

BOARD OF DIRECTORS (PUBLIC)

Date – 6 September 2022

Time – 14:00 – 14:20 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 6 SEPTEMBER
2022 AT 14:00 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
PATIENT 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	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
EXPERIENCE				

	ITEM	PURPOSE	LEAD	FORMAT
11.	Guardian of Safe Working Report	Information	Chief Medical Officer	ENC 9
EFFECTIVE				
12.	Consultant appointments	Information	Chief Executive	Verbal
WELL LED				
13.	Finance Report	Information	Chief Finance Officer	ENC 10
14.	CQC update	Information	Chief Nurse	ENC 11
15.	Committee Reports	Information	Chairs	Verbal
DATE OF NEXT MEETING The next meeting of Board of Directors will take place on TBC				

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 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.
		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.
Jackie White	Head of Governance & Company Secretary	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 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
		July 2022	Ongoing	Sel clinical advisor for SDEC

Mark Dias	Non Executive Director			
Miriam Davidson	Non Executive Director			
Alison Wilson	Non Executive Director	2016	Ongoing	Trustee/ Non Executive Director Ad Astra Academy Trust – Company number: 09308398
		1 July 2022	Ongoing	Director of Strategic Development - NENC Integrated Care Board
		4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
Kenneth Readshaw	Non Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
Rudolf Bilous	Associate Non Executive Director			
Alyson Gerner	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 5 JULY 2022 AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING JAMES COOK AND VIA MICROSOFT TEAMS

Present

Professor D Bell
Mr D Redpath
Mr D Jennings
Ms A Burns
Dr M Stewart
Mr R Harrison
Ms S Page
Dr H Lloyd

Joint Chairman
Non-Executive Director
Non-Executive Director & Vice Chair
Non-Executive Director
Chief Medical Officer
Managing Director
Chief Executive
Chief Nurse

Directors – non-voting

Mrs J White
Mrs R Metcalf
Mr M Graham
Mr K Oxley
Mr C Dargue
Mr M Imiavan
Mrs M Angel

Head of Governance & Company Secretary
Director of Human Resources
Director of Communications
Director of Estates, Facilities & Capital Planning
Deputy Chief Finance Officer
Digital Director
Interim Director of Clinical Development

BoD/22/041 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.

BoD/22/042 APOLOGIES FOR ABSENCE

There were apologies from Mr Cater Ferris, Non-executive Director and Mr C Hand, Chief Finance Officer and Ms D Reape, Non- Executive Director.

BoD/22/043 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/22/044 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/22/045 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 5 July 2022 were reviewed and agreed as an accurate record.

Mrs White

BoD/22/046 MATTERS ARISING

The matters arising were reviewed and the action log updated.

BoD/22/047 CHAIRMAN'S REPORT

The Chairman referred members to his previously circulated report and highlighted the update on NED recruitment. He thanked Mrs Seward, Lead Governor and the Nomination Committee for their support on the process to date.

The Chairman highlighted his ongoing departmental visits and plans for joint visits at NED level across both Trusts.

The Chairman updated members that the Joint Partnership Board membership had been extended to all Board of Director voting members as work progresses this will be reviewed and a meeting regarding support of the ICS is being held with the Chief Executive, Ms Allen.

Finally, the Chairman updated on the NHS Confederation Conference and in particular the focus on cost of living and impact on staff.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/22/048 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 including Omnicom and sub variants which were impacting on the community. The Chief Medical Officer, Dr Stewart updated that he had received confirmation last week of the NHS booster campaign for staff and over 50s starting in the autumn and those plans are being developed for the roll out of this.

Mr Harrison referred to the electronic prescribing system roll out which has exceeded expectations. Mr Imiavan updated that the system is live on Ward 11, and the first patient discharge has been carried out and sent to the GP practice which will also mean an electronic record and prescription for the patient. The system also requires clinicians to undertake the VTE assessment so this is expected to improve reporting compliance against this target.

Dr Stewart updated that he had received feedback regarding the roll out praising the pharmacy team on the ward and those junior doctors are finding it easy to use.

Mr Harrison highlighted that a member of staff had been nominated for the Nursing times award, the Board gave thanks and asked for a letter from the Board to be issued to the member of staff.

Ms Burns commented that it was striking to hear the 20% increase in demand on services which Mr Harrison had reported in the CEO report putting enormous pressure on the Trust and asked if this scale and increase in demand is being felt across the region and nationally. Mr Harrison reported that it is variable but can understand due to the levels of deprivation which are affecting the emergency departments predominantly due to continuing challenges in primary and social care. Nationally there has been an increase in ambulance demand.

Ms Burns also asked regarding the prevalence of long covid and whether the Trust is seeing this in presentations. Dr Stewart advised that we don't think is impacting on presentation to ED, but we do run outpatient services..

Mr Redpath asked whether we are expecting demand to subside or is this the new level, Mr Harrison commented that we are working with our partners in the system to ensure services are available where and when patients need them.

The Chairman asked if it is worth encouraging visitors to wear a mask. Dr Stewart commented that the trust followed national guidelines in respect to IPC measures in-line with COVID-19 community infection rates.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/22/049 BOARD ASSURANCE FRAMEWORK

Mrs White referred members to the report on the Board Assurance Framework report and highlighted the Board Sub Committees – People, Quality and Resources continue to review their BAF each meeting.

Mrs White highlighted a number of reports being received by Board today for assurance and discussed the reports which the Board Sub Committees had received over the last month.

Mr Jennings commented that he recognises the discussion in Committees, and this is helpful in enabling Non-Executive Directors to remain focussed and as we move forward, some of the threats have moved forward from when we identified them, eg 6.1 credible financial recovery plan and assurance received. He added that as we continue to keep this alive, with regular updates.

Mr Jennings also highlighted that consideration needs to continue regarding the threats which span over a number of Committees and are of common interest such as digital and emergency care pathways and how the Board and Committees receive assurance.

RESOLUTION

The Board of Directors NOTED the BAF

BoD/22/050 INTEGRATED PERFORMANCE REPORT

Mr Peate presented the Integrated Performance Report (IPR). He highlighted that the Trust was non-compliant with the mandated Single Oversight Framework metrics in March/April, and 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.. The Trust continues to benefit from external support on emergency care pathways and cost improvement and transformation.

Emergency care performance was generally in line with the regional and national position, reflecting the challenges faced by many Trusts in recovering patient access due to the impacts of the Covid pandemic.

Finally, the longest waits have reduced very significantly with 104-week waits eliminated by April 2022. The main 62-day cancer pathway, from GP referral performed better than regional and national average. Each diagnostic access modality has a recovery trajectory and data validation focus.

Ms Burns commented that the Resources Committee had discussed the IPR last week she advised that mandatory training data is good and just about meeting the target with but that there was more work to do on information governance compliance training. Ms Burns also added that she discussed with Mr Peate and the Committee that there remain some areas without targets which the Trust has focussed improvement plans for and asked that this is reviewed.

Mr Jennings asked how the Trust compares across the region. Mr Peate advised that he reviewed the most recent performance, adding that some Trusts have 104-week waiters

and we have provided support. We appear to be improving at a quicker rate for 78-week waiters and the Northeast is in a better position nationally.

The Chairman asked for Dr Stewart to describe to members why incident reporting increase is a good thing. Dr Stewart advised that the recording of incidents and an increase in this is a sign off a good safety culture and reflects well, although the Trust is still below the rate of some other Trusts.

RESOLUTION

The Board of Directors NOTED the update

BoD/22/051 SAFE STAFFING REPORT

Dr Lloyd referred members to the safe staffing report and highlighted the percentage of shifts filled against the planned nurse and midwifery staffing across the Trust has increased slightly to 96.6% demonstrating good compliance with safer staffing.

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 May. These shifts are promoted daily via ward manager platforms and NHS text messaging. Demand has decreased and a summer reduction in shifts will occur in July. This model has been followed in community with impactful pick up.

The Chairman commented that the low turnover rate is really good to have, but that the IPR turnover rate is slightly higher. Mrs Metcalf confirmed that the IPR is rolling 12-month figure; it also includes staff who have moved to different roles within the trust. Mrs Metcalf confirmed there was more work to do to ensure data regarding retire and returns is excluded.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/22/052 CONSULTANT APPOINTMENT

Mr Harrison updated that no new consultants had joined the Trust in May and the following had left the Trust:

Dieter Dammann (Paediatrics)
Baharul Islam (Respiratory)
Sami Jawad (Radiology)

The Chairman commented that the Trust have made a number of appointments just recently. The Chief Executive advised this was 95 over 3 years which was fantastic.

RESOLUTION

The Board of Directors NOTED the update

BoD/22/053 LEARNING FROM DEATHS

Dr Stewart referred members to the previously circulated report and highlight that following the high peak in mortality figures over the initial COVID-19 pandemic, and then the subsequent reduction in mortality over the summer, numbers are beginning to normalize again. SHMI at 114 remains Higher than Expected. 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 service. The Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths. Mortality Surveillance is continuing though has been affected by the pandemic. New reviewers have been recruited to address the accumulation of reviews. Following discussion at PSSG, a section on learning has been added.

Ms Burns asked regarding the co morbidity and coding – and what are the timescales to support clinicians. Mr Imiavan advised that in 2023 we expect the full suite of Alcidion to be rolled out across the Trust, it won't help clinicians complete the section, but they will be able to check this is accurate with the patient when they attend.

Dr Stewart advised that we need to continue work on documentation in the meantime to ensure that accurate information is included in the patient record.

The Chairman commented that it was good to see the learning themes included in the report and assure the Board on this.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/22/054 FREEDOM TO SPEAK UP

Mr Betts, Guardian attended and updated the Board on Freedom to Speak Up. He advised that the number of issues raised by colleagues to the FTSU Guardians in Quarter 1 decreased from 22 in Quarter 4 of 2021 to 16 in Quarter 1 2022.

As a result of colleagues speaking up, several organisational learning points have been identified, with recommendations made on how the Trust should continue to improve.

The Guardians are also continuing to improve FTSU culture throughout the organisation and beyond, with stronger links being maintained with Teesside University and the regional FTSU Guardians network.

Ms Burns commented that the Board can take assurance that the model has continued to develop well in terms of visibility and good metrics which show that we are responding to cases that have been raised and we are networking out with the Tees Valley. She added that this was really encouraging commenting that just recently the Trust received the report from the national guardian's office is that a key criteria and good culture in a Trust is dedicated ring-fenced time for FTSU guardians and we have this which is great. Ms Burns gave thanks team and Trust for work on this.

The Chairman added his thanks commenting on all the efforts.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/055 FINANCE REPORT

Mr Dargue attended the Board on behalf of Mr Hand and referred members to the previously circulated report and highlighted that at Month 2 the Trust reported a deficit of £7.0m at a system control total level. This is £0.1M ahead of the financial plan submitted to the NHSE/I Regional Team in April 2022.

The Chairman referred to the section on other operating income which is current behind plan by £1.5m, including an under recovery on R&D income, car parking, maternity pathway income and deferred income. Mr Dargue confirmed that he doesn't expect this to continue as the Maternity pathway funding has been agreed, car parking income has been reinstated. R&D is behind plan and is expected to increase.

Mr Jennings commented that the Trust have submitted a budget to the ICB and asked if it has been signed off or might this still move. Mr Dargue advised that the Trust has submitted a plan which includes a balanced plan, and we should expect this will now stay as it is.

Mr Jennings also commented that the Trust is one of number who haven't been asked to go any further on finance so hopefully we can stay on track with the numbers we have

submitted. Mr Dargue concurred and advised that the Trust has received income in relation to this plan.

Dr Stewart commented on the further funding for inflationary pressures, and whether this is included in the plan. Mr Dargue advised that following submission of an updated plan to the ICB, the Trust's revised plan is to deliver deficit of £20.7m, which will form the basis of financial reporting from Month 3 onwards.

Mr Harrison commented that the point that Dr Stewart makes is important and some of the cost pressures will not have been taken fully into account and inflation continues to rise at a higher rate. Mr Harrison commented on specifics such as fuel costs but there is an inherent risk in inflation rises..

Dr Stewart commented that across the country Trusts are reporting change to financial plans.. Mr Harrison commented that the submission confirms that there are inherent risks in the plan including those articulated. Mr Dargue advised that the forecast position will start to be presented linked to activity and reduction of covid costs and the inflationary costs will start to come through.

The Chairman commented that we have indicated our position nationally and we are already beginning to signal our work around coding and the impact of this. The Chairman asked Mr Oxley if there was any risk on the refurbishment on the contract. Mr Oxley confirmed everything was on track.

RESOLUTION

The Board of Directors NOTED the report

BoD/22/056 CQC UPDATE

Dr Lloyd referred members to the previously circulated report and highlighted the update in relation to the CQC inspection in February, the action plans for the Section 29a requirements, CQC engagement meetings, and the work on ward accreditation and support for CQC.

Ms Burns asked Dr Lloyd if she could see any light at the end of the tunnel with regard to discharge. Mrs Angel commented as lead for Discharge and advised that progress was variable across the patch, with differences in different local authorities; but particularly challenged in North Yorkshire.

Mr Peate updated that the Trust had submitted five bids as part of national bed monies to support delivering of the winter plan; these included small estates schemes to maximise existing estate; block-booking of intermediate care beds with enhanced health support to support Pathway 2 flow of Medically Optimised patients; expansion of Home First and

Discharge Team to support early supported discharge and (Virtual Ward) James Cook South Tees Community and Acute Respiratory Infection (ARI) Virtual Ward Pathway.

Mrs Angel added that the community services should receive resources for virtual wards which will make a significant difference if we can get these up and running before the winter.

RESOLUTION

The Board of Directors NOTED the report

BoD/22/057 MATERNITY UPDATE

Dr Lloyd shared with members an update on a report which was discussed with members in June relating to the `Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology` (Royal College of Obstetrics and Gynaecology RCOG June 2021). Dr Lloyd updated that following the meeting the gap analysis was updated and assurance provided. A quarterly report and updates on the action plan will be presented to the Maternity Safety quality and Effective Care Group and will also be included in the quarterly maternity report to the Quality Assurance Committee.

Dr Lloyd added that a check and challenge event is set up for November 2022 with executive directors to undertake a full review prior to full submission in early 2023. Year 4 CNST,

RESOLUTION

The Trust Board of Directors APPROVED the updated action plan

BoD/22/058 IMPROVEMENT PLAN

Mr Harrison referred members to the updated Improvement Plan and supporting report. He advised that at the start of 2020 the Trust developed its initial improvement which was refreshed in 2021 and approved by Board of Directors in July 2021 with significant focus on supporting services' resilience to the challenges of COVID-19 and recovery from the impacts of the pandemic.

During March-June 2022 the improvement plan has been refreshed and agreed by the Clinical Policy Group to ensure that it reflects the progress made over the last twelve months and key challenges over the coming year.

Mr Harrison reminded members that a number of Board development sessions had been held including one that day

to develop the strategy and understand the detail of improvement.

Mr Jennings commented that it was a really powerful document, a good read and was clear on how the national priorities are woven in. It was good to see the document form from bottom up and top down and it was also good to see reference to the work that the Trust were doing with North Tees & Hartlepool NHS Trust colleagues.

RESOLUTION

The Trust Board of Directors APPROVED the improvement plan

BoD/22/059 RISK APPETITE

Mrs White reminded members that 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.

She updated that each of the Committees had considered their risk appetite statements and these were presented for Board approval. In addition, two further risk appetite statements which relate to objectives which reside directly with the Board are being presented for discussion and approval if appropriate.

Mr Jennings commented that he supported the risk appetite statements and there was good evidence of discussion in Committees.

RESOLUTION

The Trust Board APPROVED the risk appetite statements

BoD/22/060 COMMITTEE REPORTS

The Chairman offered Chairs of Committees the opportunity to update on areas not already covered by the agenda:

Resources – Mrs Burns updated that there was a discussion regarding the value of joint session with QAC around digital and emergency care pathway; month 2 finance report was reviewed and significant improvements in the reporting at collaborative level was noted, Kingsgate update and support to teams making improvements to patient care including

outpatients and theatre work was discussed. National Cost collection return was noted, and approval was given to delegate signing off the return to Chris Hand or Chris Dargue due to the delay in receiving national guidance.

QAC – no further issues to highlight.

Charitable Funds – The Chairman updated that work was progressing on consolidated funds

People – Mrs White updated on the cultural development and engagement of staff and fantastic work being progressed in this area with support from HR. Our staff network BAME and LGBTQ networks growing.

BoD/22/061 DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on 6 September 2022

Signed:

Date:

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
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MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 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 Non-Executive Director recruitment

I am pleased to report that a successful recruitment campaign for non-executive directors took place during July and would like to welcome four new non-executive directors – Mr Ken Readshaw, Ms Miriam Davidson, Mr Mark Dais and Ms Ali Wilson and two associate non-executive directors – Ms Alyson Gerner and Dr Rudy Bilous.

2.2 Departmental visits

A programme of visits across the Trust continue and during August the areas visited included the Emergency Department and maternity services at James Cook. It was great to be able to meet staff who were all enthusiastic and proud of the services they are delivering.

2.3 Joint Partnership Board

A meeting of the non-executive directors from North Tees & Hartlepool NHS Trust and South Tees Hospitals NHS Trust took place on 4 August 2022 at Hartlepool General to reaffirm the actions agreed at previous meetings. This was followed by the first joint tour of wards and departments at Hartlepool General. A subsequent meeting of the non-executive directors and tour is being organised for 7 September at the Friarage.

2.4 Partnership working

I was pleased to visit Newcastle University with Professor Steve Jones, Head of the School of Medical Education and appointed governor to meet with colleagues regarding the fantastic medical school and to discuss how the relationship between the Trust and Newcastle University can be further developed.

2.5 Messenger Report

The findings of the review into leadership in health and social care led by General Sir Gordon Messenger and Dame Linda Pollard was published on 8 June. Encompassing seven recommendations, the report highlights the requirement to better support chief executives and delivering a consistent approach to leadership development.

In addition, the report describes the need to create a more diverse leadership in the NHS through better support mechanisms for staff from all ethnic minority backgrounds, and a greater commitment to improve diversity in senior leadership and board appointments. This is mirrored in the revised Code of Governance by

setting out a new focus on equality, diversity and inclusion, among board members as well as training in EDI for those undertaking director level recruitment and the development of plans for boards and senior management of the organisation to reflect the diversity of the local community or workforce. An example of such a focus can be found in the report *The Way Forward: the experience of Black, Asian and Other Ethnic (BAE) Non-Executive Directors in the NHS* developed with the Seacole Group, a network for BAE NEDs and Hunter Healthcare.

2.6 Fundraising

Hearts + Minds is a joint appeal by Our Hospitals Charity and South Cleveland Heart Fund which launched in March to bring first class cardiovascular research facilities to Teesside.

The charities are working together to help create a Cardiothoracic Research Facility at The James Cook University Hospital in Middlesbrough.

The money raised will enable existing space to be transformed into a leading edge facility and will include the creation of a dedicated clinical setting for patients in research trials as well as a reception, patient waiting area, new office space and a meeting room.

The Cardiothoracic Research Facility would be a focal point for heart research and could help countless people around the world.

The facility will be used by the trust's Academic Cardiovascular Unit, which will focus on research that improves treatment of heart attacks, develops exercise programmes in patients with heart problems, improves cardiac surgery and makes better use of data and digital technology in research.

It will enable the trust to become an internationally recognised centre of excellence in heart research as well as leading the way across the north east region.

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 – 6 September 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

The decline in community infection rates over the summer has continued to translate into fewer patients with COVID-19 requiring hospital care.

In line with this reduction and national guidance patient visiting returned to a new normal in July. Patients at The James Cook University Hospital, Friarage Hospital and Redcar, East Cleveland and The Friary community hospitals have been welcome from 12 July to have up to two visitors at a time with open visiting seven days a week from 2pm to 4.30pm and from 6pm to 8pm.

Visitors are also longer need to book appointments to see friends and relatives on the wards unless they are in critical care.

To ensure the safety of patients and visitors, infection prevention measures remain in place and visitors are asked to sanitise their hands as they enter and leave hospitals and the wards, and some visitors are asked to wear face masks in high-risk areas.

Separately, the NHS is due to commence the next phase of the COVID-19 vaccination programme in the autumn. As with previous campaigns, the oldest and most vulnerable will be called forward first.

Health and social care staff will also be eligible to receive the autumn booster in line with JCVI guidance.

Urgent Care

The NHS North East and North Cumbria Integrated Care Board (ICB) has Under proposals drawn up by the newly established NHS Integrated Care Board (ICB), is currently engaging on proposals to create a new Integrated Urgent Treatment Centre (UTC) at James Cook, and an expansion to opening times at Redcar UTC.

The Integrated Urgent Care Service would commence in the summer of 2023, offering GP out of hours services and minor injury services 365 days a year, including home visits where appropriate.

Patients in Middlesbrough and Redcar & Cleveland have been invited to have their say on the proposals during a 10-week period of engagement that began in August.

National Cancer Patient Experience Survey

The latest annual National Cancer Patient Experience Survey was published in July. The Survey was commissioned by NHS England and carried out by patient experience insight survey experts Picker.

It focused on care received by patients treated at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton which provide treatment and care for more than 1.5 million people across Teesside, North Yorkshire and beyond.

The results of the national survey showed that the trust had no scores below expected range and scored above the expected range for:

- Referral for diagnosis was explained in a way the patient could completely understand
- Patient found it very or quite easy to contact their main contact person
- Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options
- The right amount of information and support was offered to the patient between final treatment and the follow up appointment
- Patient was given enough information about the possibility and signs of cancer coming back or spreading

Nursing

Eight new specialist cancer care posts have been created at the trust in partnership with Macmillan Cancer Support. More than £824,000 is being invested to ensure patients receive the most advanced cancer care with access to specialist nurses every step of the way.

Six new permanent posts and two pilot roles are now being created to work across James Cook and the Friarage. These include:

- Two lung cancer specialist nurses
- Cancer care coordinator – upper gastrointestinal
- Cancer care coordinator – urology
- Urology specialist nurse
- Secondary breast cancer specialist nurse
- Cancer care coordinator – malignancy of unknown origin (pilot for two years)
- Specialist nurse – malignancy of unknown origin (pilot for two years)

Separately, more than 70 newly qualified nursing colleagues will be joining the trust during September.

Health Education England (HEE) North East 2022 feedback

The trust has received its annual feedback from HEE which summarises the levels at which HEE are working with us to be assured of the quality of training across all clinical placements:

‘South Tees Hospitals NHS Foundation Trust provides a platform for education and training that is truly multi-professional in its structure and ethos and without which many of our training programmes would struggle to deliver their full curriculum.

This was clear to see once again at the recent ADQM. The majority of our training programmes give the trust excellent feedback year on year, and we were impressed at the ADQM to be able to see both the commitment and the tangible support given to the health and wellbeing of all staff.

'We appreciate the vast amount of hard work, enthusiasm, and expertise your clinical and education teams provide to ensure trainees and students by and large get an excellent experience both educationally and professionally. They are all to be congratulated for the trust to have no escalated issues of concern at organisational level with us at this point in time.'

Friarage Hospital's theatre update

The Department of Health and Social Care has given approval for £35.5million of NHS investment to be earmarked for the creation of new modern operating theatres at the Friarage Hospital. The Friarage development is one of more than 50 new surgical hubs that are being created across the country.

Subject to final approval of the scheme, the plans for the Friarage will see the hospital's six existing operating theatres replaced with a modern surgical hub that will include six main operating theatres, two minor operating theatres and a surgical admission and day hub. The creation of the state-of-the-art surgical hub at the Friarage will enable the hospital to almost double the number of planned operations it carries out each year from just over 5,000 to almost 10,000.

The surgical hub plans are just the latest in a series of clinically-led developments at the Friarage which have seen the creation of new services and the on-going removal of Second World War-era buildings on the site.

In the last two years, a new dialysis unit and ophthalmology unit have opened at the hospital and, in the coming weeks, a new £5million endoscopy and urology diagnostic hub is set to open.

The surgical hub is planned to be built on the site of the existing Mowbray building which is more than 60 years old and is due to be demolished when the hospital's new diagnostic hub opens.

Veteran Aware organisation

The trust has been formally recredited as a Veteran Aware (VCHA) organisation and has also achieved a Silver Award in the Defence Employer Recognition Scheme. VCHA is a group of NHS healthcare providers in England committed to providing the best standards of care for the armed forces community, based on the principles of the Armed Forces Covenant.

The Armed Forces Covenant – which recently passed into law – is a promise by the nation ensuring that those who serve, or who have served, in the armed forces, and their families, are treated fairly.

South Tees is one of around 40 trusts across the North of England that have gained Veteran Aware accreditation.

New perioperative medicine clinic

The trust's new perioperative medicine department has now replaced adult surgical pre assessment at both James Cook and the Friarage.

The perioperative medicine team assess patients prior to surgery to ensure they are fit for their procedure and well prepared for their treatment journey.

Perioperative assessment can be delivered either over the phone or face-to-face and a new digital hub allows patients to complete an electronic health questionnaire prior to their appointment, ensuring they are triaged into the most appropriate clinic.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 SEPTEMBER 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 recently reviewed and reaffirmed their strategic objectives for 2022/23 and approved an updated improvement plan.</p> <p>The Board delegated authority to the Company Secretary & Head of Governance to work with the Lead Executives to review the principal risks and threats to achieving the strategic objectives and develop the Board Assurance Framework for 2022/23.</p>		
Background	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.		
Assessment	<p>The Lead Executives have reaffirmed that the principal risks identified against the strategic objectives are still appropriate for 2022/23. A number of new threats have been identified to include in the BAF as follows:</p> <ul style="list-style-type: none"> • Rising level of inflation pressures for the Trust and impact on our people • Research and education in terms of the ability to support and take a lead role in healthcare research and embedding research into our ways of working • Cyber security attack occurs • Increasing demand potentially leading to a reduction in the quality of care • Risk that long-term effect and further Covid surges could cause loss of life, impact on quality and service delivery, wellbeing of our people. • Failure of estates critical equipment and facilities that prejudices trust operations and increases clinical and safety risks; • Failure to deliver the digital strategy would impact the quality and effectiveness of clinical care and financial sustainability; <p>Work will progress during September to update the BAF which will be considered by the Board Sub Committees in September and signed off by the Audit Committee on behalf of the Board.</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"/>	

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 2022			
Integrated Performance Report			AGENDA ITEM: 9 ENC 7
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" 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>Changes to metrics for July 2022 IPR, are as follows:</p> <p>SOE – New format received from NHSE.</p> <p>SAFE domain: No change.</p> <p>EFFECTIVE domain: Minor changes to format of SHMI data presentation.</p> <p>CARING domain: No change.</p> <p>EQUITABLE domain: Changes to format of data presentation for clarity.</p> <p>RESPONSIVE domain: No change.</p> <p>WELL LED domain: No changes.</p>		

	<p>Our key messages for July are:</p> <ul style="list-style-type: none"> • The Trust was non-compliant with the mandated Single Oversight Framework metrics in May/June, and remains in segment 3. The Trust receives external support on emergency care pathways, cost improvement and transformation. • Emergency care performance was below the regional and national position, reflecting ongoing challenges across the wider health and social care system. Patients waiting over 12 hours from decision to admit remained above target in June, and has since increased,, a trend seen nationally. Elective access by RTT 18 week standard remained stable, whilst the England trend was a month-on-month deterioration in performance since July 2021. The total waiting list increased but the number of patients waiting more than 52 weeks has remained stable, 78-week waits were fewer than plan, and at May month-end no patients waited over 104 weeks.. Activity was below plan in May and is recovering in day case, i. Diagnostic compliance remains below average but is improving as accumulations and waiting list validation are addressed. Cancer 62-day standard performance is better than average, and more treatments were delivered than planned. 	
Level of Assurance	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>	
Recommendation	<p>Members of the Public Trust Board of Directors are asked to receive the Integrated Performance Report for July 2022.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>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</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
Strategic Objectives	<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 checked="" 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 ☒</p>	
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South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

July 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

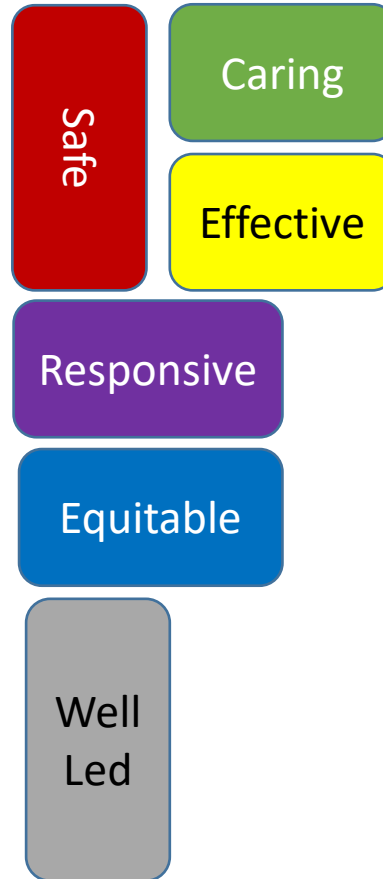
Dr Michael Stewart, Chief Medical Officer

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

CHANGES THIS MONTH

SOF – New format received from NHSE.

SAFE domain:

No change.

EFFECTIVE domain:

Minor changes to format of SHMI data presentation.

CARING domain:

No change.

EQUITABLE domain:

Changes to format of data presentation for clarity.

RESPONSIVE domain:

No change.

WELL LED domain:

No changes.

NATIONAL CONTEXT

The 10 planning priorities for 22/23 aim to *Restore services, meet new care demands and reduce the backlogs that are a direct consequence of the pandemic*

- A) Invest in our workforce
- B) Respond to Covid-19 ever more effectively
- C) Significantly more elective care - deliver 2019/20 activity plus 10%; eliminate 104 week waits; reduce 52 week waits; deliver cancer pathways to national standards; reduce outpatient follow-ups by 25%; 5% 'patient initiated follow up' pathways in all major specialties; advice and guidance; deliver 120% of diagnostic activity using Community Diagnostic Centres
- D) Improve UEC responsiveness and build community capacity – eliminate 12-hour ED waits; minimise ambulance handover delays; use of UTC, virtual wards, community, anticipatory care.
- E) Improve access to Primary Care
- F) Improve Mental Health, LD and Autism Services
- G) Develop approach to Population Health Management
- H) Exploit Digital Technologies to transform delivery of care and outcomes – network digital roadmap and investment plans
- I) Effective use of resources, delivering better than pre-pandemic productivity levels
- J) Establish ICBs and collaborative system working (5 year strategic plan) - ICB level planning, delivery and service configuration

The Trust's performance in June/July reflects the national context of a resurgence of COVID-19 during June; A&E attendances and emergency admissions returned to pre-covid levels; waiting lists increasing whilst the numbers of very longest waiters decreased. Two-week referral access for cancer patients improved nationally, whilst waiting times for cancer treatment are an area of focus.

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary					Urgent & Emergency Care									Elective care				Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	All OP - YTD growth 22/23 v 19/20	1st OP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD			
Data period	Jun-22	Jun-22	Jun-22	Jun-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	Jun-22	May-22	May-22			
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	104%	104%	104%	120%	<1%	85%	22/23 Plan	22/23 Plan	75%			
South Tees Hospitals NHSFT	66.6%	38	231	278	66.2%	1,364	134	0	45,133	94%	98%	97%	83%	28.4%	66.8%	238	145	57.0%			
NENC ICS Provider level (including IS providers)	77.0%	327	1,911	925	74.9%	7,619	1,007	63	357,283	96%	96%	92%	105%	17.4%	61.6%	1,522	1,713	74.7%			
North East & Yorkshire	73.1%				71.3%									23.1%	62.0%			73.1%			
National	72.1%				63.5%									26.0%	61.5%			70.8%			

The Trust was non-compliant with the mandated Single Oversight Framework metrics in **May/June**, and remains in segment 3, mandated support for significant concerns. The Trust receives external support on emergency care pathways, cost improvement and transformation.

Emergency care performance was below than the regional and national position, reflecting ongoing challenges across the wider health and social care system. Patients waiting over 12 hours from decision to admit remained above target in June, and has since increased a trend seen nationally. Elective access by RTT 18 week standard remained stable, whilst the England trend was a month-on-month deterioration in performance since July 2021. The total waiting list increased but the number of patients waiting more than 52 weeks has remained stable, 78-week waits were fewer than plan, and at May month end no patients waited over 104 weeks. Individual patients have waited beyond 104 weeks since May, including due to patient choice. Activity was below plan in May and is recovering in day case only, impacted by staff absence. Diagnostic compliance remains below average but is improving slowly as backlogs and waiting list validation are tackled. Cancer 62-day standard performance is better than average, and more treatments were delivered than planned.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2536	2070	Jul 2022		
Serious Incidents	7	8	Jul 2022		
Never Events (YTD)	4	0	Jul 2022	N/A	N/A
Falls	206		Jul 2022		N/A
Falls Rate %	6.2	6.6	Jul 2022		
Falls With Harm	2		Jul 2022		N/A
Falls With Harm Rate %	0.1		Jul 2022		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period, setting a new norm of around 2,536 incident reports per month. This has increased by 9.4% in the previous 12 months. High levels of reporting are typically a feature of a positive safety culture.

The number of SIs remains within expected variation and learning continues are shared at a local level with front line staff, as well as across the wider organisation and with our system partners. There have been 4 NE during 2022/23.

Falls

The total number and rate of slips trips and falls have increased. The rate per 1000 bed days remains within our control limits. The rate of falls with harm remains low and better than the last two months. Focused work is continuing on wards with the highest number of falls. Structured reviews are being utilised as opportunities for learning from the whole MDT.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.6		Jul 2022		N/A
Category 2 Pressure Ulcers (Community)	57		Jul 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.4		Jul 2022		N/A
Category 3&4 Pressure Ulcers (Community)	17		Jul 2022		N/A
Medication Incidents	117		Jul 2022		N/A
Medications Reconciled Rate %	52.4%	80%	Jul 2022		
Omitted Critical Doses	73		Jul 2022		N/A
C-Difficile (YTD)	48	36	Jul 2022	N/A	N/A
MRSA (YTD)	0	0	Jul 2022	N/A	N/A
E-Coli (YTD)	32	44	Jul 2022	N/A	N/A
Klebsiella (YTD)	14	16	Jul 2022	N/A	N/A
Pseudomonas (YTD)	3	4	Jul 2022	N/A	N/A

Pressure Ulcers

The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. In the acute setting we have had 1 Cat 4 for 22/23 in July 2022. Category 3 & 4 pressure ulcers remains higher than in the acute setting however there is a reduction in reported SIs related to preventable pressure damage. In the community setting a decrease in Category 2 & 3 pressure ulcers has occurred.

The PURPOSE T tool is in the digital testing environment and testing has been operationalised. Education and training is taking place in the clinical areas. E-learning video created by the Tissue Viability team. Pressures Ulcer management to be a mandatory training requirement.

3X weekly PU meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality.

Medications




Medication incidents remain consistent. Medicines reconciliation reflects impact of staffing absences. Work to ensure in-patients on critical medication are prioritised for reconciliation is underway. Omitted critical doses is an additional metric in the IPR. July rate is 2.51% of all doses prescribed, down from 2.97% in June, against a target of 2%. The pharmacy team is highlighting these on prescription charts on wards; and the dispensary is prioritising ward supply of these. EPMA will help drive improvement work against this measure over coming months.

Healthcare acquired infections

There were no new MRSA reported this month.

C-difficile infection is an ongoing risk with clear tracking, reporting and governance in place. Actions identified, monitored and a clear plan to address, key priority being an enhanced cleaning programme with the availability of a 'decant' ward to achieve this.

HCAI for E. coli are below expected trajectory, year to date, and infections for Klebsiella and Pseudomonas are within expected parameters.

Metric	Latest Month	Target	Month	Trend	Assurance
Induction of Labour (%)	46.9%	44%	Jul 2022		
Still Births (YTD)	9	17	Jul 2022	N/A	N/A
PPH 1500ml (%)	0		Jul 2022		N/A

















Maternity services

There were less than 0.05% of cases with post-partum haemorrhage in July, and Induction of labour rates within normal variation.

Still births reflect the complexity of case mix as a tertiary centre, where pregnancies with foetal anomalies are managed, as opposed to other local maternity units. However, there were no still births in May or June, and one in July, leaving the year-to-date position below that seen in the past two years.

The Maternity Improvement Board oversees quality, safety and performance against the suite of national maternity indicators and Ockenden Review Part 1 essentials. A summary suite of metrics for the IPR is being developed.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6%		May 2022		N/A
Sepsis - Oxygen delivered within 1hr	91.5%	95%	Jun 2022		
Sepsis - Blood cultures within 1hr	68.1%	95%	Jun 2022		
Sepsis - Empiric IV antibiotics within 1hr	76.6%	95%	Jun 2022		
Sepsis - Serum lactate within 1hr	83%	95%	Jun 2022		
Sepsis - IV fluid resuscitation within 1hr	78.3%	95%	Jun 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Jun 2022		
Summary Hospital-Level Mortality Indicator	111	100	Mar 2022		
Comorbidity Coding	4.2		Mar 2022		N/A

Readmission rates

The emergency readmission rate is within normal variation and lower than pre-pandemic.

Sepsis












Improvement in compliance has been observed for 3 of the 6 elements (urine output measurement within 1 hour remains at 100%).

Further actions include:

- Reviewing potential data extraction via Patienttrack
- Acutely Ill Patient (AIP) champion study days have been planned for 2022 - 9 delivered
- Roll out commenced of Enhanced Care competencies – Enhanced Care Educator
- Paediatric Patienttrack NPEWs / sepsis workflow progressed to User Acceptance Testing - changes to aggregated weighted score nationally causing delays
- AIM / Sepsis study days planned for 2022/23 - x 5 delivered
- Targeted education to ward-based areas – driven by Patienttrack
- Blood culture audit undertaken to understand reduction in compliance – occurs when patients are normothermic or hypothermic
- Blood culture measurement compliance escalated to IPC Operational group
- Discussions with Elaine Watson (Lead BMS Microbiology) regarding improvements to WebICE to drive increased compliance to lactate and blood culture monitoring in sepsis
- Reporting of antibiotic compliance within 4-hour timescale to commence August 2022.

Mortality

For the latest official reporting period, Apr 2021 to Mar 2022, SHMI is 'as expected' at 111 (it has fallen 9 points in 9 months). SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and are returning to normal volumes (91% currently with 3.2% of spells excluded as coded to covid). 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 service. NHS Digital began releasing SHMI specific historical coding depth and the proportion of spells with palliative care codes in this August 2022 release. The pilot work we have supported with the national NHS England Making Data Count and Better Tomorrow Teams continues and the format has changed to some extent this month. Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with around 10% referred for further review. Learning from ME and mortality reviews relate to End of Life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	75.1%	78%	Jul 2022		
Inpatient Experience (%)	94.7%	94%	Jul 2022		
Maternity Experience (%)	96.3%	92%	Jul 2022		
Outpatient Experience (%)	97.8%	93%	Jul 2022		
New Complaints	24		Jul 2022		N/A
Closed Within Target (%)	31.3%	80%	Jul 2022		

Patient experience

The Maternity surveys at the four touchpoints (antenatal, birth, postnatal and community postnatal) FFT response positive has improved the response rates in all four surveys. The overall percentage positive score has increased significantly to above the target.

FFT overall percentage for Emergency Care Services remains below expected variation. The patient journey in ED is continually reviewed, to stream patients, minimise delays, clinically prioritise patients and make best use of staffing resource.

The inpatient remains above the target, although has reduced, this is being monitored, lower scoring domains are monitored by the Patient Experience Steering Group. Outpatient surveys remain above target, consistently so for outpatients.

Learning from complaints

Learning from complaints is being shared with front line colleagues at various groups and meetings. Target timelines for closing complaints are not being met and so changes have been made to improve communication, delivery of care, clinical practice, policy/procedures and training provision for staff.

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	1,786	613	26%	2,399
02	1,042	332	24%	1,374
03	1,078	291	21%	1,369
04	1,594	405	20%	1,999
05_least_dep	1,137	284	20%	1,421
N/k	396	115	23%	511
Total	7,033	2,040	22%	9,073

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

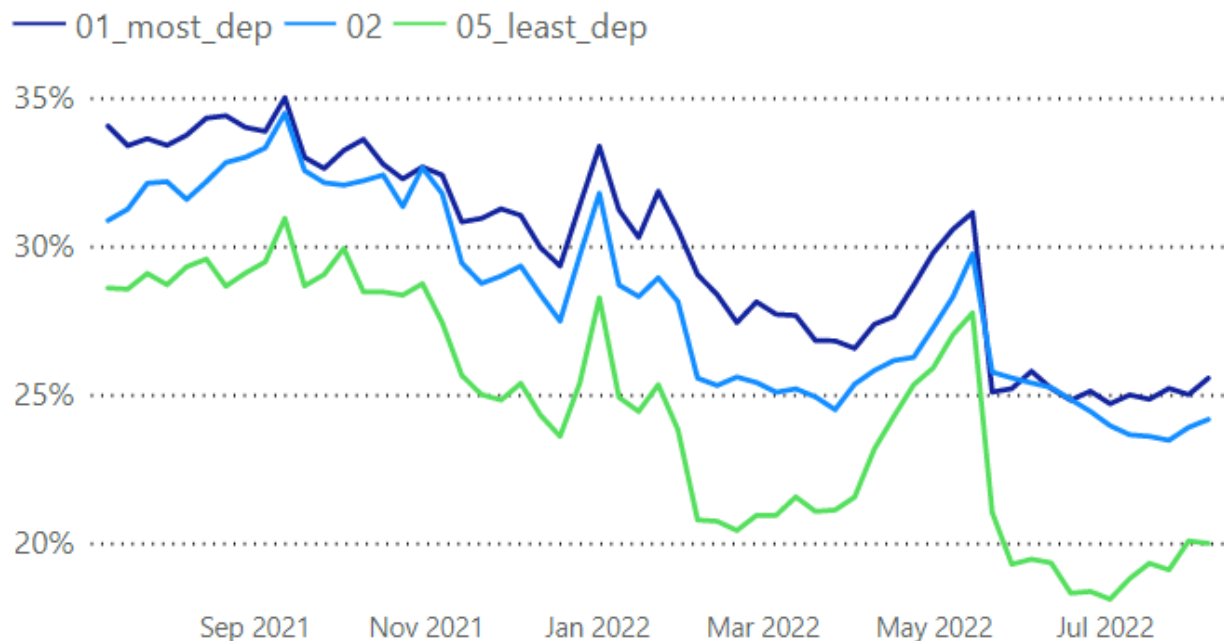
P3 > 3 months

any > 52 weeks

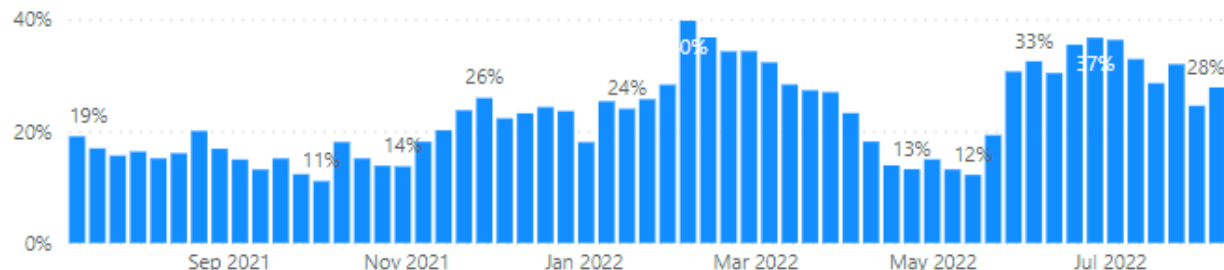
In Standard: All others

This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

Long waits as % of total PTL for Quintiles 1, 2 & 5



Variance of Quintile 1 % long waiters to Quintile 5 % long waiters



The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

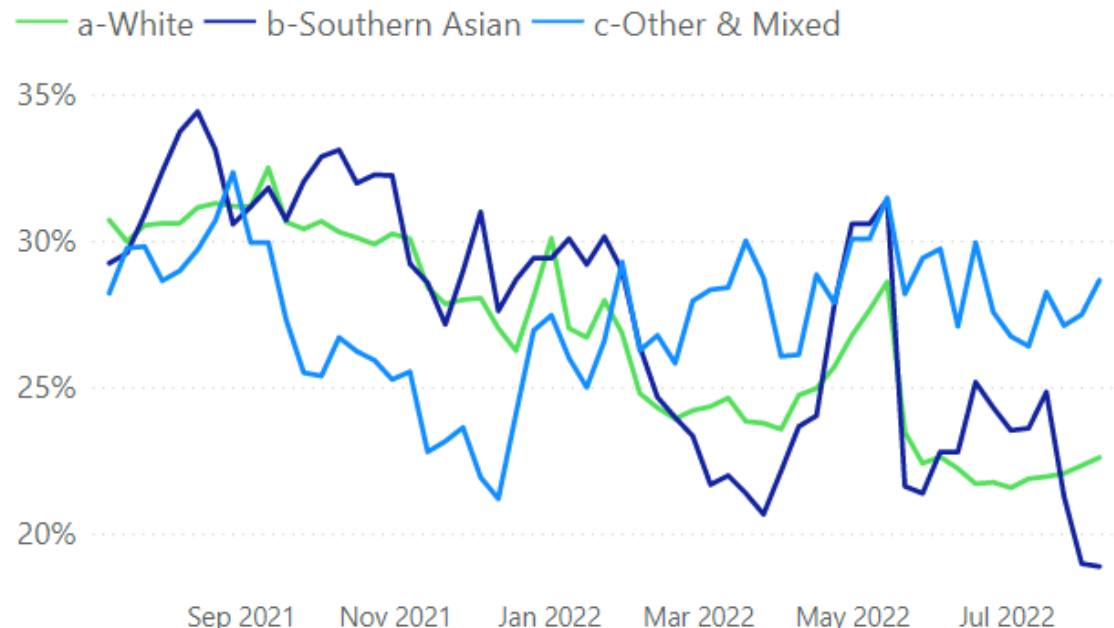
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
a-White	5,873	1,715	23%	7,588
b-Southern Asian	116	27	19%	143
c-Other & Mixed	117	47	29%	164
Black	20	9	31%	29
Mixed	21	18	46%	39
Other	76	20	21%	96
N/k	927	251	21%	1,178
Total	7,033	2,040	22%	9,073

Long Waiters:
 P2 > 3 weeks
 P3 > 3 months
 any > 78 weeks

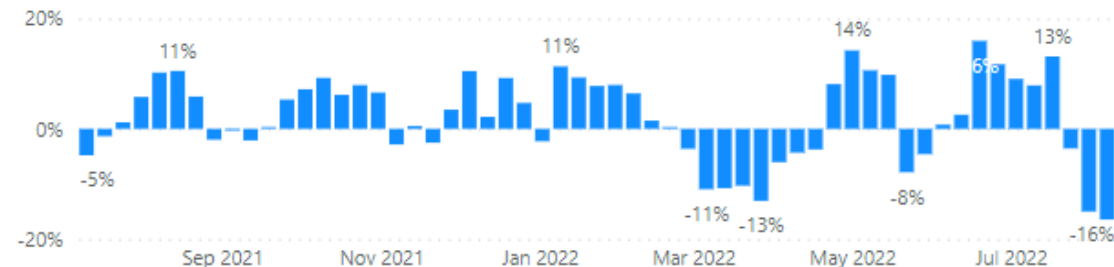
In Standard: All others

This graph compares the proportion of long waiters for people with Southern Asian ethnicity with the proportion for White ethnicity. So if the Southern Asian group 25% and White is 20% then Southern Asian is 25% higher than White. If the values are positive Southern Asian patients are more likely to be long waiters than White patients

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



The Trust also monitors its waiting list distribution by ethnicity. The numbers recorded in some groups are very low and so they are aggregated to reveal trends, however statistical fluctuations can be exaggerated, even when the data is grouped. It is nonetheless an area which the Trust continues to monitor.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4-Hour A&E Standard	68.3%	95%	Jul 2022		
12-Hour Waits from Decision to Admit	79	0	Jul 2022		
Handovers - Within 15 Mins (%)	55.6%	65%	Jul 2022		
Handovers - Within 30 Mins (%)	70.2%	95%	Jul 2022		
RTT Incomplete Pathways (%)	65.8%	92%	Jun 2022		
RTT 52 week waiters	1289	1174	Jun 2022	N/A	N/A
RTT 78 week waiters	88	153	Jun 2022	N/A	N/A
RTT Waiting List Size	45357	41677	Jun 2022		
Diagnostic 6 Weeks Standard (%)	69.4%	99%	Jun 2022		
Cancer 14 Day Standard (%)	53.1%	93%	Jun 2022		
Cancer 31 Day Standard (%)	95.5%	96%	Jun 2022		
Cancer 62 Day Standard (%)	48.3%	85%	Jun 2022		
Cancer 62 Day Screening (%)	86.7%	90%	Jun 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	50	0	Jul 2022		
Cancelled Ops - Not Rebooked Within 28 days	6	0	Jul 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	Jul 2022	N/A	N/A

Urgent and emergency care

The impact of COVID-19 and patient flow (segregation of pathways) continues to be observed. Increased levels of urgent and emergency care activity continued into July along with increases in discharge related delays due to continued pressures in social care. This impacted on the 4-hour and 12-hour standards.

Ambulance handovers continued to be impacted by the volume of activity in July, and handovers within 15 minutes dropped below compliance. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST, NHS-E and the Trust are now working alongside the ICB executive team to identify further opportunities to reduce system pressures in particularly around discharge and Integrated Urgent Care Models of care.

Elective waiting times

Referral to treatment within 18 weeks performance was stable, at 65.8% Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which will impact positively on this metric. The focus remains on the longest waiters – maintaining a zero position with 104 week waits, eliminating 78-week waits and reducing 52-week waits. Services are working on activity plans and validation.

Diagnostic access continues to improve, rising to 71% compliance with the 6-week standard at end May. All modalities have demand and capacity plans in place with actions and trajectories to work towards compliance, including the use of future Community Diagnostic Hub capacity.

Non-urgent operations cancelled on day of surgery is more than in 2020/21 due to the increase in cases booked alongside ongoing COVID-19 incidence.

Cancer waiting times

62-day standard remains non-compliant, due to continued reduction of long waiters awaiting first definitive treatment and 14-days remains an area of focus.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	15989	18029	Jul 2022		
Outpatient Follow Up Attendances	40781	43552	Jul 2022		
Day Case admissions	5789	5922	Jul 2022		
Ordinary Elective admissions	812	1072	Jul 2022		
NEL admissions with 0 LOS	1552	2053	Jul 2022		
NEL admissions with 1+ LOS	3527	3972	Jul 2022		
Length of Stay - Elective	4.4		Jul 2022		N/A
Length of Stay - Non-Elective	4.7		Jul 2022		N/A
Not Met Not Discharged	109	90	Jul 2022		
21 Day Stranded Patients (%)	14.1%	12%	Jul 2022		

Activity

July outpatient data reported is not yet fully coded. At Trust level to end June, outpatient first and follow-up attendances were both at 97% of plan YTD. Elective Day Cases are at 99% of plan YTD to July month end. However Ordinary Elective (overnight) admissions are at 85% of plan YTD. Data reconciliation for July month end will be incomplete at this point. Collaboratives are working through their plans to return to plan for Ordinary Elective.

Non-elective admissions remain high (although lower than predicted), reflecting the trend seen nationally, and the pressures seen in urgent and emergency care and social care.

Length of Stay

Elective length of stay remains lower than the longer-term average, whilst non-elective length of stay remains higher but has returned to the post-COVID mean this month. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. Bed modelling work continues to understand likely demand and possible provision for general and acute medical beds ahead of winter 2022/23, alongside develop of out-of-hospital alternatives such as Virtual Wards.

Patients who no longer meet criteria to reside in an acute bed remains above target. The Trust partnership with local authorities to create a Transfer of Care Hub, and the Home First scheme, are now well-established. The Trust has made progress in reducing delays within its span of control, and there is a broadly a downward trend.

The number of patients staying in hospital longer than 21 days has increased as activity has returned to pre-COVID levels and remains within the expected variation of this metric post-COVID. The percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£10.953m	-£10.979m	Jul 2022	N/A	N/A
Annual Appraisal (%)	74.7%	80%	Jul 2022		
Mandatory Training (%)	88.5%	90%	Jul 2022		
Sickness Absence (%)	5.2%	4%	Jul 2022		
Staff Turnover (%)	14.3%	10%	Jul 2022		

Finance and use of resources

For month 4 of the 2022/23 financial year the Trust is slightly ahead of plan. The current position is reported against the Trust plan submitted to the ICS on the 20th June. This plan is expected to deliver a £20.7m deficit for the full year. The Trust plan forms part of the ICS financial plan and the ICD is expected to deliver a financial balance at system level for 2022/23.

People

Sickness absence across the Trust is currently 5.15% which is a small increase in the month of July.

Appraisal compliance across the Trust has improved and is now 74.7% (an increase of 1%). Mandatory Training compliance has reduced slightly to 88.5%. HR representatives are discussing KPI data with managers on a regular basis at Collaborative Board Meetings, Directorate Meetings and HR Clinics. Pay Progression is due to go live 1 October 2022 for all Agenda for Change staff, and will support and recognise mandatory training and appraisal compliance.

National NHS Staff Survey Collaborative and Corporate Area plans were shared recently at People Committee and actions will be monitored monthly at Collaborative Board meetings. A quarterly update will be provided to People Committee. The Trust is currently working on plans for the roll-out of the 2022 survey. Other actions include a review of flexible working and the 'Love Admin' week to be held in September.

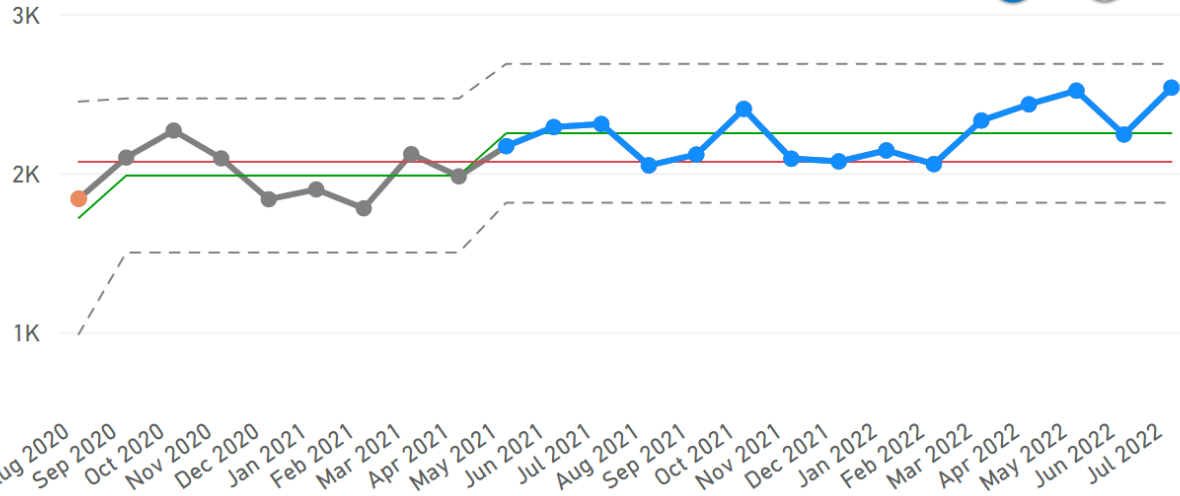
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

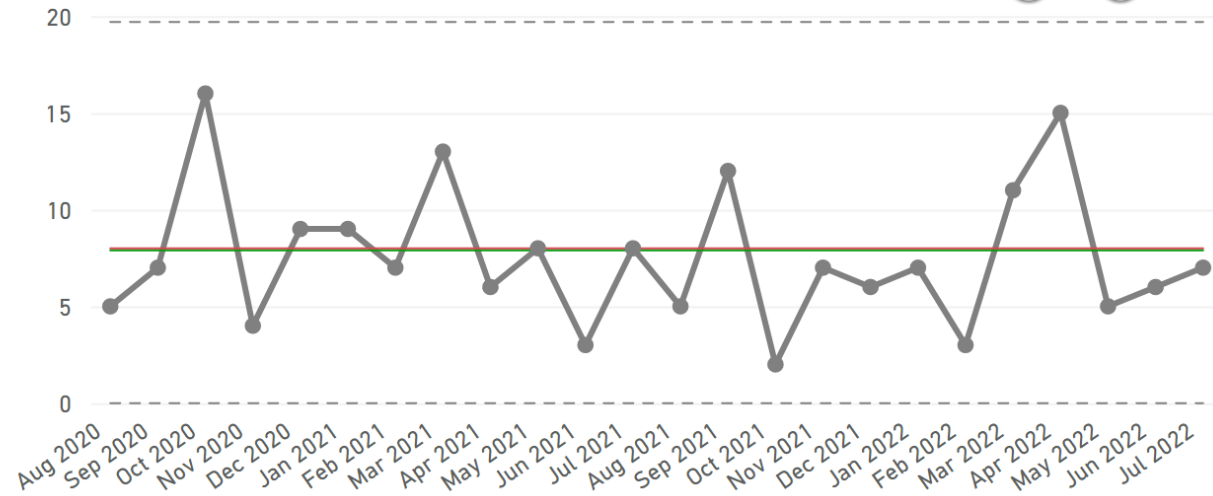
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	2536	2070		



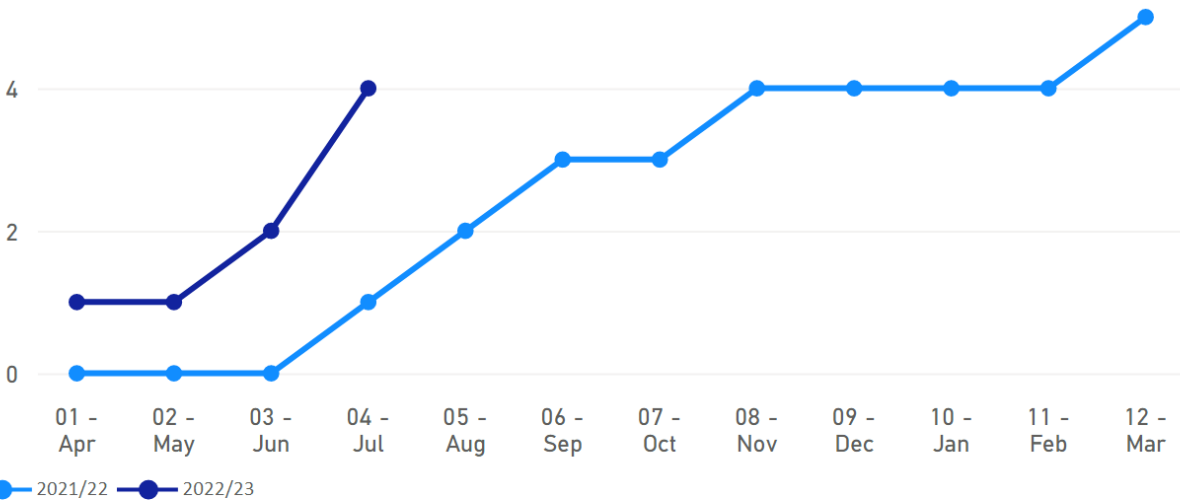
Serious Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	7	8		



Never Events (YTD)

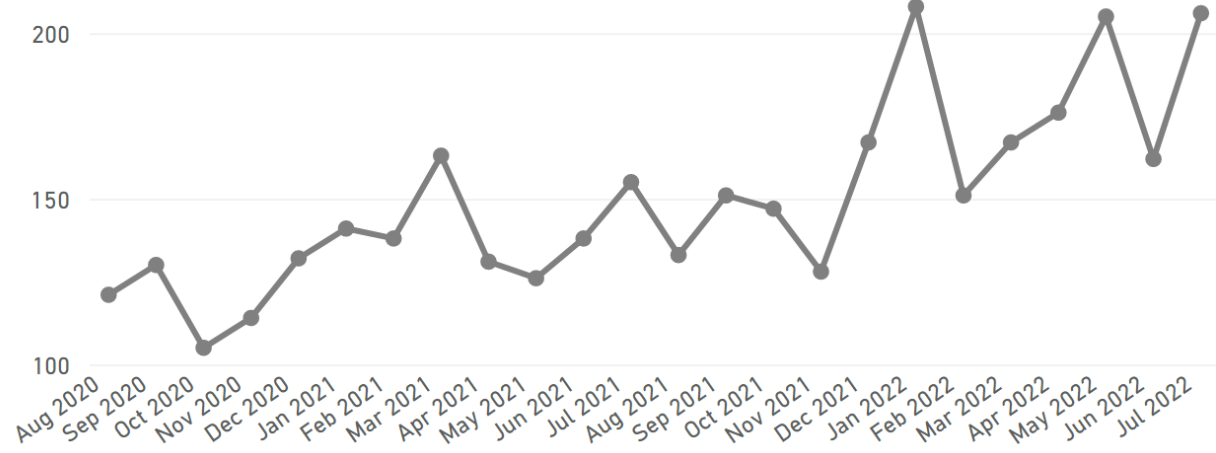
Month	Performance	Target	Trend	Assurance
Jul 2022	4	0	N/A	N/A




SAFE

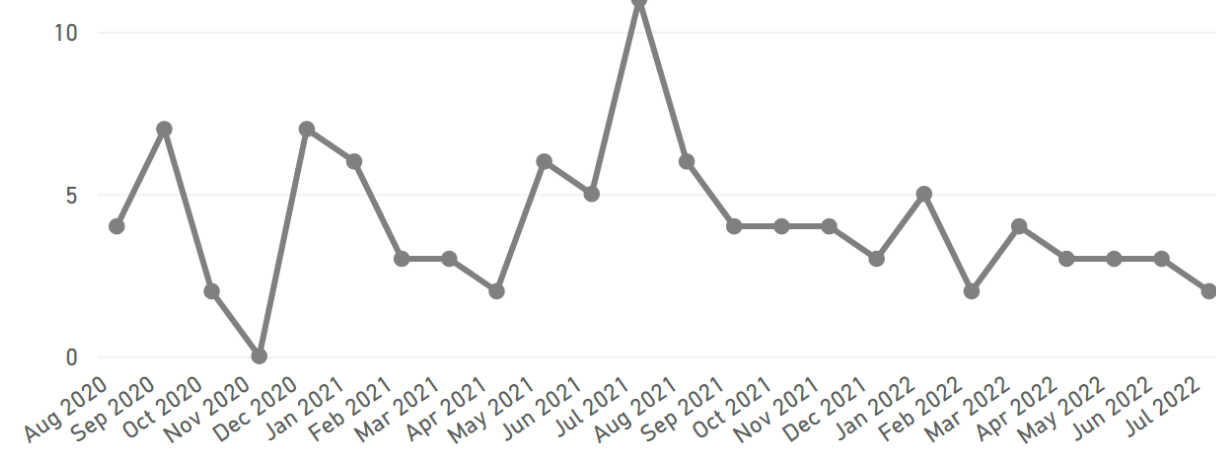
Falls

Month	Performance	Target	Trend	Assurance
Jul 2022	206			N/A





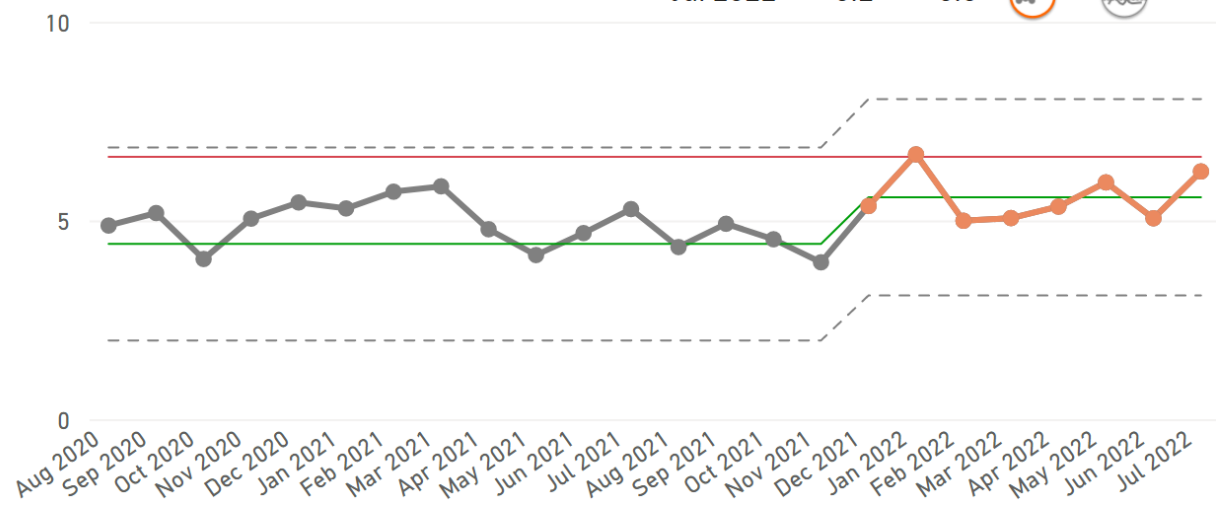
Falls With Harm

Month	Performance	Target	Trend	Assurance
Jul 2022	2			N/A




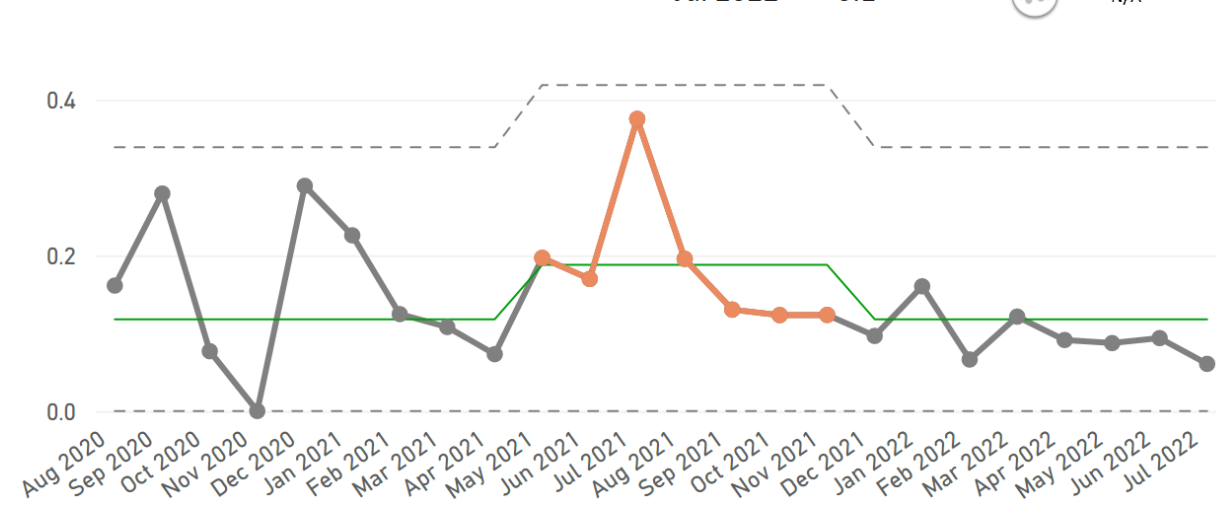
Falls Rate %

Month	Performance	Target	Trend	Assurance
Jul 2022	6.2	6.6		



Falls With Harm Rate %

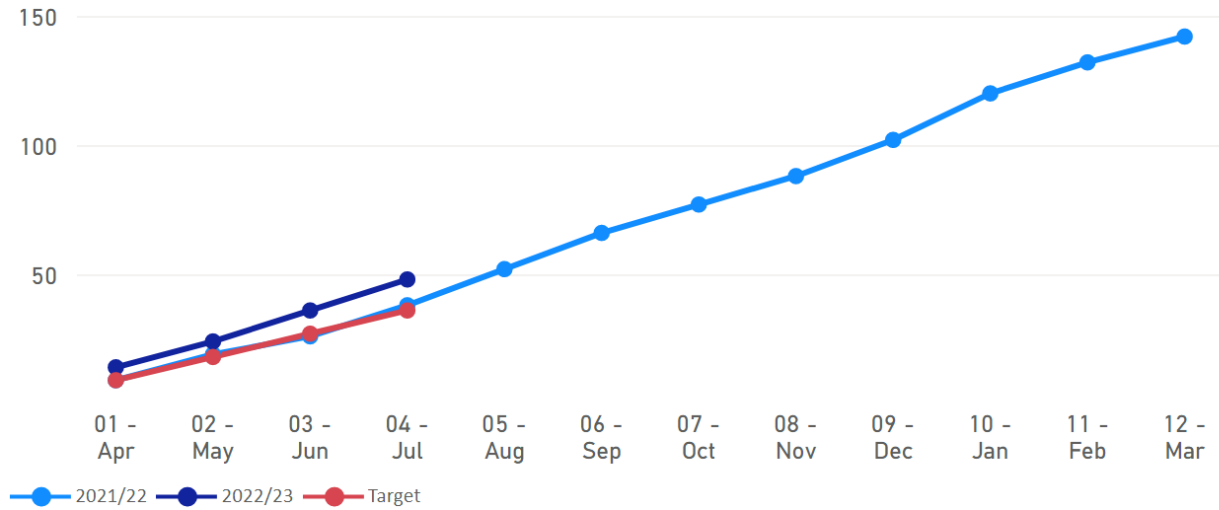
Month	Performance	Target	Trend	Assurance
Jul 2022	0.1			N/A



SAFE

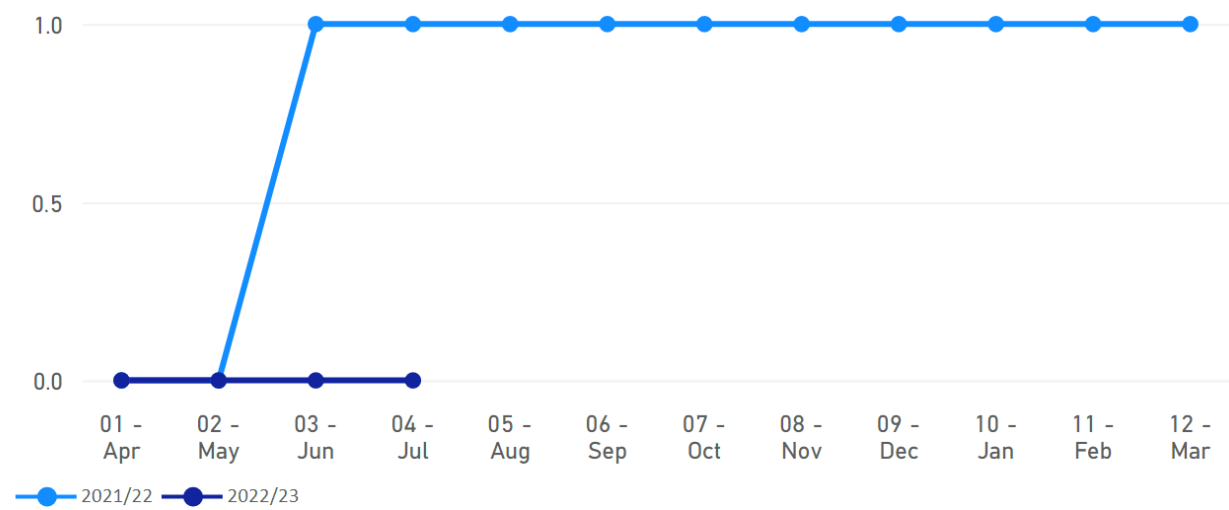
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	48	36	N/A	N/A



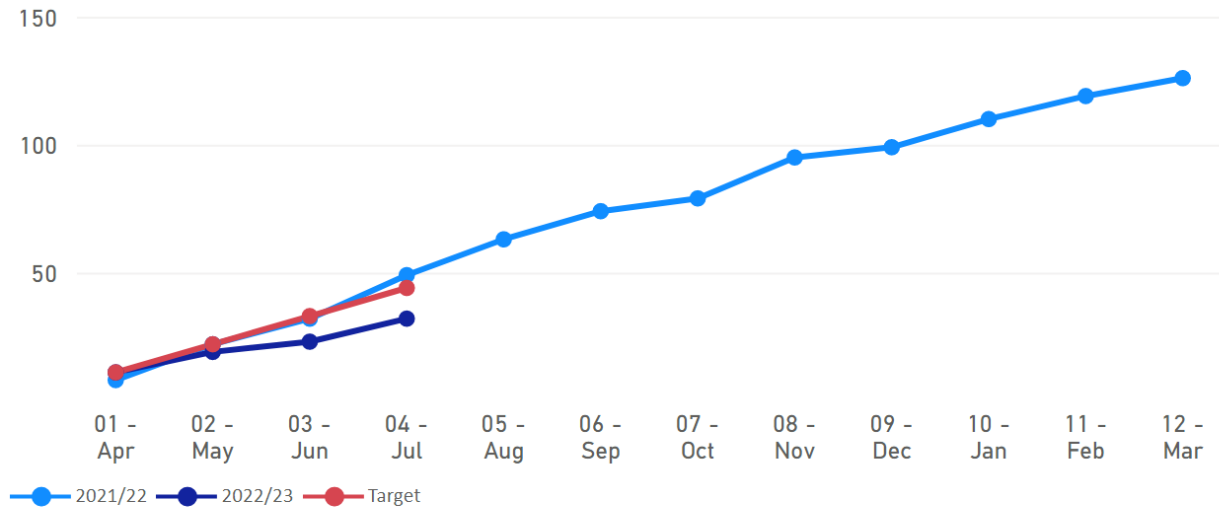
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	0	0	N/A	N/A



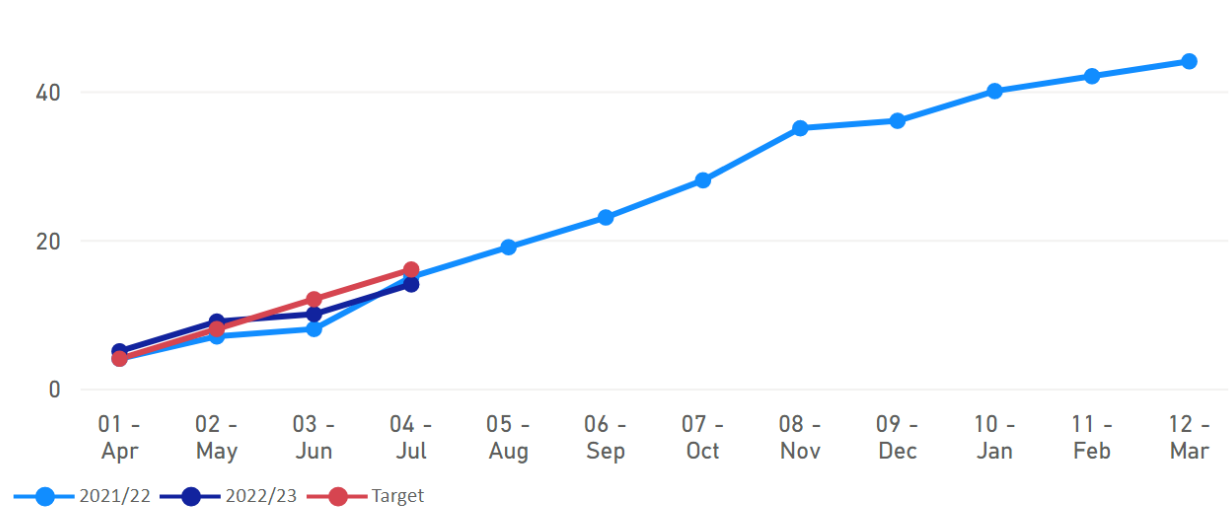
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	32	44	N/A	N/A



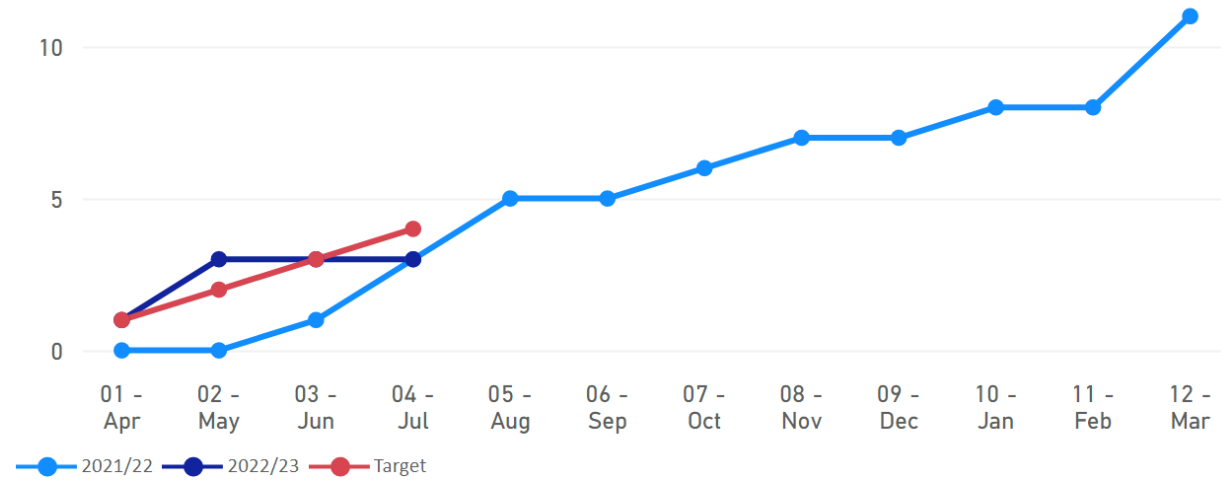
Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	14	16	N/A	N/A



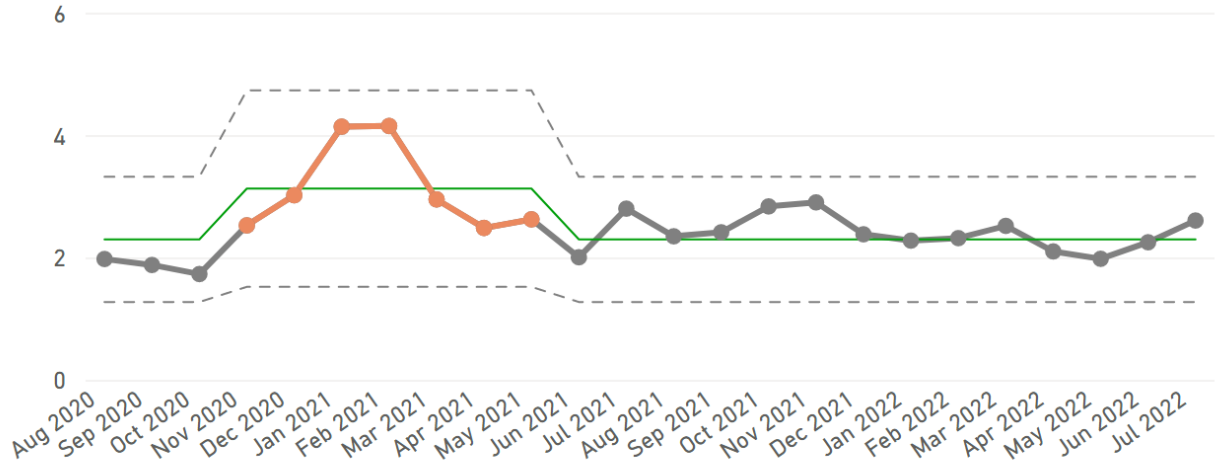
Pseudomonas (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	3	4	N/A	N/A



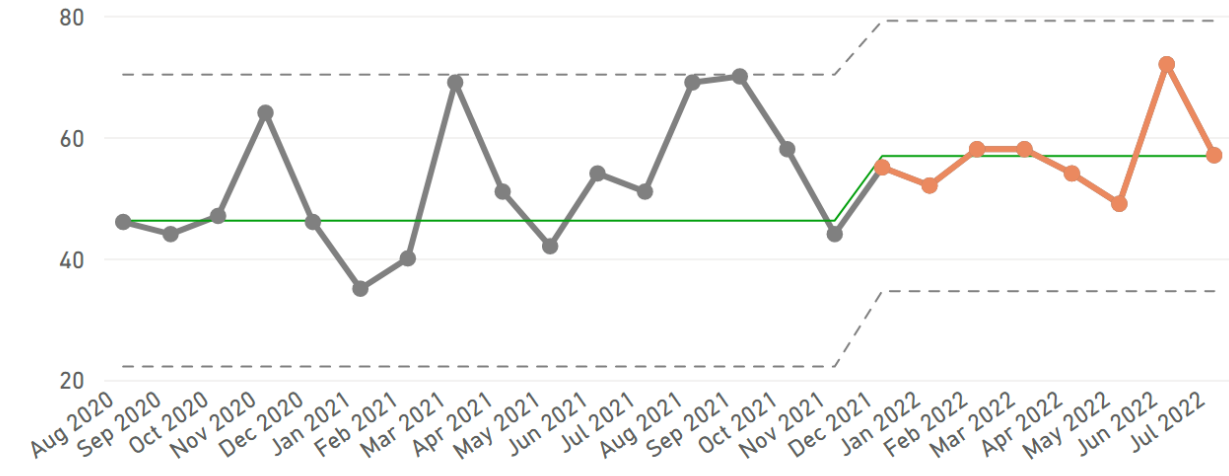
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jul 2022	2.6			N/A



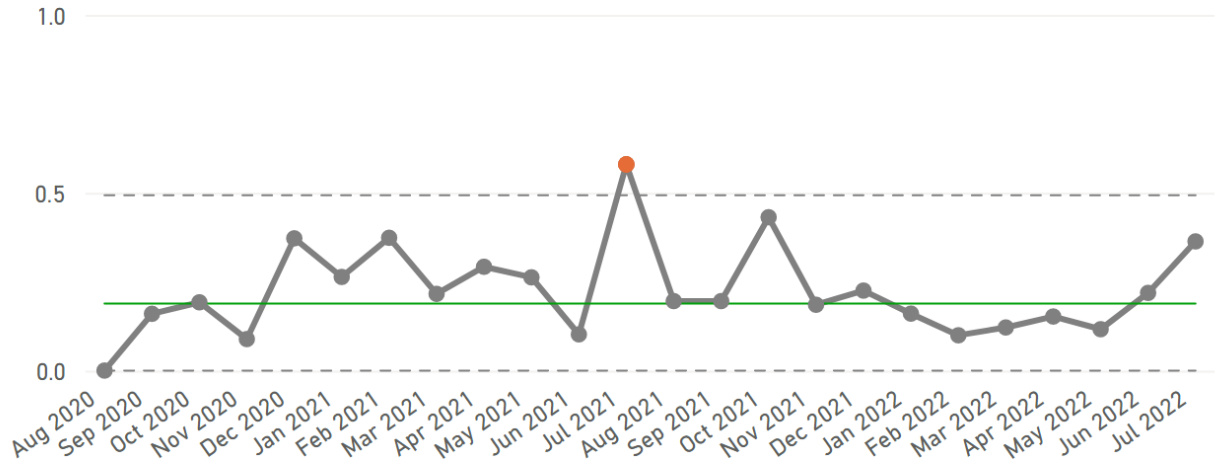
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Jul 2022	57			N/A



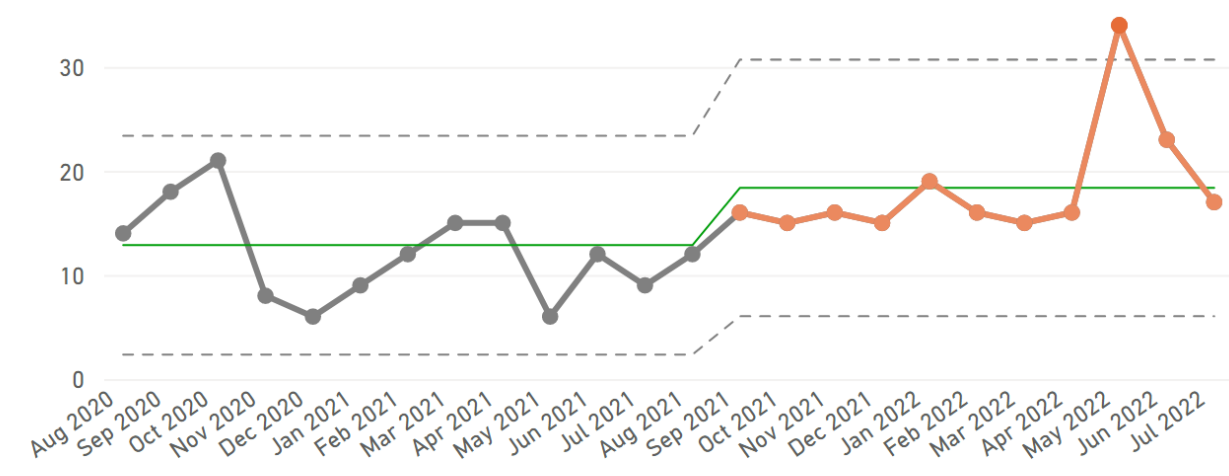
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jul 2022	0.4			N/A



Category 3&4 Pressure Ulcers (Community)

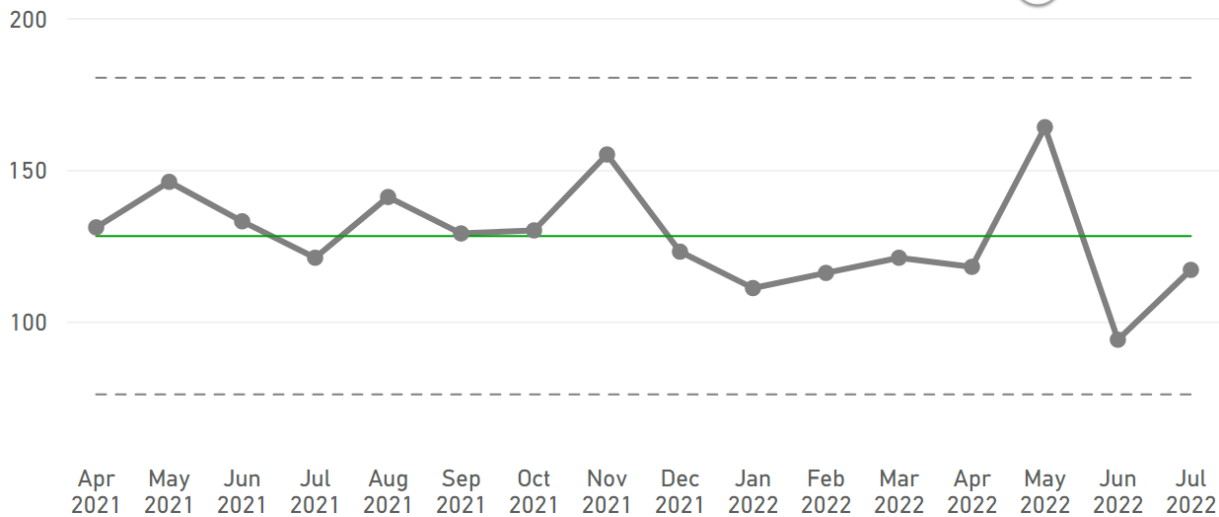
Month	Performance	Target	Trend	Assurance
Jul 2022	17			N/A



SAFE

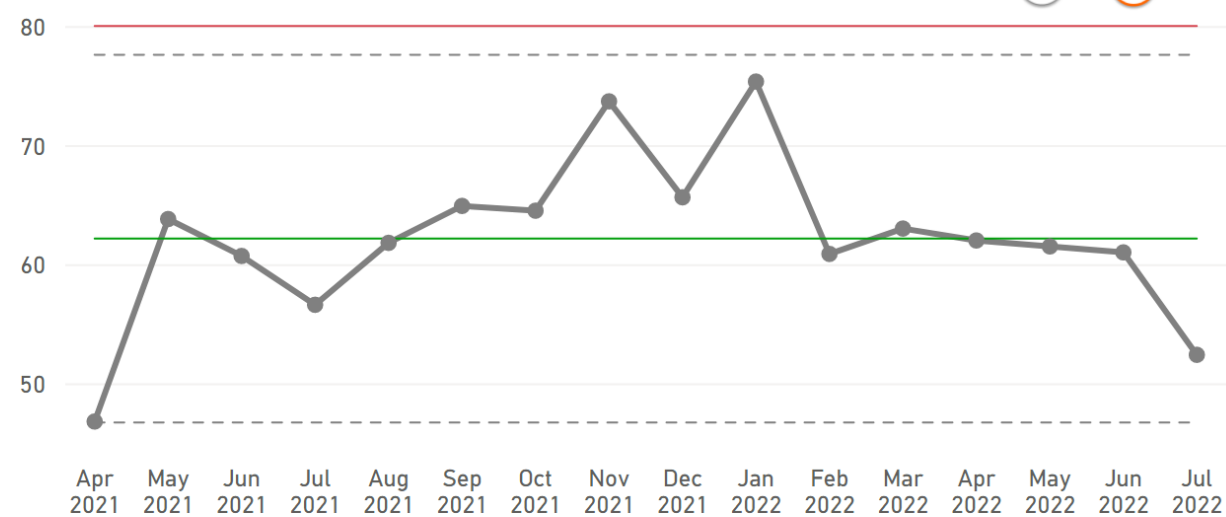
Medication Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	117			N/A



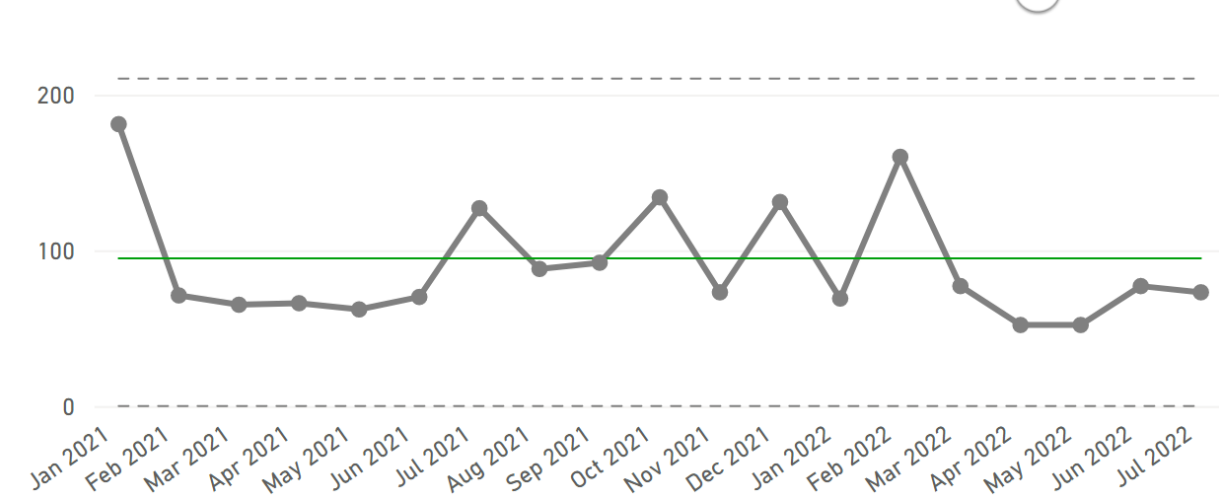
Medications Reconciled Rate %

Month	Performance	Target	Trend	Assurance
Jul 2022	52.4%	80%		



Omitted Critical Doses

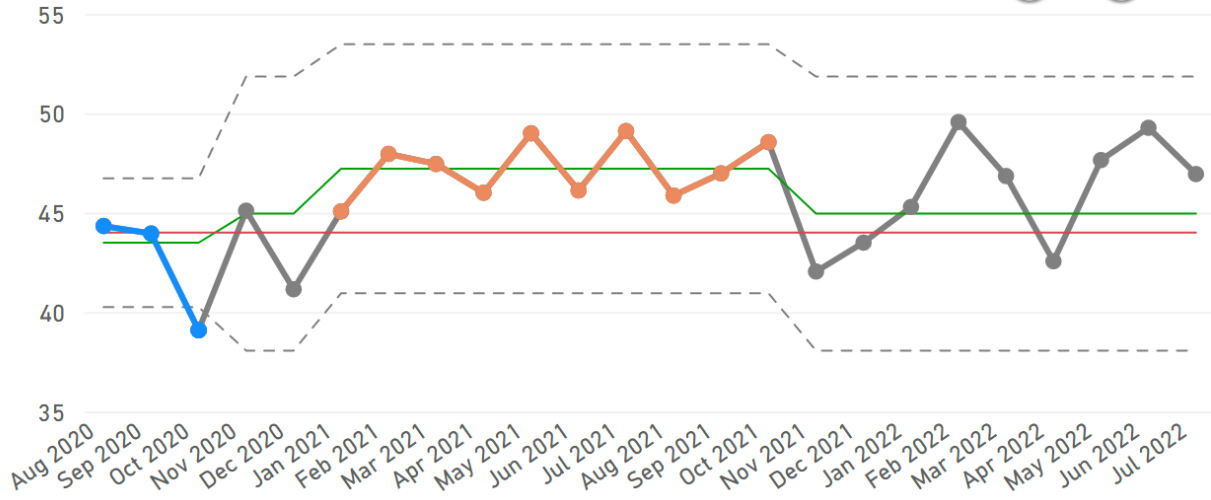
Month	Performance	Target	Trend	Assurance
Jul 2022	73			N/A



SAFE

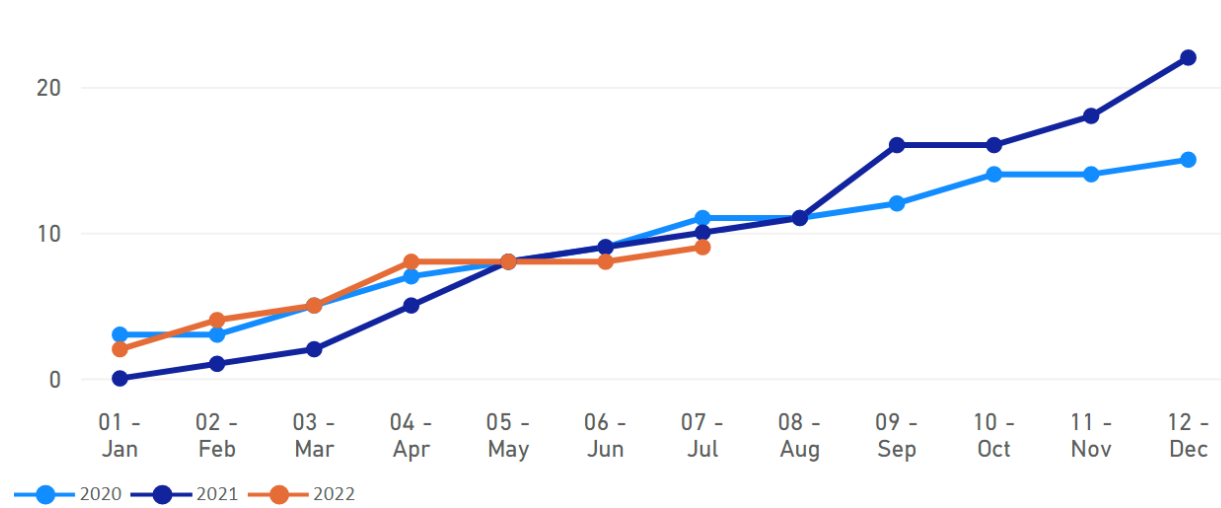
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	46.9%	44%		



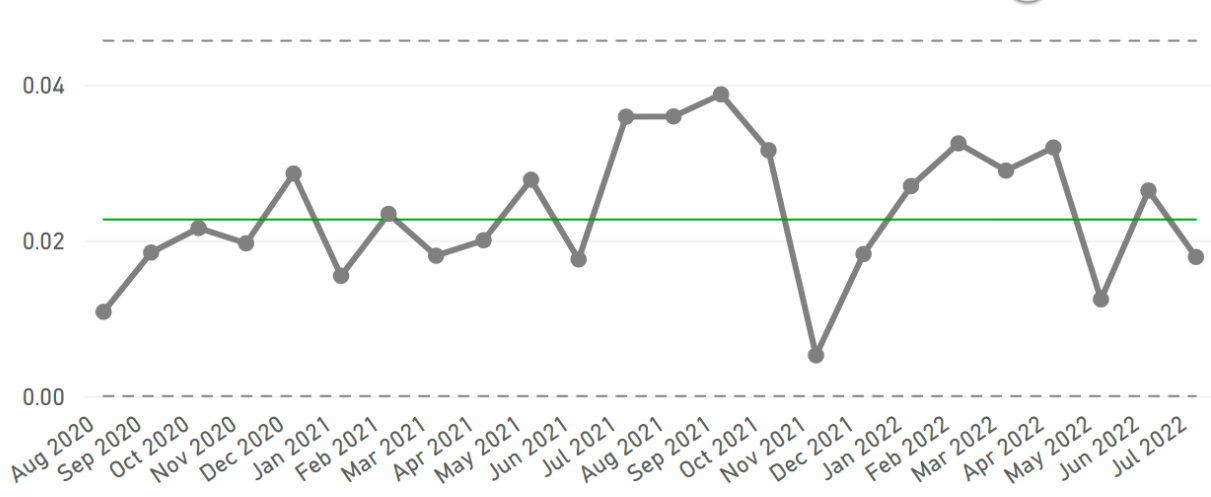
Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	9	17	N/A	N/A




PPH 1500ml (%)

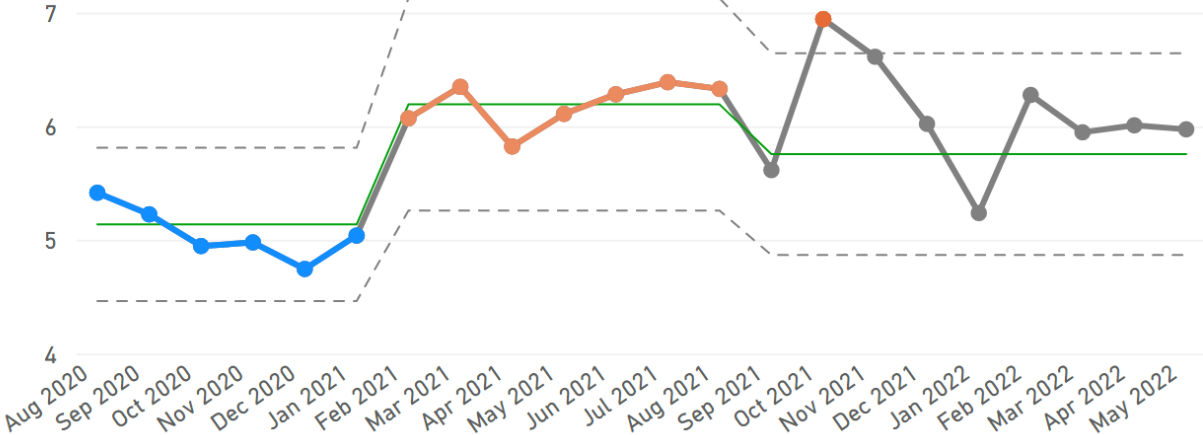
Month	Performance	Target	Trend	Assurance
Jul 2022	0	-		N/A



EFFECTIVE



Readmission Rate %

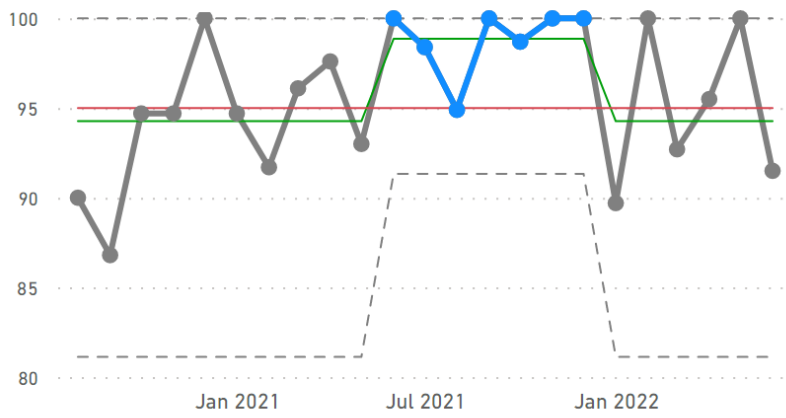
Month Performance Target Trend Assurance
May 2022 6%  N/A





EFFECTIVE

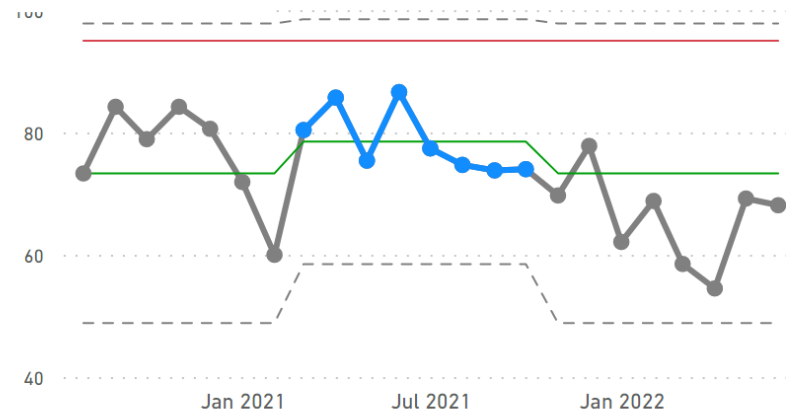
Sepsis - Oxygen within 1hr

Month: Jun 2022
 Performance: 91.5%
 Target: 95%
 Trend: 
 Assurance: 





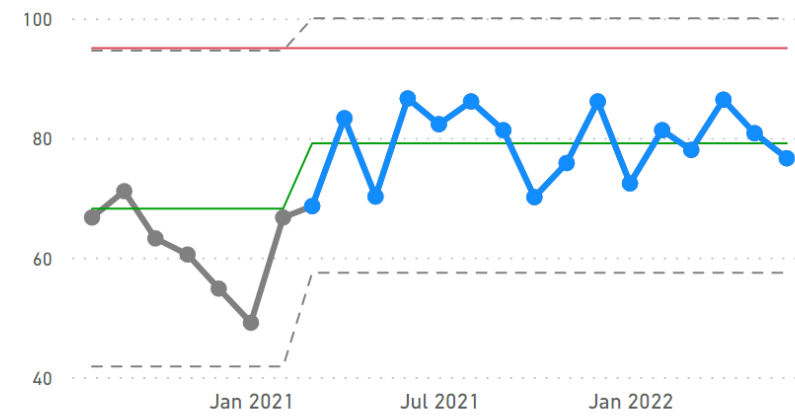
Sepsis - Blood cultures within 1hr

Month: Jun 2022
 Performance: 68.1%
 Target: 95%
 Trend: 
 Assurance: 





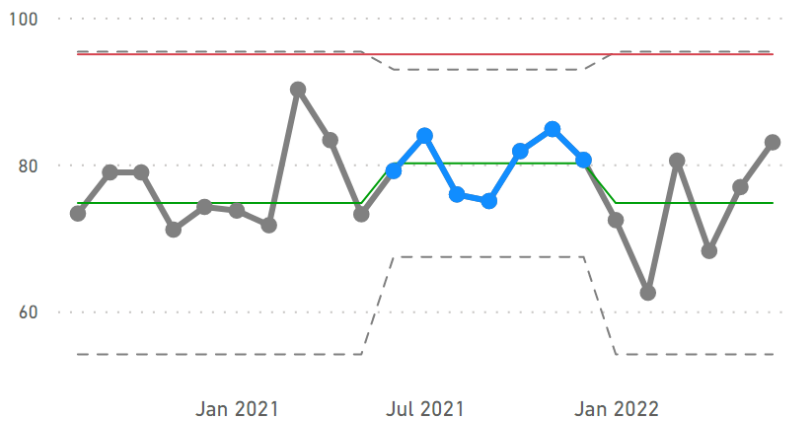
Sepsis - IV antibiotics within 1hr

Month: Jun 2022
 Performance: 76.6%
 Target: 95%
 Trend: 
 Assurance: 





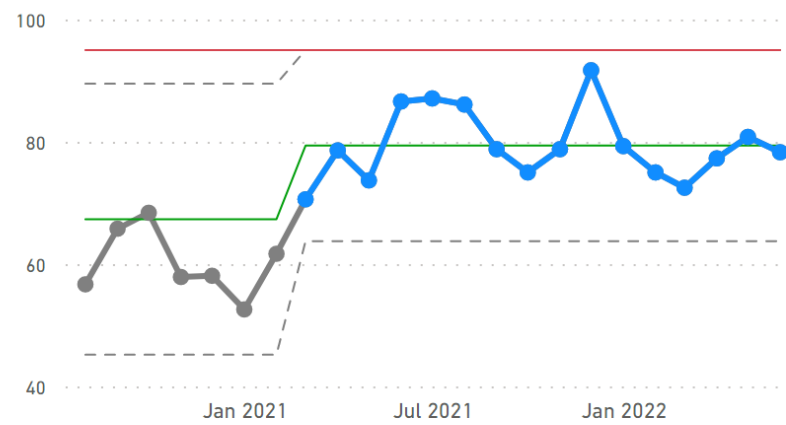
Sepsis - Serum lactate within 1hr

Month: Jun 2022
 Performance: 83%
 Target: 95%
 Trend: 
 Assurance: 





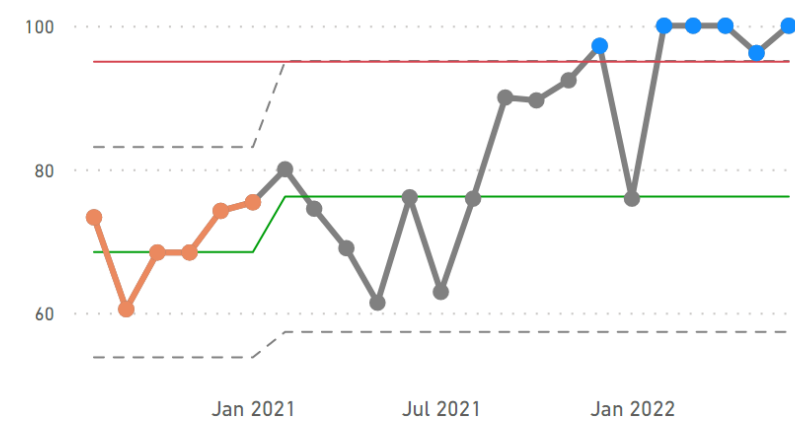
IV fluid resuscitation within 1hr

Month: Jun 2022
 Performance: 78.3%
 Target: 95%
 Trend: 
 Assurance: 



Sepsis - Urine measurement within 1hr

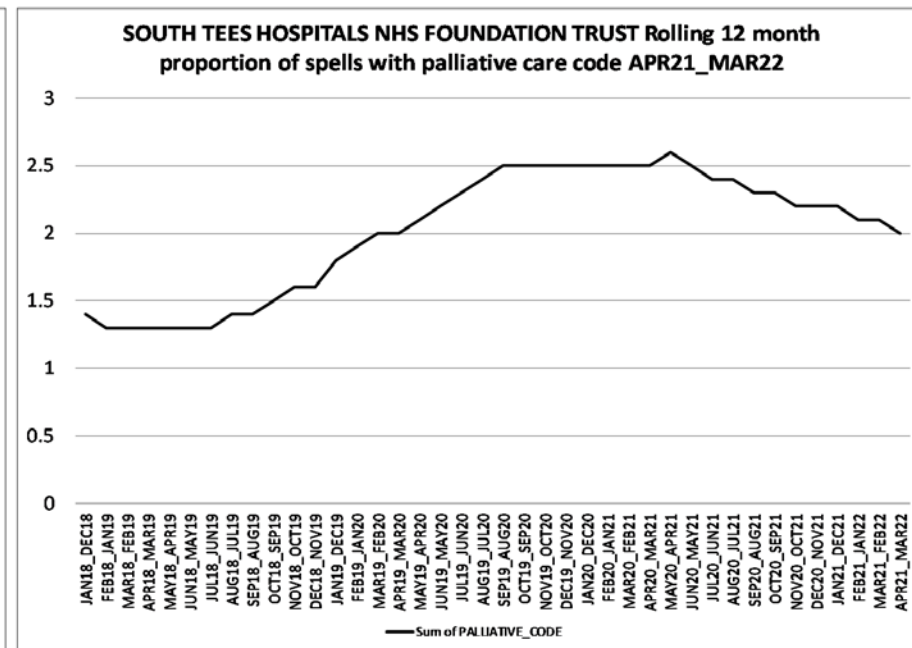
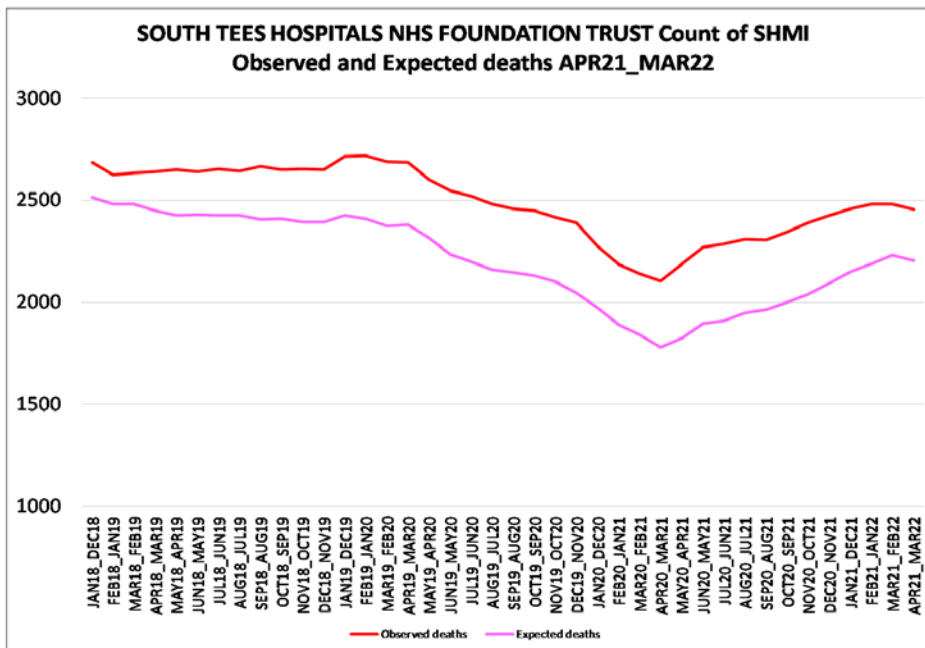
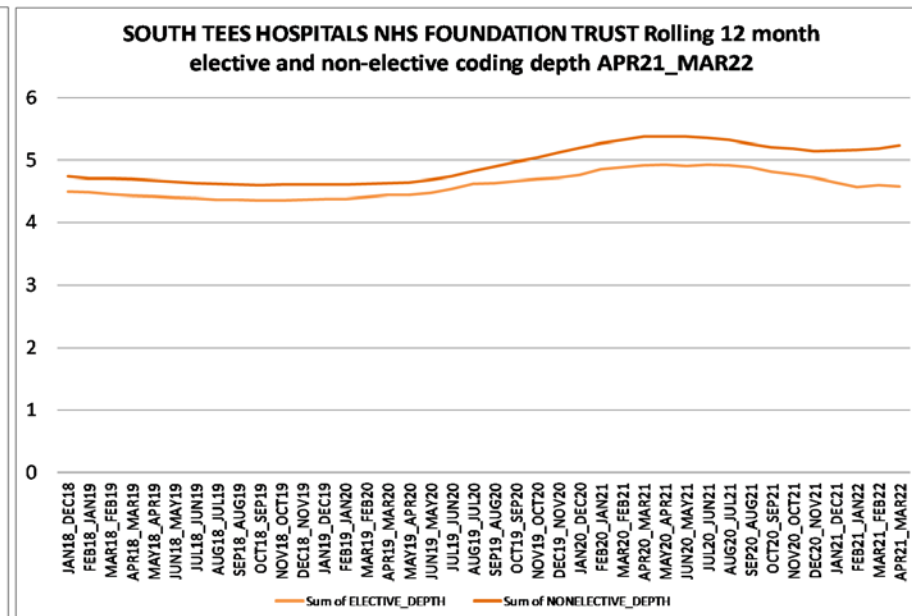
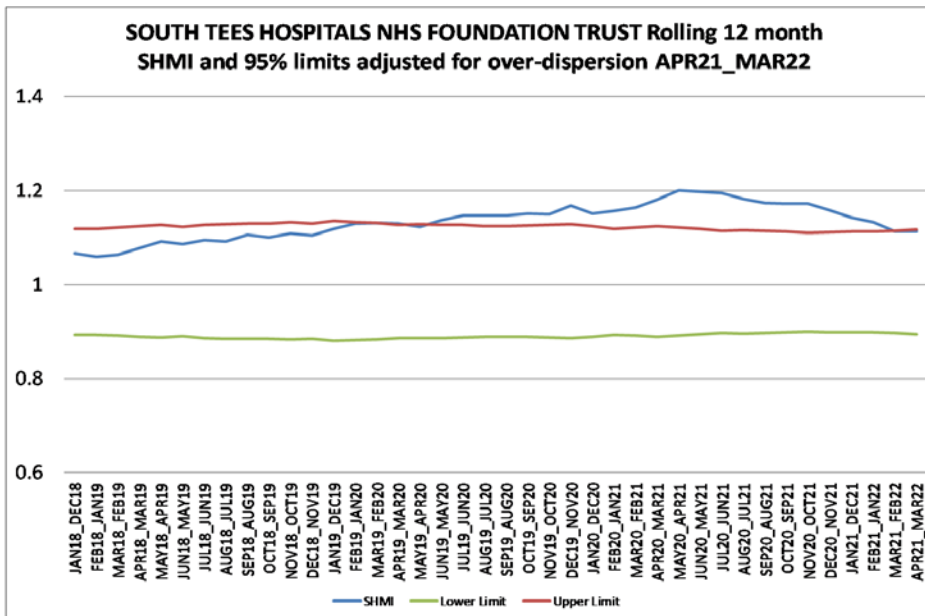
Month: Jun 2022
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 




Summary Hospital-level Mortality Indicator (SHMI)

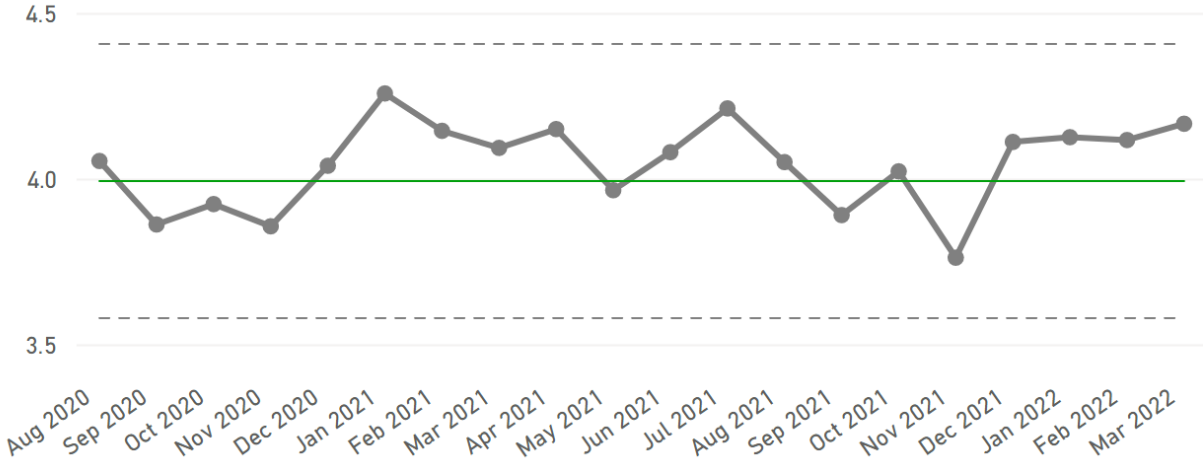
Latest publication month	AUG_22
SHMI period	APR21_MAR22
SHMI in period	111
Observed deaths	2455
Expected Deaths	2205
Elective coding (average codes per spell)	4.6
Non-elective coding (average codes per spell)	5.2
Percentage of spells with palliative care code	2.0

SHMI is currently "as expected" ie the SHMI value falls within the nationally calculated statistical limits



Comorbidity Coding

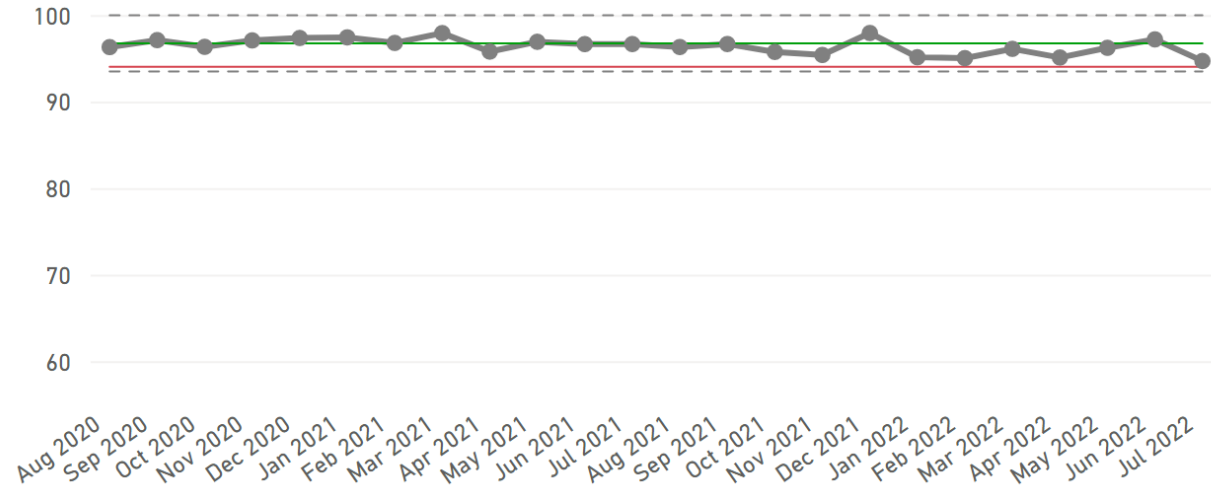
Month	Performance	Target	Trend	Assurance
Mar 2022	4.2			N/A



CARING

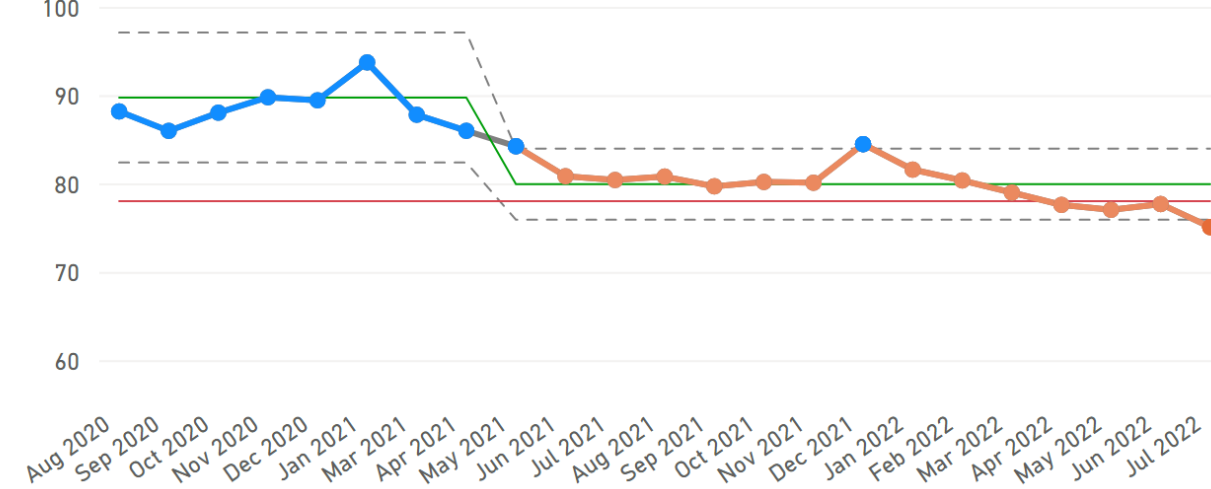
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	94.7%	94%		



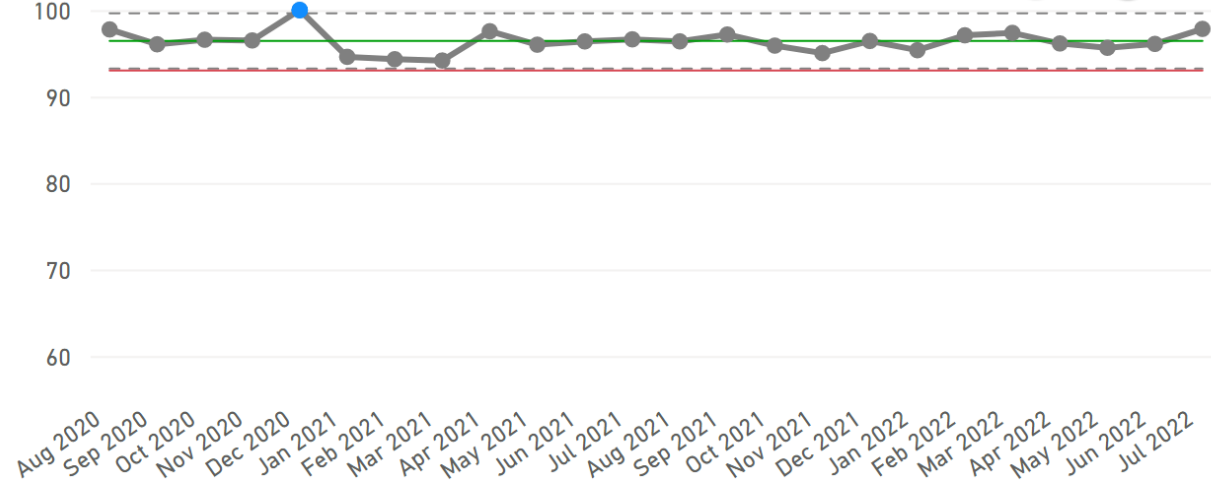
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	75.1%	78%		



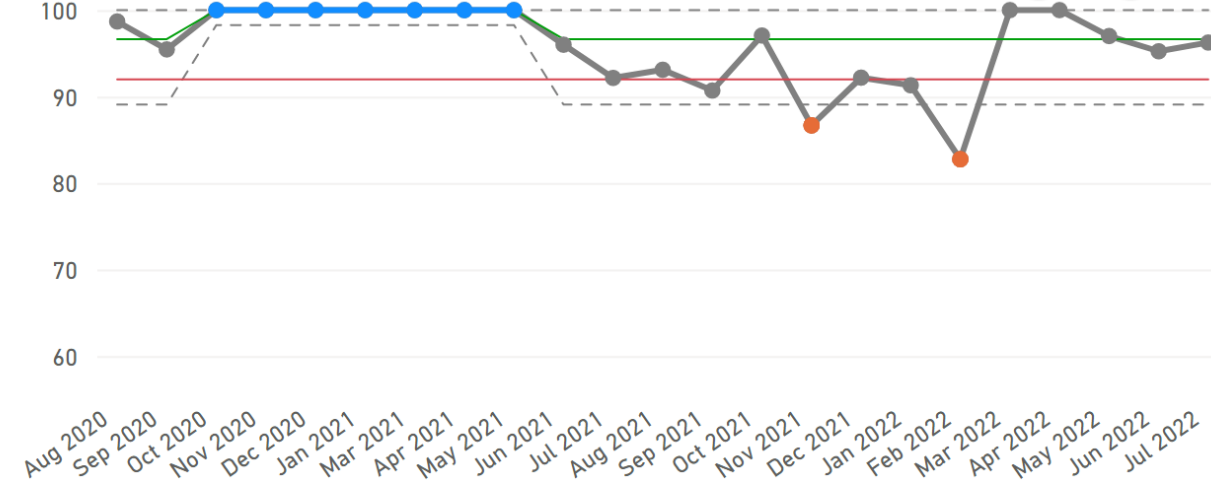
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	97.8%	93%		



Maternity Experience (%)

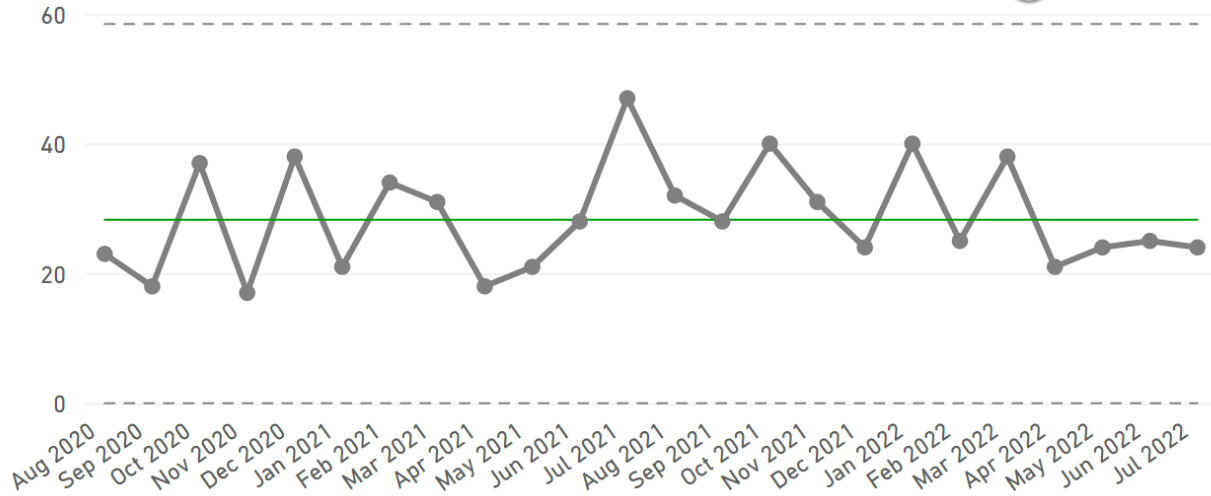
Month	Performance	Target	Trend	Assurance
Jul 2022	96.3%	92%		



CARING

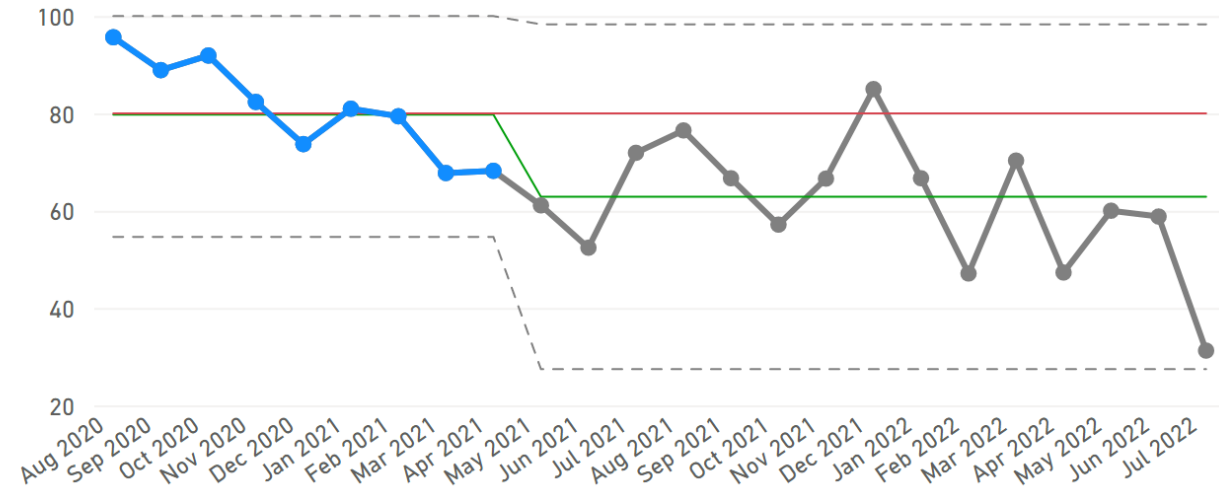
New Complaints

Month	Performance	Target	Trend	Assurance
Jul 2022	24			N/A





Closed Within Target (%)

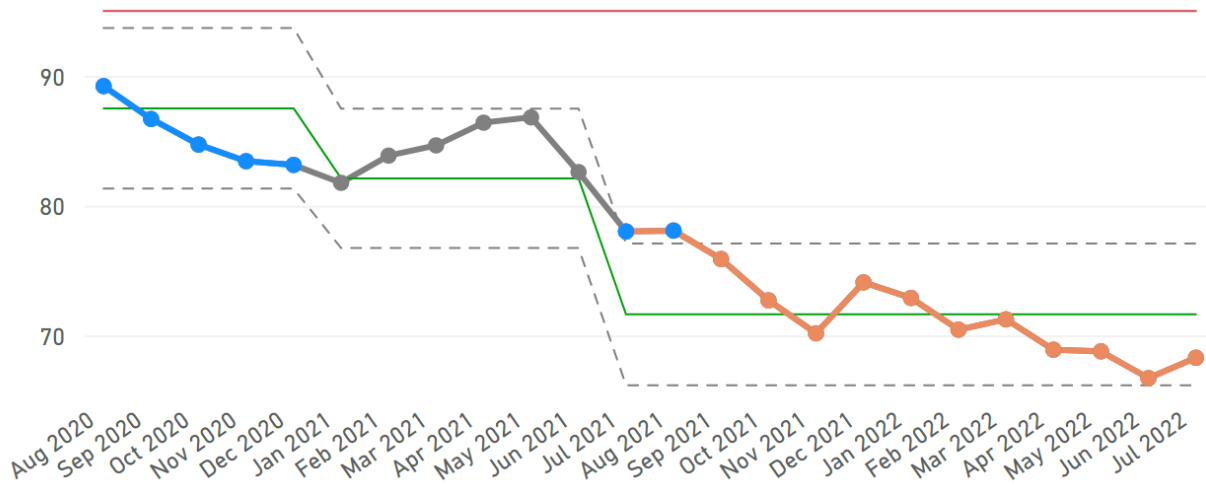
Month	Performance	Target	Trend	Assurance
Jul 2022	31.3%	80%		



RESPONSIVE

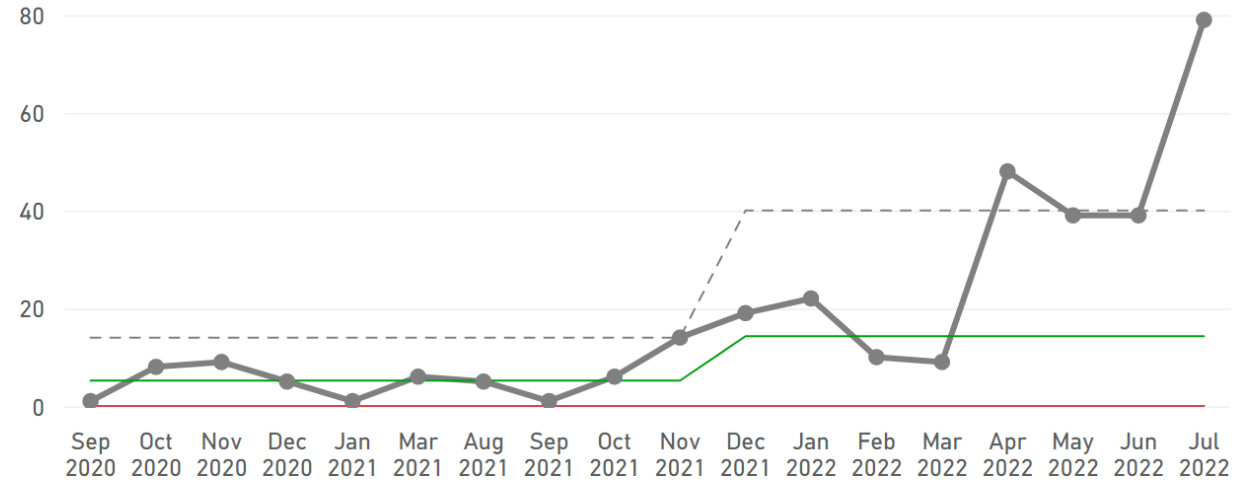
4-Hour A&E Standard

Month: Jul 2022
Performance: 68.3%
Target: 95%
Trend: 
Assurance: 





12-Hour Waits from Decision to Admit

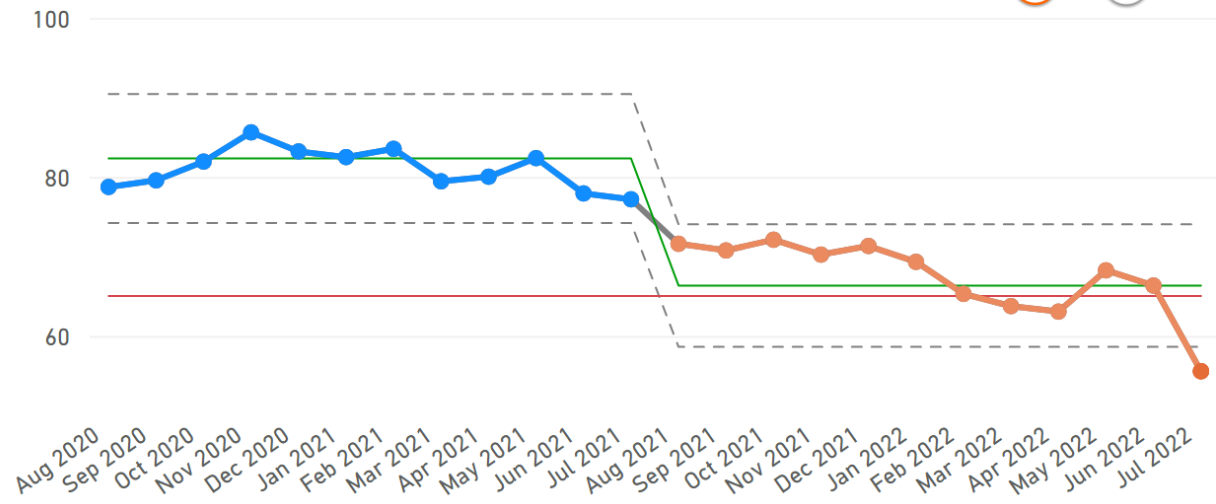
Month: Jul 2022
Performance: 79
Target: 0
Trend: 
Assurance: 





RESPONSIVE

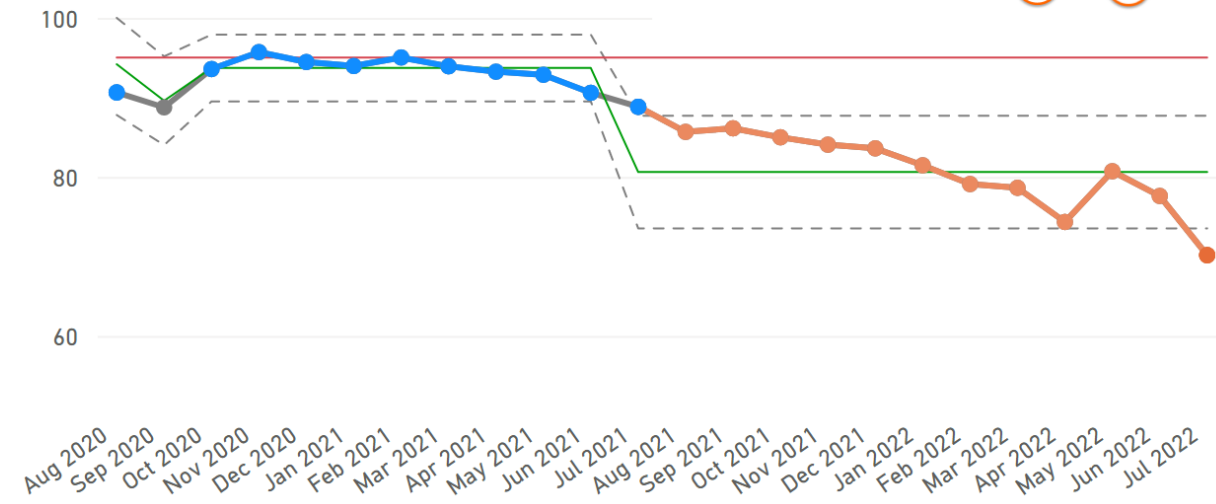
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	55.6%	65%		





Handovers - Within 30 Mins (%)

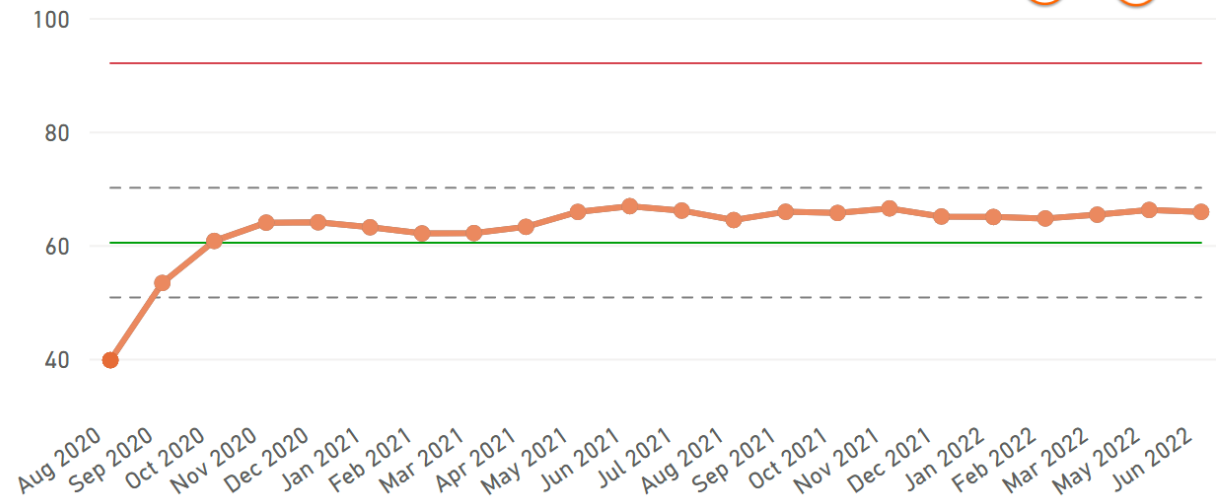
Month	Performance	Target	Trend	Assurance
Jul 2022	70.2%	95%		





RESPONSIVE

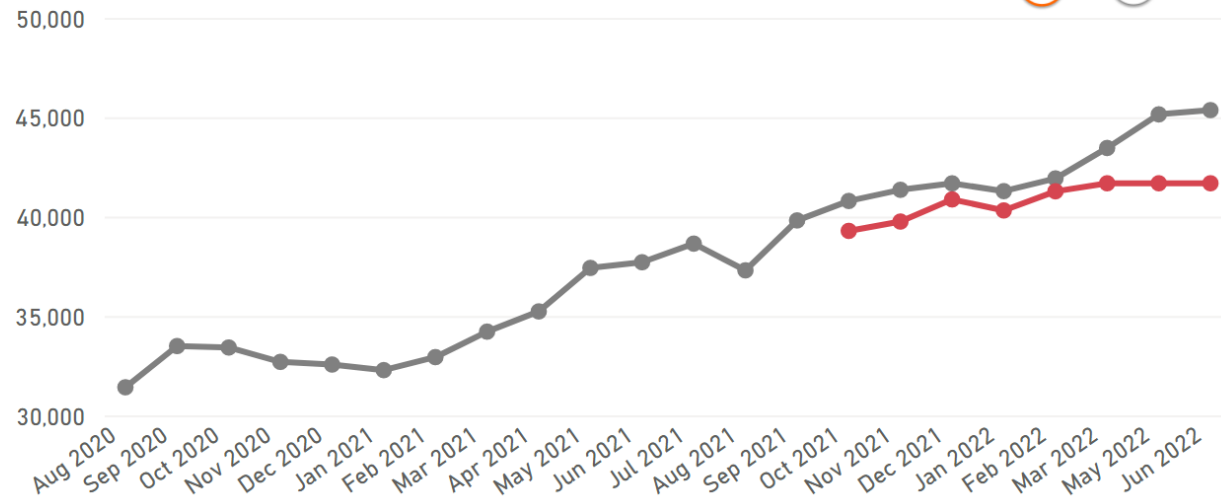
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jun 2022	65.8%	92%		



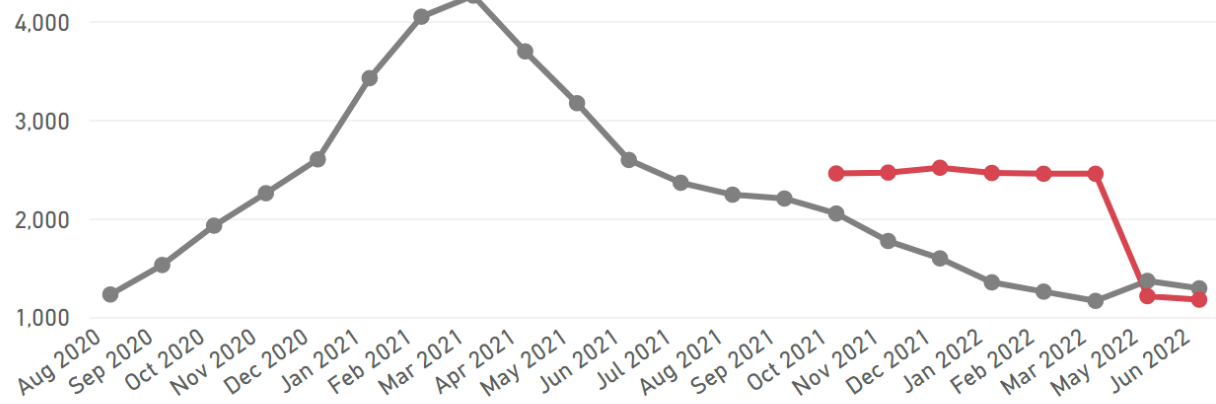
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jun 2022	45357	41677		



RTT 52 week waiters

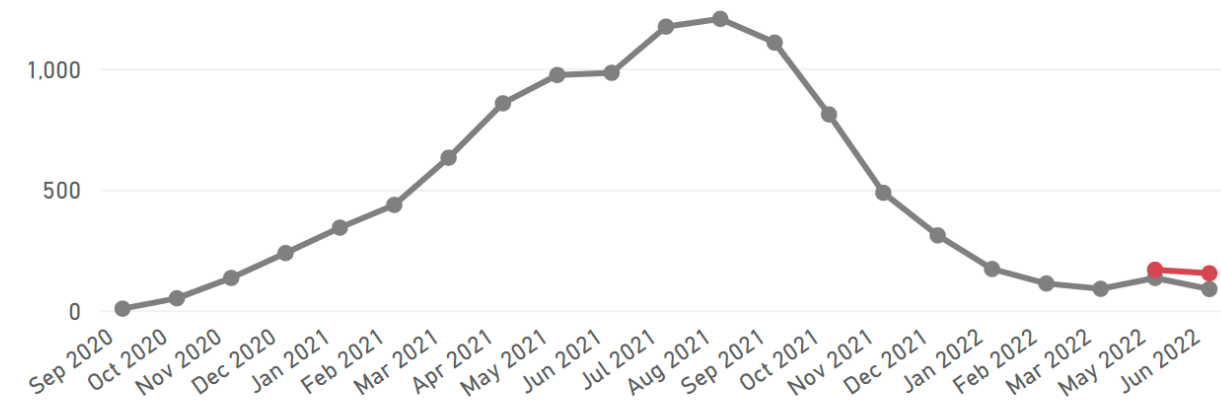
Month	Performance	Plan	Trend	Assurance
Jun 2022	1289	1174	N/A	N/A



Actual Plan

RTT 78 week waiters



Month	Performance	Plan	Trend	Assurance
Jun 2022	88	153	N/A	N/A

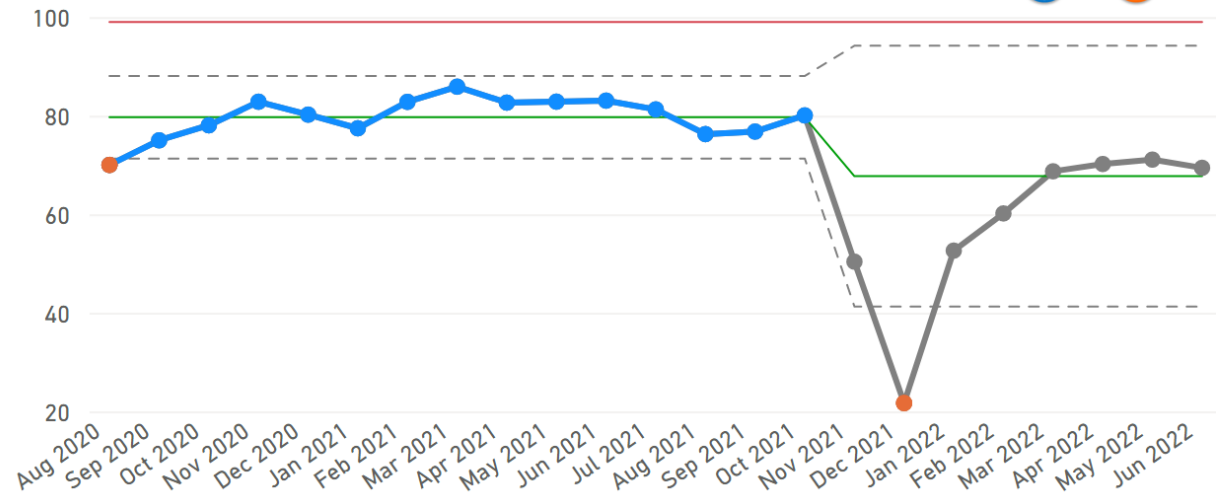


Actual Plan

RESPONSIVE

Diagnostic 6 Weeks Standard (%)

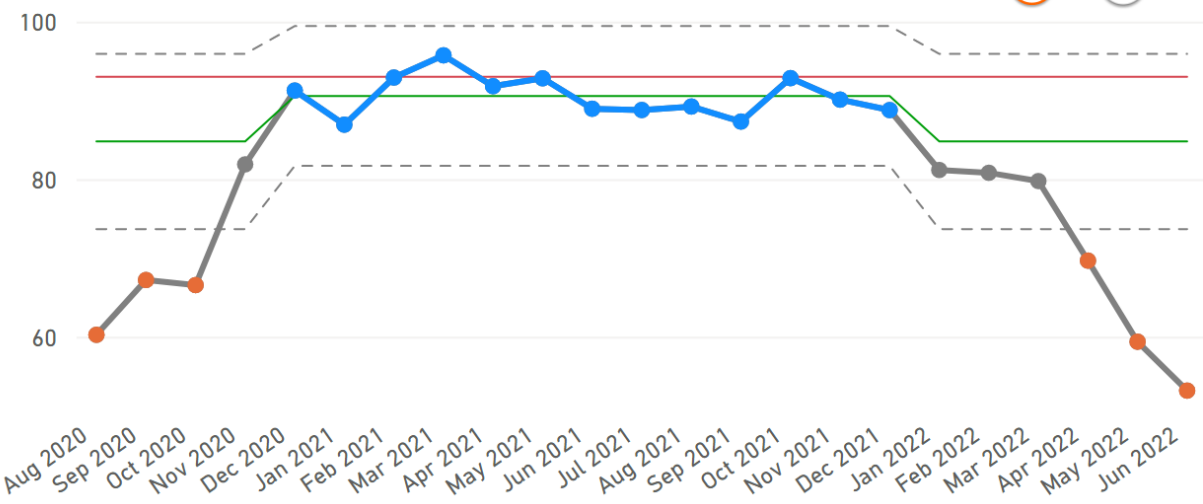
Month: Jun 2022
Performance: 69.4%
Target: 99%
Trend: 
Assurance: 



RESPONSIVE

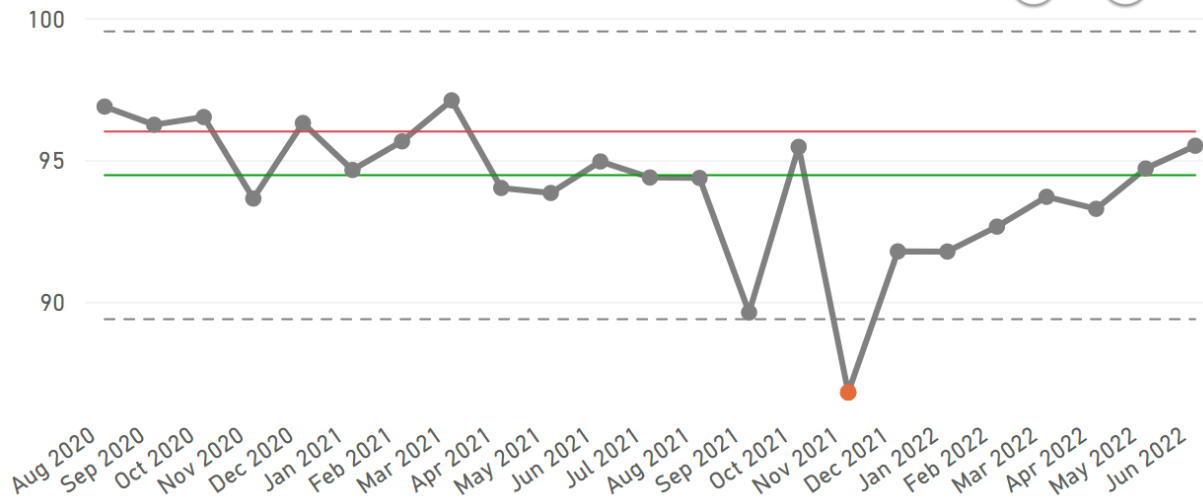
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	53.1%	93%		



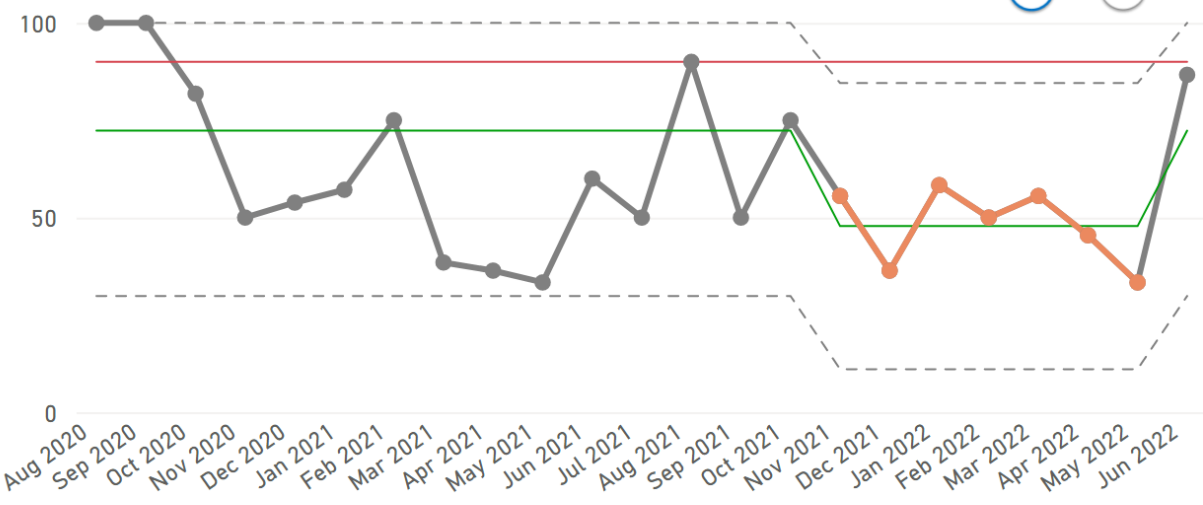
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	95.5%	96%		



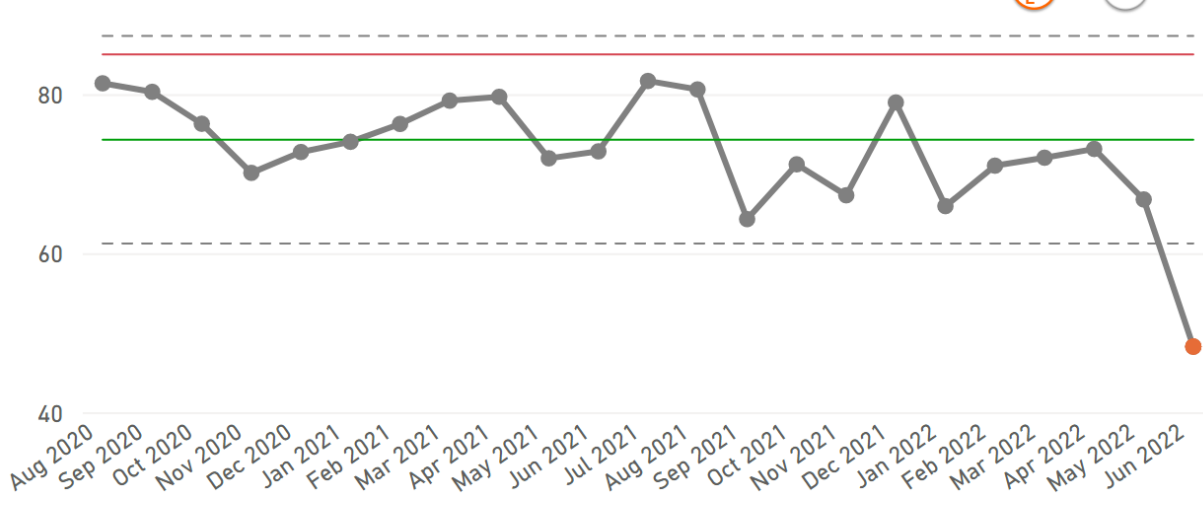
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	86.7%	90%		



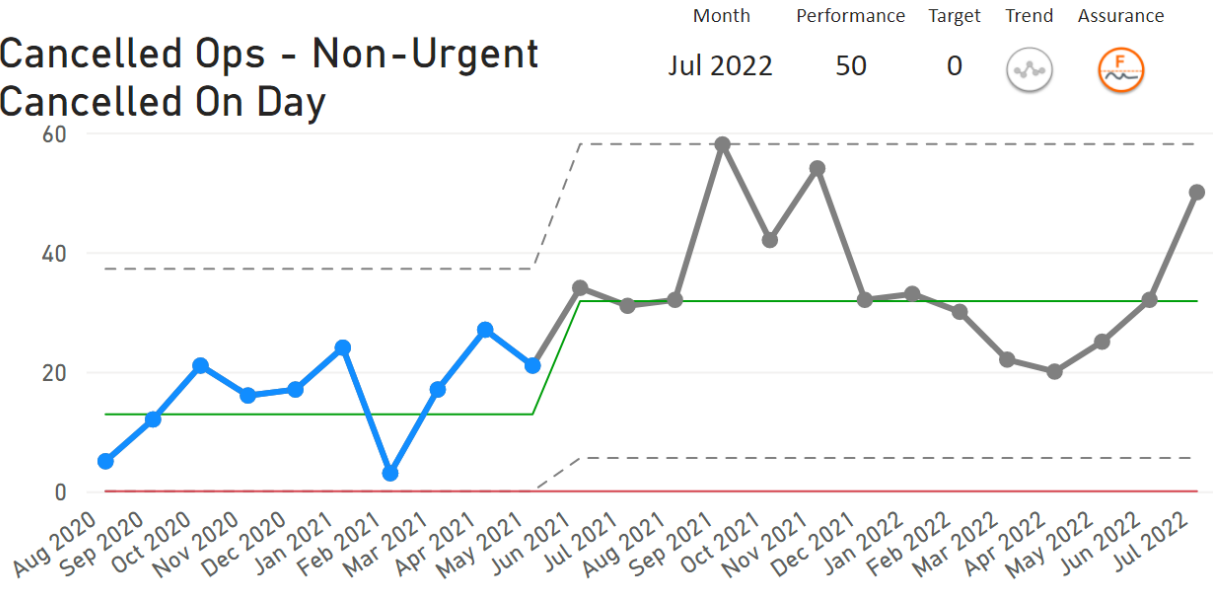
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	48.3%	85%		

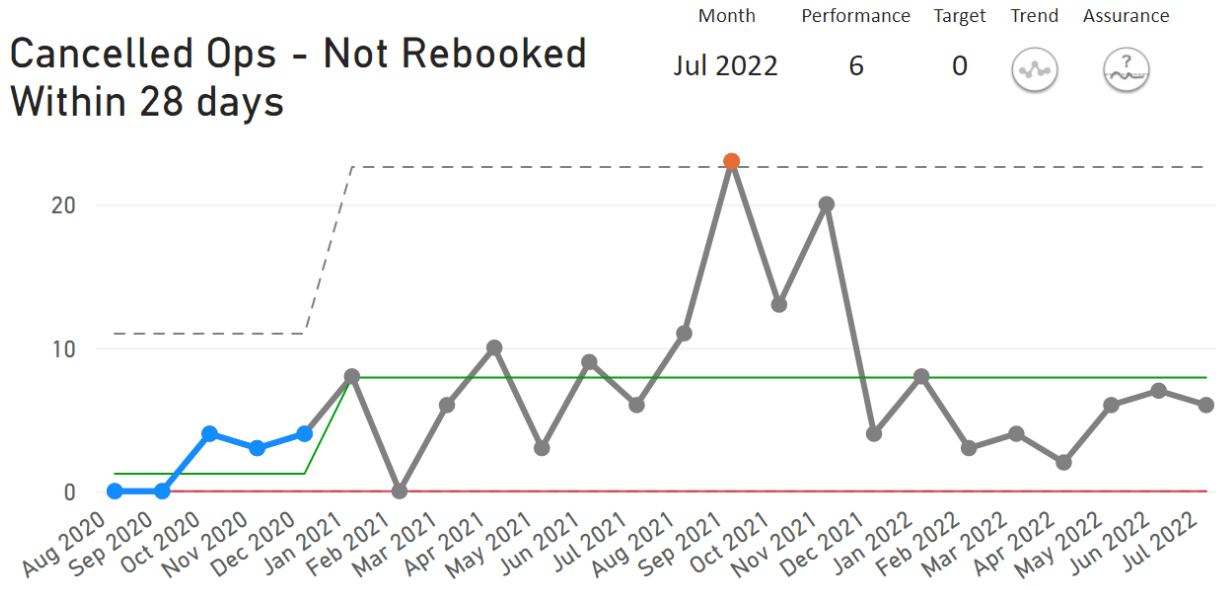


RESPONSIVE

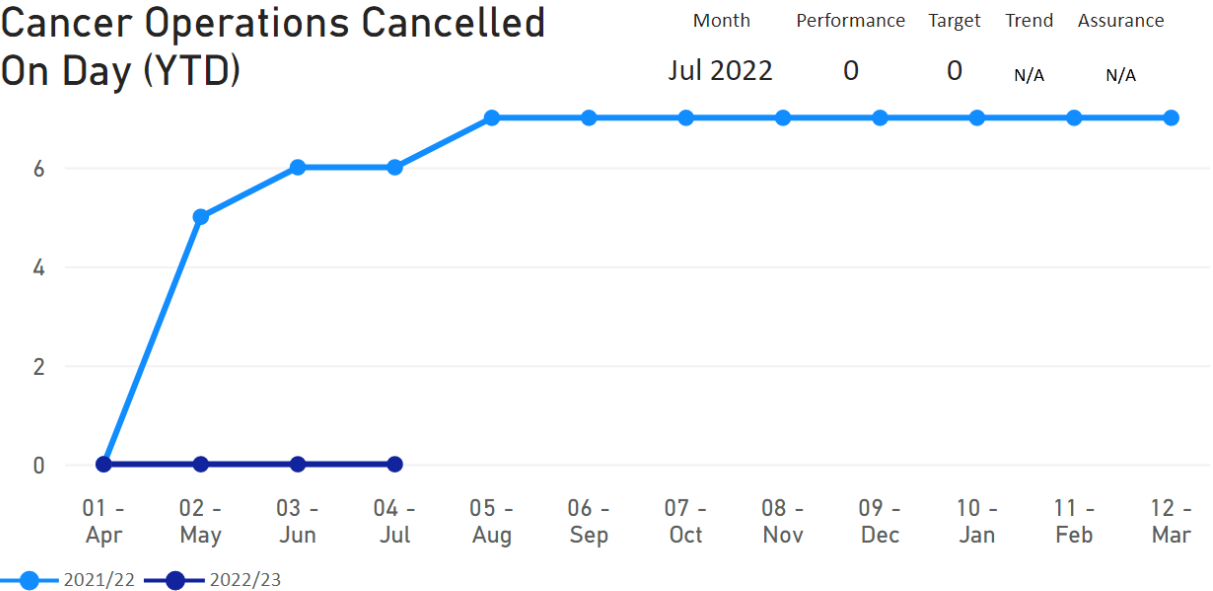
Cancelled Ops - Non-Urgent Cancelled On Day



Cancelled Ops - Not Rebooked Within 28 days

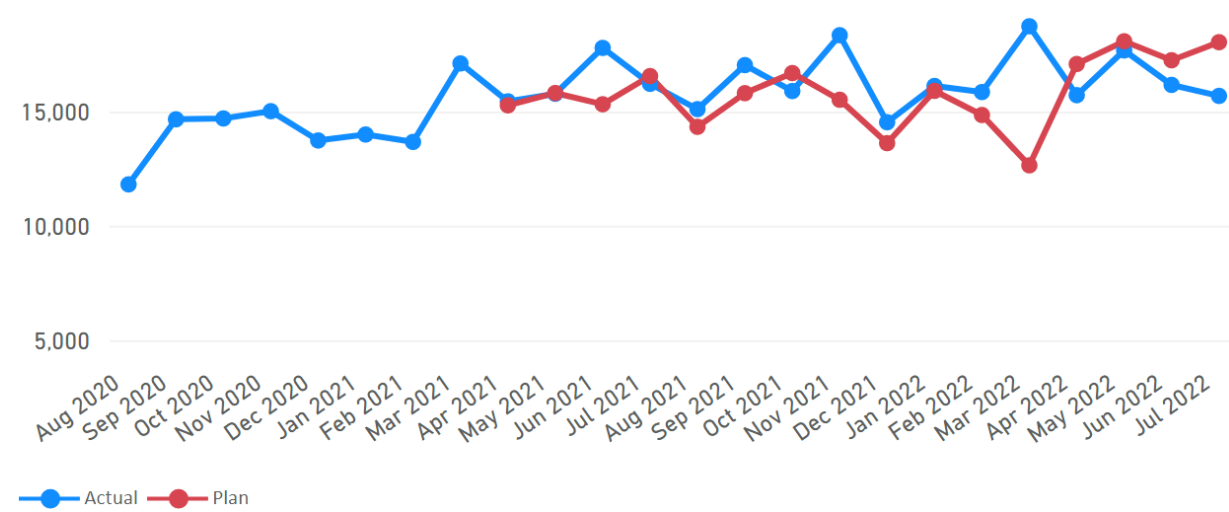


Cancer Operations Cancelled On Day (YTD)

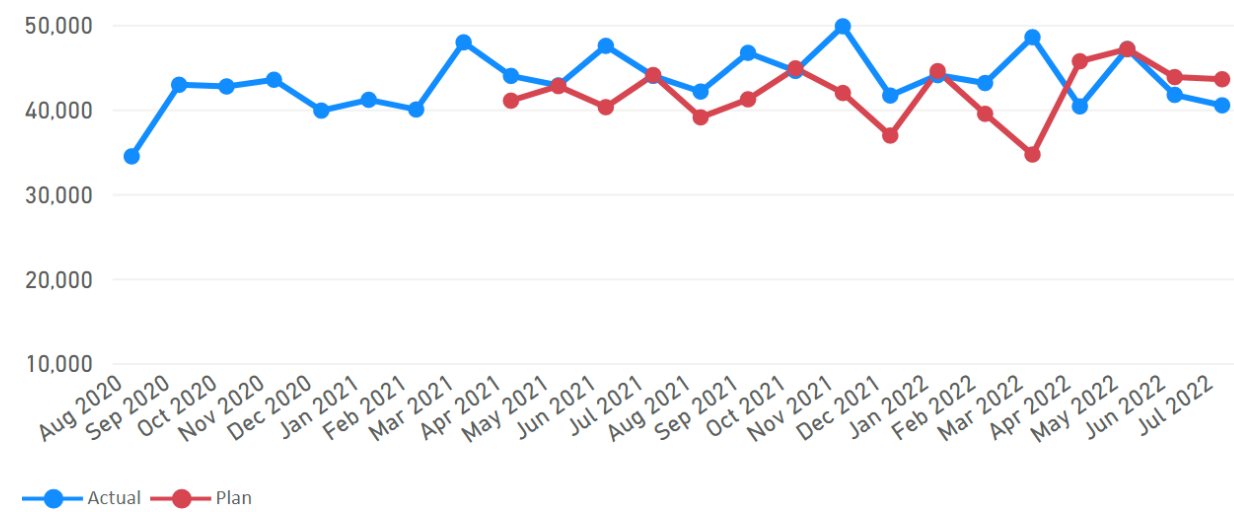


RESPONSIVE

Outpatient New Attendances

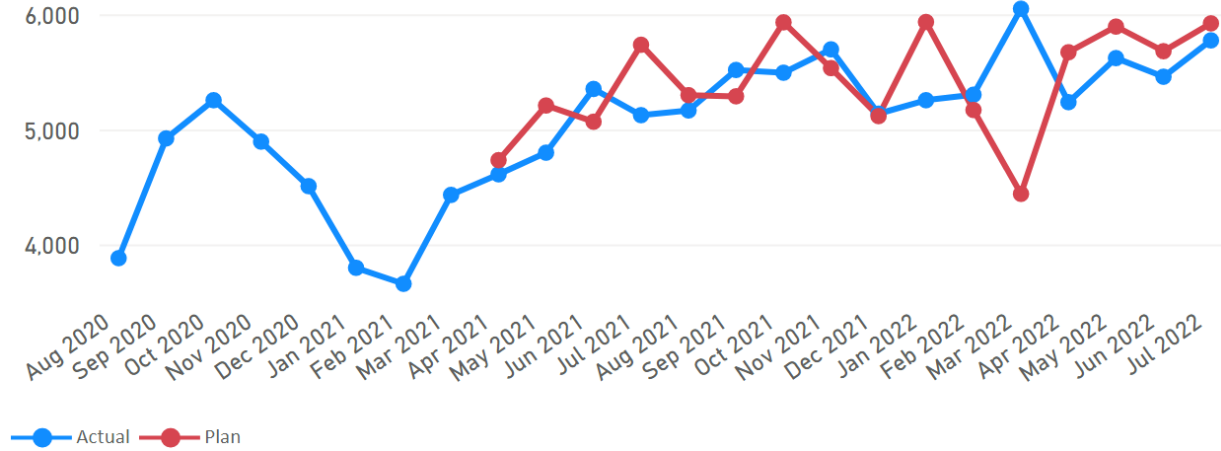


Outpatient Follow-Up Attendances

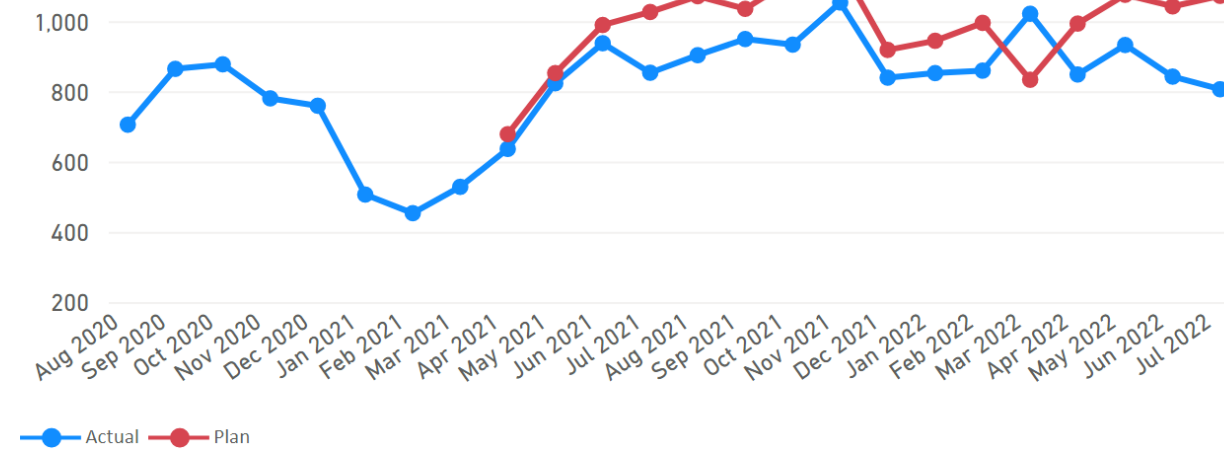


RESPONSIVE

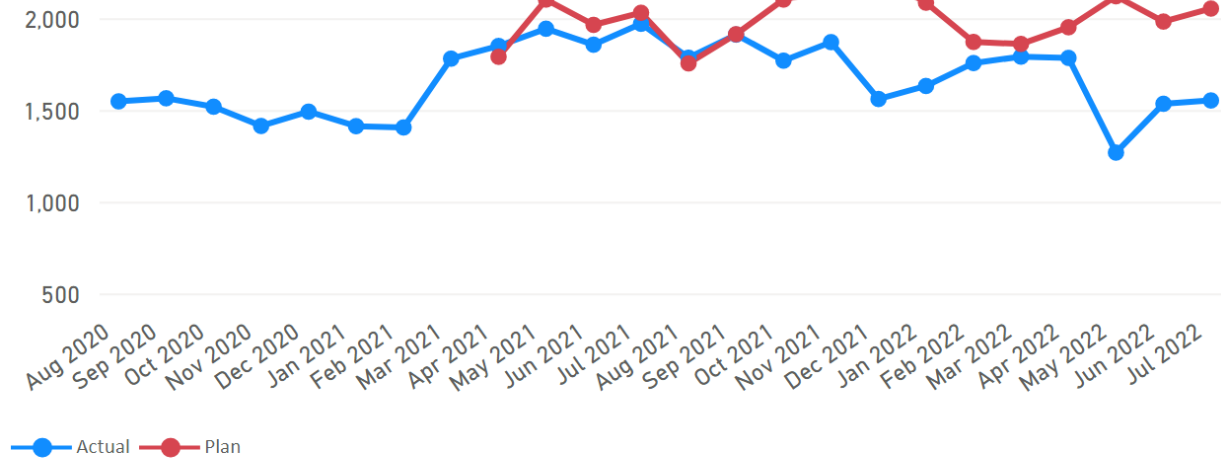
Day Case admissions



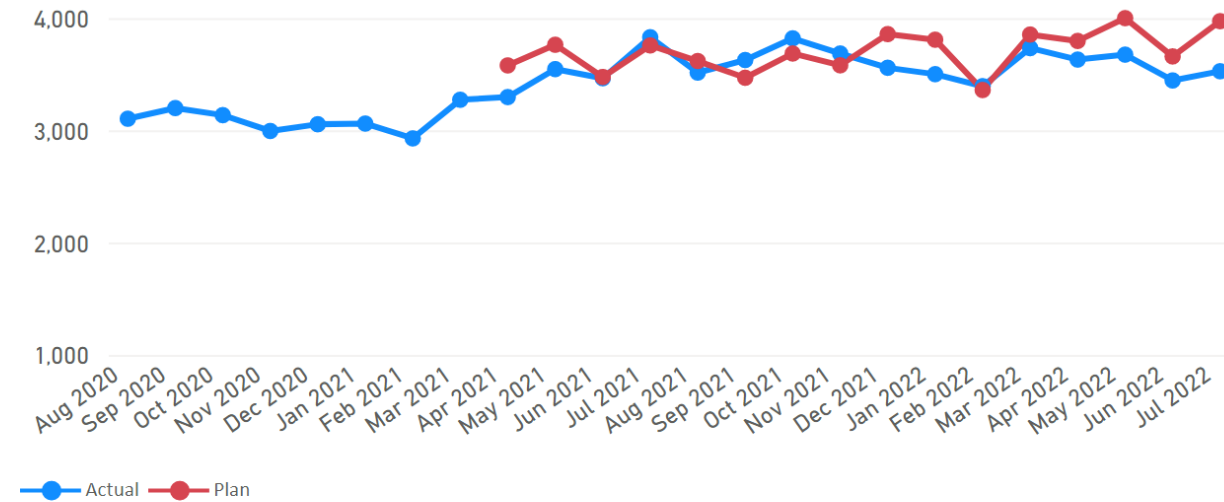
Ordinary Elective admissions



NEL admissions with 0 LOS




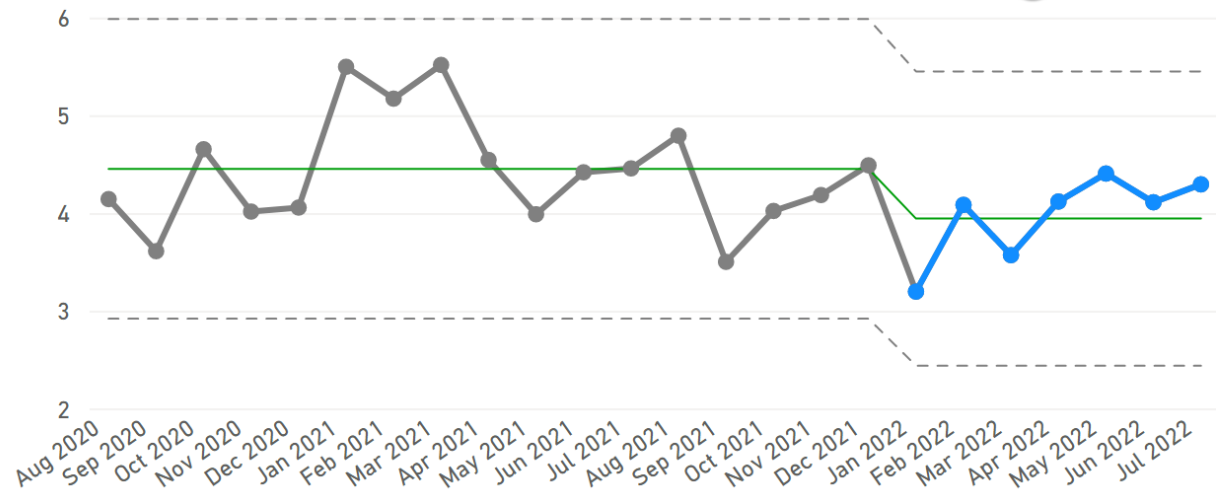
NEL admissions with 1+ LOS




RESPONSIVE

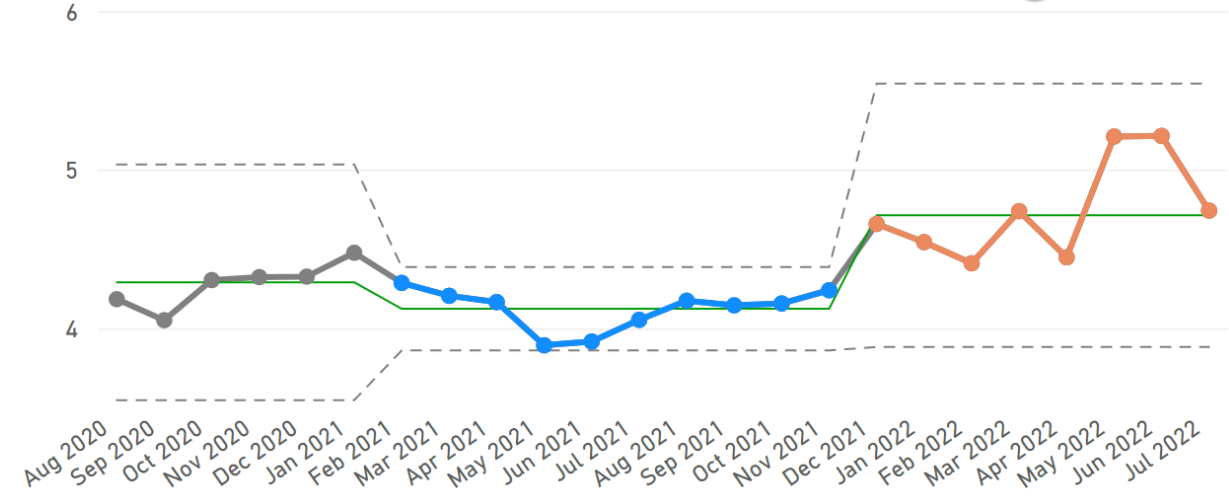
Length of Stay - Elective

Month Performance Target Trend Assurance
Jul 2022 4.3  N/A





Length of Stay - Non-Elective

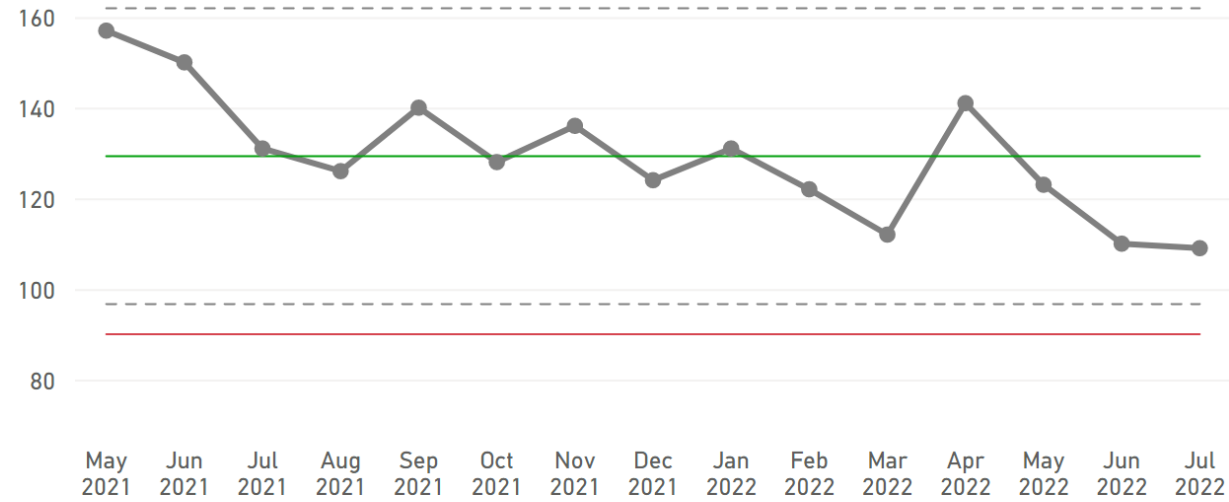
Month Performance Target Trend Assurance
Jul 2022 4.7  N/A





RESPONSIVE

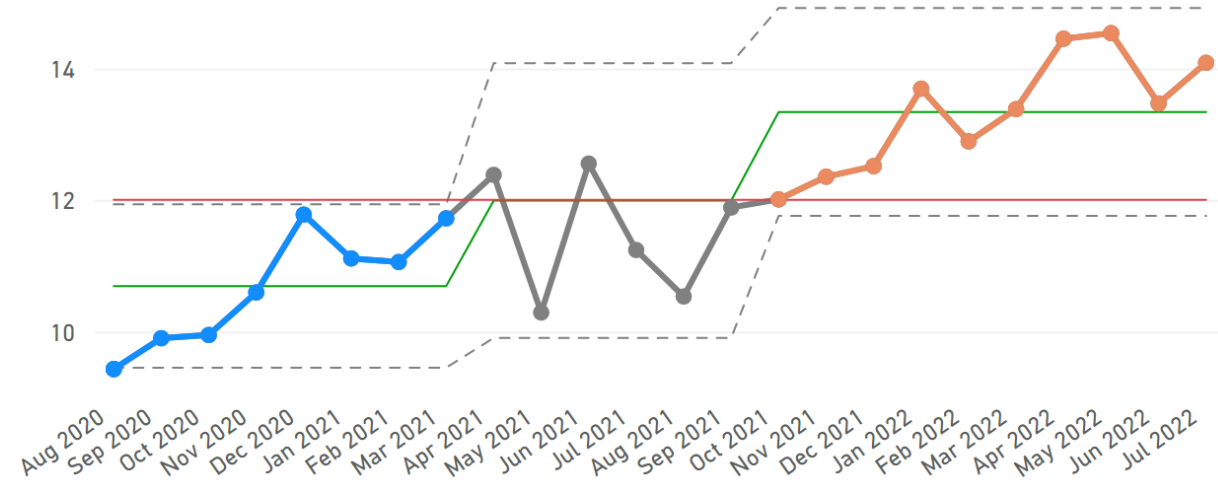
Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Jul 2022	109	90		



21 Day Stranded Patients (%)

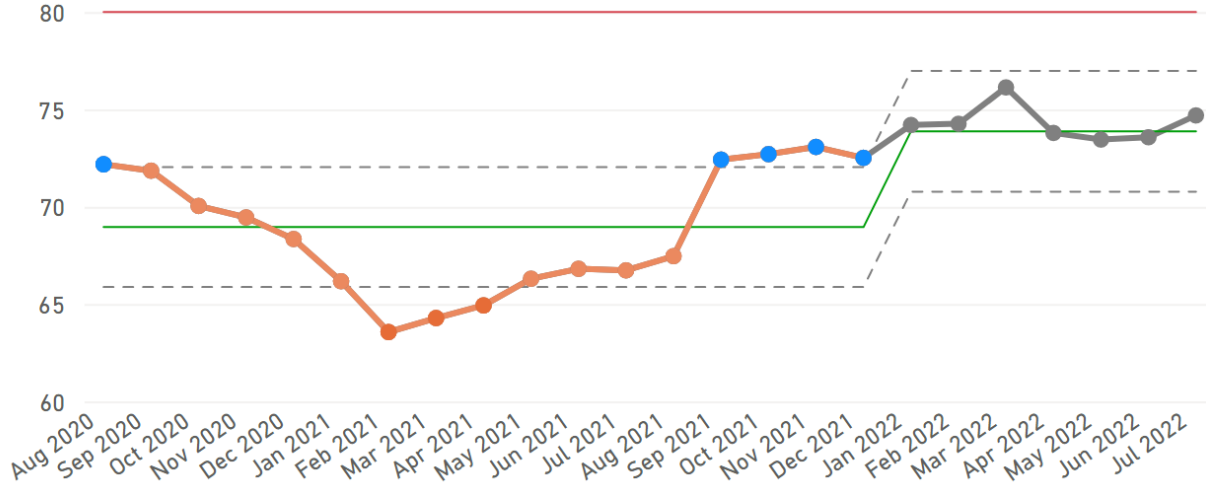
Month	Performance	Target	Trend	Assurance
Jul 2022	14.1%	12%		



WELL-LED

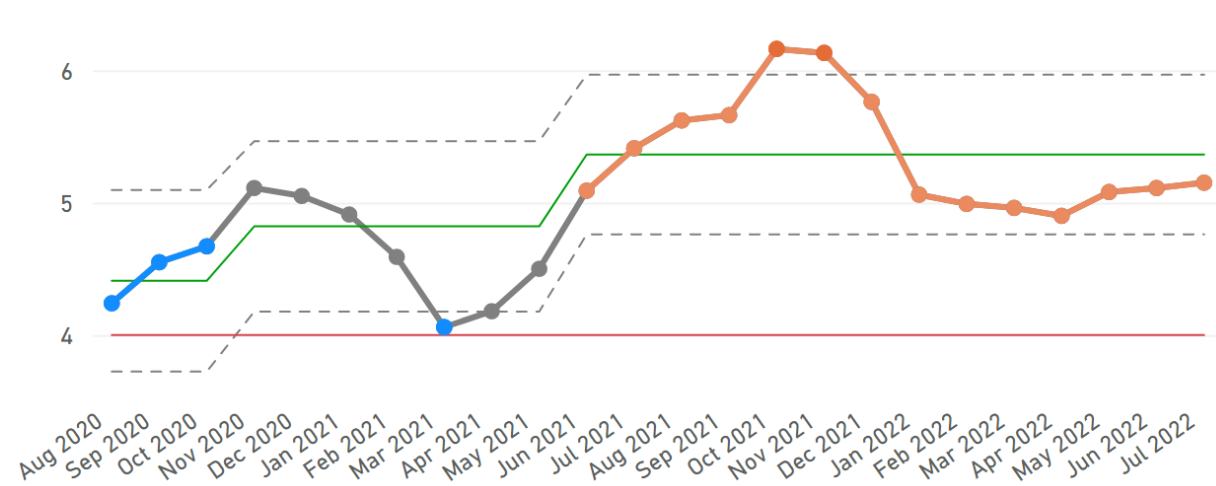
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	74.7%	80%		



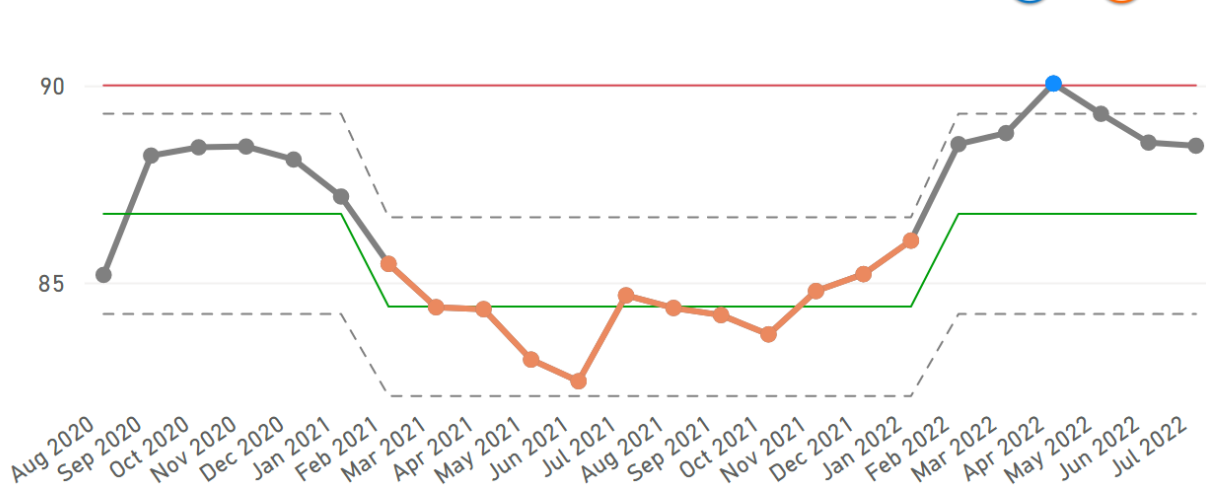
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	5.2%	4%		



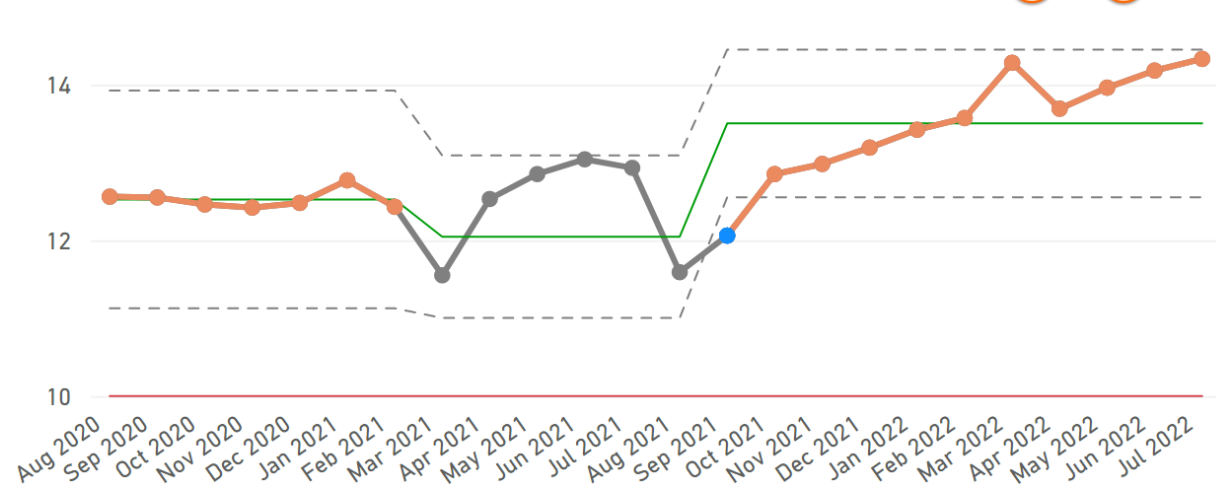
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	88.5%	90%		



Staff Turnover (%)

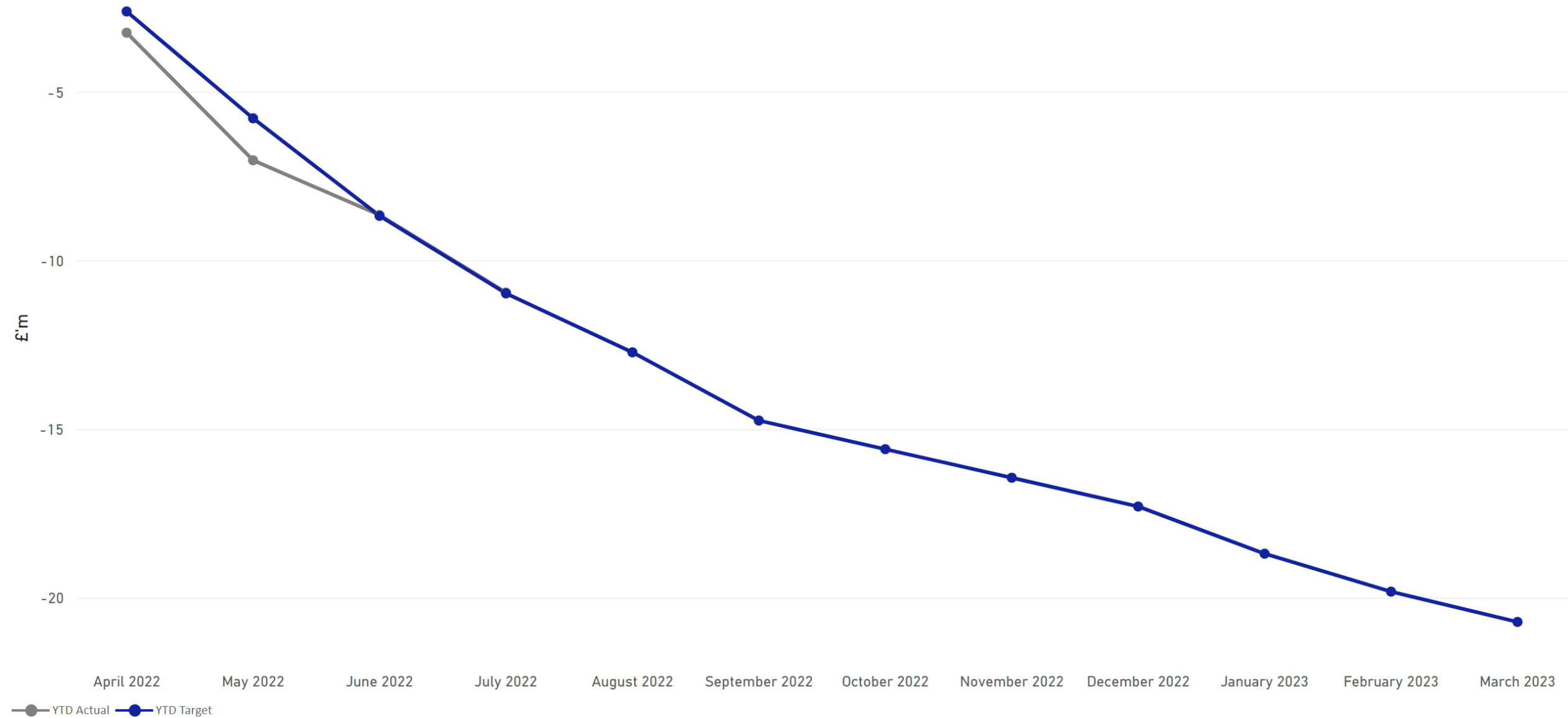
Month	Performance	Target	Trend	Assurance
Jul 2022	14.3%	10%		



WELL-LED

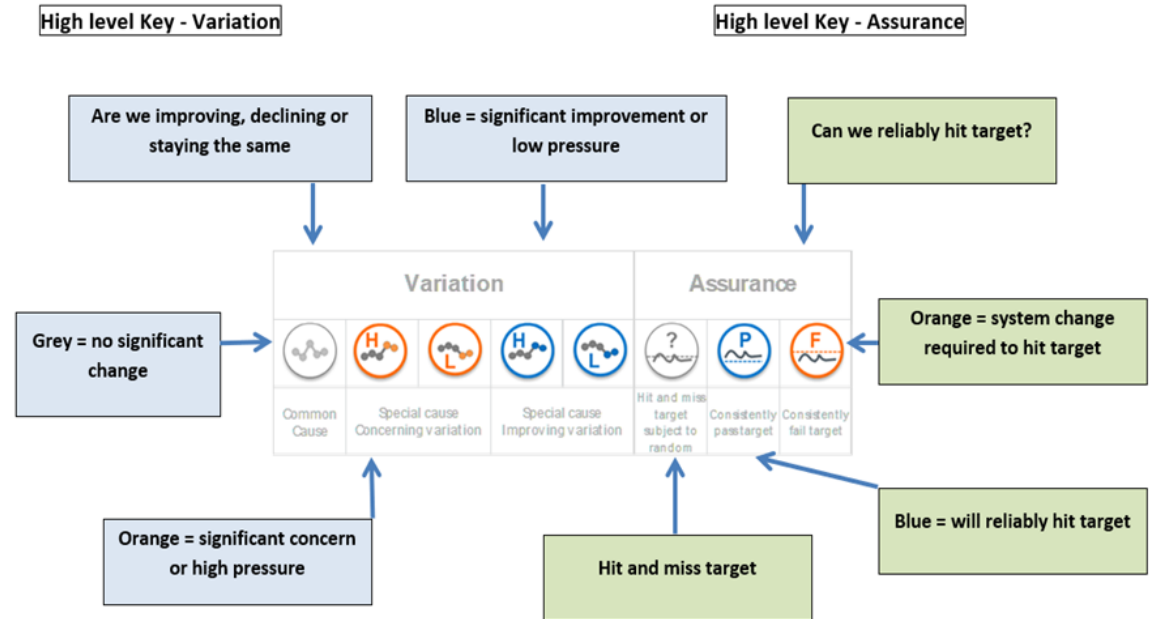
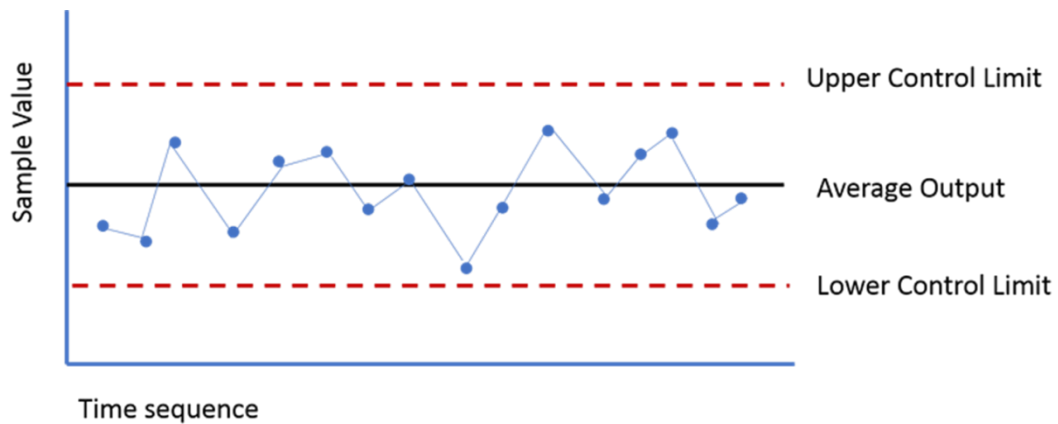
Month	Performance	Target
Jul 2022	-£10.953m	-£10.979m

Cumulative YTD Financial Position (£'millions)



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*.



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 6 SEPTEMBER 2022			
Safe Staffing Report for July 2022			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 July 22 for inpatient wards.		
Background	The requirement to publish nursing & midwifery staffing levels monthly 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 94.9% as per Table 1 demonstrating good compliance with safer staffing.</p> <p>Staffing has continued to be impacted 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 these actions agreed by senior nurses through safecare meetings.</p> <p>The introduction of allocate on arrival shifts for RNs and HCAs has improved pick up, these shifts are promoted daily via ward manager platforms and NHS text messaging. The demand from July is 5 long days, nights and twilights for RN and HCA at JCUH and 3 long days, nights and 2 twilights for RN and HCA at FHN. An evening shift was introduced from 29th July for RNs at JCUH (5) and FHN (2). This model has been followed in community and Paediatrics with impactful pick up.</p> <p>Nursing Turnover for July 22 has decreased to 9.72%.</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 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 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	<ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England 	
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 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"/>	

Nursing and Midwifery Workforce Exception Report

July 2022

This report provides a monthly update to the Board on nursing and midwifery staffing. It provides an overall picture of staffing in the inpatient areas as an exception report.

1. Safer Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues (on the day) 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 weekend 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.

Table 1 shows overall planned versus actual across the trust. **Appendix 1** shows a detailed breakdown for each ward.

Table 1 Trust Planned versus Actual

	May 22	June 22	July 22	
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86.0%	83.8%	79.5%
	HCA (%) Average fill rate - DAYS	95.9%	96.8%	93.5%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	RN/RMs (%) Average fill rate - NIGHTS	86.3%	87.6%	83.6%
	HCA (%) Average fill rate - NIGHTS	104.3%	108.6%	102.6%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
	Total % of Overall planned hours	96.6%	97.1%	94.9%

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 455 total shifts (4588.22 hours) logged via SafeCare during July which was a decrease on June hours. Work is ongoing to reduce redeployment further as absence due to COVID reduces.

In agreement with the clinical matrons and ward managers the twice daily Safe Care meetings are now chaired by a clinical matron with nurse manager representatives from every collaborative. The intention is to reduce staff redeployment to a minimum and within own collaborative whenever possible (Zoning).

Staff COVID unavailability is reported daily from the electronic roster data and is broken down by area and staff group. Staff sickness and COVID isolation continued to have an impact during July.

Nursing turnover has decreased from 11.79 % to 9.72% (**Appendix 4**).

2. Nurse Sensitive Indicators

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

3. Red Flags Raised through SafeCare Live

There were 219 red flags relating to workforce, with shortfall in RN time being the most common (170). For red flags for less than 2 RNs, the SafeCare log provides a documented resolution to this red flag, therefore no shifts had less than 2 RNs throughout July.

4. Datix Submissions

There were 119 datix submissions relating to staffing in July. The majority of datix were for staff shortages in A&E, Ward 33, and ward 35. These were all escalated through the SafeCare call and logged by a daily SafeCare chair.

Redeployment decisions were made following discussions with ward managers and matrons. Staff sickness remains higher than average which has caused some challenges. The Nursing Workforce Team continues to work closely with HR senior teams and the temporary staffing providers to improve fill rates and maintain safe staffing.

Band 5 RN vacancies continue to be monitored closely as the most fluctuating and largest group within the nursing workforce.

5. Vacancy / Turnover

Active recruitment of nursing staff continues. Appendix 2 shows registered nursing and midwifery vacancy rate for June 22. Appendix 3 shows HCA vacancy rate for June 22 which is a positive position. Approximate RN vacancy rate provided for July as text below due to unavailability of data. Appendix 4 shows the nursing turnover for July 22 which remains amongst the lowest in the country.

- RNs 165 vacant posts (73 of these posts are recruited to) approximate vacancy of 78 (this does not include international nurse recruitment for Cohorts 3 and 4 described below).
- International Nurse Recruitment:
- Cohort 2 will be 14 nurses; 14 arrived in July with 4 going to the Friarage.
- Cohort 3 will be 14 nurses who arrive in September
- Cohort 4 will arrive November 2022 number to be confirmed and this will complete this year's recruitment.
- Student nurse recruitment is complete for September qualifiers, 73 newly qualified nurses appointed.
- Interviews completed for mobile HealthCare Support Workers with 20 appointments, training to commence in September.

6. RECOMMENDATIONS

The Board is asked to note the content of this report and the progress in relation to key nursing workforce issues; and be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Appendix 1 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

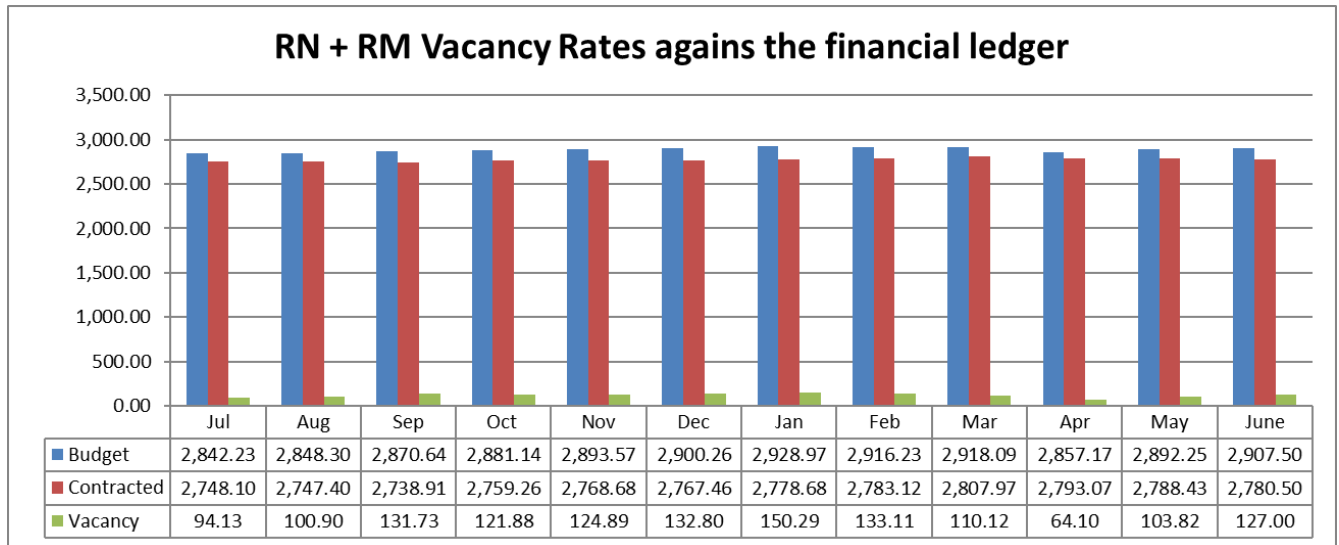
Semi reflective information due to revised establishments

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – July 22 (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	30	30	823	27	82.5%	83.5%	-	100.0%	77.3%	82.1%	-	100.0%	Minus 1 RN nights led to less than 80%
Ward 2	28	28	808	26	76.2%	81.1%	-	100.0%	74.3%	115.6%	-	-	RN vacancies - HCA backfill provided
Ward 3	28	28	715	23	85.0%	128.7%	100.0%	100.0%	84.2%	124.5%	-	100.0%	
Ward 4	23	23	638	21	67.5%	94.9%	-	-	70.6%	147.9%	-	-	Staff deployed based on demand of inpatient dialysis
Ward 5	28	22	738	24	83.1%	72.7%	100.0%	100.0%	87.3%	128.2%	-	-	
Ward 6	31	31	866	28	86.5%	115.5%	-	-	84.7%	112.9%	-	-	
Ward 7	32	32	925	30	87.4%	90.0%	100.0%	100.0%	93.7%	95.7%	100.0%	100.0%	
Ward 9	32	28	914	29	67.8%	160.2%	100.0%	-	66.1%	146.8%	-	-	RN vacancies - HCA backfill provided
Ward 10	24	24	719	23	79.7%	69.3%	-	-	64.5%	123.0%	-	-	6 beds transferred to ward 9
Ward 11	28	28	787	25	72.2%	78.1%	-	100.0%	65.0%	97.5%	-	100.0%	Peak in short term sickness associated with covid outbreak
Ward 12	26	26	788	25	88.6%	95.0%	-	-	66.1%	101.4%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	604	19	74.7%	82.0%	-	100.0%	76.9%	125.0%	-	-	Short term sickness - HCA backfill provided
Ward 24	23	23	666	21	92.8%	127.7%	-	-	76.2%	169.6%	-	-	RN nights short term sickness therefore HCA backfill provided
Ward 25	21	21	595	19	80.4%	142.8%	-	-	69.9%	145.4%	-	-	RN nights short term sickness therefore HCA backfill provided
Ward 26	18	19	586	19	87.1%	132.6%	-	-	98.8%	98.5%	-	-	
Ward 27	15	15	200	6	67.9%	46.0%	-	100.0%	101.9%	45.8%	-	-	Extreme low occupancy
Ward 28	26	26	820	26	86.1%	98.4%	100.0%	-	86.8%	108.3%	100.0%	-	
Ward 29	27	27	791	26	96.8%	93.0%	-	-	83.9%	103.5%	-	-	
Cardio MB	9	9	248	8	100.0%	87.1%	-	100.0%	98.4%	-	-	-	
Ward 31	35	31	590	19	62.0%	81.6%	100.0%	-	66.3%	79.3%	100.0%	-	Increased by 5 beds therefore staffing redeployed from within the collaborative to support

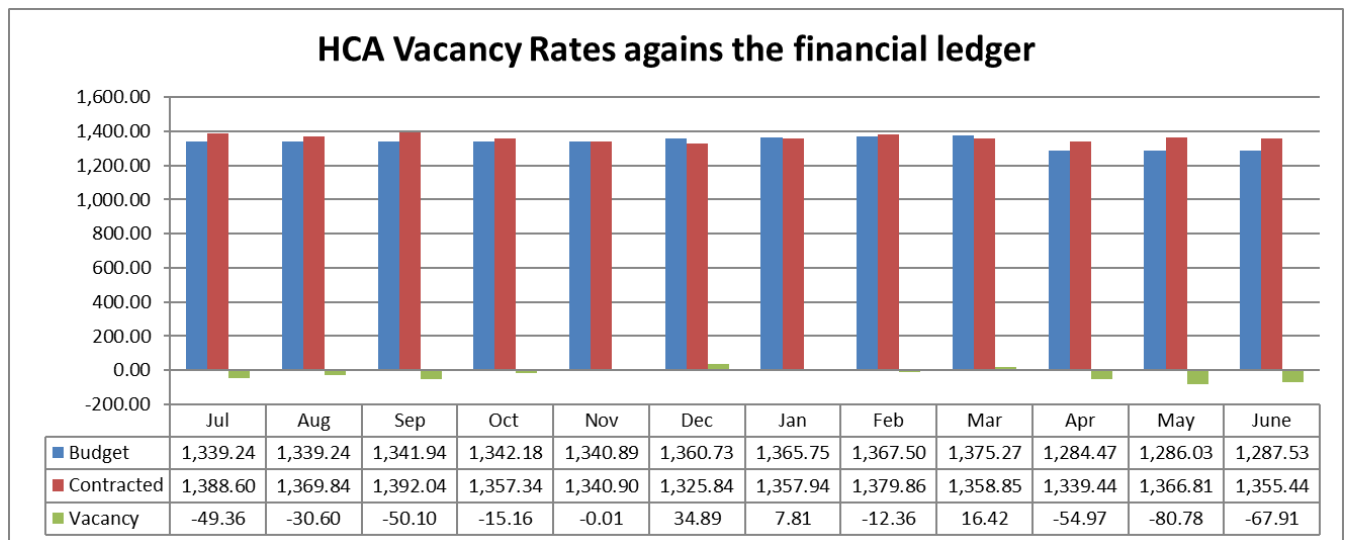
Ward 32	22	21	612	20	98.3%	100.8%	-	-	96.7%	102.4%	-	-	
Ward 33	19	19	517	17	72.7%	78.6%	-	-	68.8%	131.5%	-	-	Supported medicine wards as acuity of patients allowed
Ward 34	34	34	800	26	85.9%	121.3%	-	100.0%	87.0%	121.1%	-	-	
Ward 35	26	26	699	23	89.9%	112.7%	-	-	72.1%	109.1%	-	-	Skilled HCAs enhanced skills support RN vacancies
Ward 36	34	34	975	31	92.0%	128.1%	-	100.0%	78.4%	127.5%	-	100.0%	RN nights short term sickness therefore HCA backfill provided
Ward 37 - AMU	30	30	832	27	82.4%	90.9%	-	100.0%	80.3%	95.5%	-	-	
Critical Care	33	33	843	27	101.3%	108.3%	-	-	100.6%	127.4%	-	-	
CICU JCUH	12	10	234	8	80.7%	83.3%	-	-	78.9%	125.8%	-	-	Staffed according to occupancy – mirrors elective programme e.g., Sunday and Monday
Cardio HDU	10	10	203	7	79.6%	94.0%	-	-	74.2%	100.0%	-	-	Staffed according to occupancy – mirrors elective programme e.g., low Sunday and Monday
Ward 24 HDU	8	8	208	7	99.2%	139.8%	-	-	92.1%	145.2%	-	-	
Ainderby FHN	27	22	672	22	70.4%	114.4%	-	-	97.5%	96.1%	-	-	RN vacancies - HCA backfill provided
Romanby FHN	26	22	686	22	53.6%	49.6%	-	-	95.0%	52.0%	-	-	RN vacancies
Gara FHN	21	16	231	7	71.5%	74.4%	-	-	95.0%	34.6%	-	-	Midweek occupancy lower than weekends
Rutson FHN	17	17	500	16	71.2%	117.0%	-	-	100.1%	99.9%	-	-	RN vacancies - HCA backfill provided
Friary	18	18	481	16	69.8%	112.8%	-	-	92.6%	88.6%	-	-	RN vacancies - HCA backfill provided
Zetland Ward	31	29	853	28	83.3%	86.2%	-	100.0%	79.5%	109.8%	-	-	RN vacancies - HCA backfill provided
Tocketts Ward	30	26	763	25	72.8%	112.8%	-	-	78.1%	127.0%	-	-	RN vacancies - HCA backfill provided
Ward 21	25	25	494	16	73.1%	62.9%	-	100.0%	70.5%	62.9%	-	100.0%	Fluctuates based on surgical occupancy
Ward 22	17	17	255	8	87.6%	67.7%	-	-	80.7%	46.8%	-	-	
JCDS (Central Delivery Suite)	-	-	306	10	87.0%	86.8%	-	-	87.3%	91.6%	-	-	
Neonatal Unit (NNU)	35	35	698	23	72.2%	83.9%	-	-	76.2%	-	-	-	Staffed according to occupancy
Paediatric Intensive Care Unit (PCCU)	6	6	104	3	82.7%	73.3%	-	-	79.6%	10.7%	-	-	Staffed according to occupancy
Ward 17	-	-	711	23	93.8%	72.0%	-	-	98.2%	71.2%	-	-	

Ward 19 Ante Natal	-	-	255	8	77.4%	93.0%	-	-	68.2%	-	-	-	Staffed according to occupancy
Maternity Centre FHN	-	-	10	0	61.3%	32.9%	-	-	76.2%	-	-	-	Staffed according to occupancy
Spinal Injuries	24	24	711	23	84.9%	82.3%	-	-	100.0%	98.9%	-	-	
CCU	14	14	291	9	78.0%	64.1%	-	-	79.2%	-	-	-	Short term sickness

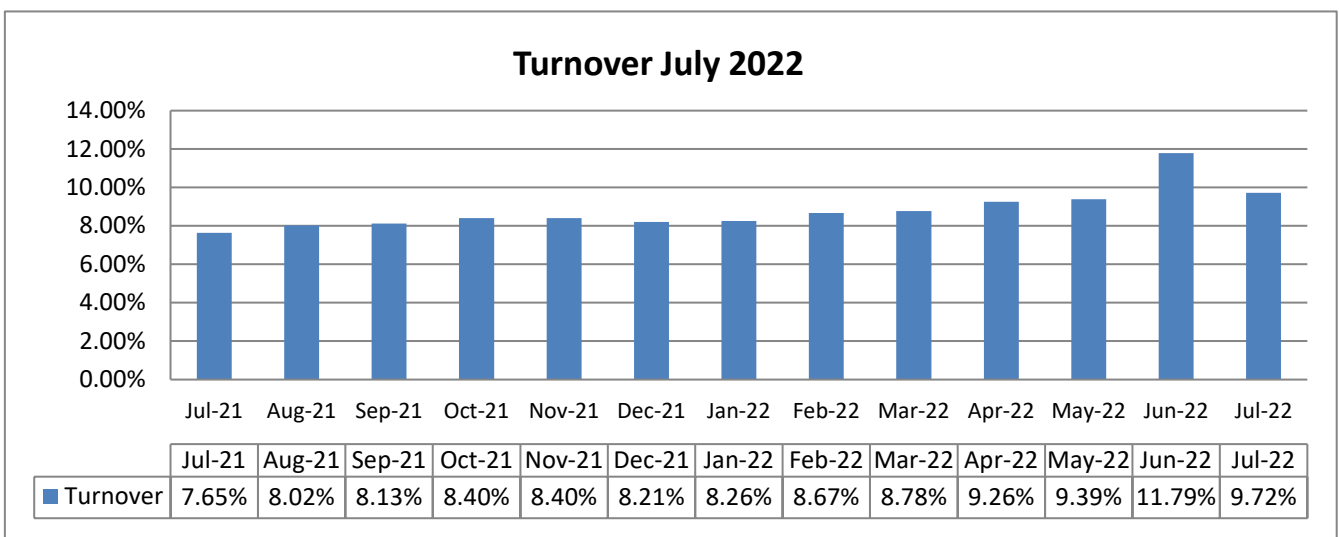
Appendix 2 - Registered Nursing Vacancy Rate June 2022



Appendix 3 - Health Care Assistant Vacancy Rate June 2022



Appendix 4 - Nursing Turnover July 2022



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 2022			
Guardian of safe working report – Quarter 1 (1 st April 2022 – 30 th June 2022).			AGENDA ITEM: 11, ENC 9
Report Author and Job Title:	Stacey Dixon – Medical workforce team manager Dr Thomas Skeath – Guardian of safe working	Responsible Director:	Dr Mike Stewart Chief Medical Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides an update of South tees NHS Foundation Trust participation in the 2016 Junior Doctor Contract. It encompasses the three-month period between 1 April 2022 and the 30 June 2022.		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to the Trust Board. The report should include a summary of exception reporting activity within the Doctors and Dentists in training workforce.		
Assessment	Please see body of report for statistics in relation to the quarter ending 30 th June 2022. The following points are to be discussed: Exception reports raised total of 7, In Quarter 1 – April, May and June 2022.		
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 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 outcome. 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 (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 type="checkbox"/>	
	Deliver care without boundaries in collaboration	Make best use of our resources <input type="checkbox"/>	

	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 type="checkbox"/>	

Guardian of Safe Working (GOSW) – Trust Board Report – Q1: April – June 22

1. Purpose. This report provides an overview of the safe working patterns of doctors and dentists in training, at South Tees Hospitals NHS foundation Trust. The report covers the period from the 1st of April 2022 – 30th June 2022.

2. Background. The safe working report is in alignment with the 2016 junior doctor contract T&Cs. It is intended to provide assurance of the Trust’s compliance, with safe working hours for doctors across the Trust and to highlight any areas and detail of concern.

3. Details. The number of Exception reports (ER) raised this quarter is seven. Five of these were raised from the Digestive diseases, Urology and General surgery services Collaborative. One of these was in relation to an immediate patient safety issue within Urology.

4. Numbers of Doctors in Training / Locally Employed Doctors

Number of doctors / dentists in training (total):	495 ¹
Number of locally employed doctors (non-consultant and SAS grades)	104
Number of military doctors in training	37 ²

5. Exception Reports

Table 5.1 below provides the total number and reason of ER raised in this reporting period.

Table 5.1	
Reference period of report	01/04/22 - 30/06/22
Total number of exception reports received	7
Number relating to immediate patient safety issues	1
Number relating to hours of working	3
Number relating to pattern of work	1
Number relating to educational opportunities	1
Number relating to service support available to the doctor	2
<i>Note: Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.</i>	

Table 5.2 below provides the number of (ER) raised by Grade:

Table 5.2	
Grade	Number of ER Raised
FY1	3
ST2	1
ST7	3

¹ All of whom are on the 2016 TCS.

² These staff are technically not under the protection of the GOSW, however we have previously agreed that they are to have access to the exception reporting system to allow them to highlight any issues with rotas as their peers can do so.

Immediate safety concern (ISC). The 1 ISC was raised within Urology Tier 2 rota (Registrar Urology rota) due to insufficient rest breaks, which breached the 'five hours of continuous rest, within the 24hour non-resident on-call period' parameter. A meeting took place with the relevant clinical leads, GOSW and the Doctors impacted to discuss the short staffing issue and current working pattern of the Tier 2 rota. This issue has been resolved by the creation of a new Tier 1 rota, which includes additional cover at night which would reduce the need for a tier 2 member of staff to cover.

Guardian of Safe Working Fines. There were no Guardian of Safe Working fines issued in 2022/23.

6. Assessment

Summary of Risks / Issues and Next Steps. There are a number of risks and issues to bring to the attention of the Board.

a. From the ER raised, and other feedback given, it is apparent that the workload of the General Surgery junior doctors both LED and in training has been an area requiring focus. This remains under the scrutiny of the working task and finish group under the CMO office. A new team-based rota structure has been implemented in readiness of August 2022 rotation and remains under review.

b. Pressures within specialities continued due to workload as a result of absence of colleagues due to sickness, COVID-19 positive cases/isolation or emergency leave. There was an increase in the number of positive COVID-19 cases within the medical and dental staff workforce from March 2022. The corporate medical rota team continue to backfill rota gaps, utilising both internal and external locum banks (including the LET regional collaborative bank – Flex Shift and HCL)

c. The Guardian of Safe Working in submitting this report to the Board acknowledges the work which has been undertaken by the medial rostering and medical education team and clinicians within specialities, to manage the on-going work involved in the implementation of the 2016 contract T&C's (version 9).

7. **Recommendations.** That the Board acknowledges and accepts the Q1 GOSW report as a means of assurance that we are continuing to ensure safe and quality care is given to our patients while being recognised as a Trust where staff are valued.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 2022			
Finance Report			Agenda Item 13, ENC 10
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 4 of 2022/23.		
Background	<p>For 2022/23, the system-based approach to planning and delivery continues with all systems required to deliver breakeven. The Trust's plan submitted to the NHSE/I regional team for the 2022/23 financial year is a deficit of £20.7m.</p> <p>With the agreement of NHSE, the Trust submitted an uncertified financial return in Month 4 to NHSE, due to the national eFinancials system down-time.</p>		
Assessment	At Month 4 the Trust reported a deficit of £11.0m at a system control total level. This is in line with the plan submitted to the NHSE/I		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input checked="" type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Resource Committee are asked to note the financial position for Month 4 2022/23.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal 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"/>	
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Month 4 2022/23 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Resources Committee on the Trust's financial performance as at Month 4 of 2022/23.

2. BACKGROUND

For 2022/23, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICS system, and all systems have a breakeven requirement. Trusts are still required to submit organisational plans and these plans must be consistent with their system plan submission.

The Trust's plan for the 2022/23 financial year is a deficit of £20.7m, measured on a system financial performance basis.

This Month 4 report reflects the plan submitted in June 2022 and includes the additional income agreed with NHSE. The Trust's plan was developed in conjunction with the NENC ICB, with internal review and oversight provided through the Resources Committee and meetings of the Trust Board.

The Trust is required to report on a group basis each month to NHSE/I. 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 Ltd).

At Month 4 the Trust reported a deficit of £11.0m at a system control total level. The year-to-date position is in line with the financial plan.

3. DETAILS

Trust Position Month 4 2022/23

The Month 4 position is outlined in the table below.

STATEMENT OF COMPREHENSIVE INCOME	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	242,674	243,981	1,307
Other operating income	16,991	15,826	(1,165)
Employee expenses	(159,246)	(158,284)	962
Operating expenses excluding employee expenses	(104,862)	(106,045)	(1,183)
OPERATING SURPLUS/(DEFICIT)	(4,443)	(4,522)	(79)
FINANCE COSTS			
Finance income	0	196	196
Finance expense	(5,768)	(5,624)	144
PDC dividends payable/refundable	(1,304)	(1,396)	(92)
NET FINANCE COSTS	(7,072)	(6,824)	248
Other gains/(losses) including disposal of assets	0	14	14
Corporation tax expense	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(11,515)	(11,332)	183
Add back all I&E impairments/(reversals)			0
Remove capital donations/grants/peppercorn lease I&E impact	536	379	(157)
Adjusted financial performance surplus/(deficit)	(10,979)	(10,953)	26

The Trust's operating deficit for Month 4 was £4.5m and the overall deficit for month was £11.3m. The adjusted financial position for the purpose of system performance was a deficit of £11.0m.

The Trust is currently forecasting an outturn position in line with plan for the 2022/23 financial year ending the 31st March 2023.

The Trust has been unable to access finance and procurement systems since 3 August, due to nationally required downtime for the third-party software provider of the eFinancials system. This downtime impacted upon a number of NHS organisations.

During this period, local business continuity plans have been in operation to maintain provision of core financial functions.

The impact of the system downtime on financial reporting was acknowledged by NHSE, which agreed that the Trust should report an uncertified Month 4 position in line with the information available to the Trust.

Operating Income from Patient Care Activities

Under the revised financial arrangements for 2022/23, the Trust was paid under a block arrangement with the exception of the following items:

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

The Trust's operating income from patient activities is shown in the table below.

INCOME FOR PATIENT CARE ACTIVITIES	Plan £000	Actual £000	Variance £000
NHS England	79,108	79,770	662
ICB/Clinical commissioning groups	162,572	163,080	508
Non-NHS: private patients	332	214	(118)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	2	4	2
Injury cost recovery scheme	644	898	254
Non-NHS: other	16	16	0
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	242,674	243,981	1,307

Operating income from Patient Care Activities was £244.0m for Month 4 and was £1.3m ahead of plan.

The NHS England position is ahead of plan due to additional funding relating to high-cost drugs, this is offset by an equivalent overspend on drugs. The favourable variance for ICB/CCG income relates to additional contract variations above the block contract.

The Month 4 position assumes full receipt of agreed ERF funding relating to the first four months of 2022/23; however, there is a risk of potential clawback of this funding later in the financial year, if actual activity delivery is below ICB planned levels.

The ICB/CCG income position also assumes £1.2m year-to-date ERF funding from North Yorkshire CCG, in line with national planning guidance. However, this funding still needs to be formally confirmed by the HNY ICB and reflected in revised block contract payments. The Trust has escalated the contractual issue with NENC ICB.

The injury cost recovery scheme is ahead of plan, relating to prior year income. Private patient income remains behind plan year-to-date, but has improved in month and the position is expected to recover back to plan by year-end

Other Operating Income

Other income received up to month 4 totalled £15.8m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Plan £000	Actual £000	Variance £000
Research & Development	1,544	1,719	175
Education and Training	7,472	7,229	(243)
Non Patient Care Income	939	607	(332)
Reimbursement & Top-Up funding	912	717	(195)
Donations - (Assets, Equipment & COVID consumables)	0	3	3
Other	6,124	5,551	(573)
TOTAL OTHER OPERATING INCOME	16,991	15,826	(1,165)

Other operating income is behind plan by £0.6m. Reimbursement funding relates to Covid-19 pass through costs (for vaccination and testing). This is below plan by £0.2m but is offset by an equivalent underspend in expenditure.

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 4 of 2022/23 was £158.3m and a breakdown is included in the table below.

PAY	Plan £000	Actual £000	Variance £000
Ahp'S, Sci., Ther. & Tech.	(23,035)	(22,884)	151
Hca'S & Support Staff	(17,807)	(16,893)	914
Medical And Dental	(47,004)	(47,157)	(153)
Nhs Infrastructure Support	(21,654)	(22,080)	(426)
Nursing & Midwife Staff	(49,070)	(48,692)	378
Other Pay Costs	(676)	(577)	99
TOTAL PAY	(159,246)	(158,284)	962

Pay is underspent by £1.0m overall, mainly relating to HCA & Support Staff and slippage on developments.

An estimate of the 2022/23 NHS pay award has been included in the year-to-date position. The pay award assumptions are consistent with the original NHSE national planning guidance.

The Government recently announced that it has accepted the recommendations of the independent NHS pay review bodies. ICBs have been provided with additional funding for the cost of the pay award (above the original national planning assumptions), for onward allocation to provider trusts.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 4 of 2022/23 was £106.0m and a breakdown is included in the table below.

NON PAY	Plan £000	Actual £000	Variance £000
Purchase of Healthcare	(5,496)	(4,480)	1,016
Clinical Supplies & Services	(32,646)	(33,547)	(901)
Drugs	(27,295)	(28,177)	(882)
External Staff & Consultancy	(108)	(313)	(205)
Establishment	(3,178)	(3,409)	(231)
Premises & Fixed Plant	(7,241)	(7,676)	(435)
Transport	(1,351)	(1,395)	(44)
Depreciation & Amortisation	(8,844)	(8,689)	155
Research Training & Education	(1,069)	(1,031)	38
PFI Unitary Payment	(10,632)	(10,780)	(148)
Other	(1,260)	(844)	416
Clinical Negligence	(5,742)	(5,704)	38
TOTAL NON PAY	(104,862)	(106,045)	(1,183)

Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic. Non pay is overspent by £1.2m, mainly relating to drugs. This includes high-cost drugs expenditure, which is offset by additional income. Purchase of healthcare is £1.0m underspent, which is offset by the overspend on clinical supplies and services.

Cost Improvement Programme (CIP)

For the 2022/23 financial year the Trust has an efficiency saving programme totalling £24.9m. Total delivery against the year-to-date plan stands at £3.6m (85%) at Month 4, as show in the table below:

NHSE category	Annual Plan	YTD Plan	YTD Actual	YTD Variance
Agency	939	183	148	-36
Corporate Services	4,146	54	15	-39
E-Rostering	6,411	707	79	-628
Estates and Premises	1,513	307	128	-179
Income Non-Patient Care	2,178	712	899	187
Income Other	1,037	52	254	202
Income Private Patient	0	0	25	25
Medicines optimisation	1,636	472	306	-166
Non-pay Other	1,440	272	424	152
Pathology & imaging	1,014	267	174	-93
Pay Other	504	81	73	-9
Procurement	2,307	469	503	34
Skill mix reviews	2,728	629	545	-84
Grand Total	25,853	4,205	3,572	-633

The Trust monitors efficiency planning and delivery through the meetings of the Collaborative Improvement Planning Group, with oversight from the CIP Steering Group, which includes non-executive director membership. Support for the identification and delivery of efficiency schemes is provided to the Collaboratives from the Trust's Service Improvement Office.

Capital

The Trust's capital expenditure at the end of July amounted to £6.5m as detailed below, which is £1.2m ahead of plan:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	4,252	4,253	01	12,760	12,760	0
Site Reconfiguration	350	885	535	13,556	13,556	0
Replacement of Medical Equipment	350	486	136	4,000	4,000	0
Network Replacement and Clinical Noting	425	924	499	2,775	2,775	0
Total	5,377	6,548	1,171	33,091	33,091	0

The capital programme is based on a regionally approved programme of £33.1m that will require external support, in the form of Public Dividend Capital (PDC) of £5.4m. Internal funding will be utilised to fund the remainder of the programme. The Trust's ICS Capital Departmental Expenditure Limit (CDEL), included in the above, amounts to £15.0m

The programme includes

- PFI - £12.8m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£5.0m), PFI enhancement and Change in Law (£2.0m), Pathology (£1.2m), Critical Care (£1.8m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£0.8m), Digital Programmes started in 2021/22 (£0.8m), National initiatives (£0.4m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m) and Group C equipment replacement (£1.0m).

Statement of Financial Position (SOFP)

The following table details the SOFP as at 31 July, and movement from the previous month:

	30 June	31 July	Movement between months
	£000	£000	£000
Property, Plant and Equipment	366,149	365,174	(975)
Long Term Receivables	3,153	3,153	0
Total Non-Current Assets	369,302	368,327	(975)
Currents Assets			
Inventories	14,423	14,758	335
Trade and other receivables (invoices outstanding)	5,264	10,545	5,281
Trade and other receivables (accruals)	19,065	13,784	(5,281)
Prepayments including PFI	18,909	14,809	(4,100)
Cash	50,510	50,908	398
Total Current Assets	108,171	104,804	(3,367)
Current and Non-Current Liabilities			
Borrowings	(191,599)	(191,015)	584
Trade and other payables	(125,918)	(124,554)	1,364
Provisions	(3,113)	(3,113)	0
Total Current and Non-Current Liabilities	(320,630)	(318,682)	1,948
Net Assets	156,843	154,449	(2,394)
Equity:			
Income and Expenditure Reserve	(276,507)	(278,901)	(2,394)
Revaluation Reserve	39,775	39,775	0
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,476	26,476	0
Total Equity	156,843	154,449	(2,394)

Liquidity

The cash balance at 31 July amounted to £50.9m.

In the financial year to the end of July the Trust has paid 33,254 invoices (total value £196.438m) with 31,998 invoices (total value £182.771m) paid within the 30-day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on invoices paid so far this year is outlined in the table below:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.6%	98.2%	96.1%	96.2%								

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 SEPTEMBER 2022			
Care Quality Commission (CQC) Update Report			AGENDA ITEM: 14 ENC 11
Report Author and Job Title:	Dr Sylvia Wood Assistant Director of Compliance Ian Bennett Deputy Director of Quality	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper provides an update on work as part of the Trust's COVID-19 recovery to address the findings of the focused CQC inspection which took place in February 2022 and to develop preparedness for future CQC inspections.		
Background	The Trust has an overall rating of "Requires Improvement" given at the last CQC inspection of the Trust in 2019. The overall rating has not changed following the unannounced inspection in February 2022.		
Assessment	This paper includes updates about new and ongoing work in relation to: <ul style="list-style-type: none"> • CQC inspection February 2022 • Action planning • Engagement meetings • STAQC 		
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 progress with ongoing and planned work.		
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 ☒	Make best use of our resources ☒
	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 ☒	

Care Quality Commission (CQC) Update Report

1. PURPOSE OF REPORT

This paper provides an update on work to address the findings of previous CQC inspections, and to develop preparedness for future CQC inspections.

2. BACKGROUND

The CQC monitors, inspects and regulates NHS trusts. NHS Trusts, and other individuals, partnerships and organisations that provide regulated activities set out in the Health and Social Care Act 2008 (the 'Act') and its associated regulations, must be registered with the CQC.

The CQC assess compliance with the requirements of the relevant regulations by monitoring the quality of care provided using feedback from staff, patients, and partners, and changes to information held in CQC Insights, and by inspection. CQC Insight 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 other feedback, and 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. Inspections are used to make sure services are compliant with relevant regulations and providing care that is safe, caring, effective, responsive to people's needs and well-led.

As previously reported a focused CQC inspection took place on medical and surgical wards at the James Cook and Friarage Hospital sites on the 9-10 February 2022 in response to areas which the trust was focussed on as part of its pandemic recovery.

The trust was already taking action on these areas as part of its clinically-led recovery from the winter Omicron surge. Additional changes have since been made following feedback from inspectors, as documented in specific action plans and evidence of actions taken.

Key to much of this work is improving ward-based documentation, and investment in new digital systems will eliminate clinical teams' historical reliance on paper-based recordkeeping. One of these digital initiatives (Patienttrack) has now replaced the paper-based recording of nutrition and hydration (MUST) assessments. Other improvements include a strengthened approach to protected mealtimes, and a transfer of care hub created in collaboration with local authorities to support ward colleagues and social workers to return people safely home after their hospital treatment and help to ensure social care support is available in the community.

3. DETAILS OF CQC FOCUSED WORK

Daily meetings of key senior staff continue to monitor and support progress with the areas of work described below. The focus is on completing actions, embedding change, supporting staff, and monitoring evidence of learning and improvement.

a. CQC inspection action plans

Four action plans were developed to address the areas of concern identified in the Section 29A warning notice including ward-based documentation (risk-assessments) particularly in relation to pressure ulcer care and intentional rounding, nutrition and hydration, Mental Capacity Act (MCA) and patient discharge. Work is progressing to complete these, and to log and save evidence of actions taken. Two of the action plans are now complete and the remaining two are over 90% complete.

A further overarching action plan has been developed to address the 'must do' and 'should do' findings. Progress with all the action plans is actively monitored and reported through the CQC Compliance Group and Quality Assurance Committee.

b. Other improvement work

There is always a focus on the monitoring of indicators of quality, quality improvement, embedding change and assurance of high-quality care and the best patient experience in routine work.

All directorates across the trust have reviewed their practice against all CQC key lines of enquiries, prompts, and fundamental standards, and there has been a further trust wide review of compliance with CQC fundamental standards. There is a continuing focus on improving areas that require further work to consistently achieve the high standards we aspire to.

The STAQC (South Tees Accreditation for Quality of Care) programme continues to drive improvement. The programme encompasses assessment of all clinical areas; inpatient wards, day case areas, critical care areas, emergency departments, theatres, out-patient departments, community services, maternity and paediatrics.

STRIVE, the South Tees Leadership, Improvement and Safety Programme is an internal team established to build organisational capacity in leadership, QI (quality improvement) culture and interpersonal behaviour. This team has supported the Trust to launch and has sustained a programme of leadership development, whole trust culture and service improvement work. The STRIVE team have set out a clear agenda to move the Trust's leadership capacity, organisational culture and improvement work forward beyond COVID.

c. CQC Engagement meetings

The Trust continues to have regular engagement meetings with the CQC to monitor and support progress with addressing the findings of the recent inspection and preparation for future inspections. The next meeting is an onsite visit on 22 September.

4. RECOMMENDATIONS

The Board of Directors is asked to note the Care Quality Commission update report.