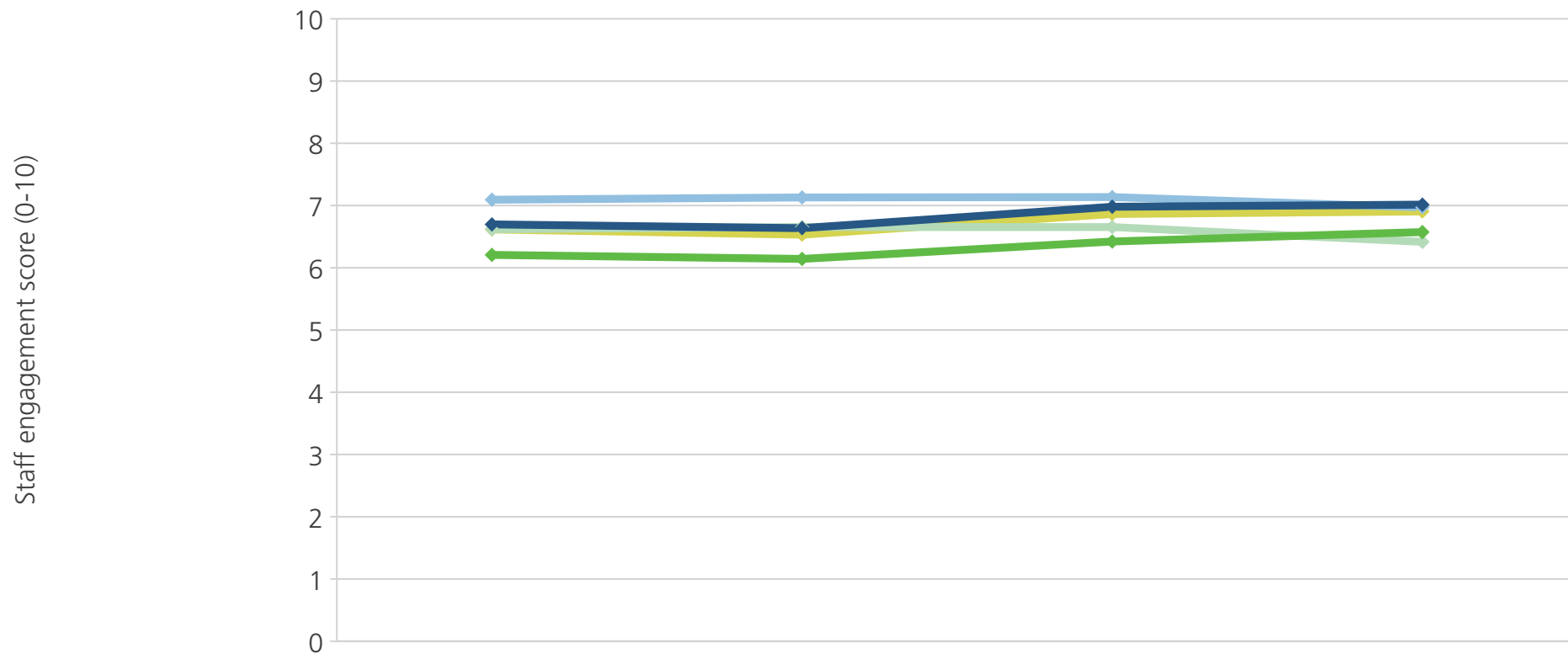
2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Your org	72.7%	66.5%	77.3%	75.6%
Staff with a LTC or illness: Average	73.1%	73.3%	75.5%	70.9%

Staff with a LTC or illness: Responses	33	269	286	381
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Average calculated as the median for the benchmark group



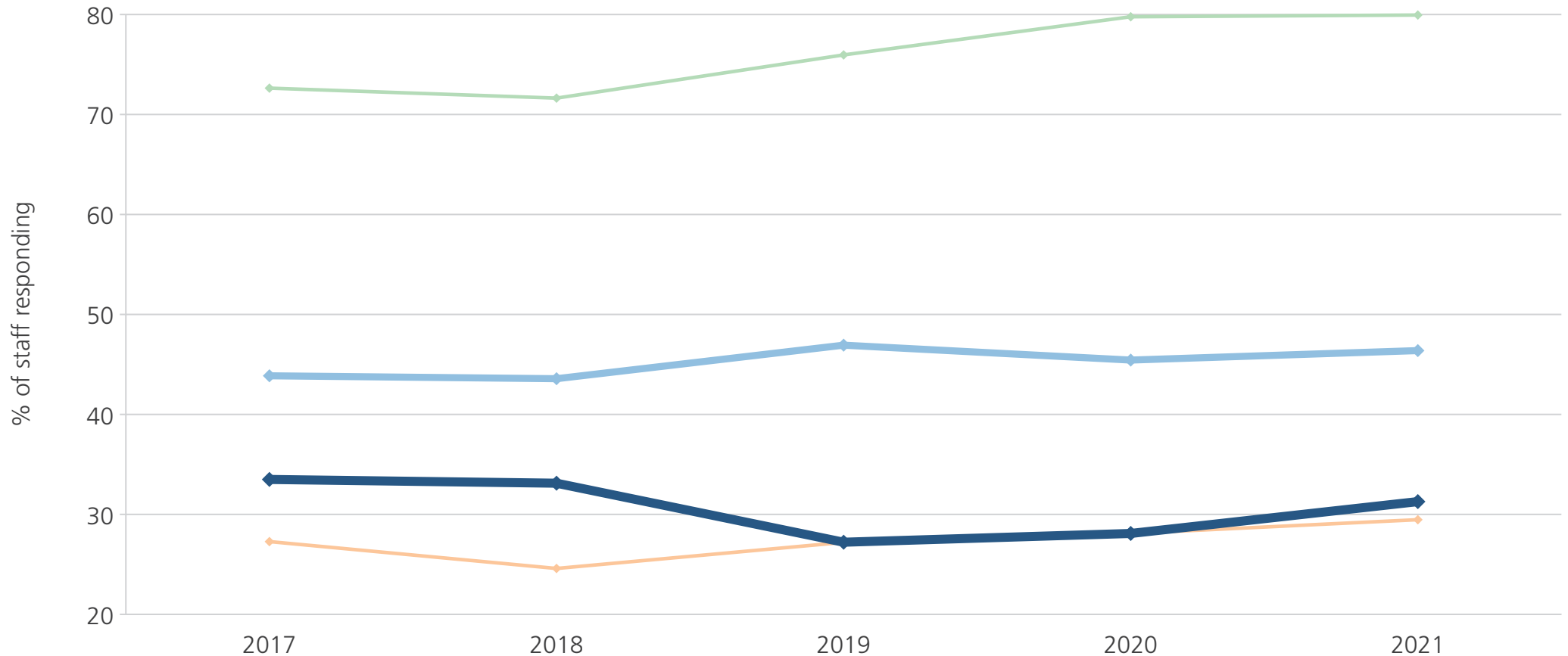
	2018	2019	2020	2021
Organisation average	6.6	6.5	6.9	6.9
Staff with a LTC or illness: Your org	6.2	6.1	6.4	6.6
Staff without a LTC or illness: Your org	6.7	6.6	7.0	7.0
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0

Organisation Responses	412	2,249	2,450	2,867
Staff with a LTC or illness: Responses	71	453	529	665
Staff without a LTC or illness: Responses	333	1,710	1,788	2,171

Average calculated as the median for the benchmark group

Appendices

Appendix A: Response rate



	2017	2018	2019	2020	2021
Highest	72.6%	71.6%	76.0%	79.8%	79.9%
Your org	33.5%	33.1%	27.2%	28.1%	31.3%
Median	43.9%	43.6%	46.9%	45.4%	46.4%
Lowest	27.3%	24.6%	27.2%	28.1%	29.5%

Appendix B: Significance testing – 2020 vs 2021

The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021*. Note that results for the People Promise elements are not available for 2020. The table details the organisation’s theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: **↑** indicates that the 2021 score is significantly higher than last year’s, whereas **↓** indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see ‘Not significant’. When there is no comparable data from the past survey year, you will see ‘N/A’.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			7.3	2863	N/A
We are recognised and rewarded			5.9	2863	N/A
We each have a voice that counts			6.8	2836	N/A
We are safe and healthy			5.9	2834	N/A
We are always learning			5.1	2728	N/A
We work flexibly			5.8	2842	N/A
We are a team			6.7	2847	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	6.9	2450	6.9	2867	Not significant
Morale	5.8	2450	5.8	2869	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.



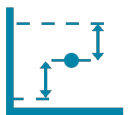
Key points to note



- The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



- A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



- People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

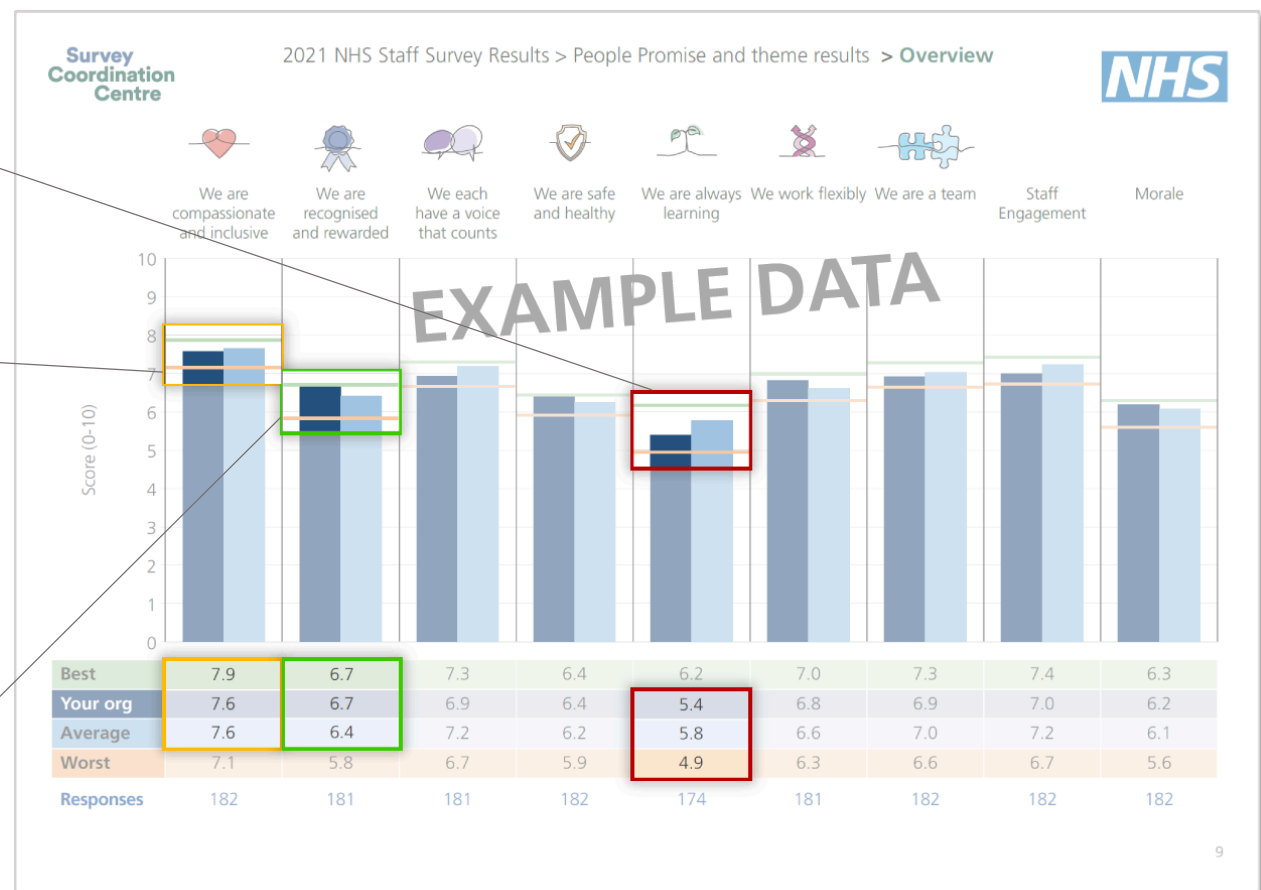
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

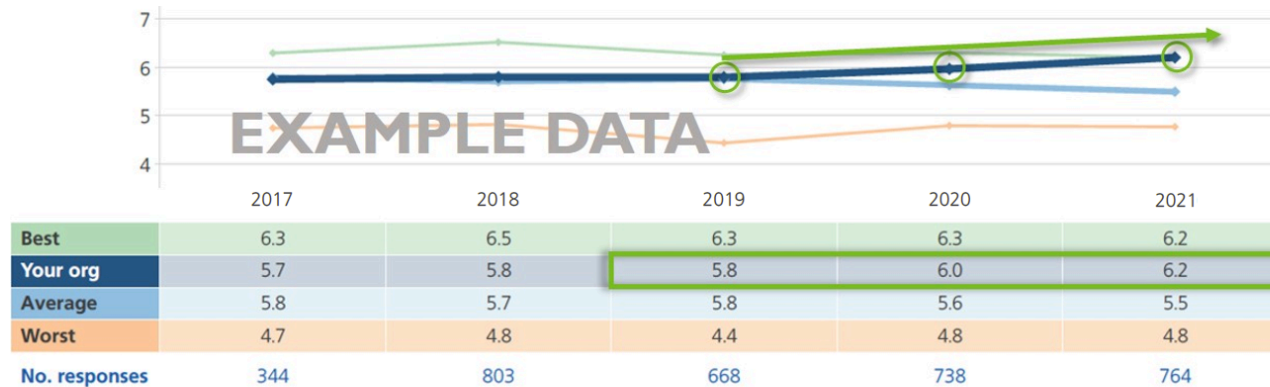
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



Only one example is highlighted for each point

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

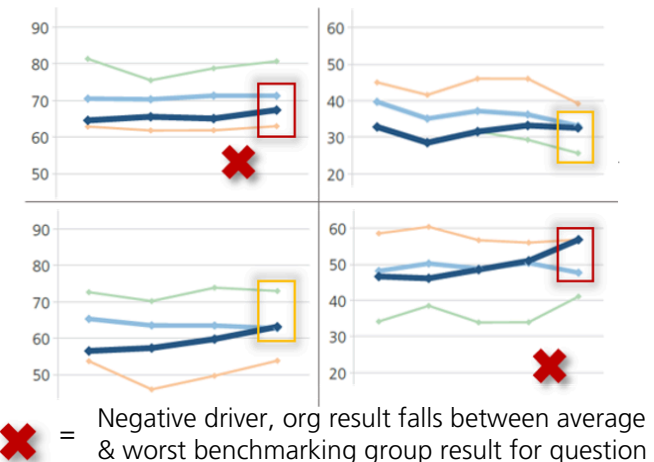


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation’s People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **‘Detailed information’** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing ‘Your org’ scores to the benchmarking group ‘Average’, ‘Best’ and ‘Worst’ scores for each question, the **questions which are driving your organisation’s People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation’s results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

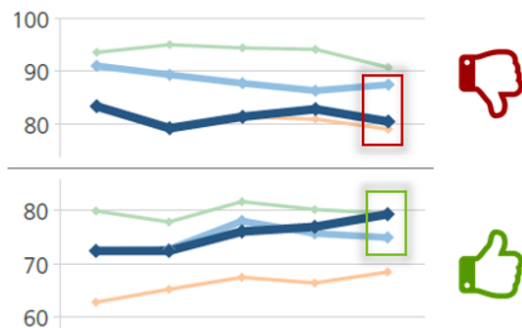
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).





➤ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➤ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.




Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.



Supporting documents

-  **Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.
-  **Technical Document:** Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results

-  **Local Benchmarking:** Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.
-  **Local Breakdowns:** Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.
-  **Directorate Reports:** Reports containing People Promise and theme results split by directorate (locality) for South Tees Hospitals NHS Foundation Trust.

National results

-  **National Trend Data** and **National Breakdowns:** Dashboards containing national results – data available for five years where possible.
-  **Regional/System overview** and **Regional/System breakdown:** Dashboards containing results for each region and each ICS/STP.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 April 2022			
Annual Filings 2021-22			AGENDA ITEM: 17, ENC 14
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Chris Hand Chief Finance Officer Hilary Lloyd Chief Nurse
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
Situation	The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These include the Annual Report, Annual Accounts, Annual Governance Statement and Quality Report (Account).		
Background	Guidance has been received on production of the key documents and a small project group has been established to oversee this work on behalf of the Trust Board of Directors.		
Assessment	<p>At this stage there are no issues or risks highlighted with the production of the annual filings.</p> <p>In order to meet the drafting and final publication timetable the Board of Directors are requested to delegate approval to the Quality Assurance Committee and Audit & Risk Committee for ongoing monitoring and approval.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit & Risk Committee and Quality Assurance Committee.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please	There are no risk implications associated with this report.		

outline		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

Annual Filings 2021-22

1. PURPOSE OF REPORT

- The purpose of the report is to update members of the Trust Board on the preparation of the annual filings for 2021-22:
 - Quality Report (Account)
 - Annual Accounts
 - Annual Report
 - Annual Governance Statement
- and to ask for delegated authority to the Audit & Risk Committee and Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

2. BACKGROUND

The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. A programme management approach has been established to oversee this work. A task and finish group has been established and will meet every two weeks to review progress.

Changes to the requirements for 2021/22 are set out below:

- The 'fair pay' disclosure requirements have been expanded. The detailed requirements have been inserted in the main part of chapter 2 of the FT ARM rather than in an annex as previously.
- Quality reports are no longer a required part of an NHS foundation trust's annual report. Quality accounts, applicable to all NHS trusts and NHS foundation trusts, continue to be prepared under separate arrangements. Local auditor assurance on quality accounts is not mandated by NHS Improvement
- Guidance on preparing the performance report overview and performance analysis is expanded to include that performance against quality priorities and indicators should be included within a balanced report on the organisation's performance.
- The reduced reporting requirements introduced by HM Treasury for 2019/20 and 2020/21 are no longer available. This means that the performance analysis section of the annual report is restored.
- System Oversight Framework Disclosures of performance against oversight framework updated to refer to the NHS System Oversight Framework.

- Performance analysis and annual governance statement: climate disclosures Disclosure requirements updated to refer to the Greener NHS programme

3. DETAILS

3.1 Annual report and accounts

The Annual accounts timetable has been developed. External Audit are carrying out their checks. No risks to identify at this stage.

3.2 Quality Report (Account)

The Quality Report priorities for 2021-22 have been overseen by the Quality Assurance Committee throughout the year.

With regard to 2022-23 an initial engagement event has been held with a sub group of the Council of Governors. A long list of quality priorities was developed using quality indicators from national, regional and local level intelligence, ensuring that the measures are relevant to our population and this has been shared at the engagement event.

3.3 Annual Governance Statement

This is on track – no risks to identify at this stage.

4. TIMETABLE

Tuesday 19 April 2022 - Submission of month 12 'key data' return to NHS Improvement

Tuesday 26 April 2022 - (noon) NHS providers submit month 12 PFR form (including unaudited TACs) and draft accounts to NHS Improvement

This submission is of:

- Month 12 PFR form (including unaudited TACs)
- Draft accounts

Wednesday 22 June 2022 – NHS providers submit month 12 PFR form (including audited TACs) and audited accounts to NHS Improvement including Annual report

TBC - Laying NHS foundation trust annual report and accounts before Parliament

4. RECOMMENDATIONS

The Board of Directors are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit & Risk Committee and Quality Assurance Committee.

Resources Committee Chair's Log

Meeting: Resources Committee (Virtual Meeting)	Date of Meeting 31 st Mar 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Board Assurance Framework • Estates Market Conditions • Integrated Performance Report • M11 Finance Reports • MTFA • 2022/23 Planning and Budget Setting • SIO Input • Digital Strategy and Projects update • PwC Digital Internal Audit Report • PwC Estates Internal Audit Report • Committee Effectiveness 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • The committee received an update on the BAF and noted 6 overdue gaps in assurance. A review of Resources Committee risks should be conducted following agreement of the Trust Financial Plan. • A Turner & Townsend report was received which showed continued supply chain pressures in the construction sector. These are likely to be exacerbated by recent world events. Front-end loading and pre-commitments on the capital plan are being used where possible. • The IPR was reviewed in the context of continued COVID pressures and associated staff absence. Elective performance continues to be strong with continued reduction in the number of longest wait patients. • The Committee noted that the M11 financial performance was in line with the financial plan with a reported deficit of £4.7m at a system control total level. Additional PFI write-off and staff recognition payments are being considered in light of regional surplus funding. • As part of financial planning arrangements for 2023/24, managed services and any associated risks were noted. • Work continues in preparing the full 2022/23 plan and 	<p style="text-align: center;">Company Secretary May 2022</p> <p style="text-align: center;">Director of Estates</p> <p style="text-align: center;">Director of Finance April 2022</p>

<p>further discussions are planned with the new ICB CFO.</p> <ul style="list-style-type: none"> • A report by the SIO highlighted new processes for both Project and Programme Management to ensure robust delivery of CIP plans. The CIP Steering Group will support these activities. • The Digital Investment Project progress for the Trust was reviewed with many projects drawing to conclusion. A summary report will be presented to the April Committee. • The PwC Report on Digital Governance was reviewed, and the recommendations noted as supported. In particular, the need for a refreshment of the Trust Digital Strategy is planned for June. This will require an engagement exercise across the Trust. 	<p>Director of Finance April 2022</p> <p>Managing Director</p> <p>Digital Director April 2022</p> <p>Digital Director June 2022</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • The Board is asked to note the planned refreshment of the Trust Digital Strategy and to consider the best way to ensure appropriate engagement across the Trust. • The Board is asked to note financial planning progress and associated risks. • 	<p>Digital Director June 2022</p> <p>Director of Finance</p>



People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 29 Mar 2022
Highlights for: Board of Directors	Date of Meeting: 5 Apr 2022
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> Board Assurance Framework gaps Risk appetite statement Committee effectiveness review People plan education and apprenticeships CQC highlight report Culture plan and EDI 	
Actions to be taken	Responsibility / timescale
<p>Reviewed the BAF and acknowledged no new risks but one gap action overdue on embedding culture and management outcomes. Assurance received from 5 internal reports relating to BAF gaps and a further 5 assurances from update papers.</p> <p>Risk appetite statement. Input, questions and responses to be sent to Jackie via email</p> <p>Committee effectiveness review. Focus on improving exec summary sheets and pulling through assurance required in relation to outcomes and targets. A significant level of assurance accepted</p> <p>Staff retention and exit strategy. Working on silver award with intention to start working towards gold. Improvements in flexible working but still biggest reason for voluntary attrition. Low number of exit interviews remains a concern and process improvements required. A limited level of assurance accepted</p> <p>People plan education. Prospect programme working well. Working with Princes Trust on younger people employability. Apprenticeship and education collective placement support starting now. Future planning gaps identified and increased student requirement by 20% for 2024 with virtual placements for additional flex. Student feedback very positive. Continuing to increase partnerships and regions. Role specific training requirement and plan in progress. Add student conversion to permanent posts in next report. A significant level of assurance was accepted</p>	<p>Meeting on overdue gap - Head of Governance by 22 Feb c/f</p> <p>Committee members by Fri 1 April</p> <p>Leaver improvement process - Head of HR by end April</p> <p>Dir of Education – June meeting</p>

Financial wellbeing. Salary advance scheme in place and hardship fund available. Over 3,000 staff now members of saving scheme. Financial guidance, support and services live on website. Exploring eco shop and other ideas with facilities team. Pensions awareness week in plan. Staff mileage rates and car parking charges under review. Comm request to ensure that over and under pay situation is resolved and not exacerbating financial wellbeing. Further exploration of Credit Unions.

A moderate level of assurance accepted

Education partnerships. Hosting health education initiative across Tees Valley so recruiting new role to broaden participation. NHS recruitment fairs organised with schools and colleges. Menopause awareness had good feedback. Report to be updated with impact on BAF areas relating to workforce gaps and staff retention plus centre of excellence.

A limited level of assurance agreed

Apprenticeships. Meeting quarterly with providers following successful transition to external training. QA lead picking up any issues. Nursing and midwifery programmes working well with high levels of graduation and filling vacancy gaps. Challenges utilising full levy funding so c10-15% of fund being used to support other organisations. Working with collaboratives to consolidate use of policy. Add in impact on workforce strategy, recruitment gaps, and tracking of apprenticeships through employed role over 2-3year timeframe and impact on retention.

A moderate level of assurance agreed

CQC highlight report. Committee reviewed activity, continued work on reporting evidence against outcomes and impact on people objectives, and trajectory and milestones to close assurance gaps.

A moderate level of assurance accepted

Cultural improvement plan. EDI strategy, initiative plan and calendar of events in place. Working towards accessing national funds to support further programmes where available. 46 active in BAME reverse mentoring pilot identifying areas of concern and improvement for staff and patients. Comms and awareness to be planned. Need to ensure ownership of opportunities and delivery owned by pilot members and our leadership collaboratively alongside network.

A moderate level of assurance accepted

Staff survey summary. Final report embargoed until end of March but benchmarked results have improved in the majority of our key areas against last year. Below benchmark areas identified and deep dives underway e.g. flexible working. Topics identified for comms plan each month starting with appraisals. Verbatim comments due next month. Review potential

Over and under payments review – Head of HR end April

Credit Union awareness – Ada Burns end April

Correlation on outcomes and impact to BAF assurance – Senior Training & Development Partner end June

Collaborative strategy plan and assurance gaps – Senior Training & Development Partner end May

Retention tracking – with Director of HR end June

Ownership assurance and comms plan – HR Business Partner end June

Review aging workforce implications and mitigants – Director of HR end June



<p>emerging potential threat of aging workforce and add to BAF for watchlist. A moderate level of assurance agreed</p> <p>IPR continues to show improvements especially in Neuroscience who have been pilot area on absence management. A limited level of assurance was agreed</p> <p>Other assurance updates received from Guardian of Safe Working, Clinical excellence awards process (no internal assessments this year), EDI steering group, and the JPC chairs log. Safe working report highlighted challenge with junior doctor staffing rosters and alignment to pay calculators, issue also being seen across region. Work in progress to resolve.</p>	
<p>Board action</p>	<p>Responsibility / timescale</p>
<p>There were no new areas to raise for the attention of the board</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>
<p>No new risk areas identified but potential emerging threat from aging workforce to be included in BAF</p>	<p>Head of Governance end April</p>



Charitable Funds Committee Chair's Log

Meeting: Charitable Funds Committee	Date of Meeting 17 March 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Quarterly Review of Charitable Income & Expenditure • Pressure Belt Charity Funding Business Case • Rheumatology Clinic prep room Business Case • Restorative support for Patients and/or relatives business case • Cardiothoracic Research Appeal • Renal appeal • Review the performance of investments • Update from the Head of Charity • Updated Charitable Funding Application Forms • Trinity Holistic Centre Options Appraisal 	
Actions agreed in the meeting	
<ul style="list-style-type: none"> • The pressure belt business case was APPROVED by the Committee with consideration being given to purchasing further belts. • The proposal to split the Rheumatology clinical preparation room was APPROVED by the Committee with funds being drawn from the Rheumatology Charity. • The proposal to fund restorative support to patients and/or their relatives following involvement in a harmful patient safety incident was APPROVED with assurance being provided back to the committee in terms of protocol, process and governance. • The proposal to utilise the renal charitable funds to convert existing estate into a new and improved Renal Ambulatory Care area was APPROVED. • Update in respect to the proposed business model for the Trinity Holistic Centre to be provided to Prof Bell in six weeks' time and for an update to be brought back to the Committee in June. 	<p>Responsibility / timescale</p> <p>Ms Jones would liaise with Mrs White with regards to procurement and financial governance.</p> <p>Mr Ferguson / Mr Murphy</p>

Issues for Board escalation/action	Responsibility / timescale
•	



Joint Partnership Board Chair's Log

Meeting: Joint Partnership Board	Date of Meeting 16 March 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Virtual Frailty Ward Collaborative • Clinical Services Strategy – Next Steps • Plans for facilitated meeting (May) 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • A discussion regarding financial planning for 2023/24 was held and CH and NA reported that complex technical guidance and support information was being reviewed in advance of the next JPB. • In recognition of workload for group members, it was agreed to create a small working group to minimise focus on specific areas which can then be brought back to future meetings and, in particular the facilitated sessions. • Facilitated meetings in April with Non-executive colleagues and Executive Colleagues, and North Tees and South Tees Board Members invited to the facilitated session in May • Roadmap to be produced, with clear timeline, principles and vision 	<p>CH/NA</p> <p>AB/SH/DB/AH</p> <p>AH</p> <p>AH</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • It has been subsequently agreed that the April Meeting will revert back to a normal scheduled meeting and two full day full Board to Board facilitated meeting will take place on May 18th and June 15th. 	

Meeting: Quality Assurance Committee	Date of Meeting: 30 March 2022
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>Urgent escalations Board Assurance Framework CQC preparedness Committee effectiveness review Monthly integrated quality report Quality priorities update CQC report Monthly patient safety ad incident report Q3 Safeguarding report Risk appetite</p>	
Actions	Responsibility / timescale
<p>Board Assurance Framework - Moderate level of assurance Full discussion around the current gaps identified. Some remain overdue as a result of following the 'reducing the burden' guidance now lifted, and will be picked up in the current review.</p> <p>CQC preparedness Areas to be proud of: Improvements in the content of information and structure of the meeting, in depth discussion and challenge, focus around strategic risks identified on the BAF and sustainability through the pandemic were identified, with attendance of DoN from each CCG were perceived as strengths of QAC. Strong sub QAC governance infrastructure, sustainable quality and safety changes noted in key services in line with the trusts improvement plan. To remain on the agenda</p> <p>Committee effectiveness review - Significant level of assurance The review conducted in March concluded that the committee had discharged its duties include frequency of meetings, attendance, and content and level of information provided to the committee.</p> <p>Monthly integrated quality report - Moderate level of assurance Received and discussed.</p>	<p>Action Jackie White / Hilary Lloyd</p> <p>Action - To map out examples of system wide learning</p> <p>Action: Approved</p>

<p>Discussion entered around c-diff, sepsis, pressure ulcers, falls and ED / ambulance handovers.</p> <p>Quality priorities update - Significant level of assurance Internal and external stakeholders and governors involved in agreeing priorities for 2022/3. Action: Approved</p> <p>CQC report - Moderate level of assurance Focus on progress, improvements to date and triangulation of data.</p> <p>Monthly patient safety incident report - Moderate level of assurance Serious incident numbers reducing, information shared about recent incidents and discussions regarding the backlog and open incidents. Significant progress has been made in signing off incident action plans since December 2021.</p> <p>Q3 Safeguarding report - Moderate level of assurance Request for sight at QAC of the external agencies feedback to South Tees, reference was made to discharge processes and readmissions.</p> <p>Risk appetite A brief discussion took place about risk and appetite for risk using the Good Governance Institute Risk Appetite for NHS Organisations matrix. It was felt more information and discussion was needed before the committee could come to a conclusion.</p>	<p>Action: Continued focus on overdue action plans and the number of open incidents - Hilary Lloyd / Mike Stewart</p> <p>Action: Ian Bennett</p> <p>Action: Jackie White and to return to the agenda next month</p>
<p>Escalated items</p>	
<p>Good discussion of BAF risks, gaps and overdue actions Quality Priorities signed off Current serious incidents and progress made on serious incidents and overdue actions</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>
<p>No risks to add.</p>	