South Tees Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS (PUBLIC)

Date – 7 February 2023
Time – 14:00 - public access via Microsoft teams
Venue – Board Room, Murray Building, James Cook University Hospital

Safety and Quality First

NHS
South Tees Hospitals
NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 7 FEBRUARY 2023 AT 14:00 IN THE BOARD ROOM, MURRAY BUILDING, JAMES COOK UNIVERSITY HOSPITAL

Members of the public to observe via Microsoft Teams

AGENDA

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

	ITEM	PURPOSE	LEAD	FORMAT
EFFECTIVE				
12.	Consultant appointments	Information	Chief Executive	Verbal
WELL LED				
13.	WRES and WDES reports	Information	Director of HR	ENC 10 and 11
14.	Finance Report	Information	Chief Finance Officer	ENC 12
15.	Committee Reports	Information	Chairs	ENC 13
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 4 April 2023			

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 FEBRUARY 2023			
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 ☐ Discuss ☐ Inform ☒ (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 ☒ Moderate ☐ Limited ☐ None ☐		
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 ☒	A great place to work ☒	
	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 ☒		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2019 2022	Ongoing Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy Role – Governor and Chair of the Board of Governors, Teesside University
Richard Carter-Ferris	Non-executive Director & Vice Chair	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	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
Mark Graham	Director of Communications			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 Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director			Board Member of the North East and North Cumbria Academic Health Science Network
David Redpath	Non-executive Director	1 January 2021 September 2022 September 2017 July 2022	Ongoing Ongoing Ongoing Ongoing	Director of DGR Consultancy - Company number 10340661 South Tees Healthcare Management Limited - Company number 10166808. Senior Executive Partner – Gartner Deputy Chairman – Seaton Delaval Football Club
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
Chris Hand	Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808 Client Representative ELFS Shared Services Management Board
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared
Prof Derek Bell	Joint Chair	April 2020 April 2018	Ongoing Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration

		April 2021 July 2022	Ongoing Ongoing	Centre for Quality in Governance – Dormant Ltd Company Sel clinical advisor for SDEC
Mark Dias	Non Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
Alison Wilson	Non Executive Director	2016 4 January 2022 2017 September 2022	Ongoing Ongoing Ongoing Ongoing	Trustee/ Non Executive Director Ad Astra Academy Trust – Company number: 09308398 Civil Partner – Counter Terrorism Policing North East Son – Bupa Global and Bupa UK South Tees Healthcare Management Limited - Company number 10166808.
Kenneth Readshaw	Non Executive Director	2016 2018 2000	Ongoing Ongoing Ongoing	Treasurer – Leyburn Community Leisure Club Chair – Health Accommodation Trust Chair – Horsehouse School Charity - Charity number: 513060
Rudolf Bilous	Associate Non Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated)
Alyson Gerner	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education Director of LocatED Property Ltd
Manni Imiavan	Digital Director			No interests declared

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 1 NOVEMBER 2022 AT 14:00 IN ROOM 1 STRIVE, FRIARAGE HOSPITAL AND VIA MICROSOFT TEAMS

Present

Mr R Carter Ferris	Vice Chair / Non Executive Director
Mr D Redpath	Non-Executive Director
Ms M Davidson	Non-Executive Director
Mr K Readshaw	Non-Executive Director
Ms A Wilson	Non-Executive Director
Mr M Dias	Non-Executive Director
Dr M Stewart	Chief Medical Officer
Mr R Harrison	Managing Director
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer

Associate Directors – non-voting

Prof R Bilous	Associate Non-Executive Director
Ms A Gerner	Associate Non-Executive Director

Directors – non-voting

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

STAFF STORY

Ms J Foster presented the staff story which centred on her journey in the Trust and her new role as Safe and Effective Care Lead.

BoD/22/078 WELCOME AND INTRODUCTIONS

The Vice 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/22/079 APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor Bell, Chairman, Ms S Page, CEO, Mr S Peate, Chief Operating Officer and Ms A Burns, Non Executive Director.

BoD/22/080 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/22/081 **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/22/082 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 6 September 2022 were reviewed and agreed as an accurate record subject to the following amendment: Mrs White

Dr R Bilous to be replaced by Professor R Bilous

BoD/22/083 **MATTERS ARISING**

There were no matters arising to discuss with Board.

BoD/22/084 **CHAIRMAN'S REPORT**

Mr Carter Ferris highlighted a number of areas within the Chairmans report including the departmental visits and walkrounds, the new non executive and associate non executive director progress and the Annual General Meeting.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/22/085 **CHIEF EXECUTIVE'S REPORT**

Mr Harrison on behalf of the Chief Executive referred to several areas within the Chief Executive's report including the operating framework for NHS England which was published on 17 October, the National NHS winter resilience plans and a session attended by the Chief Operating Officer on winter planning highlighting the challenges for the NHS.

Mr Harrison also updated on the Maternity East Kent report highlighting that it had been published and that a discussion was due to take place at the Quality Assurance Committee and the Board would receive assurance on the issues raised through the Chairs log and separate maternity report to Board. He added that the Trust had undertaken a review and mapped this to previous recommendations such as Ockenden.

Mr Harrison commented on the Board walkround which had taken place prior to the Board in which the Board had spent the morning with community staff which has been great and

there had been fantastic feedback from colleagues. He referred to a number of themes including digital access, support to staff through challenges around cost of living and working in a rural patch.

Mr Harrison raised with the Board that as part of national review of elective and cancer services, Trusts were put into tiers, for elective services the Trust was put into tier 3 and for cancer services this was tier 2 and Mr Harrison was pleased to report that following progress made by the Trust in relation to COVID-19 cancer services recovery and a meeting with the regional team he was pleased to report that they were to recommend the Trust move into tier 3 for cancer services.

Finally referring to the Board walkrounds last month, Mr Harrison commented on the Love Admin Awards which were held in September and which the Board visited the winners in October. He added that listening events had been successful and these are staff who contribute massively to the running of the organisation. There was further work to do which was progressing.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/22/086 **BOARD ASSURANCE FRAMEWORK**

Mrs White referred members to the Board Assurance Framework report and highlighted that a number of assurance reports are being received today at Board.

She commented that the Finance report and IPR discuss the financial position for month 6 drawing on the work of the Collaboratives and Improvement Councils established to support the CIP for the Trust.

That COVID19 community infections continue to have an impact including performance as identified in the IPR and staffing as identified in the IPR and safer staffing report.

Staffing continues to be highlighted in a number of assurance reports including the annual report on Nurse staffing, capacity and capability annual review for acute inpatient wards and the IPR and safer staffing report due to the ongoing nature of the COVID-19 pandemic, sickness absences remained high, reflected in HR KPI's.

The Quality Priorities report sets out the quality priorities identified by the Trust which will provide assurance to a number of BAF areas in particularly around BAF 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

Falls is raised in a number of reports including outstanding work in relation to CQC, the CEO report in terms of winter preparedness and patient quality indicators with regard to the ward establishment annual report.

Mr Readshaw asked regarding risk appetite and Mrs White advised that the Trust Board had prior to Mr Readshaw joining the Board undertaken a Board development session facilitated by the Good Governance Institute to agree the risk appetite for the Trust. She added that each of the sub committees had undertaken further work on the statements which were included on the BAF document.

Ms Wilson asked regarding the risk rating of each of the BAF risks and the link to the risk appetite. Mrs White reminded Ms Wilson that the BAF is a strategic framework which sets out the principal objectives and principal risks for the Trust and that the risk appetite is the level of risk the Trust is willing to accept whilst pursuing the objective.

RESOLUTION

The Board of Directors NOTED the BAF

BoD/22/087 **INTEGRATED PERFORMANCE REPORT**

Mr Peate referred members to the Integrated Performance Report and provided an update on the September position. Mr Peate highlighted that the Trust remains in segment 3, mandated support for significant concerns. The Trust receives external support on emergency care pathways, cost improvement and transformation.

Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system.

Elective access by RTT 18-week standard continues to be stable, whilst the England trend is a month-on-month deterioration in performance since July 2021. The number of patients waiting more than 78 weeks for non-urgent elective has remained stable and is ahead of trajectory to meet the national target for waits to be eliminated by April 2023.

Outpatient and elective activity is approaching planned levels as services continue their COVID recovery. Diagnostic compliance remains an area of focus, with activity and performance plans in place. Diagnostic activity year-to-date is incorrectly reported due to a technical systems issue, now

resolved. 28 day and 62-day standard performance has improved in July.

Mr Peate advised that there is a reduction in the falls rate overall since the last month, and was pleased to see the focus on this on all wards when he has visited.

Mortality is measured by SHMI which continues to be as expected

Ms Wilson asked what the position is regarding the ambulance handovers and the impact for the patient and the system. Mr Harrison commented that this is an area which we are challenged around due to pressures in the wider health and social care system. He added that the Trust have introduced a number of initiatives including an additional nurse (impact nurse).

Ms Wilson asked regarding the medicines reconciliation. Dr Stewart advised that additional resource was added a couple of years ago to enable a 5 day service. The recruitment of pharmacists is also national issue. Ms Wilson thanked Dr Stewart for the update and asked if the Board need to be worried in terms of patient outcome. Dr Stewart advised that every patient on critical medication is prioritised.

Ms Gerner asked if it have to be pharmacists or could it be technicians, Dr Stewart advised that the service is currently undertaken using different skill mixes such as technicians and pharmacists so it is a combination of both.

RESOLUTION

The Board of Directors NOTED the update

BoD/22/088 **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 again to 96.3% demonstrating good compliance with safer staffing. Stretch staffing ratios in line with national guidance are implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safe care meetings.

Dr Lloyd advised that all wards will say there staff get moved, but we do try and move staff consistently. Short term sickness is generally a factor.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/22/089 **LEARNING FROM DEATHS REPORT**

Dr Stewart shared the learning from deaths report and highlighted that the number of deaths in 2022/2023 has largely returned to levels seen pre-pandemic, although the unadjusted mortality rate has not fully. SHMI at 109 is as expected. He added that the Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths. Mortality Surveillance reviewers have been progressing with the waiting list of reviews: 87 reviews were completed in August 2022.

Finally following discussion at PSSG, a section on learning has been added to the report. Mr Carter Ferris asked regarding the accumulation in reviews and Dr Stewart commented that this was due COVID-19.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/090 **NATIONAL INPATIENT SURVEY**

Dr Lloyd presented the national inpatient survey report and highlighted for the Trust, 1250 patients, who spent an overnight stay in the trust in November 2021 were surveyed. 471 patients responded to the survey, giving a 41% response rate, just higher than the national response rate of 39%.

The report highlights five areas where patient experience is highest compared to other trusts across the country and also areas for improvement including patients being asked to give their views on the quality of their care and information about discharge and medicine to take home.

The finding from this survey have been shared and discussed at the Patient Experience Steering Group, who will oversee the development and progress of the action plan.

Ms Davidson raised that when the issue was discussed in detail at QAC she raised the issue regarding where the Trust was in terms of benchmarking and was informed that the average return by Trusts was 39% and that we were above the national average at 41% which is especially pleasing as it is undertaken when patients have gone home.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/091 **STAFF SURVEY UPDATE**

Mrs Metcalf referred members to her previously circulated report which provided members with an update on the work the Trust had been doing in relation to the 2021 staff survey which focused on the following themes:

- Redeployment
- Appraisal documentation
- Flexible Working
- Recognition
- Administration

Mr Carter Ferris asked about long service awards and Mrs Metcalf advised that the group has just been established and they are working through the options.

Ms Wilson asked regarding the closing date for current staff survey and Mrs Metcalf confirmed this was 25 November 2022.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/092 **CONSULTANT APPOINTMENTS**

Dr Stewart confirmed that there had been no leavers in October and welcomed the following starters:

Andrew Leitch – Radiology
James Roe – Anaesthetics
Demetris Tsiakkis – Radiology

In addition Dr Stewart confirmed the appointment of Stuart Clark as senior lecturer in Cardio Thoracic Surgery.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/22/093 **QUALITY PRIORITIES UPDATE**

Dr Lloyd presented an update on the quality priorities and advised the Board that the Trust agreed 8 quality priorities for 2022/23 under the domains of patient safety, clinical effectiveness and patient experience.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/22/094 **WARD ESTABLISHMENTS**

Dr Lloyd presented the report which details the nurse staffing, capacity and capability annual review for acute inpatient wards. She reminded members that there is a requirement to conduct an annual nurse staffing review to ensure nurse staffing establishments are sufficient to optimise the delivery of safe nursing care to patients. The review is in line with the requirements set out by the National Quality Board (NQB), supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time- safe, sustainable and productive staffing (July 2016).

Dr Lloyd highlighted the process which had been updated and the agreed staffing levels for 2022/23 which were tabled in the report.

The Trust has 377 more nurses in post than in 2019 and celebrates holding one of the lowest nursing turnover rates in the country, as reported by the Model Hospital.

RESOLUTION

The Trust Board of Directors APPROVED the nurse staffing review

BoD/22/095 **FINANCE REPORT**

Mr Hand, Chief Finance Officer referred members to his previously circulated report and highlighted at month 6 the Trust reported a deficit of £16.3m at a system control-total level. A £1.5m variance year-to-date relates to the cost of the national pay award (and arrears) above the level of additional funding that has been provisionally allocated to the Trust. Inflation pressures and ongoing conversations with ICB will update as know position

Mr Harrison asked about the national ERF clawback from the second half of year and Mr Hand advised this is still to be determined, however it is likely there will be no clawback at system level.

Ms Wilson commented that this had been a an item in Resources Committee and it was really useful and good assurances received.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/096 **CQC UPDATE**

Dr Lloyd presented the CQC update report which provided an update on work to address the findings of the focused CQC visit which took place the James Cook and Friarage Hospital sites on the 9th and 10th February 2022 and to develop preparedness for future CQC inspections. Dr Lloyd also referred to the new CQC framework which is expected to be introduced in January 2023.

Dr Stewart also advised that the Trust have just agreed to contribute to a perioperative medicine review.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/22/097 **USE OF THE SEAL**

Mrs White presented an update on the use of the seal in line with the Trust's Constitution and highlighted the documents affixed under seal between 1 April 2021 to 30 September 2022.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/098 **REPORT ON FIT AND PROPER**

Mrs White presented an update to confirm that assurance has been provided on compliance with CQC Fit and Proper Person requirements, including completion of the annual fit and proper person self-declaration process for members of the Board of Directors.

She added that all individuals who were subject to Fit and Proper Person checks during the reporting period and were eligible to take part in an in-year appraisal had done so.

Through the appraisal process no matters were raised that cause concerns relating to an individual being fit and proper to carry out their role.

Self-declarations for all individuals subject to Fit and Proper Person checks have been completed and a hard copy will be retained on the individual's personnel file.

All returns have been reviewed and no issues have been identified that impact on the individual's ability to perform their duties as a member of the Board.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/099 **COMMITTEE REPORTS**

The Chairman offered the Chairs of Committees the opportunity to highlight any issues not already discussed at the Board in relation not the agenda:

Quality Assurance Committee – Ms Davidson highlighted that the Committee had discussed the Maternity East Kent report
People Committee – Mr Dias highlighted the Committee discussion on cost of living and industrial action, issues around payroll systems, and signed off on behalf of the Trust Board the medical revalidation report.
Resources Committee – Mr Redpath confirmed there were no issues to be highlighted.

BoD/22/100 **DATE AND TIME OF NEXT MEETING**

The Board of Directors will meet on Tuesday 7 February 2023.

Signed: ……

Date: ……

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 February 2023			
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 ☐ Discuss ☐ Inform ☒		
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 ☒	A great place to work ☒	
	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 ☒		

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 Collaborative Working

Since the last report, the Joint Partnership Board has met on 14 December and 18 January.

2.2 System Wide Pressure

Pressures continue to be seen across the whole system around Covid, Flu, and RSV. Staff, patients and the wider public continue to be encouraged to receive their flu vaccinations to protect themselves and help to reduce hospital admissions.

2.3 Operational Planning Guidance 2023/24

The Operational Planning Guidance and Priorities for 2023/24 was published on 23 December with a focus on further reducing elective long waits and cancer backlogs; improving ambulance response times and A&E waiting times; improve access to primary care services; progress delivery of the Long Term Plan and continue to transform the NHS for the future

2.4 NHS Confederation Session Briefing for Chairs

NHS Confederation held a briefing session for Chairs on 12 December which focused on the Covid-19 inquiry. The inquiry was covering four areas: preparedness; the public health response; the response in the health and care sector and our economic response and had reached the third phase. This phase would consider the impact of Covid-19 on people's experience of healthcare; core decision-making and leadership within healthcare systems during the pandemic; staffing levels and critical care capacity and healthcare provision and treatment for patients.

3. Recommendation

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

Professor Derek Bell
Joint Chair

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 February 2023			
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 ☐ Discuss ☐ Inform ☒		
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 ☐ Moderate ☒ Limited ☐ None ☐		
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 ☒	A great place to work ☒	
	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 ☒		

Chief Executive Update

Winter update

Respiratory illnesses, including influenza and RSV (respiratory syncytial virus), have circulated at higher levels this winter than in recent years.

As a result of this winter's increase in community respiratory infections, clinical colleagues were providing hospital care for more patients with respiratory illnesses, with rates peaking over Christmas and New Year.

At the same time this winter, challenges in the social care sector continued to be observed and the trust has worked closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, are able to access this as quickly as possible.

Despite winter pressures across the health and care system, in the five-week period to 12 January clinical colleagues delivered almost 3,000 operations of which over 2,300 were planned surgical procedures. At the same time, more than 78,000 outpatient appointments, and over 31,000 diagnostic scans, took place. In the same five-week period, over 18,000 people accessed urgent and emergency care services.

CQC 2022 maternity survey

In January the Care Quality Commission (CQC) published the results of its 2022 National Maternity Survey.

Between April and August women aged 16 and over who gave birth in the trust's hospitals in February 2022 were sent a questionnaire about the maternity unit and the care they received.

Findings from the survey show that the trust continues to perform better than expected. Women who responded to the survey said they felt supported through their pregnancy and had confidence and trust in the staff caring for them during their labour and birth.

Results from the survey show maternity services were rated much better than most NHS trusts for one question, better than most for six questions and somewhat better than other trusts for seven questions, with remaining questions in line with the national average.

The report found that the maternity colleagues:

- Listen to mothers during labour and birth and takes any concerns raised seriously

- Provide information during antenatal check-ups to help mothers decide where to have their baby and treats them with respect and dignity
- Give appropriate information and advice on the risks associated with an induced labour, before mothers are induced
- Provide help and advice about a baby's health and progress in the six weeks after birth
- Make sure that mothers are involved in decisions about their postnatal care

NHS 2023/24 Planning Guidance

NHS planning guidance for 2023/24 was published on 23 December. The trust's Clinical Policy Group has been reviewing next year's guidance as part of its six-monthly improvement planning cycle.

CQC inspection

Following the conclusion of the first phase of the Care Quality Commission's full inspection visit in November 2022, inspectors completed the trust's 'well led' domain inspection during 10-12 January 2023.

A full inspection report will be published as part of the Care Quality Commission's processes in due course.

Hospital group formation

In January 2023, South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust agreed to form a hospital group to strengthen the way both organisations work together.

The development follows the creation in 2021 of a joint chair role for both organisations and comes as our two trusts continue to look beyond the pandemic to:

- Improve the recruitment and retention of specialist doctors and nurses.
- Join with local communities and partners to help improve the health and wellbeing of the populations they serve.
- Secure the capital investment needed to rebuild and upgrade existing hospital facilities in Teesside and North Yorkshire.

Under the hospital group model, each trust will remain as statutory organisations in their own right and are not merging. The new group model will be developed over the next two years, with a strong focus on place-based working with communities and partners across Teesside, North Yorkshire and neighbouring areas.

As hundreds of thousands of patients, service users and families in Teesside and North Yorkshire know, the two trusts' local hospitals have been working together over many years.

By formalising this partnership working through the creation of a hospital group, the two trusts will be better able to retain and attract specialist doctors and nurses in hard-to-recruit areas through better joint workforce planning and collaboration on both trusts' shared goals.

Cardiovascular research appeal

The Teesside heart unit marks its 30th anniversary this year and there is to be new base for heart research on Teesside.

The creation of a cardiothoracic research unit at The James Cook University Hospital includes 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 new Academic Cardiovascular Unit will focus on research which prevents heart attacks, develops exercise programmes in patients with heart problems and makes better use of data and digital technology in research.

Base of skull conference

For the first time, the trust's base of skull team organised the annual meeting of the UK's leading society for skull base surgery (The British Skull Base Society) in January.

The British Skull Base Society is the UK's society for clinicians involved in the care of patients with skull base pathology. It aims to raise the standards of clinical care in the field of skull base medicine and acts as a professional advisory body to other groups including government agencies. Its members come from many disciplines including otolaryngology, neurosurgery, oncology, maxillofacial surgery and nursing.

Clinicians and health care professionals came together to cover a range of key topics including developing paraganglioma guidelines, paediatric skull base surgery, and proton beam therapy.

Industrial action

A number of trades unions representing NHS staff are currently in dispute with the government over the 2022/23 national pay award. Several unions have previously balloted their NHS members to take part in industrial action and strike action has taken place during December, January and February. On strike days, NHS plans are put in place for hospitals and services affected by industrial action to ensure the safety and wellbeing of patients and staff.

Friary hospital works

The trust is one of a number of NHS tenants in the Friary Hospital which is owned by Primary Medical Property Investments Limited. The trust provides inpatient services from the hospital's Victoria ward estate, which is managed by NHS Property Services.

Work has been taking place to enable the Friary Hospital's Victoria Ward to begin taking inpatients again following the problems with low internal water flow which required the ward to be temporarily closed to admissions in August.

The building's landlord (Primary Medical Property Investments Limited), with the support of NHS Property Services, has been working to rectify the internal water pressure problems and this work, which has included significant improvements to the Victoria Ward environment, is nearing completion.

Separately, the building's landlord (Primary Medical Property Investments Limited) and NHS Property Services have subsequently identified additional works to regulated fire controls that need to take place elsewhere in the building (not occupied by the trust) before the Victoria Ward can reopen to inpatients.

The trust has asked the building's landlord and NHS Property Services to ensure that this additional work, which includes the replacement of fire doors and upgraded ceilings on the ground floor currently occupied by other NHS tenants, is completed as soon as possible.

Our clinical teams are looking forward to welcoming patients to the Victoria Ward's much-improved environment when the additional work due to take place elsewhere in the building has been completed.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 7 FEBRUARY 2023			
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 ☐ Discuss ☐ Inform ☒		
Situation	The Board have approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust. Following this the Board identified the principal risks to achieving the strategic objectives. These objectives and principal risks have been reaffirmed by the Board in July. The Board of Directors tasked the Board sub committees to review the BAF threats and update the BAF for 2022/23 whilst undertaking the scrutiny and assurance of the principal risk, controls and gaps.		
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. A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management. A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.		
Assessment	The Board Sub Committees – People, Quality and Resources have received an updated BAF document setting out the principal risks and updated threats at their meetings in December and January. Gaps in assurance and action have been identified and a few gaps in terms of timescales and lead manager responsibilities are still outstanding. The Chair's logs from the Committees will demonstrate the Committee has tested the controls in place; received assurances (some positive and some negative); reviewed the gaps in controls or assurance and received assurances to mitigate some of these gaps. A number of assurance reports are being received today at Board.		

	Respiratory infections (flu and COVID) impact on areas across the Trust including performance as identified in the IPR and staffing as identified in the CEO and Chairs updates and IPR and safer staffing report. Staffing remains a challenge due to long and short term sickness however there has been a decrease in turnover which is pleasing.	
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 ☒	A great place to work ☒
	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 ☒	

Board Assurance Framework (BAF)

1. PURPOSE OF REPORT

The purpose of the report is to provide an update on the 2022/23 Board Assurance Framework and the work of the Board sub Committees on providing assurance to the Board on the principal risks to achieving the strategic objectives.

2. BACKGROUND

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

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

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

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

During October Board Sub Committees received updated elements of the Board Assurance Framework relevant to their objectives which set out updated threats and gaps in assurance and action.

3. DETAILS

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

The risk rating for the 7 principal risks range from 9 High to 20 Extreme taking into account the mitigations.

All Committees continue to have time on their agenda to horizon scan for new threats or risks. These have been considered as part of the BAF update along with a risk report provided by PWC the Trusts internal audit provider.

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3.1 **Assurance reports Trust Board of Directors**

Several assurance reports are being received today at Board and include:

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

- Integrated Performance Report
- Learning from deaths report

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

- Safe Staffing Report
- Integrated Performance Report
- WRES and WDES

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

- Integrated Performance Report

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

- Finance Report
- Integrated Performance Report

3.2 **Additional assurances have been received in Board sub committees:**

Resources Committee – approval of the business case for additional capacity and support around efficiency
Quality Assurance Committee – cancer breaches report setting out the impact of COVID on cancer services

In additional a new threat was added to the People BAF principal risk relating to the impact of industrial action.

4. RECOMMENDATIONS

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

South Tees Hospitals
NHS Foundation Trust

Board Assurance Framework (BAF) 2022/23 (updated September 2022)

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities, reaffirmed by the Board of Directors at the July 2022 Board meeting:

- 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
- A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water, IT), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period and compromises ability to deliver high quality care
- Failure to recruit to full establishment, retain and engage our workforce
- Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders
- Working more closely with local health and care partners does not fully deliver the required benefits
- Failure to agree with the system and achieve the Trust's financial strategy resulting in regulatory action and inability to delivery strategic objectives

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – initial, current and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance functions** (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales risk

Key to lead committee assurance ratings:

Green (significant) = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
- no gaps in assurance or control AND current exposure risk rating = target
OR
- gaps in control and assurance are being addressed

Amber (moderate) = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red (limited) = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

South Tees Hospitals
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Principal risk - 1 (what could prevent us achieving this strategic priority)	**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**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk appetite**	Minimal
Executive Lead	Chief Nurse/Chief Medical officer	**Likelihood**	4. Likely	4. Likely	3. Possible		
Initial date of assessment	September 2022	**Consequence**	4. Major	4. Major	3. Moderate		
Last reviewed	19.01.23	**Risk Rating**	16. Extreme	16. Extreme	9. High		
Date of next review	February 2023						

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
1.1 Significant deterioration in standards of quality and safety of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes	Corporate, Collaborative and Directorate structures, accountability & quality governance arrangements at Trust including: • Tier 1 Board Sub Committee and sub structure • Risk Management Policy and Corporate Risk review group • Nursing and Midwifery and AHP meeting • Clinical policies, procedures, guidelines, pathways • Clinical audit programme & monitoring arrangements considered at QAC and Audit Committee • Clinical staff recruitment, induction, mandatory training, registration & re-validation • Defined safe nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) • Ward accreditation programme - STACQ • Nursing & Midwifery Strategy • Sign-off process for incidents and Sis and Never Events • Established and robust QEIA process • Freedom to speak up process in place • Patient Experience sub group in place	**Management:** Learning from deaths Report to QAC and Board quarterly SI/NE report to QAC and Board monthly EoLC Strategy and Annual Report to QAC Senior leadership walk arounds weekly Guardian of Safe Working report to People Committee and Board quarterly Safeguarding Annual Report to QAC TBC Freedom to Speak up report to People Committee and Board quarterly Medicines Optimisation Report to QAC quarterly CQC preparation plan for future inspection report to QAC and Board monthly AHP Strategy drafted received by People Committee CQC insights report reviewed by QAC TBC Thematic review of never events QAC December 2021 Report on coding improvements to QAC June 2022 **Risk & compliance:** IPR - Quality Dashboard Monthly QAC and Board Quality Priorities Report Qtrly to QAC Health & Safety meeting escalation report to QAC Urgent items for escalation at QAC monthly **Independent assurance:** CQC Rating and oversight (monthly relationship)	Patient experience strategy to be developed to ensure the full extent of patient experience and involvement data is known– Hilary Lloyd – updated date April 2023	

	• Shared learning on quality and safety via weekly, monthly briefings Trust wide and at CPG/SLT • Medical Examiner's office in place	ICNARC Quarterly Report to Clinical Effectiveness Group Audit Inpatient Survey 2019, 2020, 2021 GMC Feedback to People Committee Care Quality Commission / External Regulation Care Quality Commission / External Regulation Report to QAC CCG Directors of Nursing in attendance at QAC Internal Audit reports PWC (in line with the Internal Audit Plan) NHSE/I Never Events critical friend report considered by Safe & Effective Care Group August 2021 CQC monthly deep dives (Clinical support services; Medicine, Surgery) verbal feedback CQC insights report		
1.2 An increase in the incidences of infectious disease (such as CDIF, influenza; Coronavirus; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital	Infection prevention & control programme, policies, procedures, staff training and audits PFI arrangements and cleaning standards Review panels of all trust apportioned of all infection disease incidents Clinical Audit programme and monitoring arrangements. Ward accreditation programme - STAQ Weekly IPC huddles Antibiotic stewardship programme in line with revised QAC reporting structure Daily outbreak report aligned to COVID Weekly regional outbreak meeting 14 HCA/PPE marshals / Fit testers and in place Matron for IPC appointed and team capacity increased Cohorting and isolation of patients in line with best practice Increased Critical Care single rooms by 2 in recent months as part of Covid monies	**Management** IPC reporting in line with revised QAC governance structure Reports to IPC Group IPC Annual report to QAC December 2021 IPC breaches report – IPC Group Bid for the elective recovery fund for a modular decant ward with 24 single rooms submitted – Board report EOI in the New Hospitals Programme submitted COVID19 nosocomial rate reporting HCAI trajectory report **Risk and Compliance** IPC Committee escalation report to QAC IPR quality metrics report to QAC and Board monthly Cleaning standards report to IPC group **Independent Assurance** IBAF CQC review PLACE assessment and scores	Effect of decant ward and fogging / deep clean programme required – Hilary Lloyd - next IPC report Impact of elective programme on spread of infections – Sam Peate January 2023 (IPR reduction in cdif – cancer paper)	
1.3 Arising from a lack of engagement with staff at all levels around cultures and behaviours required to embed best practice, continuously learn and deliver high quality patient care.	Trust vales and behaviours agreed and shared with staff Just culture, Civility and Human factor training Ward accreditation programme Reciprocal mentorship programme Freedom to speak up guardians Patient Safety Faculty Patient Safety Champions / Ambassadors Weekly / monthly safety and quality briefings QAC governance sub group structure Appointment of Clinical Collaborative Chairs CPG Constitution	**Management** Report and feedback on training for just culture, civility and human factors to People Committee Freedom to speak up model assurance provided to Audit & Risk Committee 6 monthly Roll out plan for ward accreditation programme agreed with QAC and CPG CPG constitution agreed and roll out Quarterly report to People Committee culture and leadership QAC sub structure implemented		

	Falls and Pressure Ulcers Structure Judgement Reviews - weekly Senior Leadership Visibility programme Incident investigation and complaints training Patient Safety Ambassadors recruitment and appointment process	**Risk and Compliance** Reciprocal mentorship programme reported through People Committee **Independent** National Staff survey results Freedom to speak up national survey Feedback from NHSE/I on review of never events		
1.4 Increasing demand leading to a reduction in the quality of care and potential harm to patients, inability to deliver national performance standards and impact on increasing size of waiting list patients;	Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at A&E Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Single QSG review of constitutional standards and escalation of high risk areas SI process Clinical Harm review process Intensive support package agreed with NHSE/I and lead Director and network for support in place Emergency capital funding received and SDEC implemented, Paediatric ED established Weekly touchpoint meeting with Commissioners Daily touchpoint meeting on patient flow	**Management** Reports to Board on Winter preparedness to Resources Committee and CPG Improvement Plan reports to Board Recovery plans for high risk services and updates to Board and Committees and CPG Response to NHSE/I letter of 20 August on Elective through CPG/SLT Assurance Framework for managing the implementation of the recovery plan with Collaboratives agreed by SLT Cancer breaches report to QAC **Risk and compliance** QAC and Board review and deep dive into critical areas Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Improvement recovery plan Phase 2 - capacity and demand updates to CPG IPR report to Board monthly and sub committees Strategic Command structure and recovery structures in place Recovery and Improvement Plan phase 2 presented to the Board ECIST update to Resources Committee May 2022 **Independent Assurance** ECIS improvement work on patient flow Internal audit of patient flow	Impact of demand on patients who are waiting for treatment – clinical harm reviews; waiting list validation – Sam Peate – January 2023 Impact on resources – elective recovery plan clawback – Sam Pate – April 2023 – through resources committee Accurate data and reporting – data validation – Sam Peate / Manni Imiavan – Paul Brown, March 2023 via Resources Committee	
1.5 Current estate and infrastructure, if lacking in capital investment, compromises the ability to consistently delivery safe, caring, responsive and	Improved access now in place for lifecycle investment Capital planning group oversight (CPOG) in place Comprehensive planned maintenance processes in place Premises assurance model (PAM) undertaken evidencing, overall, compliant estate	**Management** Estates Centre Board meets monthly and assess compliance 5 year prioritised Capital Plan received by Resources and Board Expression of Interest (EOI) – New Build Hospital Programme – awaiting outcome	Impact of operational pressures and ability to refurbish wards – next ward (ward 7) due for refurbishment April 23 Kevin Oxley Outcome of new hospital bid – Kevin Oxley TBC	

efficient patient care, world class services	Independent, Authorising Engineer (AE) assessments carried out annually Regular risk assessments and environmental audits Regular PFI monitoring and reporting across all of the contract Full condition surveys of JCUH site undertaken bi-annually Agreed 22/23 lifecycle plan of investment and 23/24 indicative plan from our PFI partner Rolling 5 year capital investment plan Capital investment increases into the estate which includes - £2m investment in eradicating backlog maintenance in the non-PFI estate over 21/22 and 22/23 financial years - ward refurbishment programme recommenced (ward 8 due completion November 22 - new PACU due completion December 22 FHN new endoscopy unit and Urology unit commissioned September 22 - additional CT scanner work commenced due completion spring 23 - two FHN ward refurbishments - Low levels of backlog maintenance evidenced in model hospital when assessed against peers	Elective Recovery Programme – Targeted Investment Fund (TIF) being invested Friarage Hospital Estates Plan Updated FHN Theatres OBC approved Capital Programme for this financial year 22/23, underway Quarterly updates on Capital to Resources Committee Estates paper presented to Board January 2022 Ward 8 released for lifecycle work June 2022 **Risk and Compliance** **Independent Assurance** Internal Audit of estates services 2022 Internal Audit of PFI contract management Independent Authorising Engineer (AE) annual reports PLACE Assessments CQC Inspections	Impact of critical infrastructure assessment by PFI company awaited – Kevin Oxley TBC	

Principal risk - 2	**A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of care of services across the Trust which also has a significant impact on the local health care community and failure to effectively plan for a further pandemic situation or other significant business interruption event**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**		
Executive Lead	Director of Estates	**Likelihood**	3. Possible	3. Possible	2. Unlikely	**Risk appetite**	Minimal
Initial date of assessment	September 2022	**Consequence**	5. Catastrophic	5. Catastrophic	5. Catastrophic		
Last reviewed	19.01.23	**Risk Rating**	15. Extremely High	15. Extremely High	10. High		
Date of next review	February 2023						

Threat	**Controls**	**Sources of Assurance**	**Gaps in assurance / action to address gaps inc timescales and lead**	**Assurance rating**
2.1 A cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period	Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification	**Management** Data Protection and Security Toolkit submission 19/20 Data Protection and Security Toolkit submission 20/21 Digital update to Resources Committee monthly IG update to Resources Committee June 2022 **Risk and compliance** Board cyber training 2019 Board cyber training 2022 – 29 March **Independent assurance** Cyber internal audit report – weaknesses identified External Audit of data protection and security toolkit	Periodic red team exercise that covers unplanned outages of our computer systems and the restoration of service and effectiveness of data backup process – date to be confirmed – Manni Imiavan through Resources Committee Lessons drawn from cyber incidents affecting public and private sector organisations e.g. Advanced One and the eFinancial system date to be confirmed – Manni Imiavan through Resources Committee	
2.2 Risk that the Trusts business continuity arrangements are no adequate to cope without damage to patient care or delivery of business activities such as finance with major external or unpredictable events	Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place	**Management** **Risk and compliance** Business Continuity Plan report to Audit & Risk Committee February 2022 **Independent assurance** EPRR report EPRR Core Standards compliance report	Testing of business continuity plans not routinely undertaken in all specialities Aim to test all BCPs during 2023 – K Oxley/D Hurley Review of the Major Incident Plan overdue. Simulation Exercise panned 8 December with MDT and learning from that exercise will inform the update of the Major Incident Plan – March 23 – K Oxley/M Stewart/EPRR Leads	

South Tees Hospitals
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Principal risk - 3	**Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain**	**Strategic Objective**	**A great place to work**

Lead Committee	People Committee	**Risk Rating**	**Initial Rating**	**Target**	**Target**		
Executive Lead	Director of HR	**Likelihood**	3. Possible	3. Possible	3. Possible	**Risk appetite**	MINIMAL
Initial date of assessment	September 2022	**Consequence**	3. Moderate	3. Moderate	3. Moderate		
Last reviewed	19.01.23	**Risk Rating**	9. High	9. High	9. High		
Date of next review	February 2023						

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school and Nurse recruitment days AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Increased apprenticeship workforce People Plan work stream on addressing workforce shortages HR Policies and procedures Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Health and Wellbeing Strategy Exit interviews Workforce metrics contained in IPR STAR awards Partnership working compact with medical and staff side Pulse survey and staff survey (national) Freedom to speak up process Staff networks in place for some protected characteristics	**Management** Quarterly reports to People Committee on the 5 key workstreams in the People Strategy – ED&I, Health & Wellbeing, Leadership and Culture, Workforce Shortages, Sense of Belonging Safe Nursing Staffing levels report to Board monthly Use of resources in relation to staff reported to Resource Committee Disciplinary Report quarterly Finance report to Resources Committee on collaborative agency spend Report on new roles November 2021 – quarterly updates Collaborative Workforce plans report February 2022 Report on hard to recruit medical workforce within quarterly report on workforce March 2022 Update on resilience and metrics being used to assess included in quarterly report on workforce March 2022 Staff survey report to Committee and Board March 2022 Exit interview limited report May 2022 Staff views on their employment report May 2022 Report on eroster and allocate May 2022 **Risk and compliance** Guardian of Safe Working report to Board Freedom to speak up report quarterly People Committee review of risks on a monthly basis IPR workforce metrics reviewed by People Committee and Board monthly **Independent Assurance** NHSI use of resources report 2018	Impact of workforce shortages on existing workforce (workforce plan) – Rachael Metcalf 31 May 2023 Lack of systematic approach to talent management and succession planning – Rachael Metcalf 31 September 2023 Implement retention strategy linking with Belonging objective – Rachael Metcalf – 31July 2023	

	Contracting arrangements in place for SERCO and sub contractor workforce at the Trust Year on year increase in volunteer workforce Nursing & Midwifery Strategy Workforce plan and accountability framework	CQC inspection report July 2018 NHS staff survey 2020 results showing improvement in a number of areas NHS Staff survey 2021 results showing improvements in a number of areas		
3.2 Poor health and absence within our workforce creating service pressures impacting their ability to deliver a high quality service	Welfare calls to staff who are absent Health & wellbeing support programme Staff weekly briefing Psychology support and mental health support Occupational Health and counselling and physio service Wobble rooms established across sites for staff to recover and recoup Project Wingman (staff rest and support programme) Long covid clinics for staff Menopause programme insomnia intervention programme and fatigue support Flu and covid vaccination programme Hardship fund for staff Policies and procedures in place for managing absence	**Management** Quarterly reports to People Committee on the Health & Wellbeing Staff survey action plans at Collaborative level presented to the People Committee Leadership update report regarding embedding wellbeing Report on Workforce Retention regarding health and wellbeing conversations Health & wellbeing conversations embedded in Appraisal documentation and appraisal documentation rolled out across Trust Financial wellbeing report to Committee **Risk and compliance** Occupational Health accreditation award in 2021 Bronze **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas NHS Staff survey 2021 results - above the average in all 9 domains relating to redployment	Impact of absence of workforce on existing workforce (individual collaborative trajectories) – Rachael Metcalf 31 April 2023 Impact of flexible working options for staff – Rachael Metcalf 31 August 2023	
3.3 Belonging	Staff engagement strategy Policies for Grievance, Dignity at Work and FTSU Year on year reduction of appeals received STAR awards Specific campaign and communication around Total Rewards Statements ESR and development plan	**Management** Quarterly report to People Committee on Engagement Values based recruitment process roll out January 2022 Quarterly report on belonging to People Committee Report on over / under payments **Risk and compliance** Freedom to speak up self-review Board 2019 Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas	~~Ability to increase the response rate for completion of the staff survey – Rachael Metcalf – TBC~~ Increase engagement score (staff survey plan and you said we did) – Rachael Metcalf 30 June 2023 Implementing the ESR automation service to allow further autonomy in the workforce – Rachael Metcalf – 31 October 2023	

		Critical Care junior doctor survey discussed at People Committee 2021 NHS Staff survey 2021 results showing improvements in a number of areas		
3.4 Failure to attract, retain and develop a diverse leadership. A culture that perpetuates the current inequalities through a lack of understanding of privilege and how this manifests in recruitment, talent management and succession planning processes.	BAME risk assessments ED&I strategy Just culture and civility saves lives programme Staff networks in place for some protected characteristics	**Management** ED&I Annual report WRES and WDES report to People Committee Quarterly report to People Committee on ED&I Reciprocal mentorship programme in development Values based recruitment process roll out January 2022 **Risk and compliance** Freedom to speak up self-review Board 2019 Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; Gender Pay Gap report to People Committee **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas Critical Care junior doctor survey discussed at People Committee 2021 NHS Staff survey 2021 results showing improvements in a number of areas	Evidence of increasing the workforce to be representative of the communities we serve (Race Pay gap by Collaborative_– Rachael Metcalf 31 November 2023 Evidence of promotion opportunities for colleagues from protected characteristic backgrounds- Rachael Metcalf – 31 November 2023 (see above) Impact of increased representation of protected characteristics on each recruitment panel – Rachael Metcalf 28 February 2024 Impact of reciprocal mentorship programme on recruitment and retention(breaking the glass ceiling) - Rachael Metcalf 28 February 2024	
3.5 learning and leadership	Learning and development programme for staff development Schwartz rounds Improvement Plan with OD interventions linked to critical services Affina programme Human factors training Leadership and development programme Just culture and civility saves lives programme Culture workshops and values agreed and launched across the Trust Leadership academy Quality Improvement training and support offers Leadership apprenticeship partnerships Patient safety and quality training Appraisal process in place for all staff clinical and non clinical – new paperwork agreed with staff introduced including a wellbeing discussion	**Management** Quarterly report to People Committee on Engagement Quarterly report on Education to People Committee specific programme to all junior doctors KPI report on training KPI report on appraisals Report on quality of appraisals to People Committee **Risk and compliance** **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas NHS Staff survey 2021 results showing improvements in a number of areas HEE report on medical education September 2022		
3.6 If industrial action is taken by staff, then it could	Trade Union meetings	**Management** Monthly update to People Committee	To be developed	

lead to a reduction in workforce availability and a consequent reduction in our ability to provide services	Discussions with Trade Unions on derogations and principals and duties in relation to industrial action Industrial action committee Industrial action protocol Staff information on intranet Safer staffing meetings EPRR coordination in place including links with local, regional and national contingency planning Information for patients Review of lessons learnt following previous industrial actions Business continuity plans in place Ongoing discussions with staff Review of critical and non critical services and delivery impact	Safer staffing report to Board EPRR incident coordination and minutes of meetings **Risk and compliance** **Independent Assurance**		

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

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**		
Executive Lead	Chief Medical Officer	**Likelihood**	2. Unlikely	2. Unlikely	2. Unlikely	**Risk appetite**	Open
Initial date of assessment	September 2022	**Consequence**	4. Major	4. Major	4. Major		
Last reviewed	19.1.23	**Risk Rating**	8. High	8. High	8. High		
Date of next review	February 2023						

Threat	**Controls**	**Sources of Assurance**	**Gaps in assurance / action to address gaps inc timescales and lead**	**Assurance rating**
4.1 Lack of a clear vision for the improvement journey which engages staff and development the improvement capability leading to a failure to deliver sustainable change and the improvements required.	2 Year Strategic plan and objectives agreed Improvement plan Phase 1& 2 & 3 People Plan Nursing & Midwifery Strategy Communications & Engagement Strategy Estates Plan R&D Plan Leadership development plan and programmes including quality improvement, team and service support, coaching and human factors CPG constitution Collaborative Chairs in place Mission, Vision and Values Leadership and Safety Academy Integrated performance report Assurance Framework for Collaboratives CQC project group STACQ accreditation Improvement Councils established Performance Meetings with Collaboratives Patient Safety Ambassadors Maternity Assurance Group Emergency Care Group Outpatient Improvement group Surgical improvement group	**Management** 2 year strategic plan signed off by Board in July 2022 Board development sessions on 2 year strategic plan CPG constitution signed off Improvement & recovery plan signed off by Board Reports to People Committee on delivery of the People Plan Reports to Quality Assurance Committee on safety and quality Report to Resources Committee on CIP and sustainability CQC deep dives – Medicine and Surgery CQC self-assessment of Directorates Draft Digital Strategy to Resources Committee May 2022 – limited assurance TBC Wards currently with STACQ accreditation 01 07 22 – STACQ Board update – Seminar May 2022 Board seminar on Improvement Plan June and July 2022 Leadership programme – Recovering together 2022 STACQ accreditation report to QAC January 2023 **Risk and Compliance** B2B feedback on improvement strategy CQC insights and NQS data received and analysed by BIU and reviewed in QAC sub structure GIRFT reports and external visits including HSE September 2002, CQC focussed visit reviewed at Directorate and Committee level **Independent Assurance**	Patient Safety Ambassadors – Kate Jones – Patient Safety Framework report January 2023 Improvement Councils & Transformation Groups -report out of improvement work – gap in assurance / action to be confirmed Outcome of CQC well led inspection – carried out in December 2022 – January 2023	

		One of the highest ranked medical training organisations HEE Annual Report Wellbeing national award - Bronze Top 100 Apprenticeship Employer Other external regulator such as UCAS for Urology; Anaesthetic ACSA		
4.2 Failure to deliver a programme of change in support of fragile or vulnerable services leading to a loss of quality, efficiency, outcomes and workforce shortages	Improvement Plan phase 1, 2 and 3 Recovery plan including trajectories for improvement Winter Plan Strategic & Winter weekly meeting Elective recovery programme Bespoke programmes of support to critical / fragile services Collaborative structure in place from April 2021 Clinical Strategy and Improvement Group Quality Improvement programme Medical and Nursing leadership changes implemented Medical Management Structure implemented ICS/ICP workstreams on vulnerable services SROs & SLT leads for all Collaborative and critical services (CCU, ED and Maternity) Surgery Tees Valley workstream with SRO in place Maternity Assurance Group Emergency Care Group Outpatient Improvement group Surgical improvement group Implement a recruitment campaign and support package for hard to recruit areas	**Management** Recovery plan reported monthly to Resources Committee, Winter & Strategic Group IPR monthly to Committees and Board CPG oversight and sign of of recovery trajectories Monthly reports to QAC on critical services, eg ophthalmology Deep dives by QAC on critical services CPG check in reports from Collaboratives ECIST report to Resources Committee May 2022 **Risk and Compliance** Output of Surgery Tees Valley workstream report into Tees Clinical Strategy Group and then Joint Partnership Board ECIS improvement package of support and assurance Maternity Assurance visit by NHSE/I undertaken June 2022 Ockenden Assurance visit undertaken June 2022 CNST submission and report to Board January 2023 **Independent Assurance**	Outcome of CQC inspection of surgery, medicine, ITU and emergency care and outcome of improvement journey – carried out November 2022 – January 2023 Report from CPG on collaborative check ins (twice year) on services in support domain – Michael Stewart – March 2023 Outcome of ECIST work for ED / Ambulance handovers – Sam Peate – March 2023	
4.3 Failure to ensure the trust has the ability to support and take a leading role in healthcare research and education and that innovation is not embedded in our ways of working resulting in a failure to develop our portfolio	STRIVE centre for innovation Research Network across Tees Valley R&D Director and team in post R&D Strategy Medical Management Model Research programme	**Management** Reports to QAC on R&D and Board quarterly EOI for capital development R&D report to QAC May 2022 including work on innovation Cardiology Research Unit Hearts and Mind Campaign Clinical Effectiveness quarterly report to QAC GIRFT report by speciality and quarterly report to QAC on quality CQC insights report reviewed in sub structure of QAC CQC deep dives into Medicine and Surgery **Risk and compliance** MOU with Teesside University for strategic links Collaborations with HEIs		

		Independent Assurance Elective Recovery Programme – Targeted Investment Fund (TIF)		
4.4 Inability to recruit clinicians in specialist and sub speciality fields	Consultant recruitment panels with NED Chair Recruitment process now managed by CMO office Clear systems and processes on recruitment gaps and risks Alternative workforce development plan discussed at CPG Implement a recruitment campaign and support package for hard to recruit areas	**Management** Report on new consultants and leavers to People Committee, SMSC and Board monthly Weekly report on consultants to CEO/CMO Report to people committee on alternative roles for hard to recruit to roles Workforce plans by Collaboratives developed and reviewed at people Committee February 2022 **Risk and compliance** **Independent Assurance** Actions completed from internal audit report on recruitment	Recruitment and retention of the workforce to deliver service provision and hard to recruit / vulnerable services – Mike Stewart TBC Clarify funding arrangements and investment opportunities for tertiary services, eg gynae oncology – Mike Stewart TBC	

Principal risk - 5	**Working more closely with local health and care partners does not fully deliver the required benefits**	**Strategic Objective**	**Deliver care without boundaries in collaboration with our health and social care partners**

Lead Committee	Trust Provider Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**		
Executive Lead	Chief Executive / Managing Director	**Likelihood**	3. Possible	2. Unlikely	2. Unlikely	**Risk appetite**	Open
Initial date of assessment	September 2022	**Consequence**	3. Moderate	4. Major	4. Major		
Last reviewed	17.11.22	**Risk Rating**	9. High	8. High	8. High		
Date of next review	January 2023						

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
5.1 Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS partners and an inability to influence further integration of services across acute, mental, primary and social care	ICS CEO meeting ICS Management Meeting Joint development of plans at ICS level Provider Collaborative meetings and workstreams and governance agreed Representation on ICP/ICS and Provider Collaborative work streams Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Capital Plan Joint Partnership Board MOU and TOR Communications Cell in place to manage communications	**Management** Partnership reports including Chairs log & Chairs update from JPB to Board Resources Committee Chairs log to Board Planning update to Resource Committee & Board Finance update to Resource Committee & Board Review of ICB and Provider Collaborative governance arrangements by Head of Governance & Managing Director June 2022 CF report received, discussed and agreed by JPB Communications plan in place for outcome of CF report Meetings with Governors including joint briefings **Risk and Compliance** Tees Valley Executive Leadership Group attended by Managing Director Member of Provider Collaborative NENC Sam Allen assurance / induction visit to Trust ICB in attendance at JPB **Independent Assurance** Provider licence modifications lifted in relation to governance	High level timeline of implementation of recommendations agreed by JPB – Derek Bell, February 2023	
5.2 Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities	Improvement Plan Phase 1 and 2 Continued engagement with commissioners and ICS/ICP developments in clinical service strategies Partnership working with NTHT and CDD TV Clinical Services Strategy Board TV & ICS Population Health workstreams Health Inequalities Group JPB MOU and TOR	**Management** Partnerships including Chairs log from JSB to Board Resources Chairs log to Board Planning update to Board Elective recovery programme report to Strategic and recovery groups, Clinical Services and Improvement Group **Risk and Compliance**	Service reviews to be scheduled on a three year rolling programme, overseen and agreed by CPG – report from CPG – Michael Stewart – TBC Update from Health Inequalities Group on progress to address local needs as identified in Planning Guidance – Michael Stewart - TBC	

		Independent Assurance		
5.3 Failure to modernise the workforce profile to deliver integrated working and efficient use of resources for care across boundaries	ICS/ICP Workforce work stream JPB MOU and TOR Agreement of joint posts as they arise in JPB Digital operability mobilisation across Trusts	**Management** Partnerships including Chairs log from JPB to Board Pathology integration updates to JPB Digital operability report to JPB Nursing and Medical joint working report to JPB **Risk and Compliance** **Independent Assurance**	Further explore the relationships with universities – report on partnership work to Board - Mike Stewart TBC	
5.4 The Trust will not maximise its potential to contribute to the public health agenda if it does not coordinate its focus on prevention and healthy living with the wider health and social care system	Joint Partnership Board Objective of the JPB included in the MOU Representation on Live Well (South Tees) Board Population Health workstreams at ICP/ICS IPR monitoring impact of deprivation levels and access Health inequalities Group	**Management** IPR report to sub committee and board monthly Elective recovery plan report to Clinical Services and Improvement Group and updates provided at Resources Committee and Board IPR includes report on health inequalities **Risk and Compliance** Health Inequalities working group established **Independent Assurance**	Assurance report from Health Inequalities group to establish work programme for Trust – Lucy Tulloch – date changed to April 2023 Appointment of Public Health Consultant – joint post with LA – January 2023	
5.5 Joint working with North Tees & Hartlepool NHS Trust through Joint Strategic Board does not work effectively to deliver the benefits to the local population including the effectiveness of the Joint Strategic Board and Joint Chair	Joint Chair appointed Memorandum of Understanding, vision and values Joint Partnership Board (Committees in Common) including TOR Joint Board to Board, Council of Governors to Council of Governor development sessions Joint Nomination Committee (Committees in Common) Vice Chair job role supporting joint chair role Stakeholder Engagement with Local Authorities , MPs and local population, CCGs Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Representation on ICP work streams	**Management** Joint Partnership Board and governance framework in place and approved by Trust Board Chairs log & chairs update from JPB to Trust Board Interim Joint Chair update Expression of Interest (EOI) – New Build Hospital Programme joint with NTHT Joint Committee (using new HCA 2022) established TOR agreed CF report received, discussed and agreed by JPB Communications plan in place for outcome of CF report Meetings with Governors including joint briefings Schedule 1 delegated authority agreed for approving CF report in JPB – December 2022 **Risk and Compliance** B2B feedback on joint working positive **Independent Assurance** Elective Recovery Programme – Targeted Investment Fund (TIF)		

Principal risk - 6	Inability to agree financial recovery plan with the ICB	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target		
Executive Lead	Chief Finance Officer	Likelihood	3. Possible	3. Possible	3. Possible	Risk appetite	Minimal
Initial date of assessment	September 2022	Consequence	4. Major	4. Major	4. Major		
Last reviewed	23.1.23	Risk Rating	12. High	12. High	12. High		
Date of next review	February 2023						

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
6.1 Inability to demonstrate to the regulator the causes of the deficit and a credible recovery plan to address those elements within the Trust's control	Medium Term Financial Assessment Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Reference Costs and PLICS Clinical Strategy and Improvement Group	**Management** Ongoing updates to SLT, CPG and CIPG Annual report and accounts Annual Governance Statement Medium Term Financial Assessment and Delivery Plans agreed by Resources Committee & Board and submitted to NHSE PLICs plan **Risk and compliance** Updates to Board and Resources Committee monthly Monthly Financial Review meetings with NHSE and ICB B2B meetings with NHSE Board Development sessions **Independent assurance** Review of PFI costs – Deloitte External audit of annual accounts NHSE monthly finance monitoring ICB monthly finance monitoring	Development of a longer-term financial recovery plan jointly with ICB – Chris Hand, March 2023	
6.2 Insufficient time afforded by the regulator to develop and implement a recovery plan	Medium Term Financial Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Clinical Strategy and Improvement Group CIP Group established with weekly meetings in place PMO and programme management established Improvement Councils established Additional resource provided and Kingsgate commissioned to support CIP process	**Management** Ongoing updates to SLT, CPG and CPIH Annual report and accounts Annual Governance Statement Medium Term Financial Assessment and Delivery Plans agreed by Resources Committee & Board and submitted to NHSE CIP reports to Resources Committee quarterly CIP programme established CIP Steering Group established with NED input Board Development sessions Board sign off of financial plan **Risk and compliance**	Impact of system allocation and pace of change – re: Fair Share – Chris Hand March 2023	

		Updates to Board and Resources Committee monthly Monthly Financial Review meetings with NHSE and ICB B2B meetings with NHSE Board Development sessions **Independent assurance** Review of PFI costs – Deloitte External audit of annual account NHSE monthly finance monitoring Provider licence restrictions – Letter from Tim Savage Letter of acknowledgement of receipt of plan and ICS management Financial plan for 2022/23, including CIP target, agreed as part of ICB financial plan.		
6.3 Insufficient revenue resources available across the ICS to support the phasing of the Trust's proposed recovery plan	Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive MTFA Delivery Plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU & TOR COVID financial framework **Risk and compliance** Regional Directors (2019) review of system savings report Ongoing discussions with NHSE and ICB Board Development sessions **Independent** ICP/ICS Plan submission approval by NHSE/I Letter of acknowledgement of receipt of plan and ICS management PFI costs supported during through Covid-19 financial regime Safety investment costs supported during through Covid-19 financial regime	Impact of system allocation and pace of change – re: Fair Share – Chris Hand March 2023	
6.4 Insufficient capital resources available across the ICS to support the phasing of the Trust's capital investment requirements	PFI Contract management Capital planning group Planned maintenance programme Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bids 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register Risk register	**Management** Chairs log from H&S Group to QAC regarding Medical Quarterly update to Resources Committee on Capital PFI contract management Lifecycle report to Resources Committee **Risk and compliance** Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board Estates report to Board ICB Capital allocation	Development of a longer term capital plan and link to fair share and transfer of resources within ICB – Chris Hand March 2023	

		Independent assurance Internal audit reports		
6.5 Lack of cooperation from ICS partners to support allocation of ICS resources to the Trust	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU & TOR **Risk and compliance** Regional Directors (2019) review of system savings report Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board Board Development sessions and Board reports on 2022/23 financial position and system savings **Independent** ICP/ICS Plan submission approval by NHSE/I Financial risk share agreements. ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track	Impact of system allocation and pace of change – re: Fair Share – Chris Hand March 2023	

Principal risk - 7	Failure to deliver the Trust's financial recovery plan	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target		
Executive Lead	Chief Finance Officer	Likelihood	5. Almost Certain	5. Almost Certain	3. Possible	Risk appetite	Minimal
Initial date of assessment	September 2022	Consequence	4. Major	4. Major	4. Major		
Last reviewed	23.1.23	Risk Rating	20. Extreme	20. Extreme	12. High		
Date of next review	February 2023						

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
7.1 Insufficient capacity to identify and deliver the required level of savings opportunities	Resources Committee Budget setting principles and budgets in place CIP planning CIP monitoring programme and infrastructure Clinical Collaborative framework CPG Clinical Strategy and Improvement Group PLICS pilot in General Surgery GIRFT	**Management** Directorate level finance reports Annual report and accounts Annual Governance Statement National Cost Collection and PLICs reports to Resources Committee Financial structure update Establishment of CIO External support **Risk and compliance** Finance to Board and Resources Committee monthly including CIP progress IPR report to Board and Committees Provider licence self-assessment Board Development sessions and Board reports on 2022/23 financial position and system savings **Independent assurance** Internal audit External audit NHSE/I monthly finance monitoring Letter of acknowledgement of receipt of plan and ICS management Business case for additional support agreed by NHSE (Kingsgate) Internal audit Final Report Financial Sustainability, Final Report to Audit & Risk Committee November 2022	HFMA Financial Sustainability self-assessment action plan – Chris Hand, Feb 2023 Skills and experience developed internally to enable development of required level of savings opportunities – Chris Hand - tbc	
7.2 Potential loss of grip and control during	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control	**Management** Directorate level and department level finance reporting Cost centre level finance reports	HFMA Financial Sustainability self-assessment action plan – Chris Hand, Feb 2023	

transition to new clinically led structure	Cash flow forecast Finance Investment Board in place quality assuring business cases for revenue Capital Planning Group in place quality assuring business cases for capital Business case process in place Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain	Business cases reviewed by FIB / Capital Planning CPG decision making on budgets and capital planning Budget sign off Annual accounts Update SFI/SOs in line with Collaborative Structure agreed by Audit Committee Financial structure update **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee Board Development sessions **Independent** Going concern and financial controls audit as part of External and Internal audit programme NHSE monthly finance monitoring Final Report Financial Sustainability, Final Report to Audit & Risk Committee November 2022		
7.3 Unexpected cost pressures leading to unplanned overspends	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain ICS/ICP Director of Finance meeting Joint working with NTHT CIP group in place with agreed governance and reporting structure	**Management** Directorate level and department level finance reporting Budget sign off ICS/ICP updates through Finance report and CEO report to Committees and Board Financial structure update **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of External and Internal audit programme NHSE monthly finance monitoring ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track Final Report Financial Sustainability, Final Report to Audit & Risk Committee November 2022	HFMA Financial Sustainability self-assessment action plan – Chris Hand, Feb 2023	
7.4 Inability to agree contracts with commissioners to provide the planned levels of clinical income	Resources Committee Contracting team BIU team NHS Standard Contract and guidance Costing information Joint NTHT Contract Contract meetings Contracting working group established across NT and ST	**Management** Finance report Contracting guidance **Risk and compliance** Finance report to Board, Resources Committee **Independent** NHSE independent costing assurance audits		

		Block contracts agreed with commissioners		
7.5 Insufficient capital resources available to support innovation and transformation	Capital planning group in place (CPOG) Planned preventative maintenance (PPM) regime in place Premises assurance model (PAM) undertaken annually Regular risk assessments and environmental audits C£32m capital programme for 22/23 Capital Plan agreed by CPG Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group overseeing medical equipment Asset register maintained	**Management** Chairs log from H&S Group to QAC regarding Medical Quarterly update to Resources Committee on Capital programme PFI contract management Lifecycle report to Resources Committee **Risk and compliance** Expression of Interest in New Hospital Programme agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board Estates update to Board ICB Capital allocation **Independent assurance** Internal audit reports		
7.6 Inability of system partners to support or implement system wide opportunities	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU Finance report to JSB on opportunities across the TV **Risk and compliance** Regional Directors (2019) review of system savings report February 2022, March 2022, April 2022, Board reports on 2022/23 financial position and system savings **Independent** ICP/ICS Plan submission approval by NHSE/I Financial risk share agreements ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track.		
7.7 Failure of key infrastructure (equipment, IT and Estates) impacting on operational delivery	Capital planning group (CPOG) in place Planned preventative maintenance (PPM) processes in place to maintain assets Premises assurance model (PAM) undertaken annually Annual risk assessments and environmental audits undertaken C£32m capital programme for 22/23 Capital Plan agreed at CPG Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group in place	**Management** Chairs log from H&S Group to QAC PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee **Risk and compliance** Expression of Interest in New Hospital Programme agreed by Resources Committee LINAC report to Resources Committee	Review learning for cyber security impact on financial systems and implement actions – Chris Hand - TBC	

	Asset register maintained Digital Director appointment made and commenced in post August 2021	Community Diagnostic Hub report recommended by Resources Committee and approved by Board Estates paper to Board February 2022 February 2022, March 2022, April 2022, Board reports on 2022/23 financial position and system savings **Independent assurance** Internal audit reports		
7.8 Failure to advance digital maturity will impact on efficiency, care quality and safety	Business case for MIYA IT Business Continuity and Incident Management plans Programme for upgrade to Network infrastructure Capital Investment approved and programme of delivery for identified capital plan including infrastructure and desk top hardware Digital Strategy group MIYA programme board Engagement on GNCR SIRO Digital leadership meeting in place fortnightly NED and Associate NED appointed with digital skills background Digital Director appointment made and commenced in post August 2021	**Management** Business Case for MIYA approved by Board Digital updates to Resources Committee monthly IG update to Resource Committee June 2022 **Risk and compliance** Digital roadmap produced and included in Improvement Recovery Plan for Board Digital operability report to JPB **Independent assurance** NHS digital review of Tees Valley PWC have completed audits of Cyber Security and the Data Security & Protection toolkit. Digital governance audit by PWC – high risk	Establish process for reviewing business case benefits realisation – Chris Hand – March 2023	
7.9 Potential for cyber breach and data loss due to ever present and escalating cyber-attacks with impact on service delivery	Application of up-to-date cyber security controls including patches and software upgrade Staff training and awareness sessions Surveillance and early warning of potential threats Applying system and management practices that ensure residual risks are mitigated appropriately	**Management** Chair's log from the Digital Strategy Group Digital and IG update to Resources Committee **Risk and compliance** Annual re-certification of NCSC cyber accreditation (CE / CE+) Digital Data Security Centre careCERT notifications and actions Vulnerability scanning and penetration tests **Independent assurance** BitSight cybersecurity rating	Periodic red team exercise that covers unplanned outages of our computer systems and the restoration of service and effectiveness of data backup process Lessons drawn from cyber incidents affecting public and private sector organisations e.g. Advanced One and the eFinancial system	

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 February 2023			
Integrated Performance Report			**AGENDA ITEM: 9** **ENC 7**
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☒ Inform ☒		
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	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. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. 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.		
Assessment	There have been no new changes to metrics for December. **Our key messages for December are:** The Trust remains in segment 3, mandated support for significant concerns as reported previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. 4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system. December saw a significant surge in flu and other respiratory infections. Elective access (RTT 18-week standard) continues to improve, in contrast to the England trend. The reduction in patients waiting more than 78 weeks for non-		

	urgent elective treatment continues to be an area of focus in line with national requirements. Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures. Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve.	
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐	
Recommendation	Members of the Public Trust Board of Directors are asked to receive the Integrated Performance Report for December 2022.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Relevant to all BAF risks.	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	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 ☒	

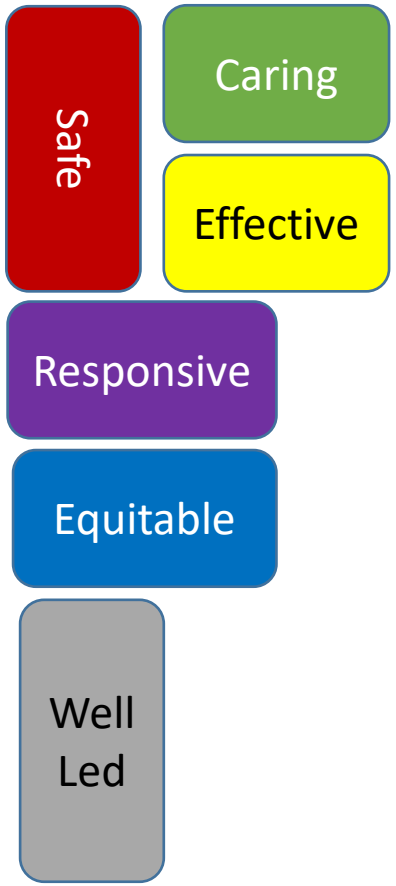
South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

December 2022

OVERSIGHT

RESPONSIBLE DIRECTORS	BOARD SUB COMMITTEE
Dr Hilary Lloyd, Chief Nursing Officer	Quality Assurance Committee
Dr Michael Stewart, Chief Medical Officer	Quality Assurance Committee
Samuel Peate, Chief Operating Officer	Resources Committee
Robert Harrison, Managing Director	Resources Committee
Chris Hand, Finance Director	Resources Committee
Rachael Metcalf, Human Resources Director	People Committee



Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

No change.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

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 Improvement Plan (July 2022) sets out our plans to meet the national planning priorities, as well as our local objectives and safety and quality priorities for 2022/23.

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	OPFU - 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	Nov-22	Nov-22	Nov-22	Nov-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Oct-22	Nov-22	Oct-22	Oct-22
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	<=75%	104%	104%	120%	<=1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT	62.3%	105	351	554	66.7%	1,352	83	1	46,739	0%	0%	0%	101%	28.4%	63.2%	177	248	72.0%
NENC ICS Provider level *(including IS providers)*	72.9%	1393	2,243	1,670	71.1%	9,163	933	27	382,999	0%	0%	0%	103%	18.1%	59.8%	1,103	1,698	75.6%
North East & Yorkshire	70.3%				66.8%									22.8%	60.2%			72.7%
National	68.9%				60.1%									27.5%	60.3%			68.5%

The Trust remains in segment 3, mandated support for significant concerns as reported previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. 4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system. December saw a significant surge in flu and other respiratory infections. Elective access (RTT 18-week standard) continues to improve, in contrast to the England trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment continues to be an area of focus in line with national requirements. Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures. Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2338	2070	Dec 2022		
Serious Incidents	9	6	Dec 2022		
Never Events (YTD)	6	0	Dec 2022	N/A	N/A
Falls	168		Dec 2022		N/A
Falls Rate %	4.8	6.6	Dec 2022		
Falls With Harm	3		Dec 2022		N/A
Falls With Harm Rate %	0.1		Dec 2022		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory has been updated to indicate our aim to at least maintain this level of reporting for the next 12 months. We will review in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) are fully implemented. The number of SIs remains within expected variation and learning continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners.

Falls

The rate of all falls and falls with harm are stable and remains within control limits. The rate of falls and falls with harm reduced in December. A new initiative to highlight patients at high risk of falls was launched in the last month, with structured reviews and thematic analysis of falls being undertaken every month. Further work includes planned process mapping of falls in areas based on rates.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.6		Dec 2022		N/A
Category 2 Pressure Ulcers (Community)	45		Dec 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1		Dec 2022		N/A
Category 3&4 Pressure Ulcers (Community)	18		Dec 2022		N/A
Medication Incidents	128		Dec 2022		N/A
Medications Reconciled Rate %	52%	80%	Oct 2022		
Omitted Critical Doses	42		Oct 2022		N/A
C-Difficile (YTD)	107	81	Dec 2022	N/A	N/A
MRSA (YTD)	2	0	Dec 2022	N/A	N/A
E-Coli (YTD)	94	103	Dec 2022	N/A	N/A
Klebsiella (YTD)	42	37	Dec 2022	N/A	N/A
Pseudomonas (YTD)	9	10	Dec 2022	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation. The number reported in the community also remains stable and within expected variation.

The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. There were no SIs reported for the month of November. The PURPOSE T tool and SSKIN assessment were introduced at FHN and JCUH hospital onto the digital platform, Patientrack in September 2022. Extensive education and training has taken place in the clinical areas and an e-learning video created by the Tissue Viability team. Pressure ulcer review meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality. Discussions have taken place with the Head of Quality, ICB related to proportionate reporting and the early adoption of PSIRF.

Medications

Medication incidents reported in December remain within expected variation. Medicines reconciliation remain an area of focus, with additional hours made available. Omitted critical doses: stock lists have now been reviewed. EPMA reports are currently being written to assist with analysis. Pilot of ward medicines assistants planned for the new financial year. Implementation of our electronic prescribing system continues to be rolled out across the wards to further enhance processes and safety.

Healthcare acquired infections

Clostridiodes difficile has clear tracking. One MRSA was reported in December and is reviewed in line with standard practice. High levels of bed occupancy due to ongoing challenges in social care continue to be observed. Winter has seen an increase in the number patients with a respiratory conditions including Influenza, COVID-19 and RSV. Klebsiella is monitored in line with work regarding line care and Aseptic Non-Touch Technique (ANTT)

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	387		Dec 2022	N/A	N/A
Breast feeding initiated (48 hrs)	59.7%	74.5%	Dec 2022		
Preterm birth rate <26+6 wks	0.8%	6%	Dec 2022		
Preterm birth rate 27 - 36+6 wks	8.9%	6%	Dec 2022		
Induction of Labour (%)	46.3%	44%	Dec 2022		
Number of 3rd/4th degree tear (%)	2.3%	3.5%	Dec 2022		
PPH > 1500ml (%)	2.8%	2%	Dec 2022		
Still Births (YTD)	10	17	Dec 2022	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data has been cross checked with other similar units and we are not an outlier. All pre-term births are reviewed by Consultant and midwife and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. There are plans to undergo reassessment in 2023. Virtual antenatal infant feeding sessions are held, where good attendance is achieved. Initial feedback from all women who attend these sessions is that they all initiate breast feeding post birth. Enhanced Maternity Support Workers are in each family hub supporting vulnerable women antenatally to improve engagement and public health.

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. A working group has been created to review the IOL pathway.

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard.

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. Multi-disciplinary simulations occur on a regular basis to ensure staff are well prepared for any emergency situation which may occur.

All maternity standards are reviewed monthly by the Maternity Improvement Board and reported to Quality Assurance Committee.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6%		Oct 2022		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Nov 2022		
Sepsis - Blood cultures within 1hr	69%	95%	Nov 2022		
Sepsis - Empiric IV antibiotics within 1hr	72.4%	95%	Nov 2022		
Sepsis - Serum lactate within 1hr	82.8%	95%	Nov 2022		
Sepsis - IV fluid resuscitation within 1hr	75.9%	95%	Nov 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Nov 2022		
Summary Hospital-Level Mortality Indicator	107.2	100	Aug 2022		
Comorbidity Coding	4.4		Aug 2022		N/A

Readmission rates

The emergency readmission rate remains higher than during the height of the COVID-19 pandemic but within current expected variation.

Sepsis

100% compliance has been achieved for urine output monitoring and oxygen delivery to target saturations. Actions are detailed below;

- Compliance targets to be set for acutely ill patient courses for all acute areas, including role specific mandatory training
- Audit complete of 3 hour antibiotic guidance 88% compliant within 3 hours (October 2022)
- Communication team support - 17/01/2023 agreement for screen savers and intranet banners
- Think sepsis stickers designed for thermometers
- Input from microbiology consultant around auditing new lactate prompts. There has been an increase in compliance.
- Audit of all elements of sepsis six against 3 hour time frame yields over 80% compliance in each element (October 2022).
- Action plan complete for timely physiological observations which will increase timely response to recognition and response to sepsis

Mortality

For the latest official reporting period, Sep 2021 to Aug 2022, SHMI is 'as expected' at 107. 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 had been returning to normal volumes. Currently 4.7% of spells in England are removed because they have a COVID code and spells included in SHMI are at 86% of pre-pandemic levels (both metrics slightly worse than last month).

Mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we serve, although the improvement in coding since January 2022 is continuing.

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with approximately 10% referred for further review. Learning from ME and mortality reviews included 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.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	75.3%	78%	Nov 2022		
Inpatient Experience (%)	98.2%	94%	Dec 2022		
Maternity Experience (%)	91.1%	92%	Dec 2022		
Outpatient Experience (%)	96.2%	93%	Dec 2022		
Community Experience (%)	100%	94%	Dec 2022		
New Complaints	15		Dec 2022		N/A
Closed Within Target (%)	66.7%	80%	Dec 2022		

Patient experience

Emergency Department Friends & Family Test score reflects the impact of wider health and social care system pressures and there continues to be close overview within the directorate. The Inpatient Friends & Family Test score remains above target. The feedback in the Outpatient Friends & Family Test score remains above the target. The Friends & Family Test score reported in Community services consistently performs above the national average.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. Comments from the surveys are being reviewed by the Maternity team to identify areas for improvement and will be monitored though the Patient Experience Steering Group. Patient experience as reported by this metric is improved in December.

Closed with target

The complaints closed within timeframe remains an area of focus. Focused work continues with support provided to Collaboratives and clinical teams by the Patient Experience Team and the Safe and Effective Care Leads to increase and sustain compliance. Complaints and PALS compliance trajectory is monitored weekly. The complaints timeframe for closure is on an upward trajectory and continues to be overseen by the Patient Experience Steering Group.

Learning from complaints

Learning and themes from complaints are systematically shared with clinical colleagues.

EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

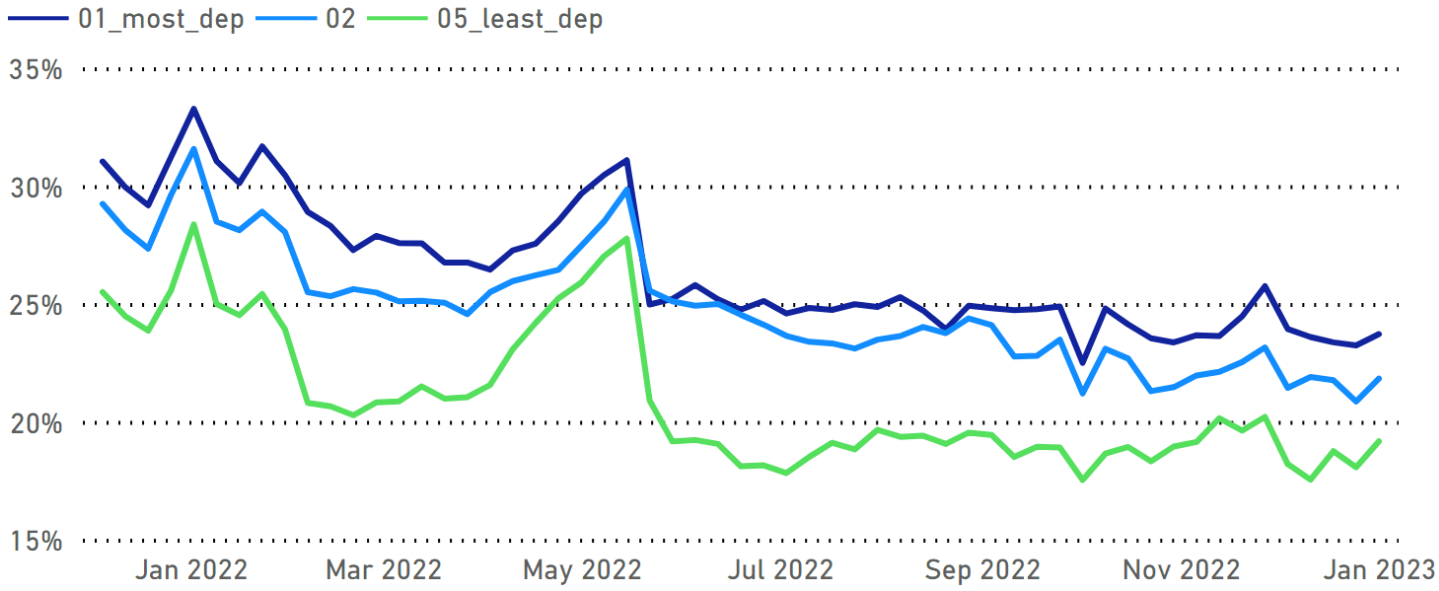
IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	48584	19222	28%	67806
02	27609	10030	27%	37639
03	30512	9395	24%	39907
04	42257	12797	23%	55054
05_least_dep	31150	9102	23%	40252
N/k	11924	3992	25%	15916
Total	**192036**	**64538**	**25%**	**256574**

IMD is taken from patient's postcode of residence

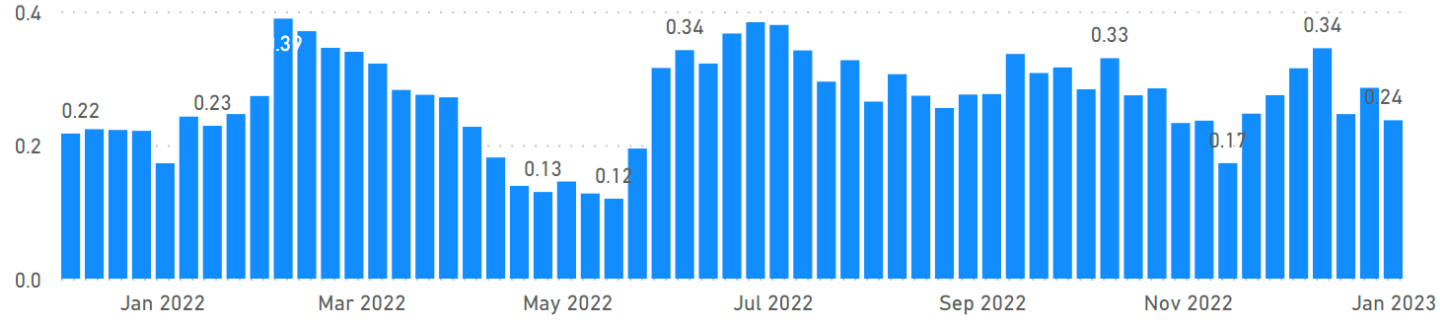
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 52 weeks

In Standard: All others

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



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



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

The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure to 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.

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

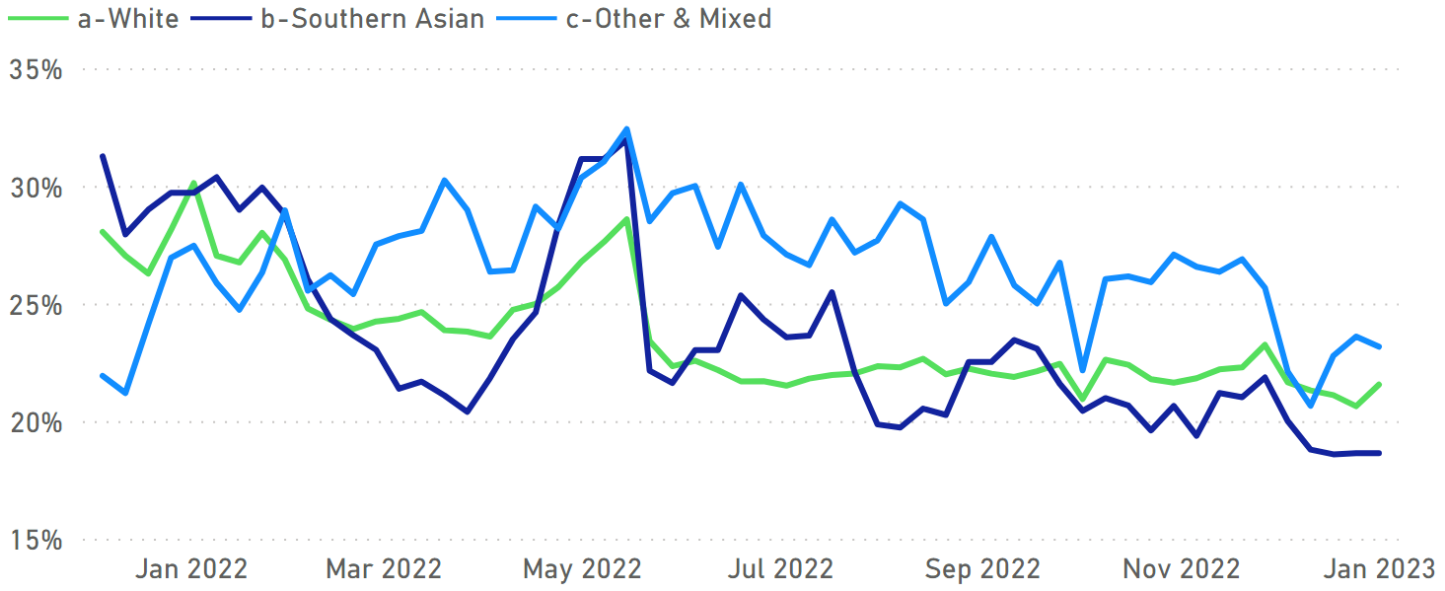
Latest PTL by IMD quintile

Ethnic_cluster (groups)	In Standard	Long waits	% of total	
⊞ **a-White**	**166800**	**56237**	**25%**	**2**
⊞ **b-Southern Asian**	**3111**	**1083**	**26%**	
⊟ **c-Other & Mixed**	**3909**	**1474**	**27%**	
Black	806	408	34%	
Mixed	915	355	28%	
Other	2188	711	25%	
⊞ **N/k**	**18216**	**5744**	**24%**	
Total	**192036**	**64538**	**25%**	**2**

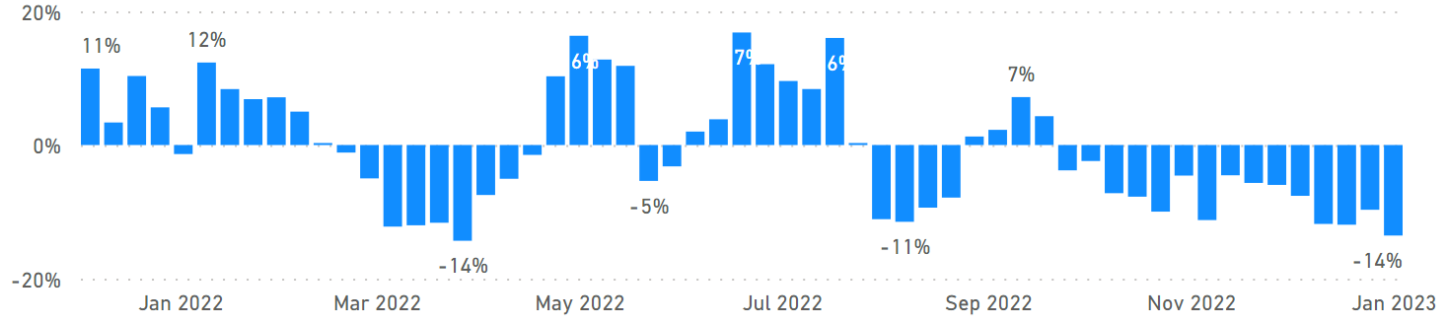
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 78 weeks

In Standard: All others

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

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
ED Attendances - Type 1 (vs 19/20)	10981	9682	Dec 2022		
ED Attendances - Type 3 (vs 19/20)	5959	4203	Dec 2022		N/A
Handovers - Within 15 Mins (%)	20%	65%	Dec 2022	L	
Handovers - Within 30 Mins (%)	33.3%	95%	Dec 2022	L	F
4-Hour A&E Standard	60.2%	95%	Dec 2022	L	F
12-Hour Waits from Decision to Admit	159	0	Dec 2022		
12-Hour A&E Breaches	1128	0	Dec 2022		
RTT Incomplete Pathways (%)	66.8%	92%	Nov 2022	L	F
RTT 52 week waiters	1466	988	Nov 2022	N/A	N/A
RTT 78 week waiters	94	62	Nov 2022	N/A	N/A
RTT Waiting List Size	48167	41677	Nov 2022	H	
Diagnostic 6 Weeks Standard (%)	74.9%	99%	Nov 2022	L	F
Cancer 14 Day Standard (%)	65.9%	93%	Nov 2022	L	F
Cancer 31 Day Standard (%)	91.4%	96%	Nov 2022		
Cancer 62 Day Standard (%)	58.1%	85%	Nov 2022	L	F
Cancer 62 Day Screening (%)	95.2%	90%	Nov 2022		
Cancer Faster Diagnosis Standard (%)	76.9%	75%	Nov 2022	H	
Cancelled Ops - Non-Urgent Cancelled on Day	51	0	Dec 2022	H	F
Cancelled Ops - Not Rebooked Within 28 days	11	0	Dec 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	Dec 2022	N/A	N/A

Urgent and emergency care

The impact of challenges across the health and social care system continues to be observed, with increased emergency care activity in December. High bed occupancy due to continued challenges in social care and other parts of the health and care system remains an area of focus. Evidence-based process improvement remains an organisational priority and the trust works closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, can access this without delay.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks performance is improving and, at 67%, the national trend is one of deteriorating performance. Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which impacts positively on this metric as services continue their COVID-19 recovery. The focus remains on the longest waits – maintaining a zero position with 104 week waits and treating all 78-week waiting patients by end of March 2023.

Diagnostic access improved to 75% compliance with the 6-week standard. Tests for waiting list patients are balanced against increasing volumes of urgent demand and surveillance (emergency care and cancer pathways). Additional capacity in endoscopy at both JCUH and FHN has contributed to this. This will in turn have a positive impact on metrics. The Cancer 62-day standard: continued work to deliver first definitive treatment (these patients are reported as their treatment takes place). The 14-day standard and diagnostic elements of pathways remain in focus too.

Cancer Action Plans are in place for each pathway and support service which are monitored through the Cancer Delivery Group, incorporating recommendations from Pathway Review projects. Additional processes have been implemented for the management of 104+ day waiters and funding has been secured for additional support with accumulation and 80+ day patients. The Trust has been successful in securing additional £1.5m capital funding from NHSE to support additional activity and replace redundant equipment.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	14992	17383	Dec 2022		
Outpatient Follow Up Attendances	39166	37013	Dec 2022		
Day Case admissions	5141	5876	Dec 2022		
Ordinary Elective admissions	714	1043	Dec 2022		
NEL admissions with 0 LOS	1615	2247	Dec 2022		
NEL admissions with 1+ LOS	3634	4065	Dec 2022		
Length of Stay - Elective	5.1		Dec 2022		N/A
Length of Stay - Non-Elective	5.1		Dec 2022		N/A
Not Met Not Discharged	88	90	Dec 2022		
21 Day Stranded Patients (%)	12.7%	12%	Dec 2022		

Activity

Outpatient first attendances reduced in December, but is expected to rise as data is fully coded. Outpatient follow-up attendances are slightly higher than anticipated as some specialties are still addressing accumulations. Admitted elective activity reduced in December as expected, and will continue to do so in January, as the Trust prioritises safe non-elective care pathways through the peak of winter in line with standard NHS planning. Non-elective admissions remain lower than predicted in our annual planning, however because of wider health and care system pressures, bed occupancy on assessment units and general medical wards was significantly above the 92% standard.

Length of Stay

Non-elective length of stay remains higher than the long-term average. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. This particularly impacts on patients awaiting a package of care in their own home. The Trust's winter plans, include the provision of more capacity to care for patients when their acute medical needs have been met, alongside development of out-of-hospital alternatives to acute care such as Virtual Wards. These are bringing additional capacity phased in over the winter months.

Patients who no longer meet criteria to reside in an acute bed has been on a decreasing trend and was ahead of plan in December. The Trust has made progress in reducing delays within its span of control, however social care attributable delays remain a feature.

The number of patients staying in hospital longer than 21 days increased when activity returned to pre-COVID levels but has remained stable over the last four months. The percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, we are focusing on appropriate repatriation for care closer to home.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£20.146m	-£17.298m	Dec 2022	N/A	N/A
Annual Appraisal (%)	81.5%	80%	Dec 2022	H	F
Mandatory Training (%)	90.6%	90%	Dec 2022	H	?
Sickness Absence (%)	7.2%	4%	Dec 2022	H	F
Staff Turnover (%)	13.1%	10%	Dec 2022	H	F

Finance and use of resources

The Trust plan is to deliver a £20.7m deficit for the 2022/23 financial year, as part of the ICS plan to deliver financial balance at a system level. At the end of Month 9, the Trust year-to-date financial position shows a £2.8m variance mainly relating to the additional year-to-date cost of the national pay award above the level of pay award funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB for distribution to provider trusts to meet the full costs of the national pay award.

People

Sickness absence across the Trust was 7.16% for the month of December, this includes an increase in short term and long-term sickness absence in line with this winter's surge in community respiratory illness rates. The Wellbeing and Attendance team supports Collaborative management teams' planning to support a reduction in long term sickness. The team also works closely with occupational health ensure efficient case management.

Appraisal compliance continues to be over target and is now 81.52%. Mandatory Training compliance also remains over target and is now 90.59%. The HR team are continuing to provide support to Collaboratives to ensure compliance remains high and targets are achieved/exceeded.

The Trust continues to see turnover below the national average with some of the lowest nursing turnover rates in England.

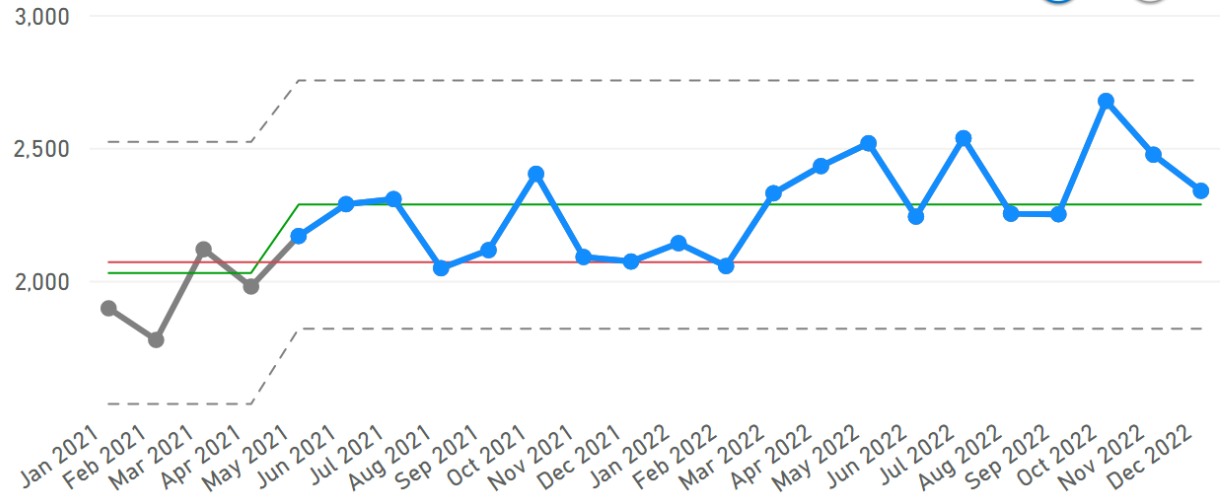
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

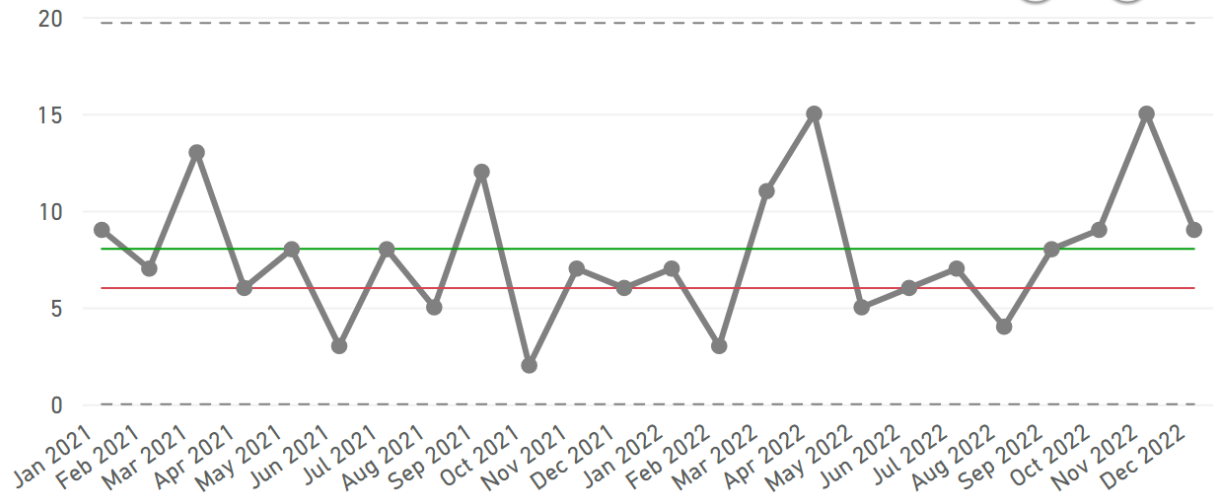
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Dec 2022	2338	2070		



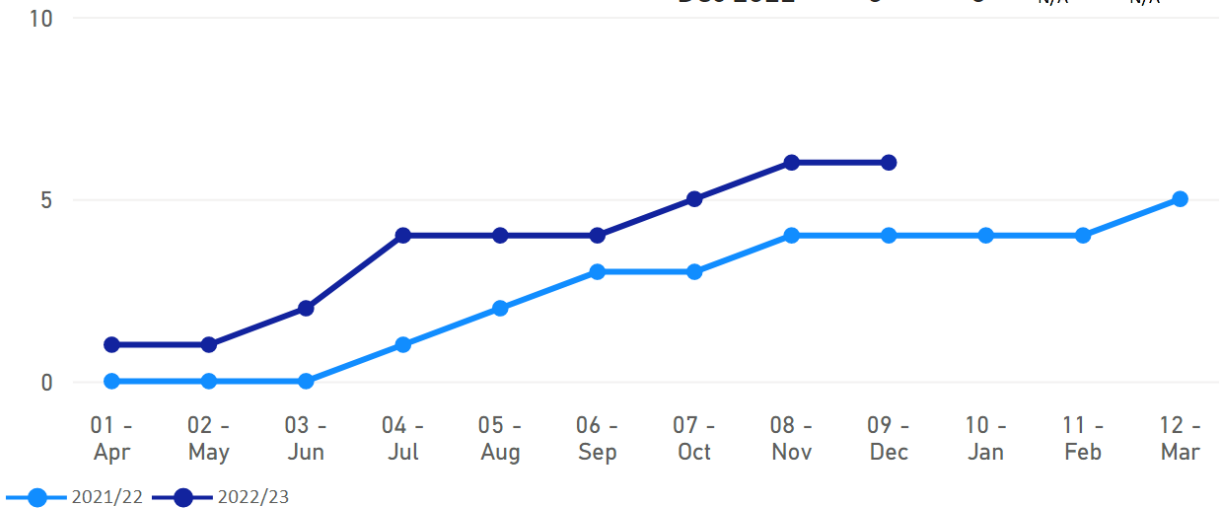
Serious Incidents

Month	Performance	Target	Trend	Assurance
Dec 2022	9	6		



Never Events (YTD)

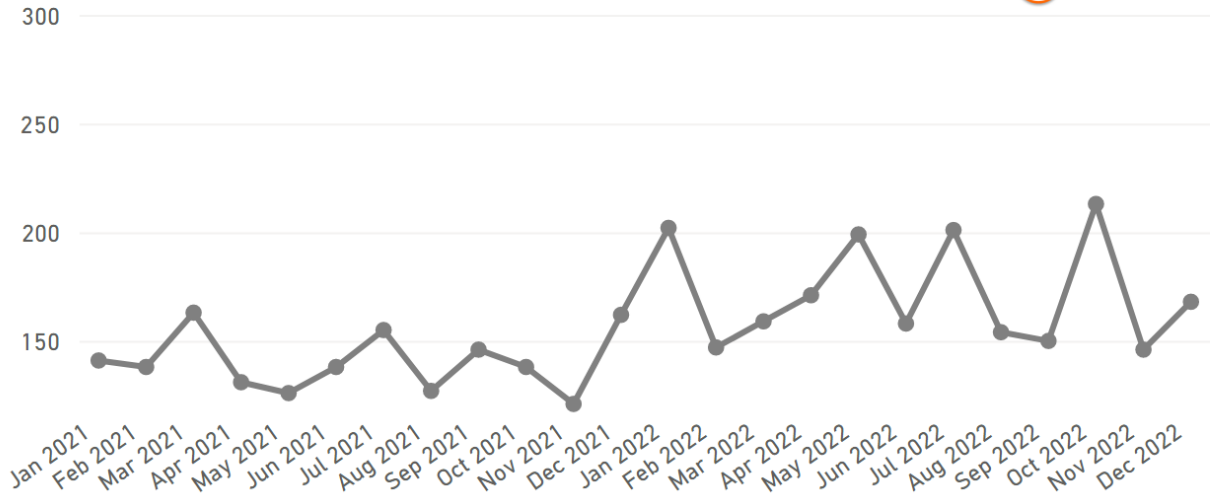
Month	Performance	Target	Trend	Assurance
Dec 2022	6	0	N/A	N/A



SAFE

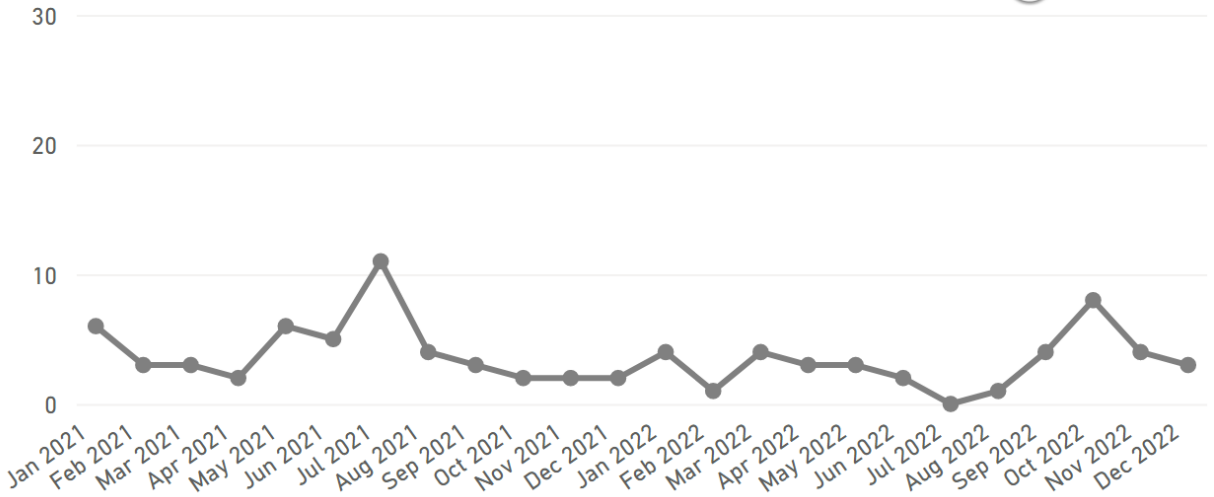
Falls

Month	Performance	Target	Trend	Assurance
Dec 2022	168			N/A



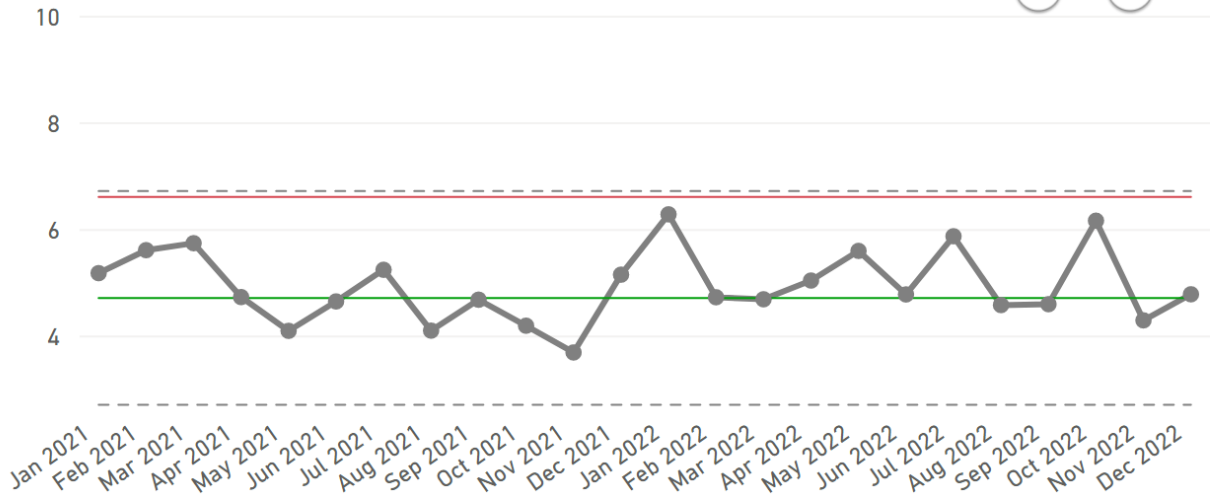
Falls With Harm

Month	Performance	Target	Trend	Assurance
Dec 2022	3			N/A



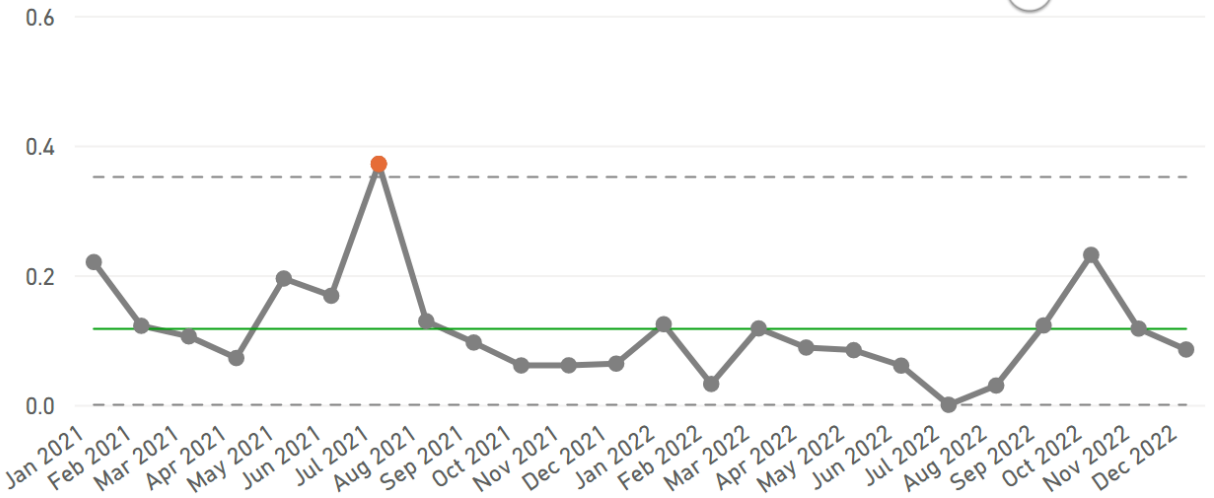
Falls Rate %

Month	Performance	Target	Trend	Assurance
Dec 2022	4.8	6.6		



Falls With Harm Rate %

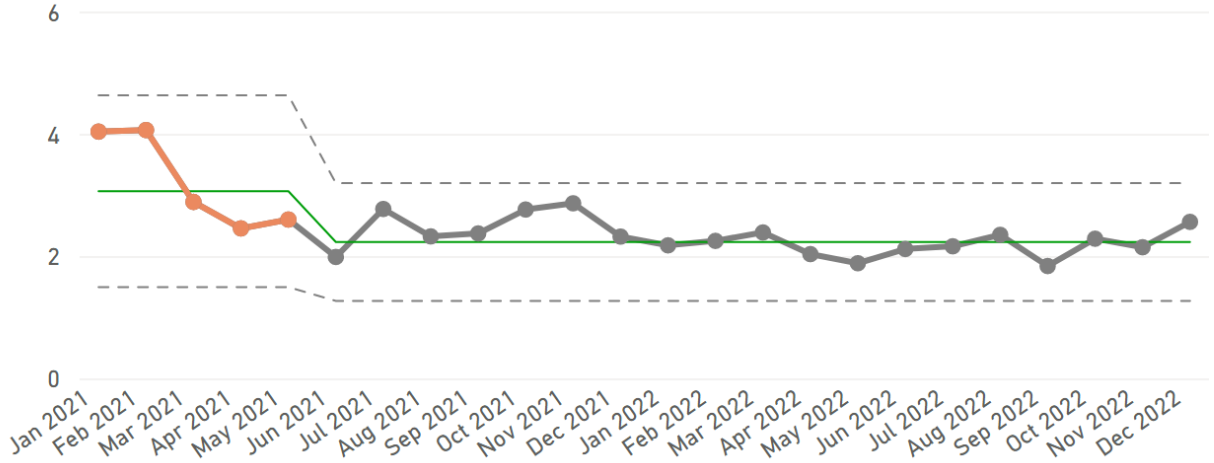
Month	Performance	Target	Trend	Assurance
Dec 2022	0.1			N/A



SAFE

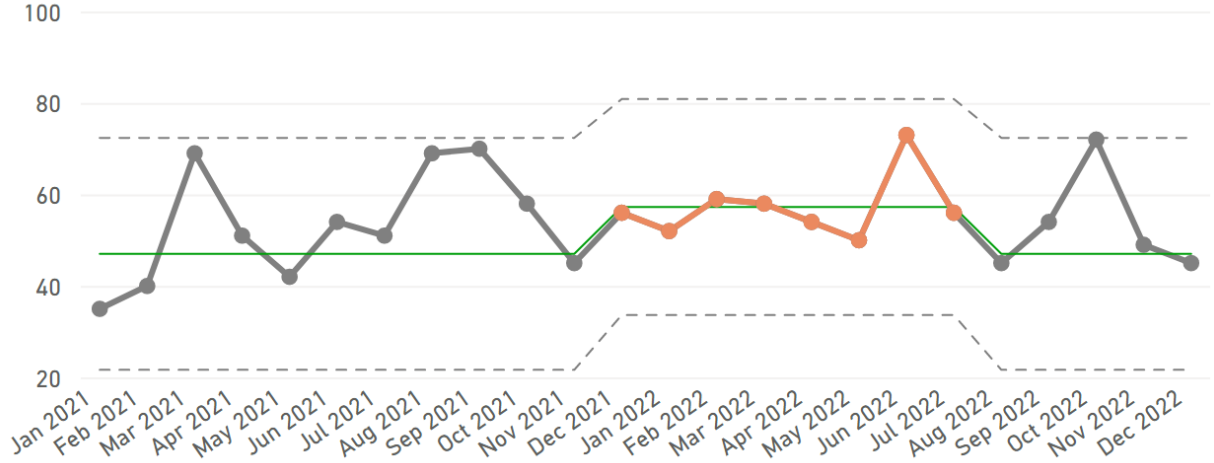
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Dec 2022	2.6			N/A



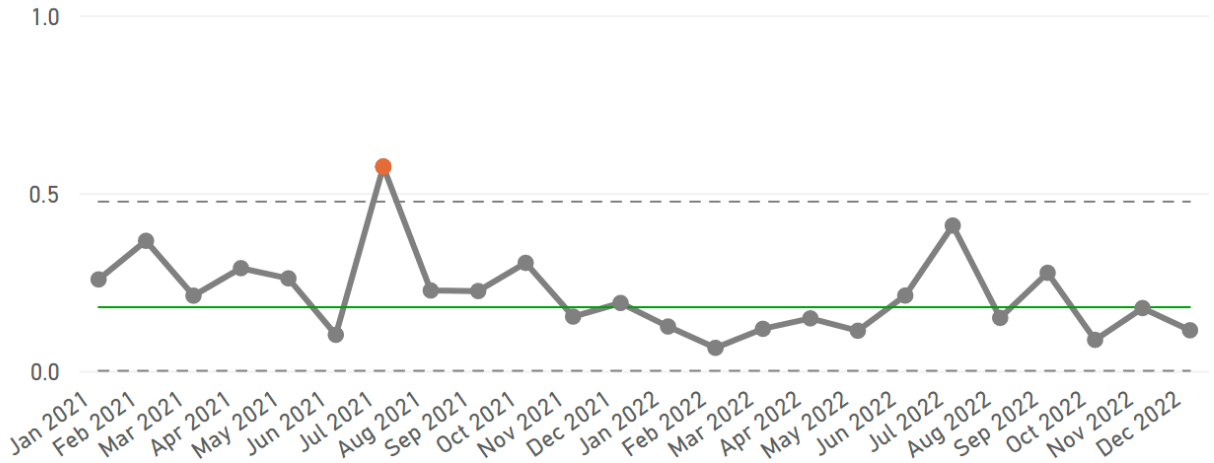
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Dec 2022	45			N/A



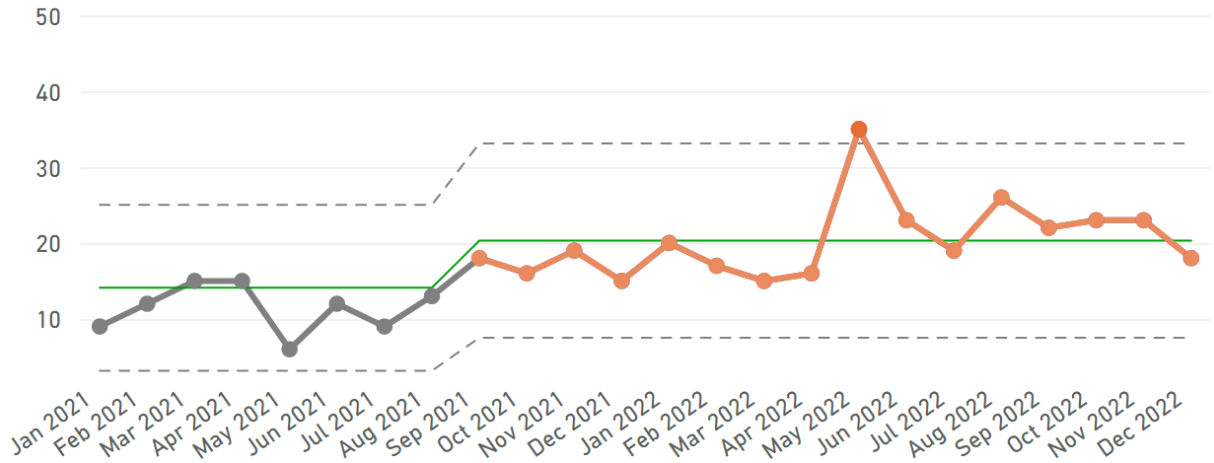
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Dec 2022	0.1			N/A



Category 3&4 Pressure Ulcers (Community)

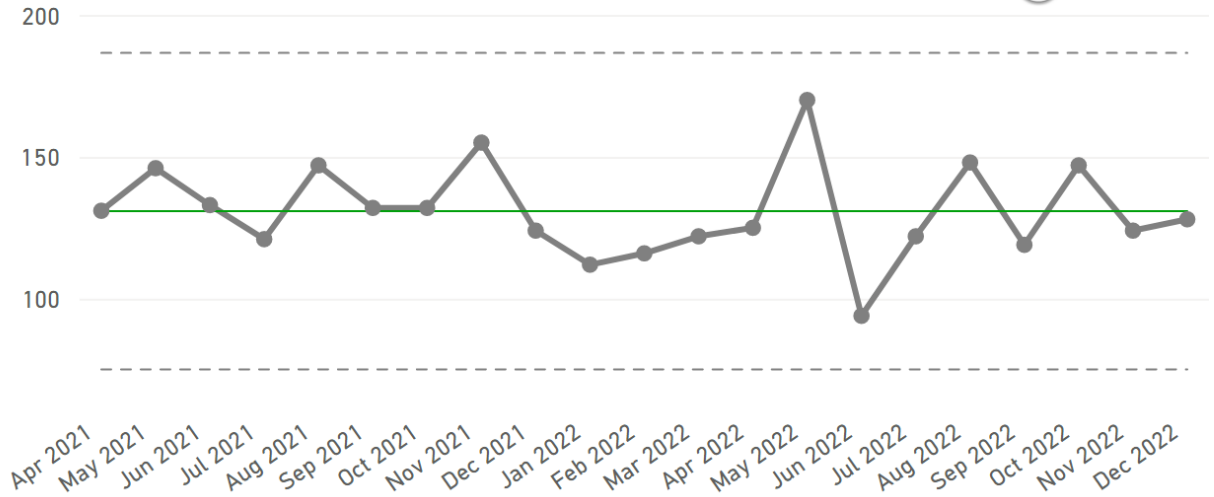
Month	Performance	Target	Trend	Assurance
Dec 2022	18			N/A



SAFE

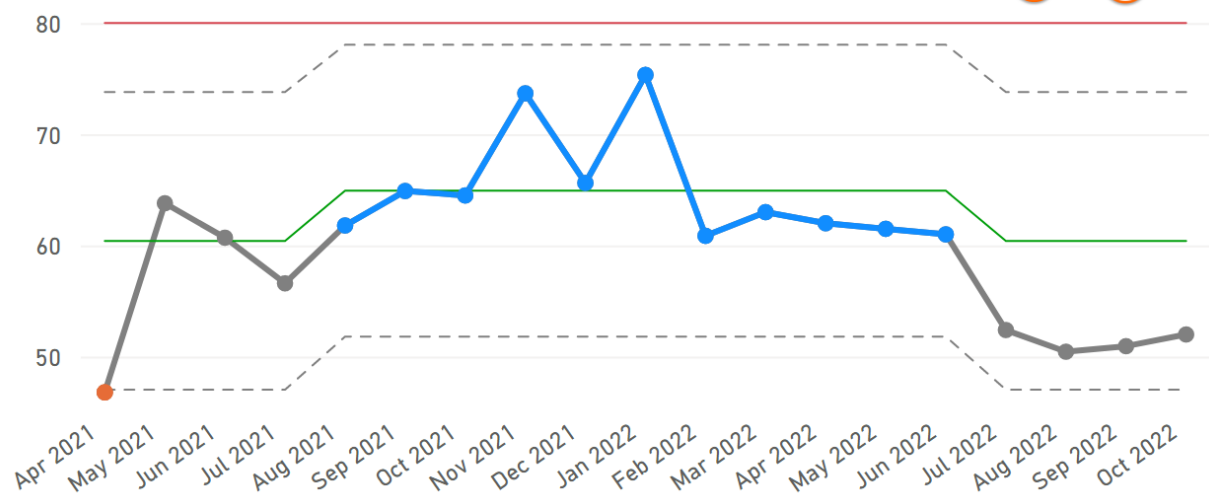
Medication Incidents

Month	Performance	Target	Trend	Assurance
Dec 2022	128			N/A



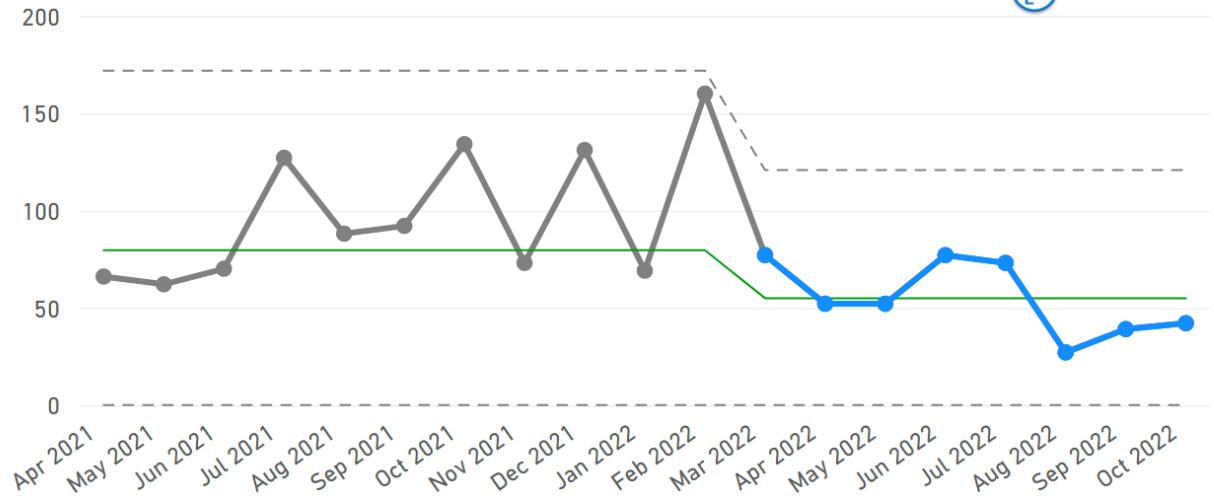
Medications Reconciled Rate %

Month	Performance	Target	Trend	Assurance
Oct 2022	52%	80%		



Omitted Critical Doses

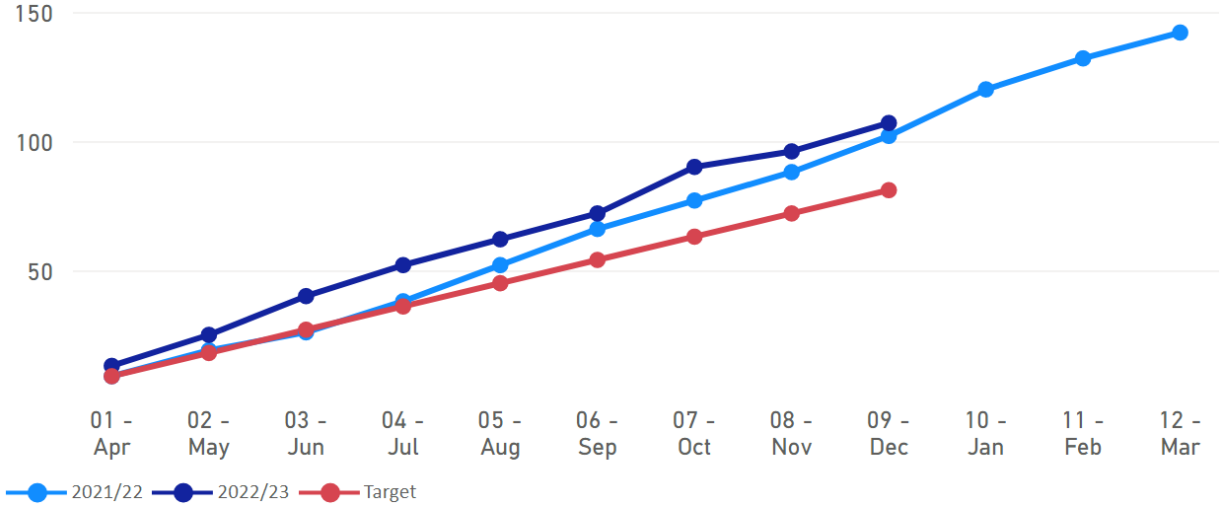
Month	Performance	Target	Trend	Assurance
Oct 2022	42			N/A



SAFE

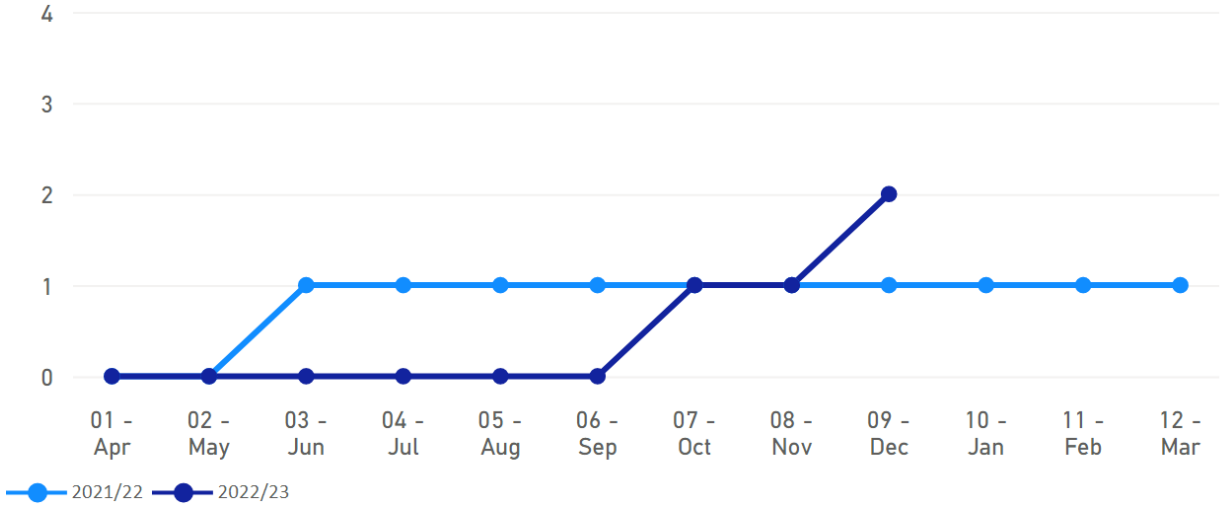
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2022	107	81	N/A	N/A



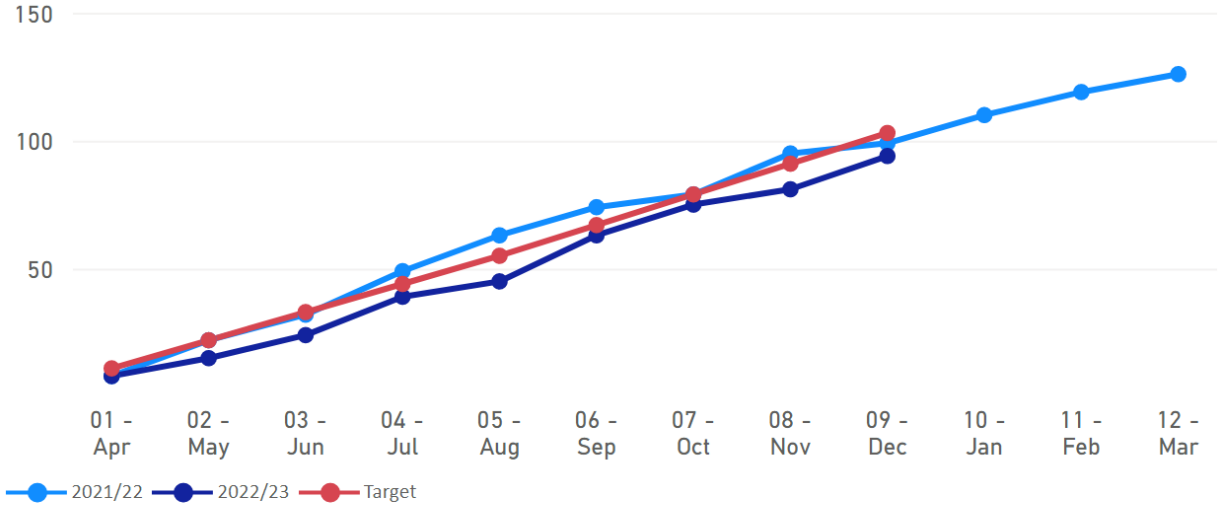
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2022	2	0	N/A	N/A



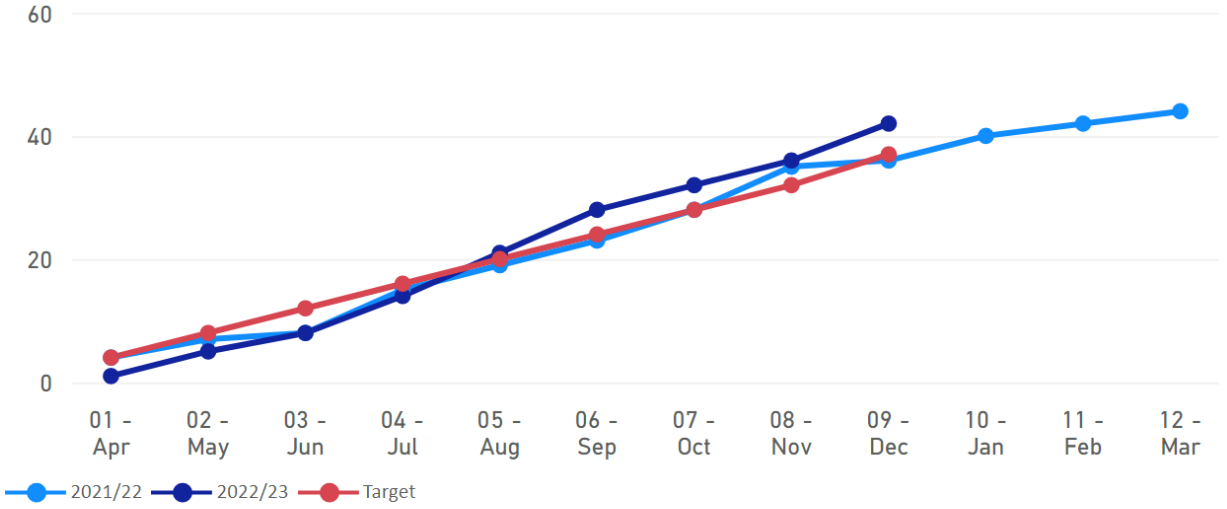
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2022	94	103	N/A	N/A



Klebsiella (YTD)

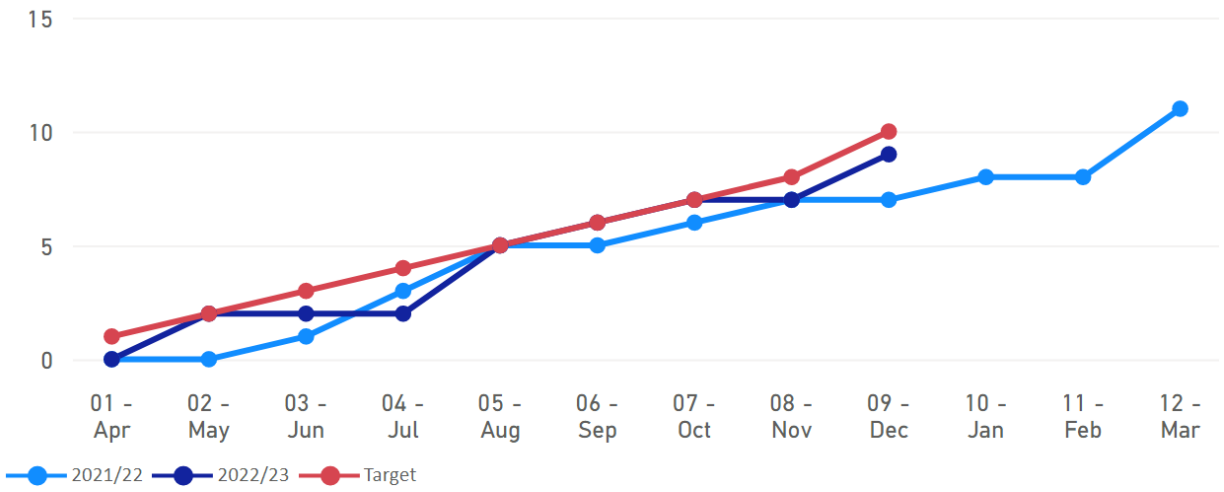
Month	Performance	Target	Trend	Assurance
Dec 2022	42	37	N/A	N/A



SAFE

Pseudomonas (YTD)

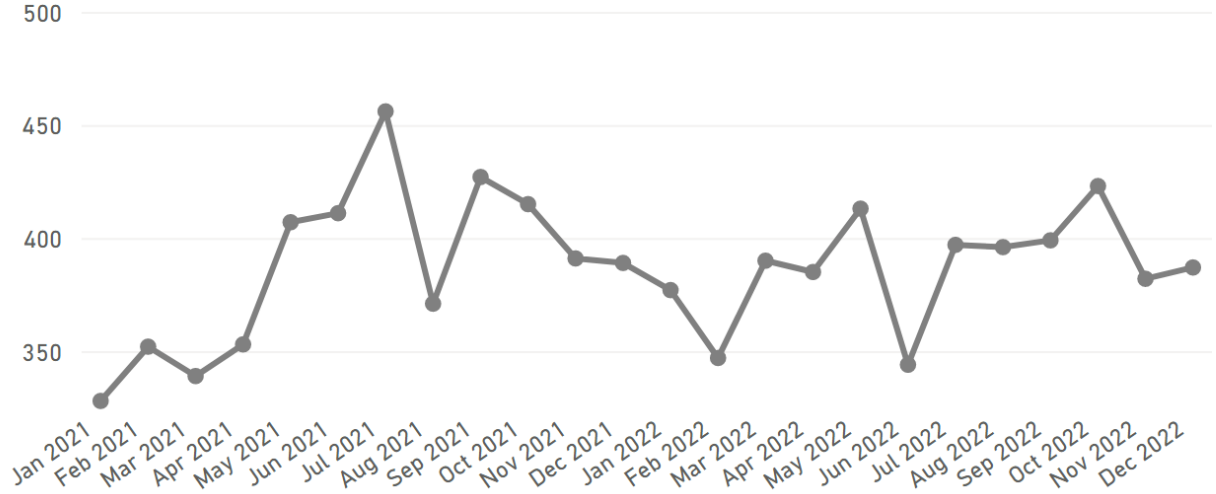
Month	Performance	Target	Trend	Assurance
Dec 2022	9	10	N/A	N/A



SAFE

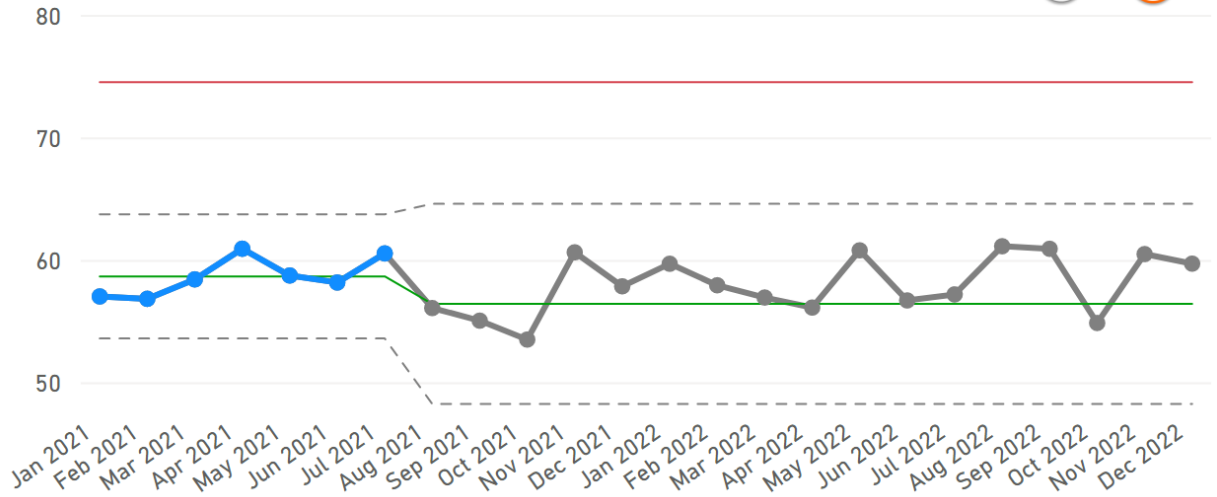
No. of babies born

Month	Performance	Target	Trend	Assurance
Dec 2022	387		N/A	N/A



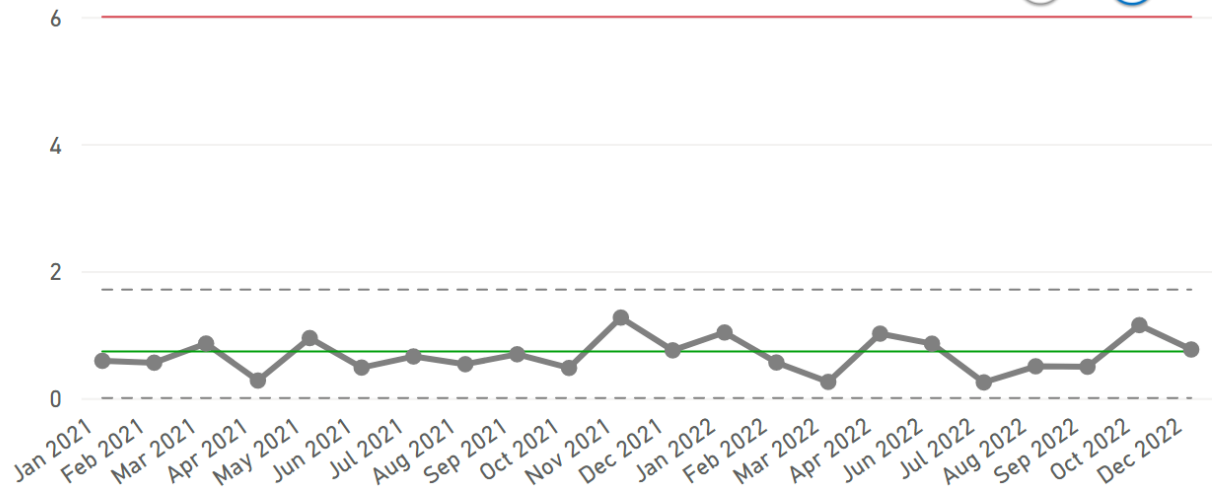
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Dec 2022	59.7%	74.5%		



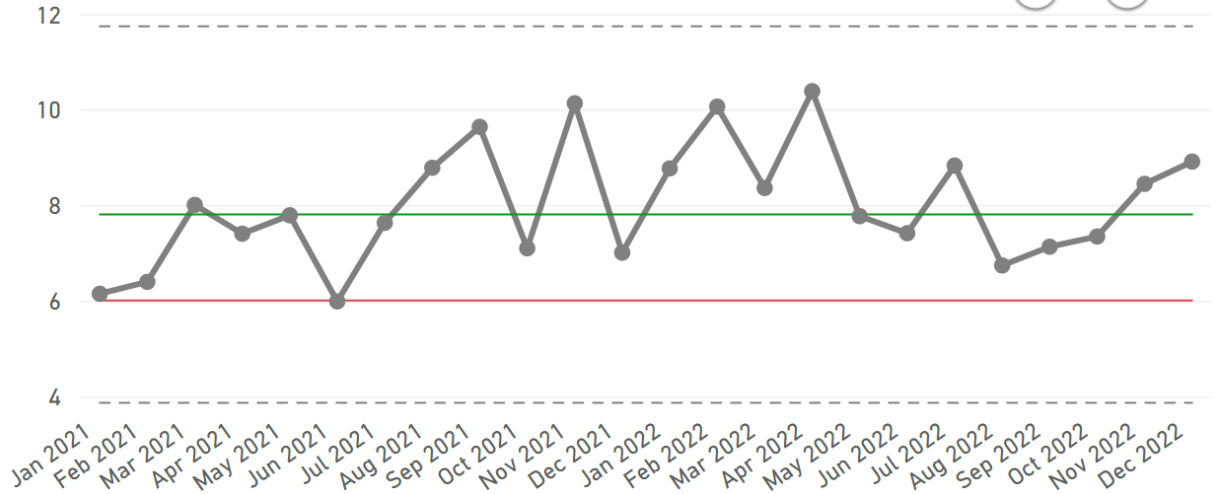
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Dec 2022	0.8%	6%		



Preterm birth rate 27 - 36+6 wks

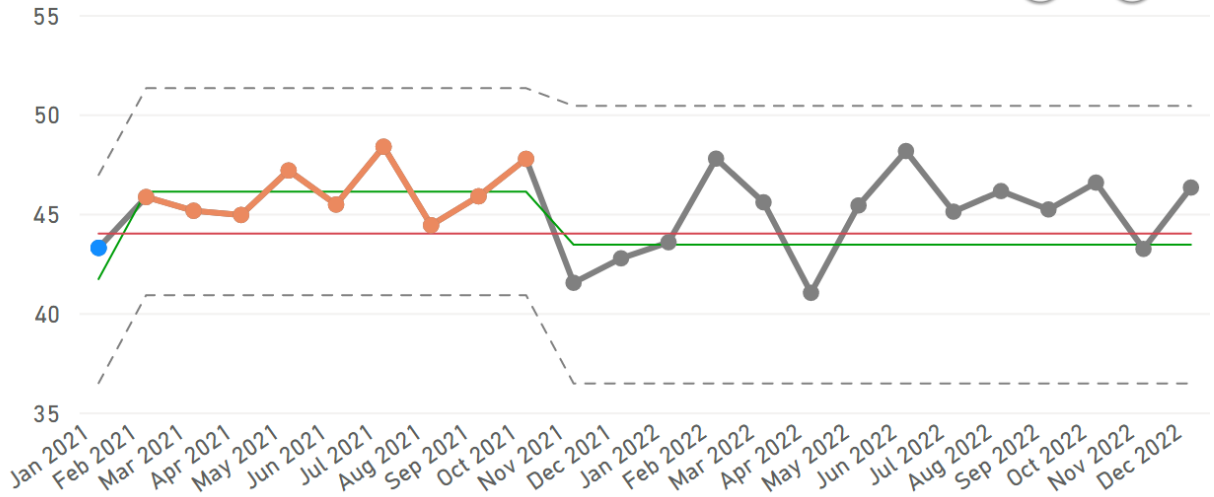
Month	Performance	Target	Trend	Assurance
Dec 2022	8.9%	6%		



SAFE

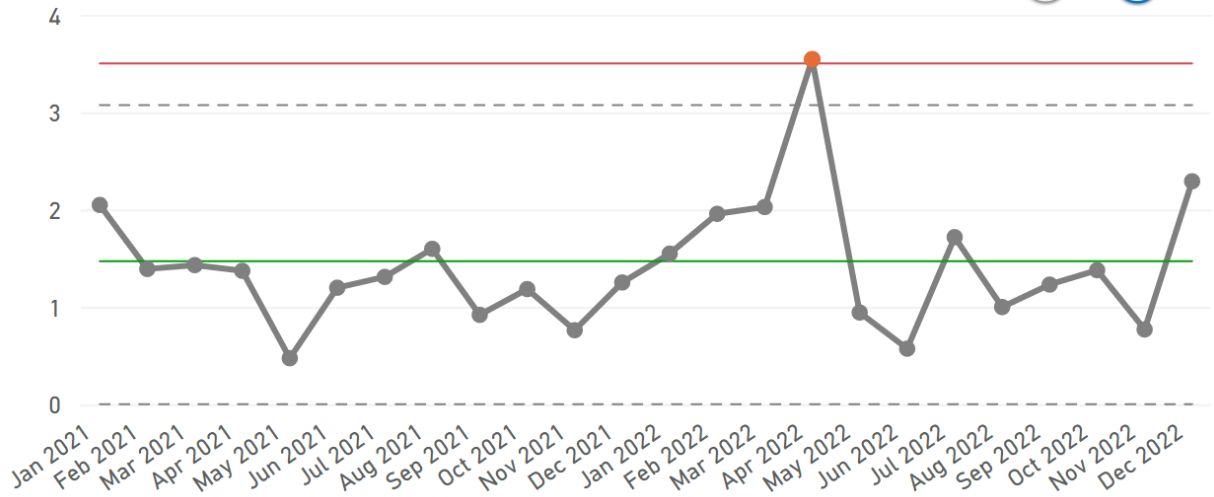
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	46.3%	44%		



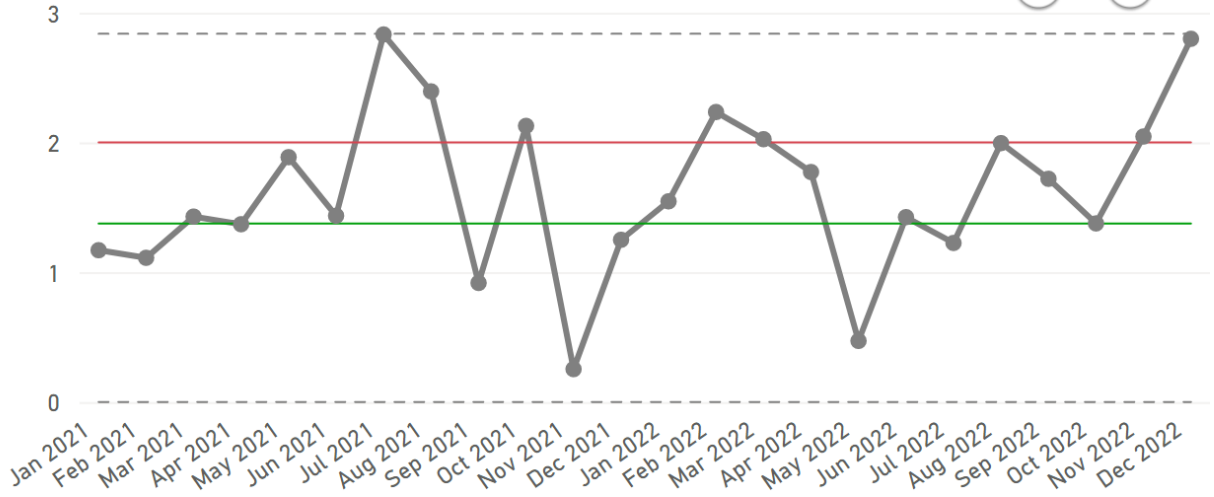
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	2.3%	3.5%		



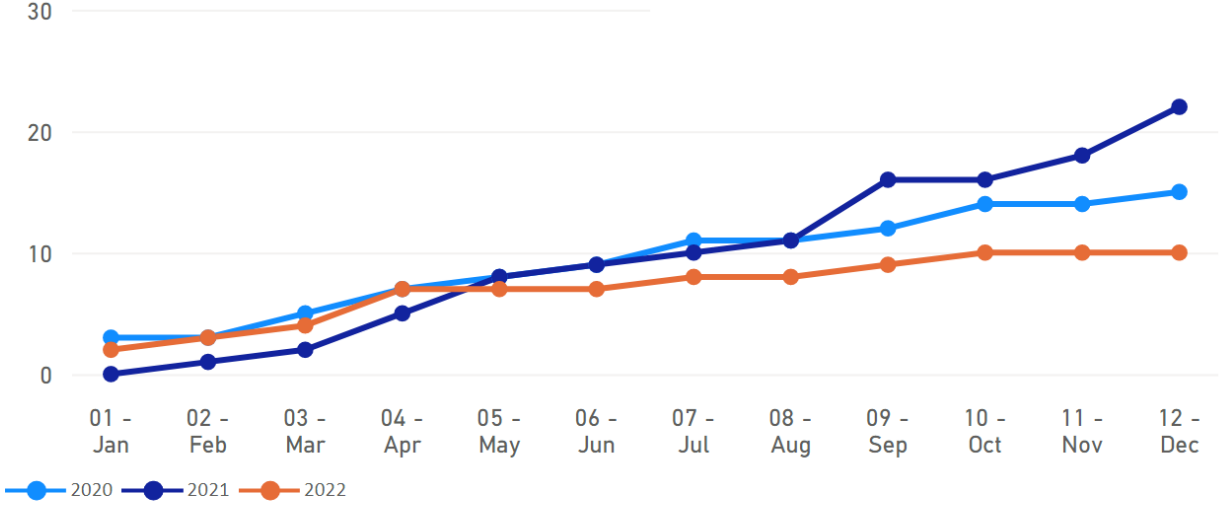
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	2.8%	2%		



Still Births (YTD)

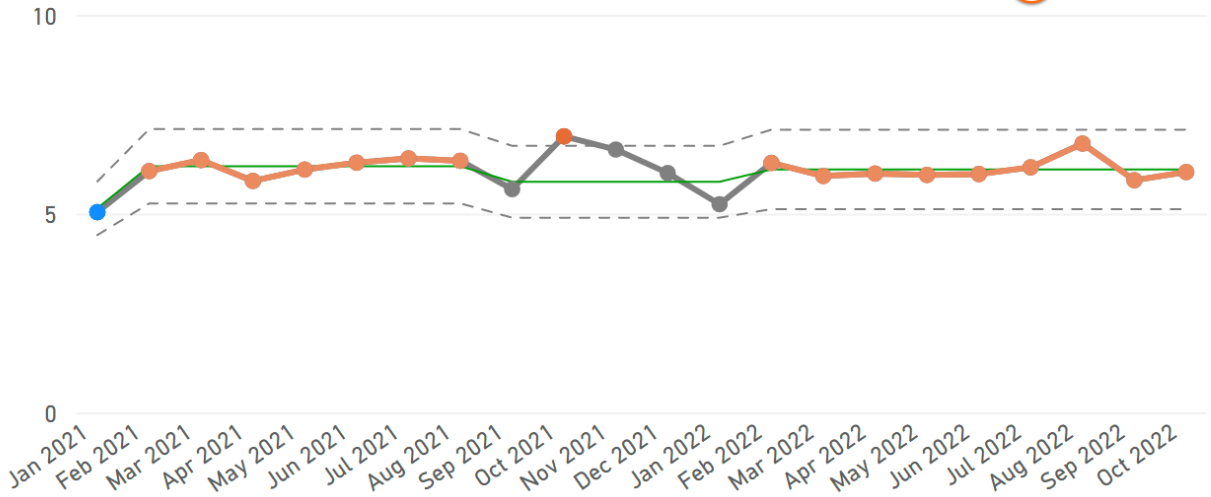
Month	Performance	Target	Trend	Assurance
Dec 2022	10	17	N/A	N/A



EFFECTIVE

Readmission Rate %

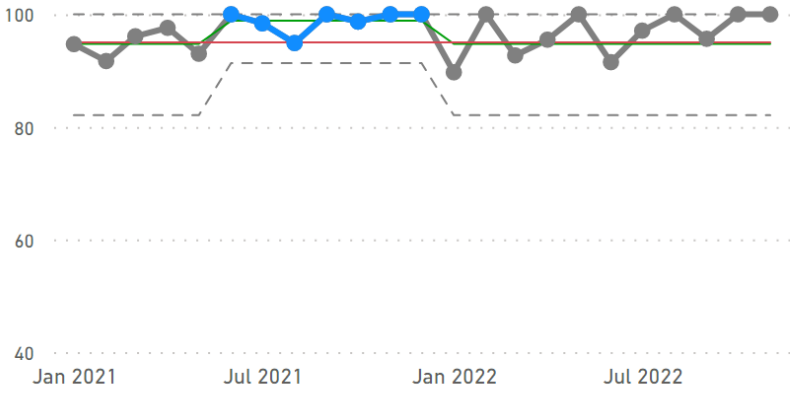
Month	Performance	Target	Trend	Assurance
Oct 2022	6%			N/A



EFFECTIVE

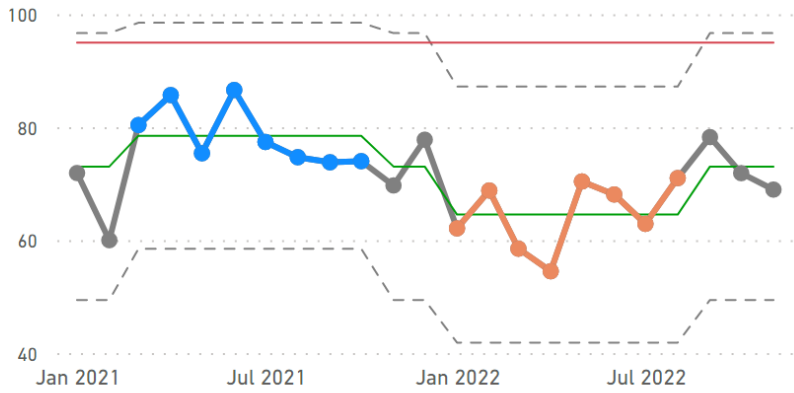
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2022	100%	95%		



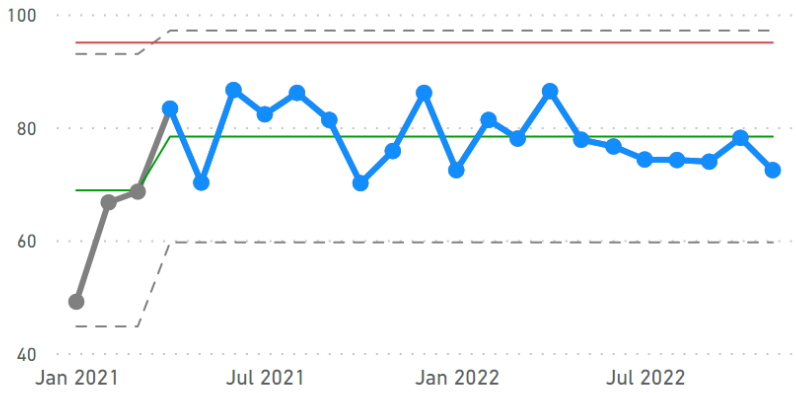
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2022	69%	95%		



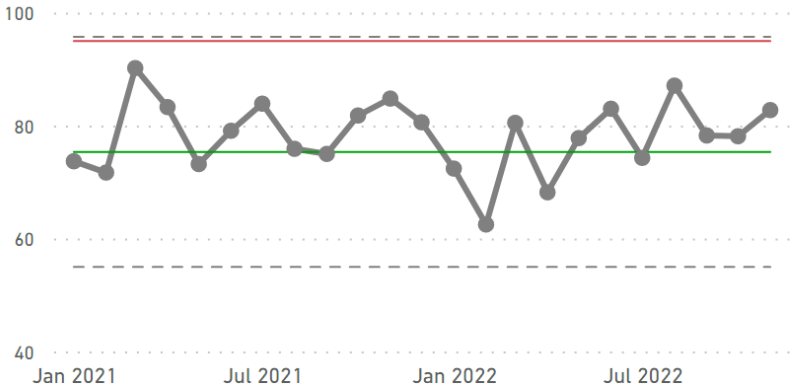
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2022	72.4%	95%	H	



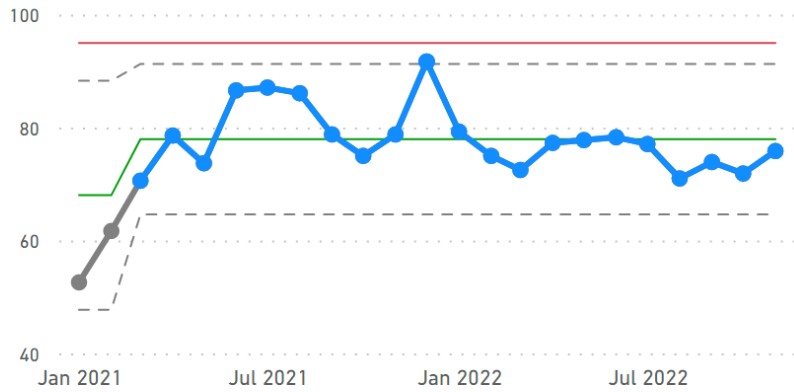
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2022	82.8%	95%		



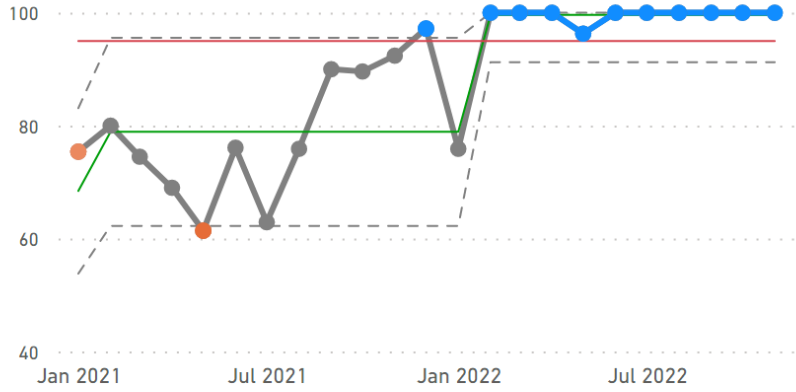
IV fluid resuscitation within 1hr

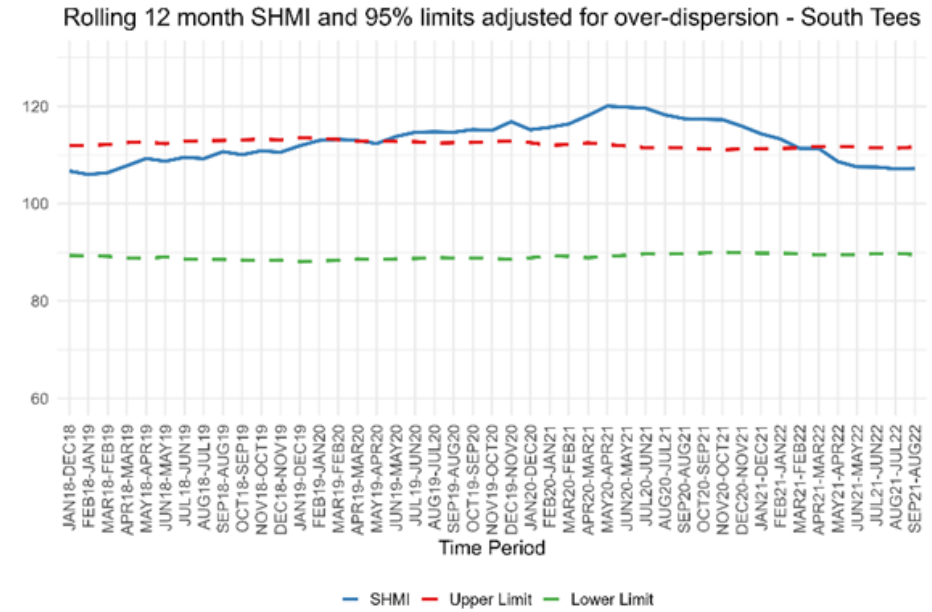
Month	Performance	Target	Trend	Assurance
Nov 2022	75.9%	95%	H	F

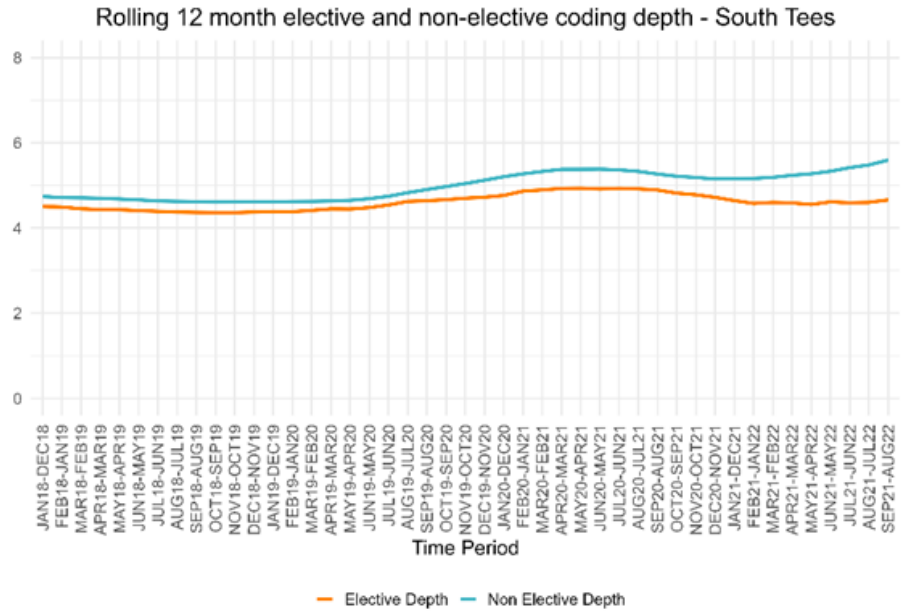


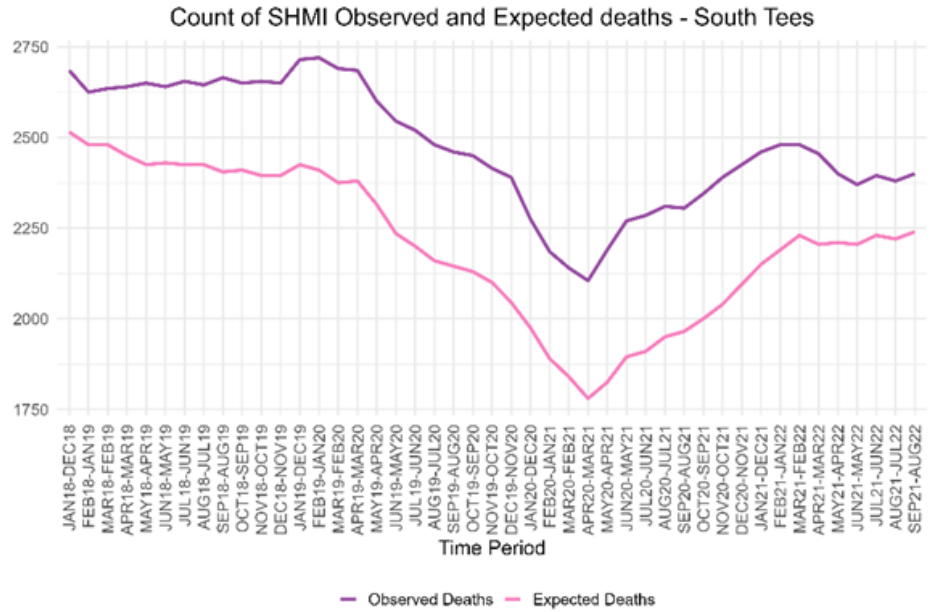
Sepsis - Urine measurement within 1hr

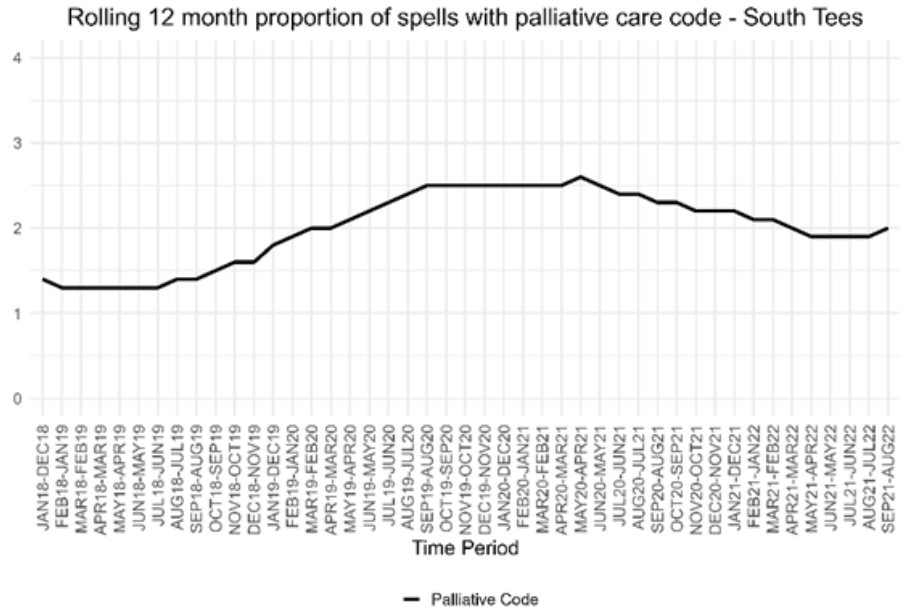
Month	Performance	Target	Trend	Assurance
Nov 2022	100%	95%	H	











Latest SHMI = 107.2
(Sep 2021 – Aug 2022)

Observed deaths = 2400
Expected deaths = 2240

Coding depth (codes / spell)
Elective = 4.7
Non-Elective = 5.6

Palliative care (%) = 2.0

Latest SHMI is:
'as expected'

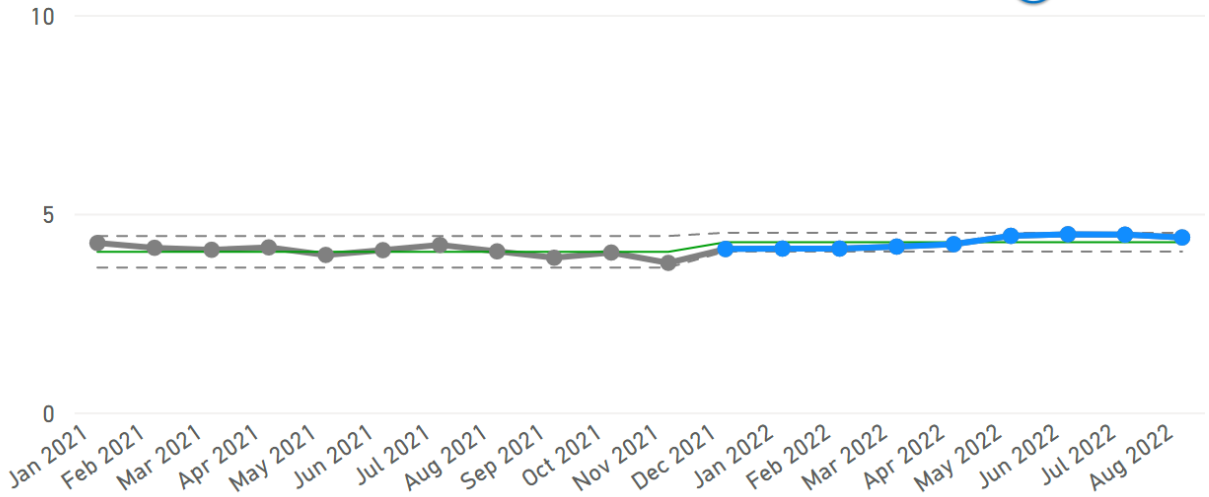
COVID-19 impact for England
Excluded spells = 4.7%
Spells as a % pre-pandemic (2019 spells) = 86%

Data source: NHS Digital
Monthly SHMI publication

EFFECTIVE

Comorbidity Coding

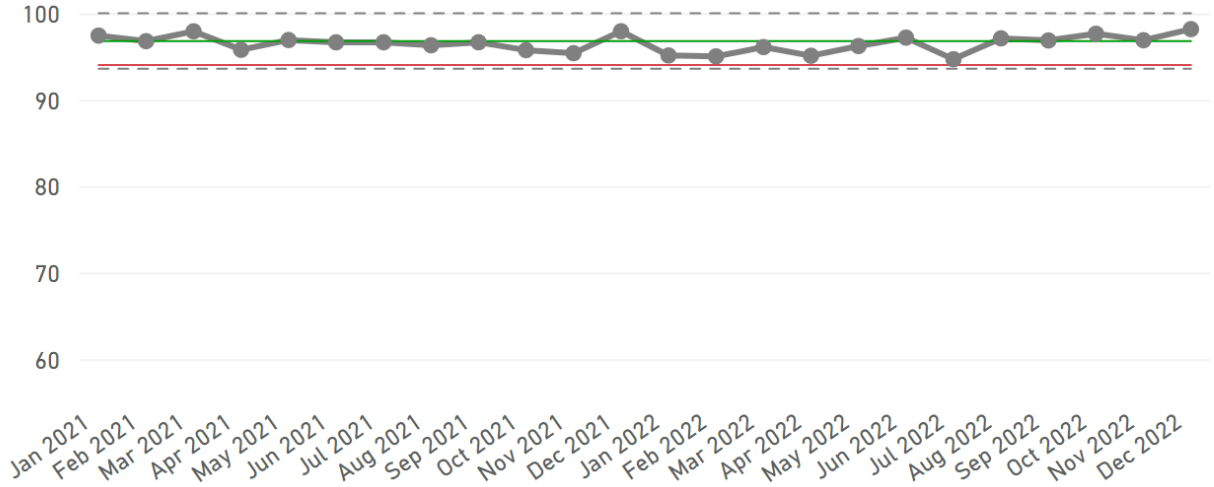
Month	Performance	Target	Trend	Assurance
Aug 2022	4.4			N/A



CARING

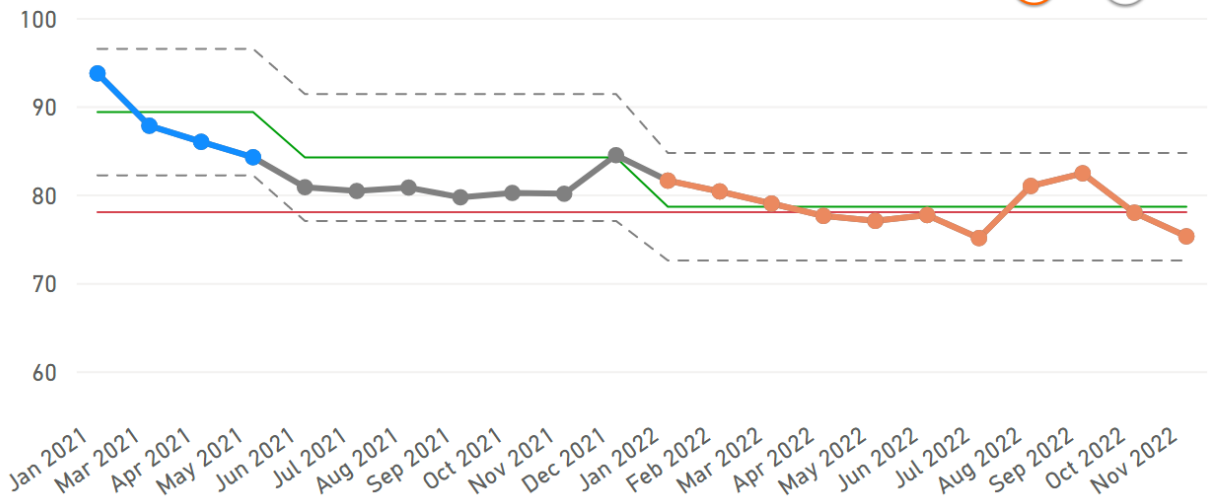
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	98.2%	94%		



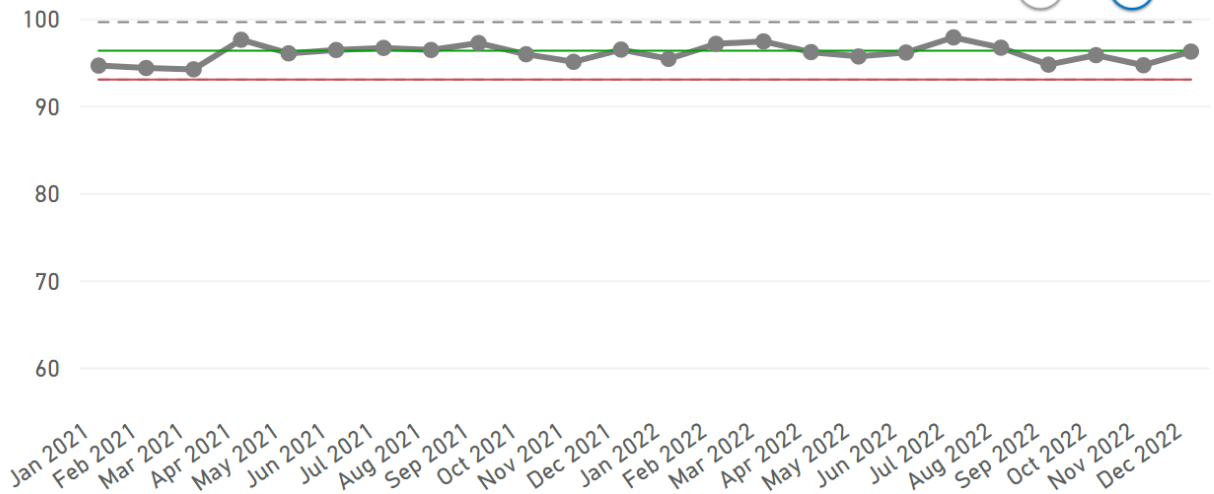
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	75.3%	78%		



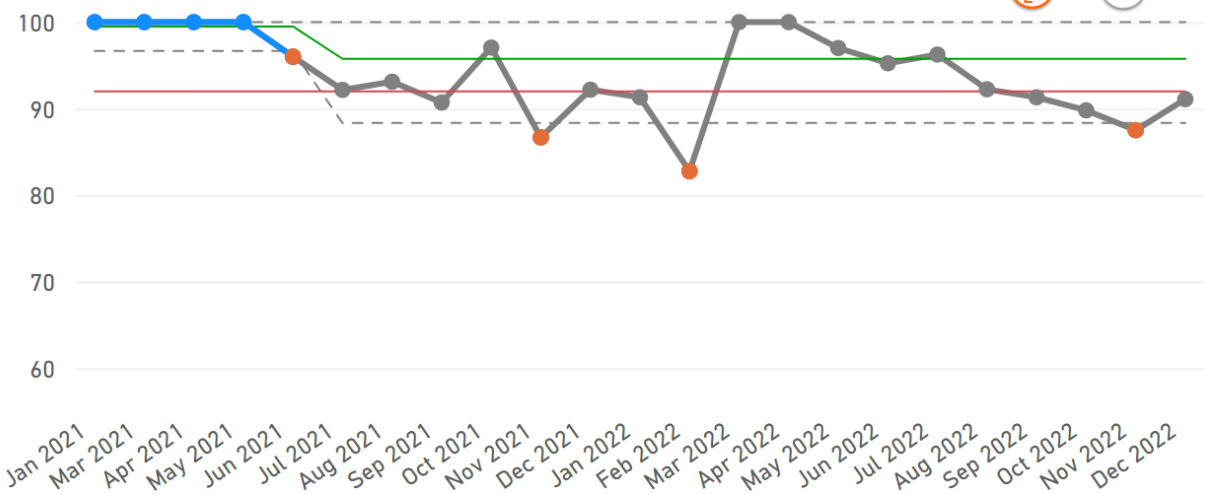
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	96.2%	93%		



Maternity Experience (%)

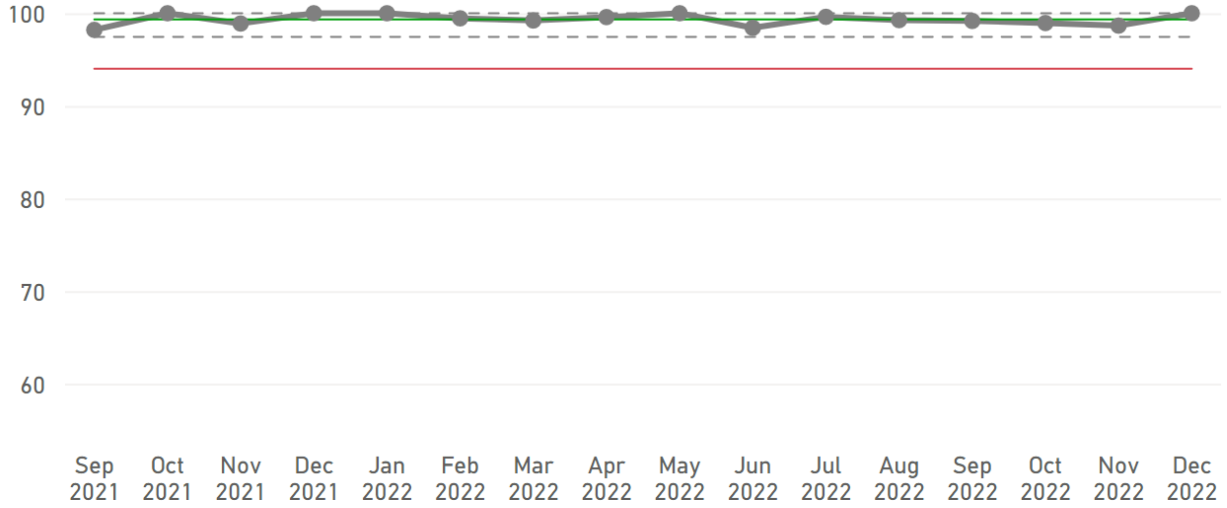
Month	Performance	Target	Trend	Assurance
Dec 2022	91.1%	92%		



CARING

Community Experience (%)

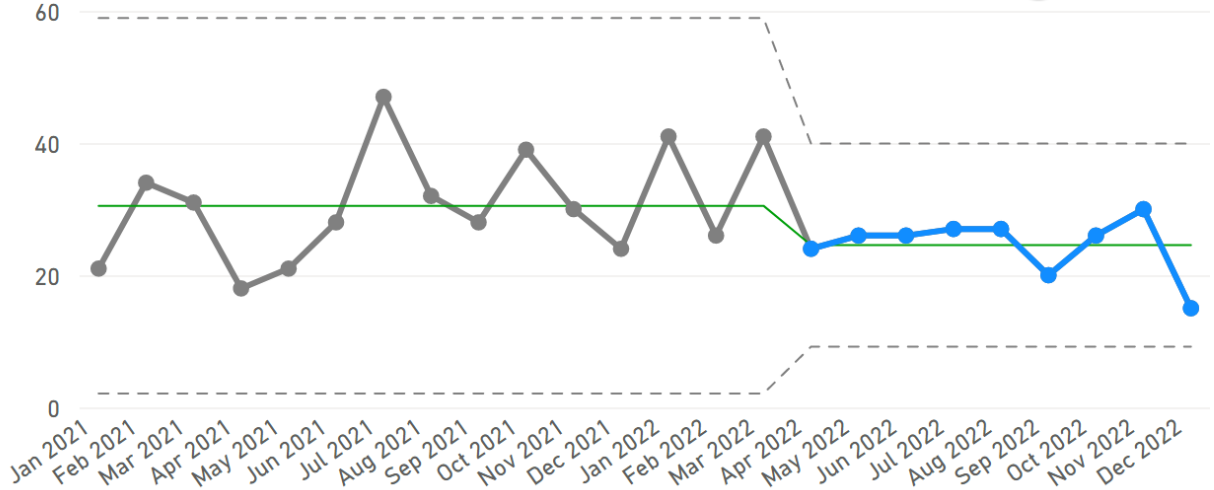
Month	Performance	Target	Trend	Assurance
Dec 2022	100%	94%		



CARING

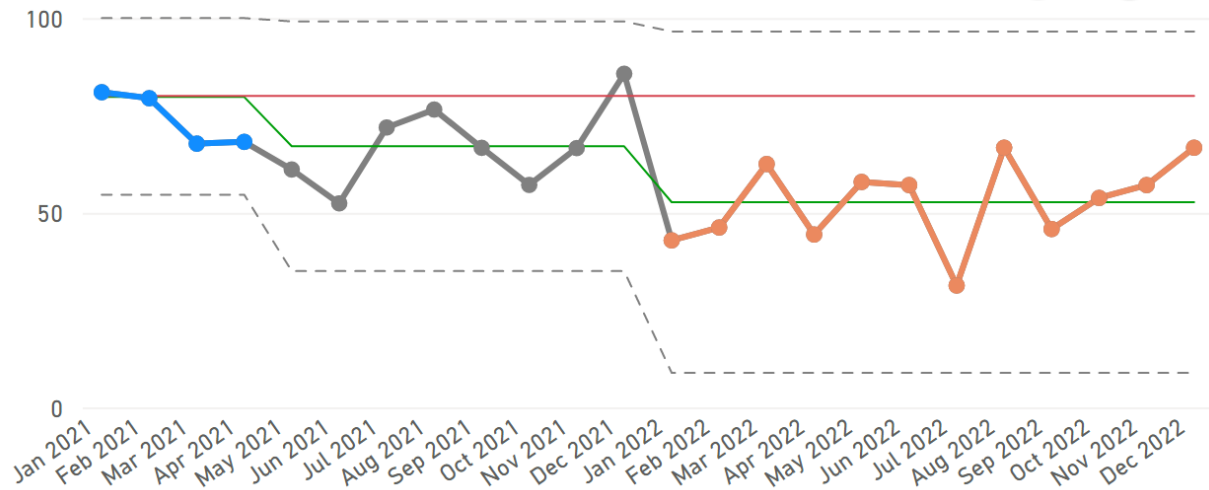
New Complaints

Month	Performance	Target	Trend	Assurance
Dec 2022	15			N/A



Closed Within Target (%)

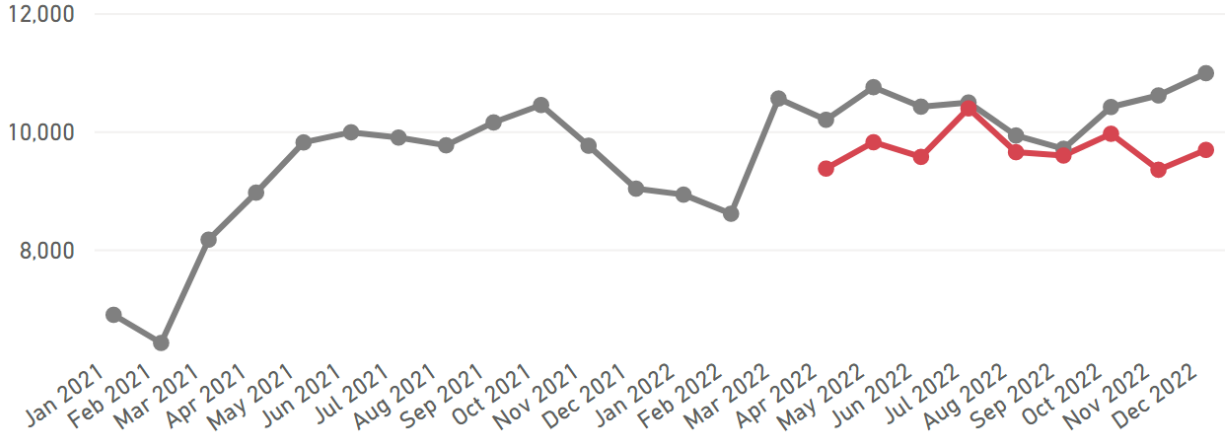
Month	Performance	Target	Trend	Assurance
Dec 2022	66.7%	80%		



RESPONSIVE

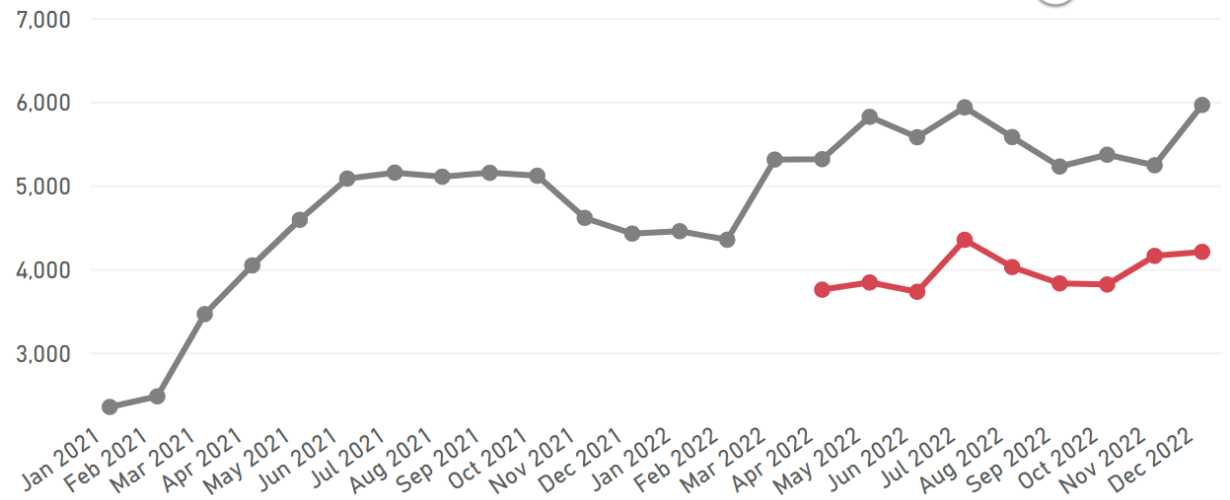
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Dec 2022	10981	9682		



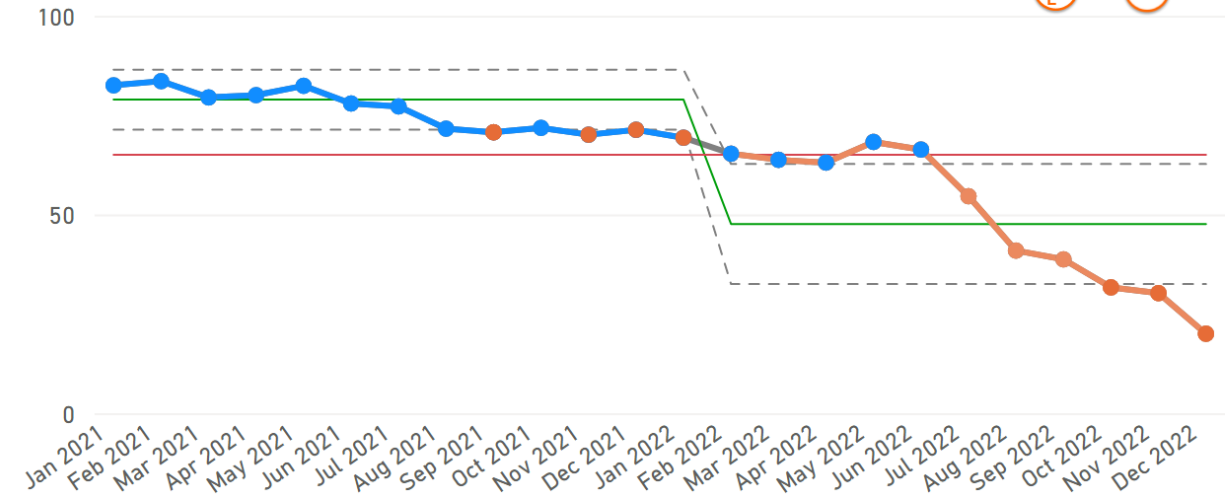
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Dec 2022	5959	4203		N/A



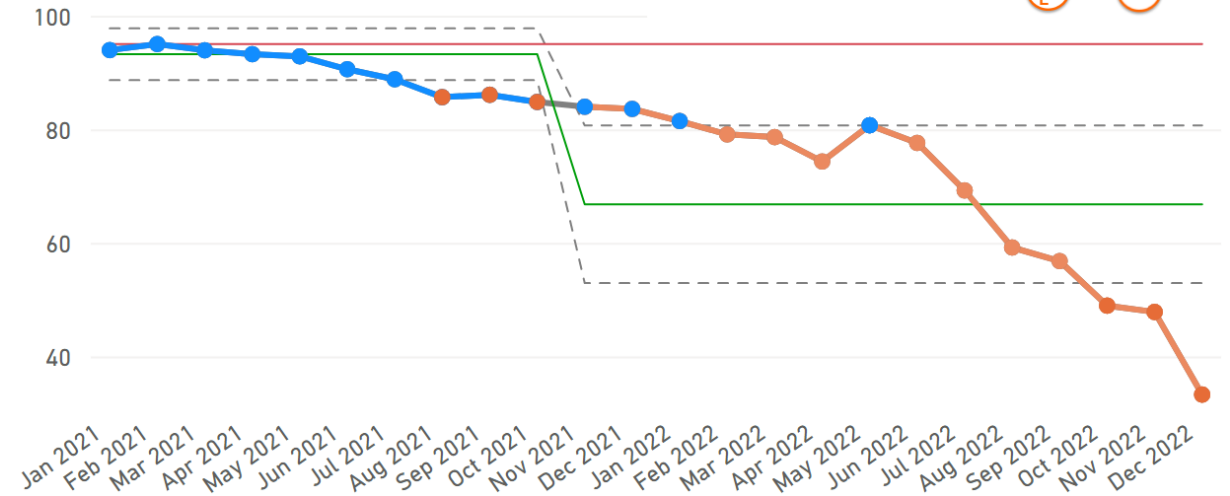
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	20%	65%		



Handovers - Within 30 Mins (%)

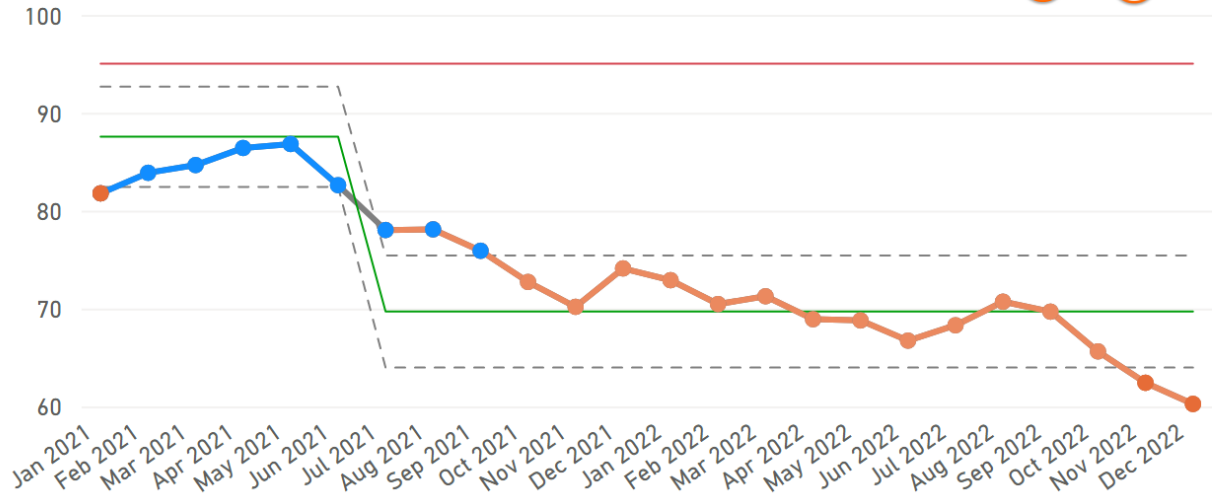
Month	Performance	Target	Trend	Assurance
Dec 2022	33.3%	95%		



RESPONSIVE

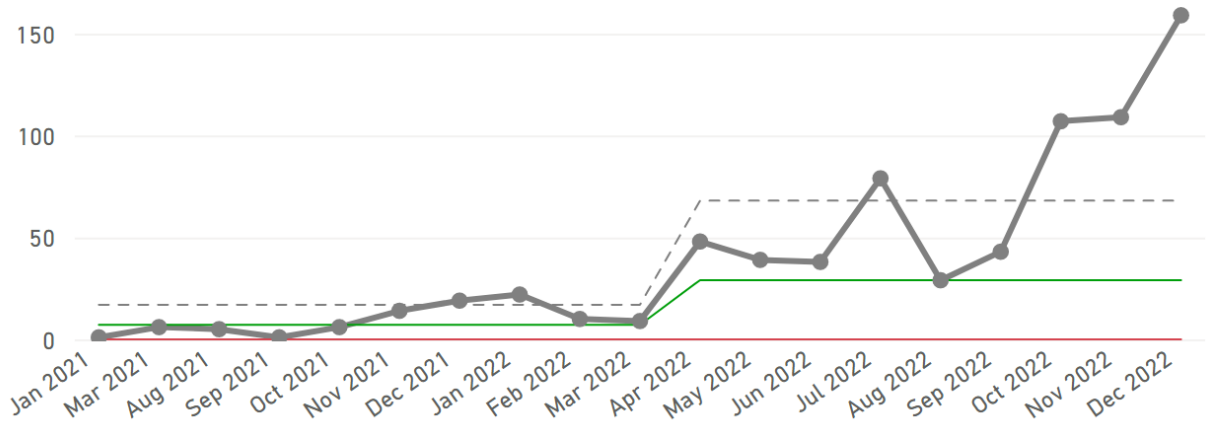
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Dec 2022	60.2%	95%		



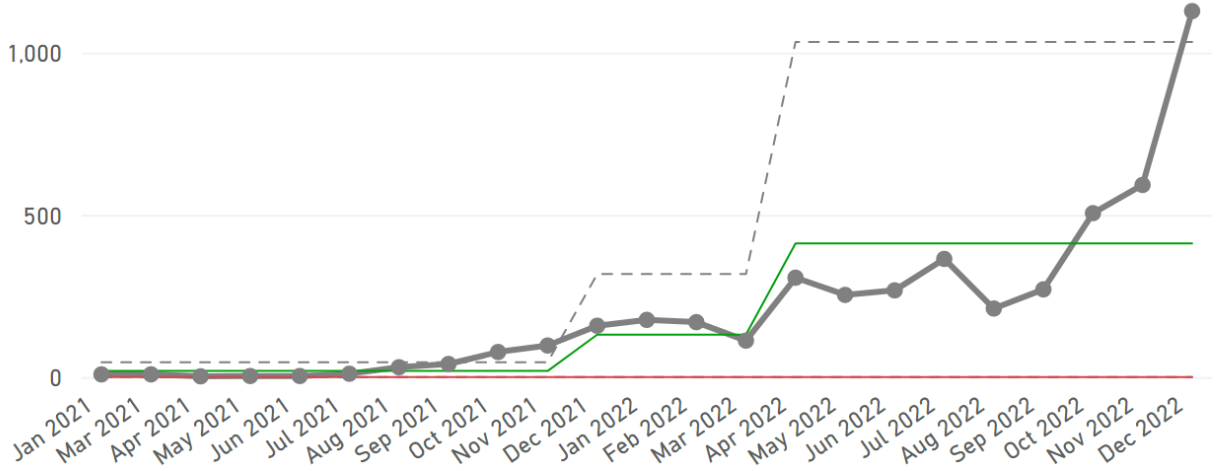
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Dec 2022	159	0		



12-Hour A&E Breaches

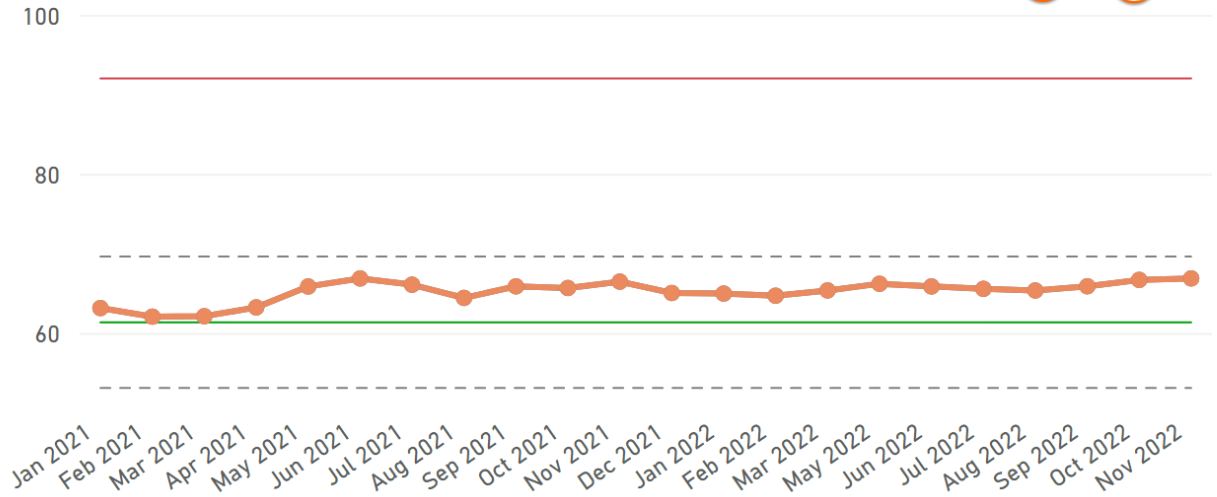
Month	Performance	Target	Trend	Assurance
Dec 2022	1128	0		



RESPONSIVE

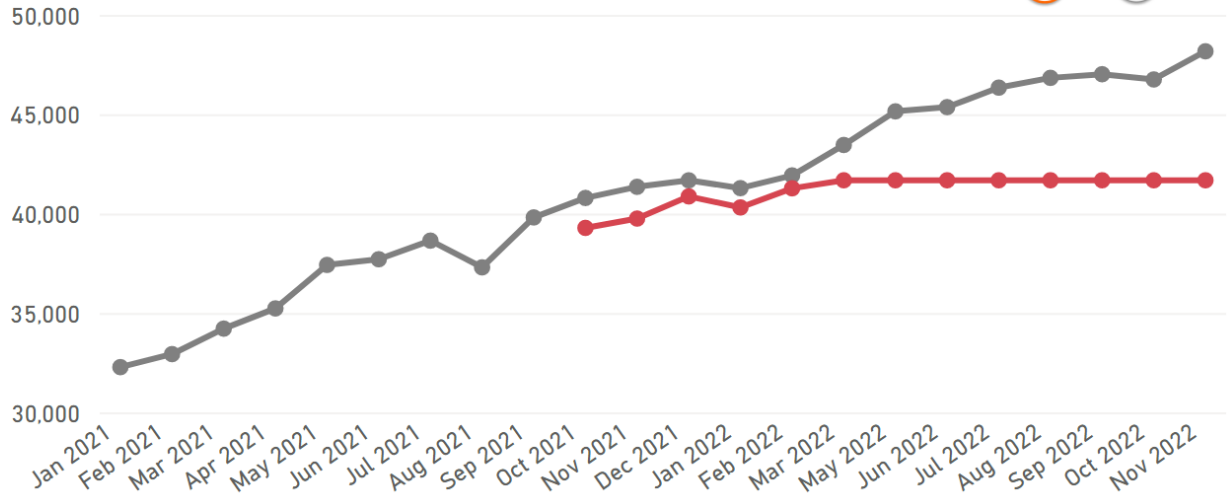
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Nov 2022	66.8%	92%		



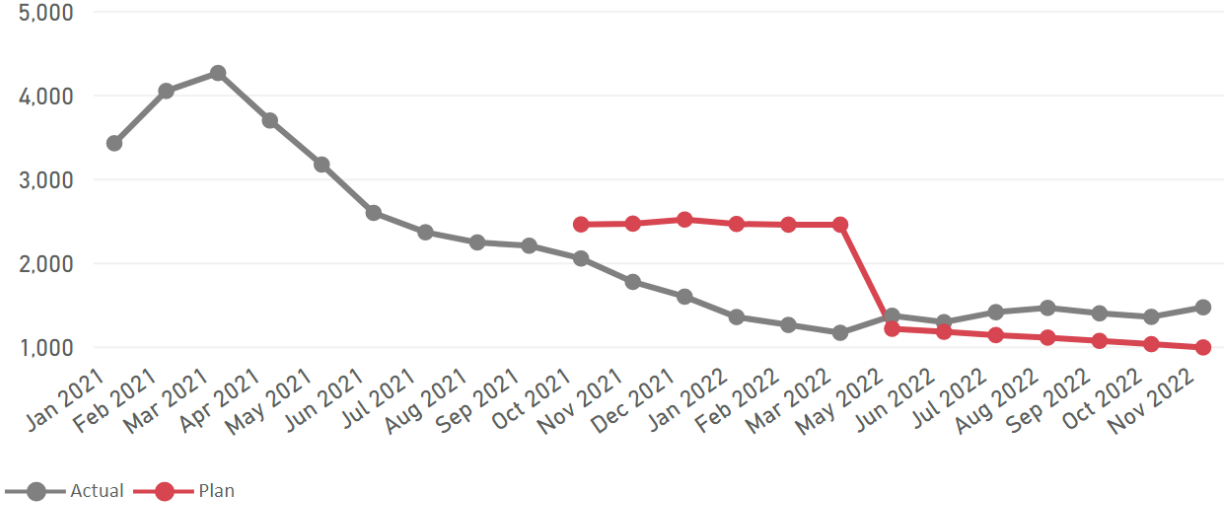
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Nov 2022	48167	41677		



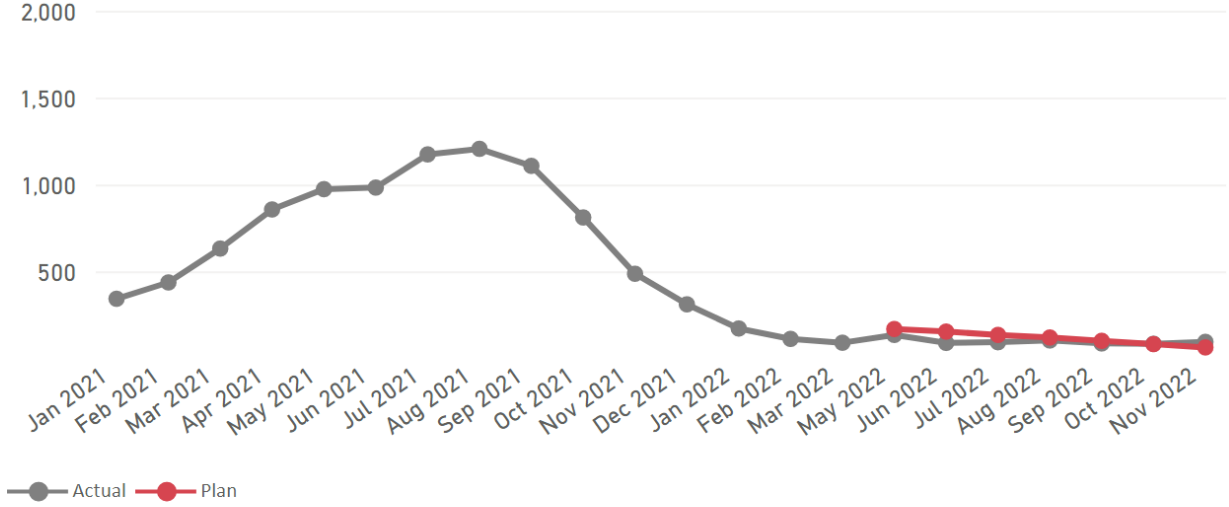
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Nov 2022	1466	988	N/A	N/A



RTT 78 week waiters

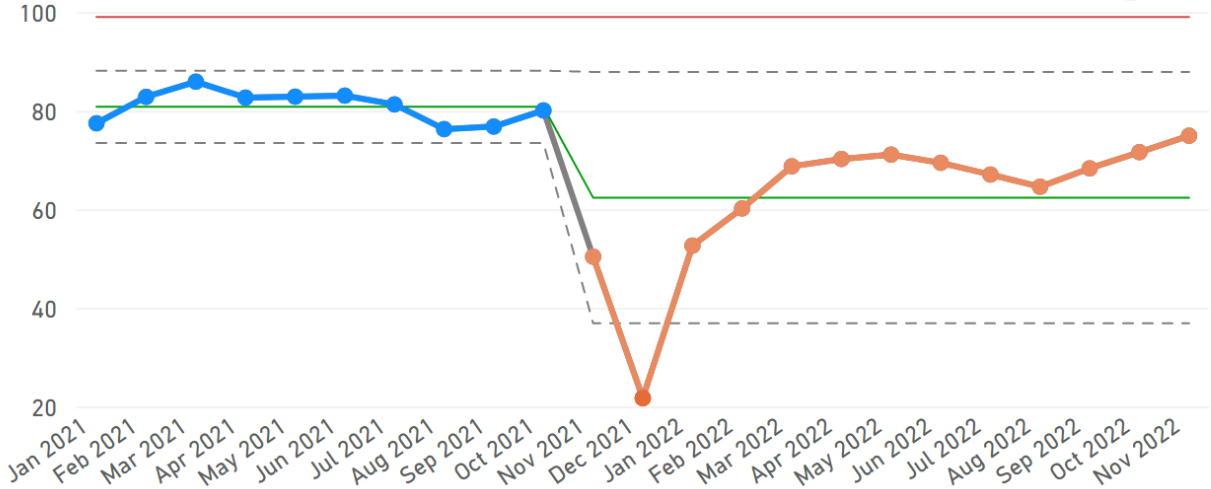
Month	Performance	Plan	Trend	Assurance
Nov 2022	94	62	N/A	N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

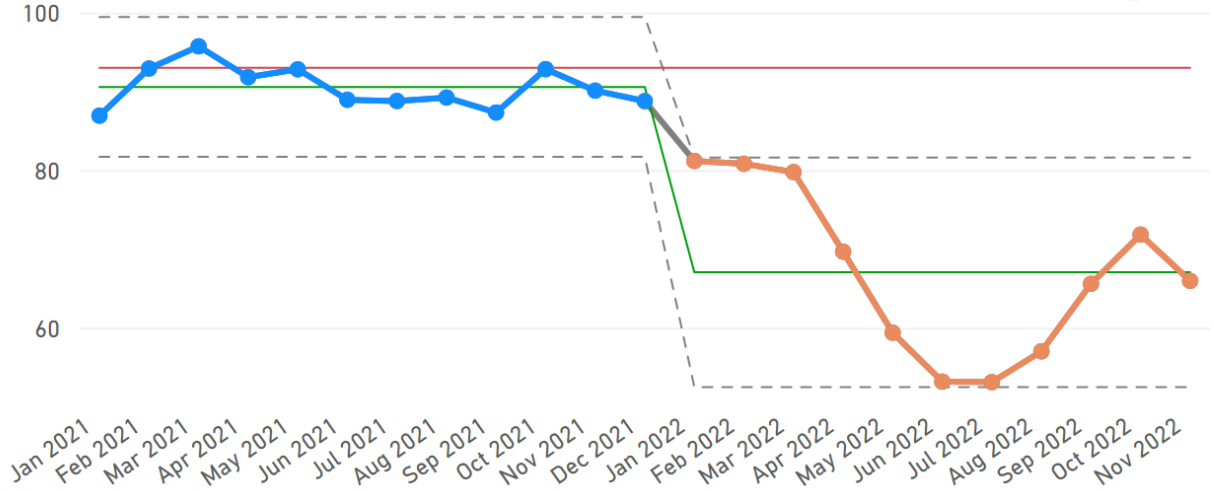
Month	Performance	Target	Trend	Assurance
Nov 2022	74.9%	99%		



RESPONSIVE

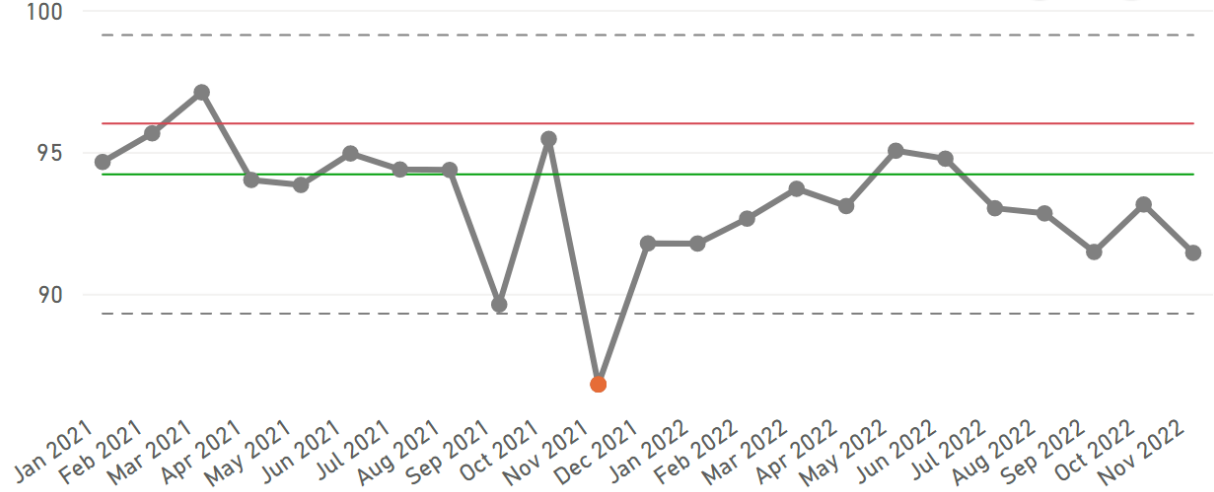
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	65.9%	93%		



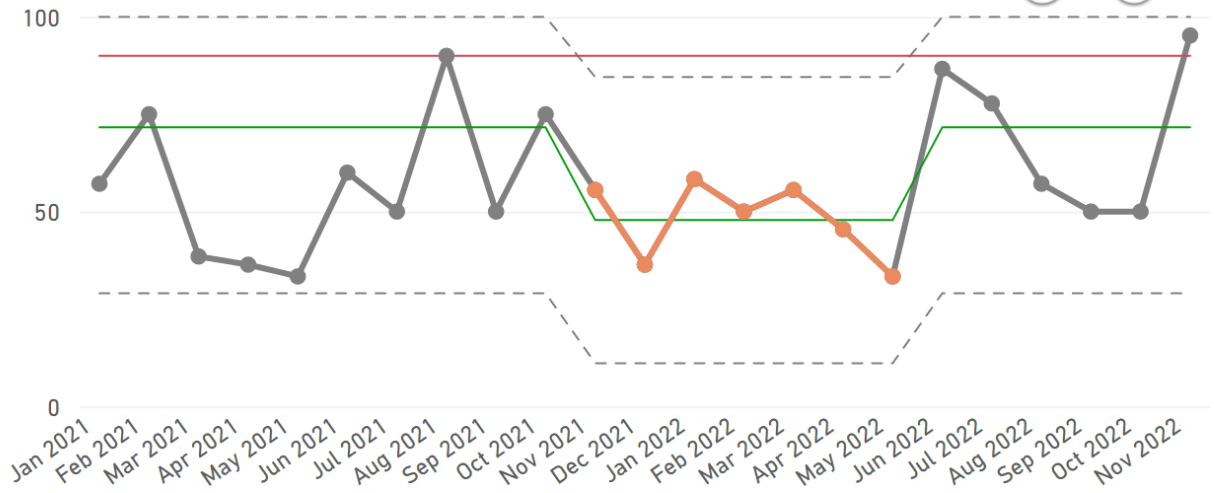
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	91.4%	96%		



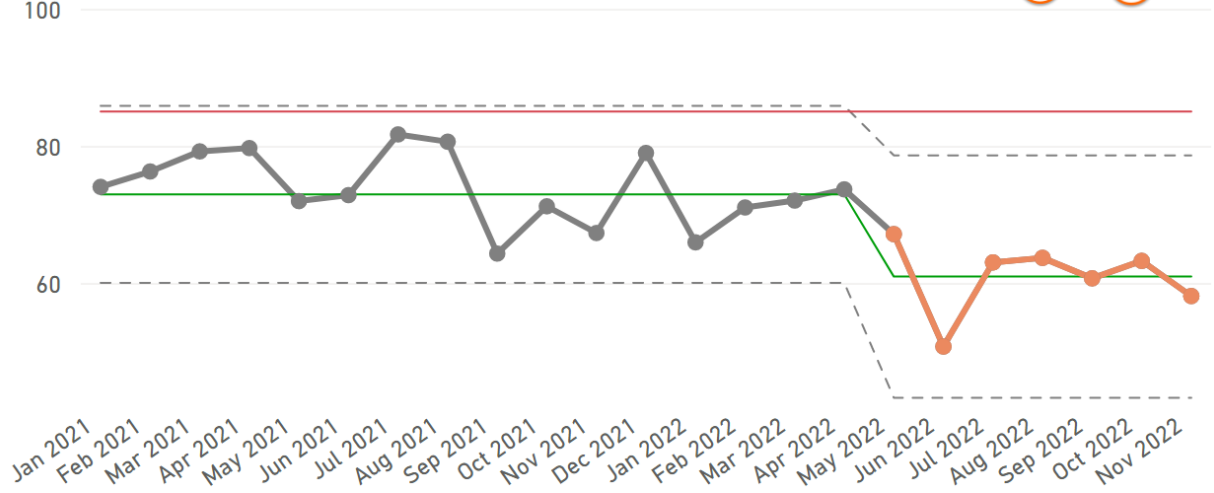
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	95.2%	90%		



Cancer 62 Day Standard (%)

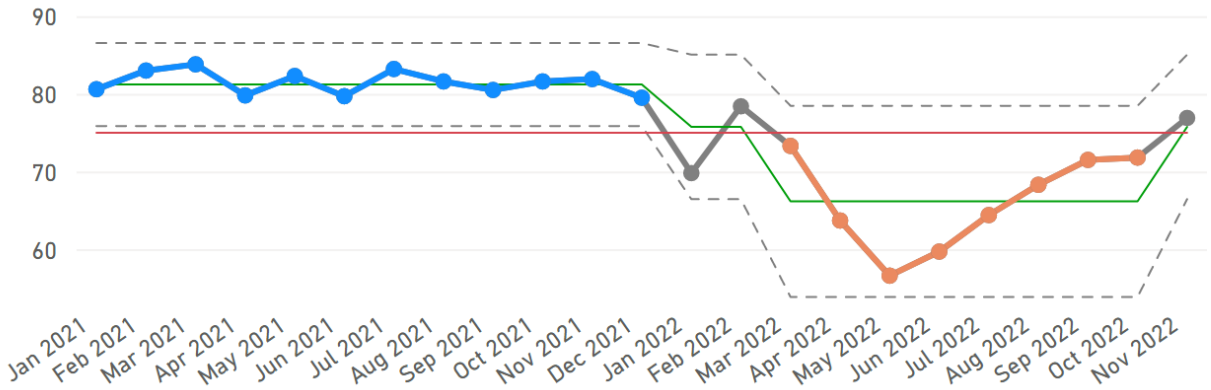
Month	Performance	Target	Trend	Assurance
Nov 2022	58.1%	85%		



RESPONSIVE

Cancer - Faster Diagnosis Standard (%)

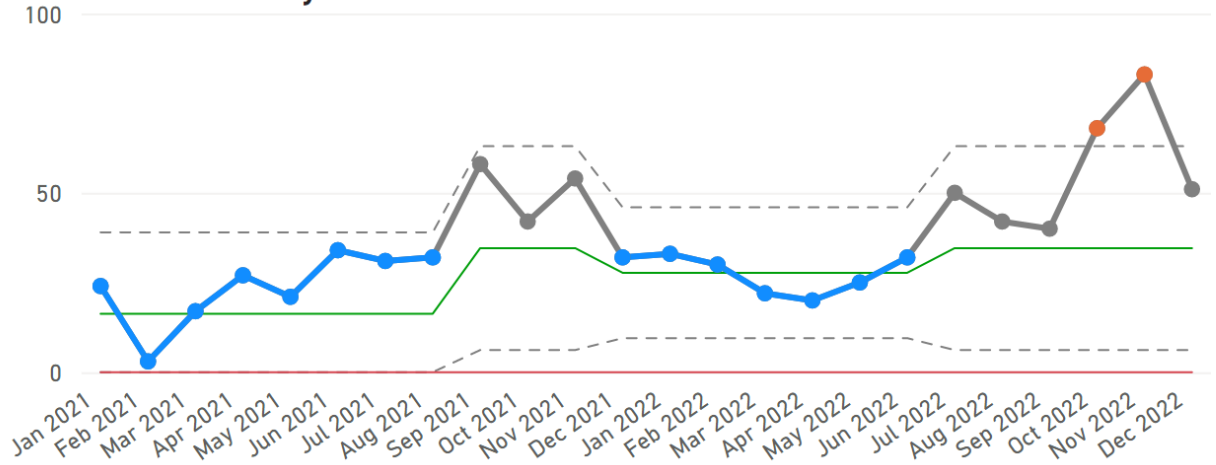
Month	Performance	Target	Trend	Assurance
Nov 2022	76.9%	75%		



RESPONSIVE

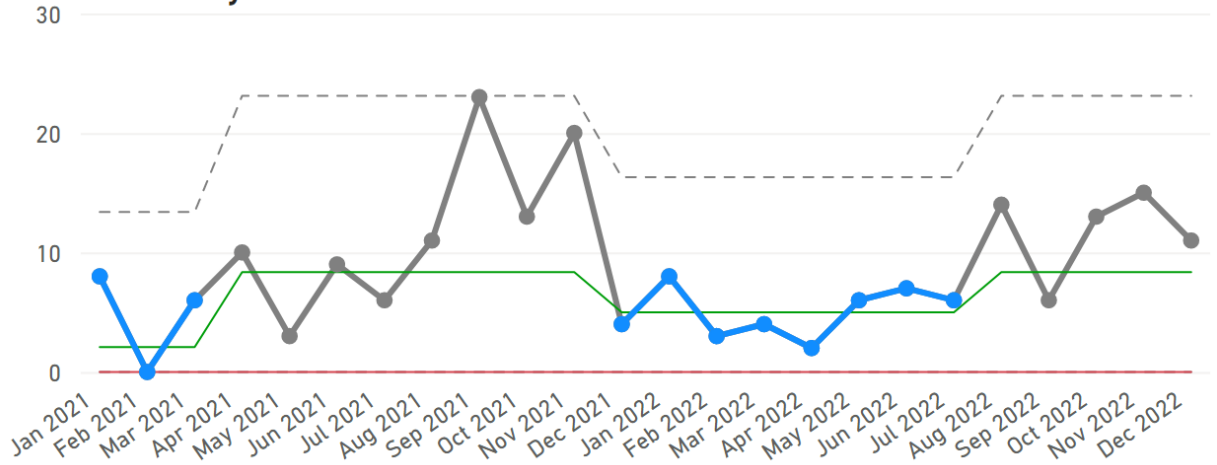
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Dec 2022	51	0		



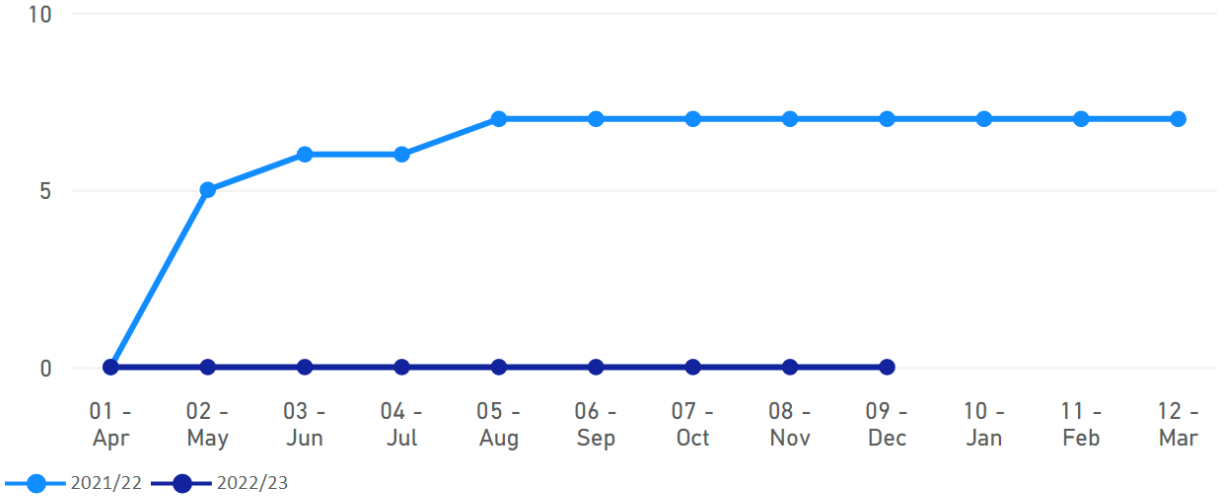
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Dec 2022	11	0		



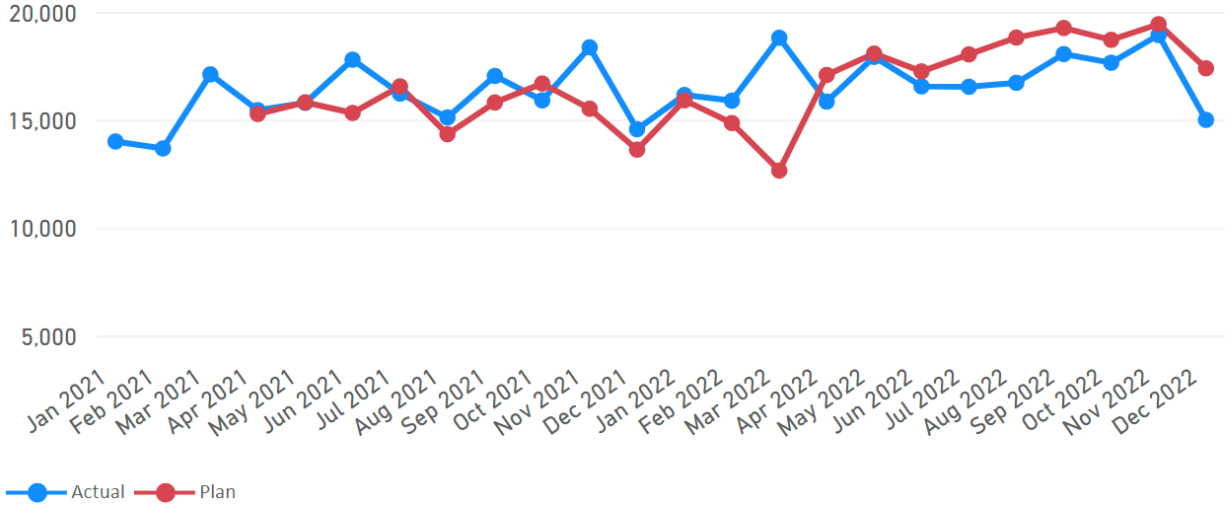
Cancer Operations Cancelled On Day (YTD)

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

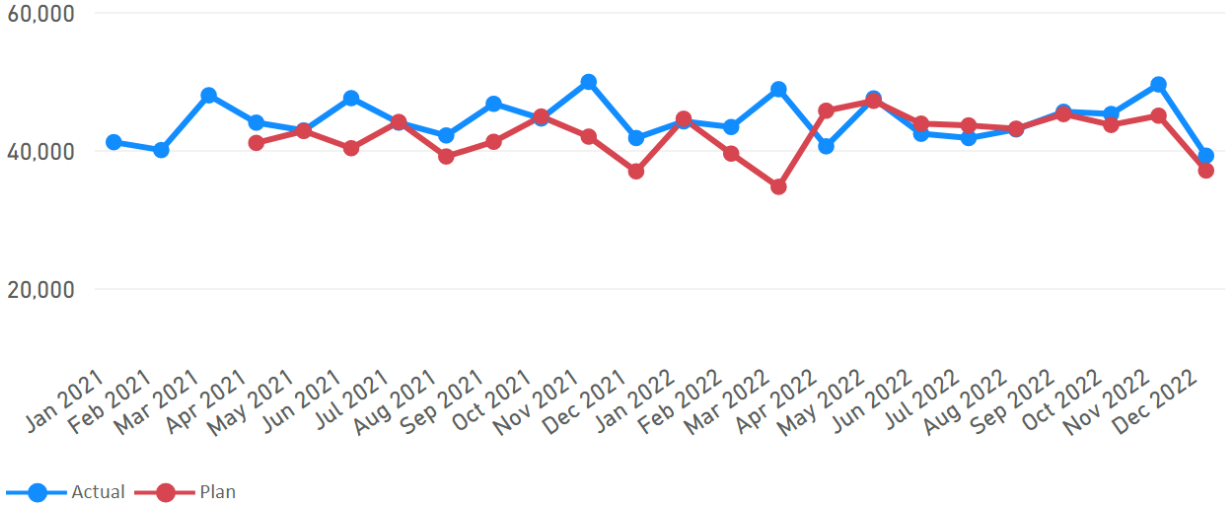


RESPONSIVE

Outpatient New Attendances

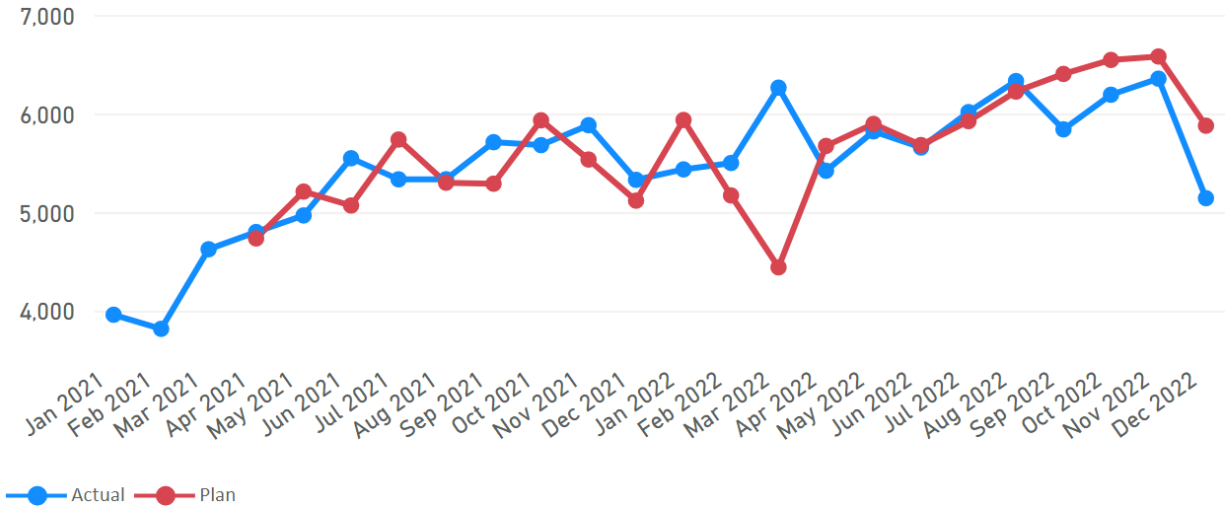


Outpatient Follow-Up Attendances

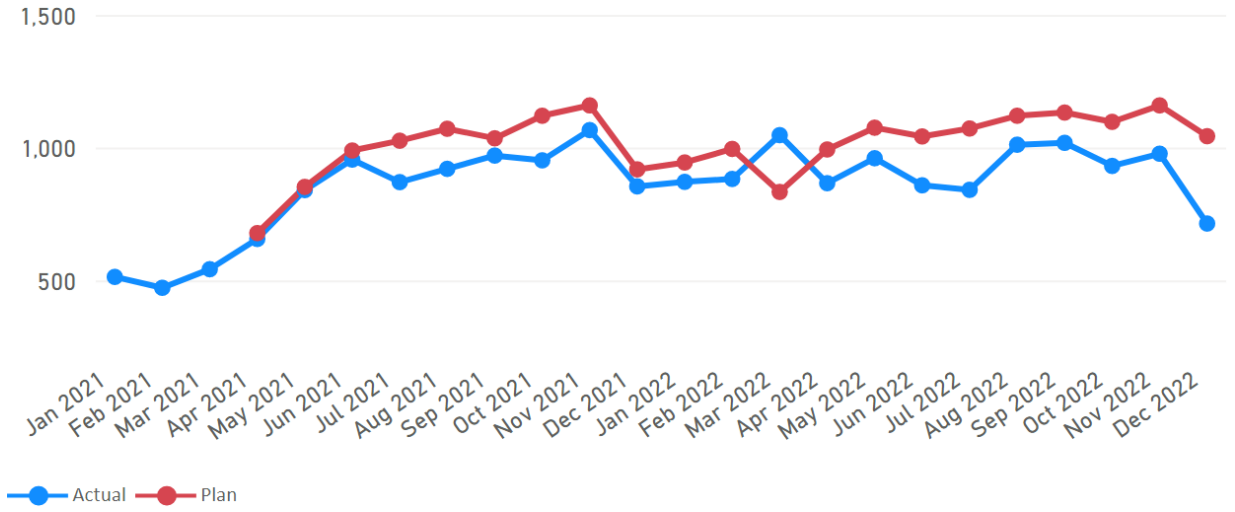


RESPONSIVE

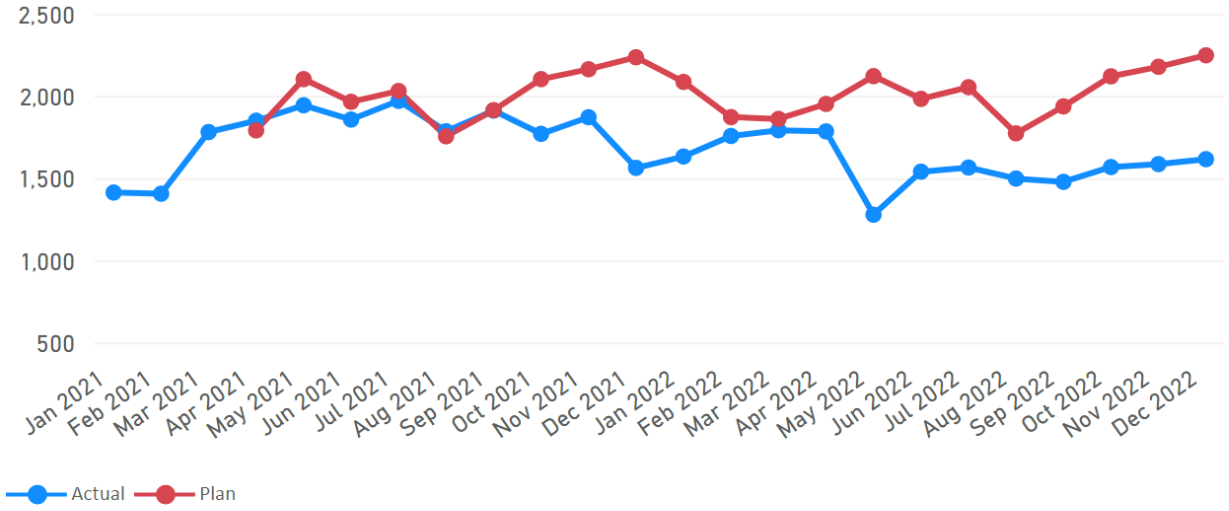
Day Case admissions



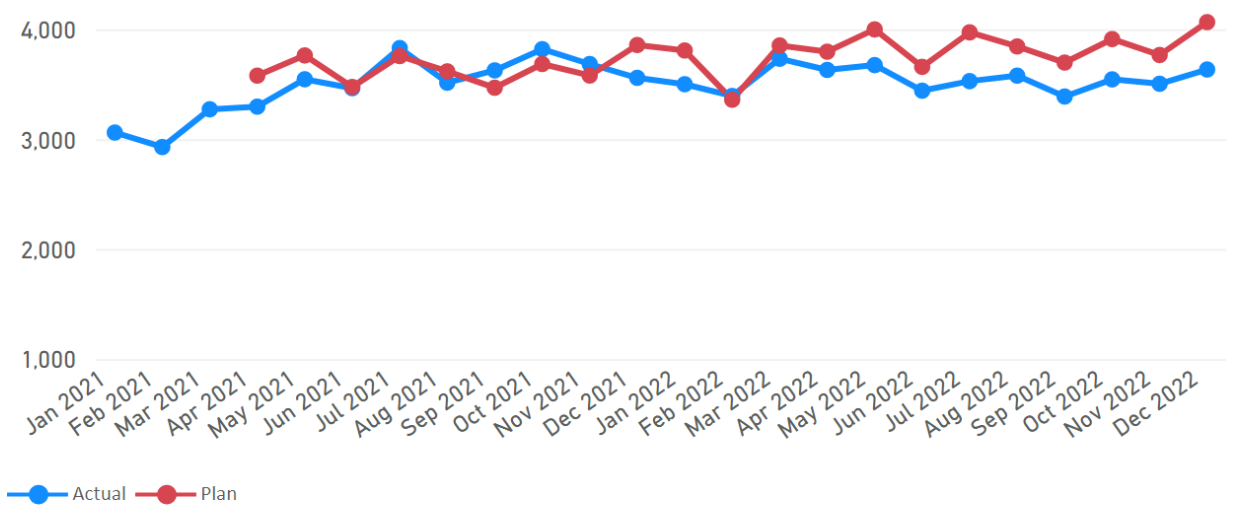
Ordinary Elective admissions



NEL admissions with 0 LOS



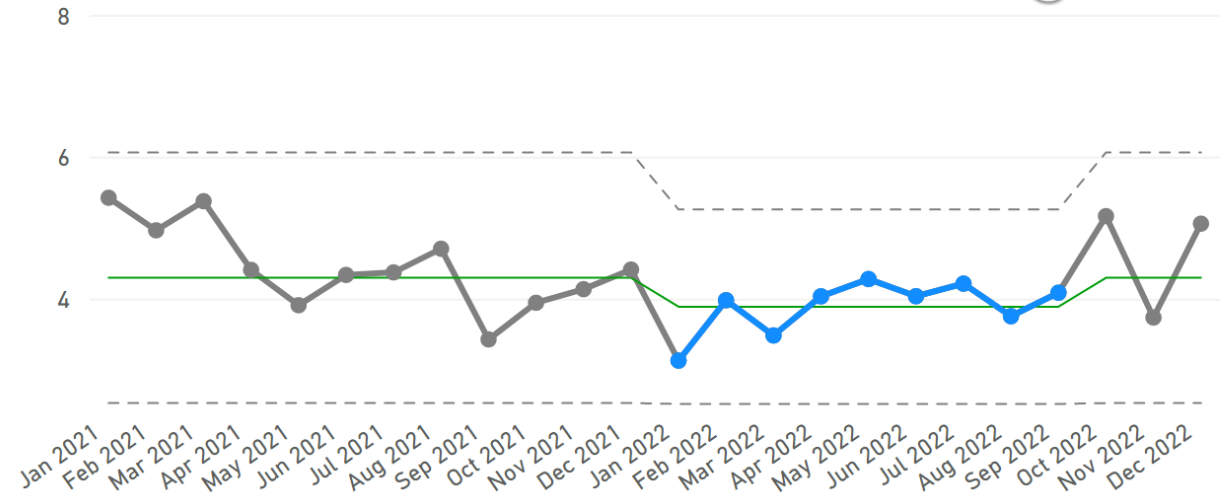
NEL admissions with 1+ LOS



RESPONSIVE

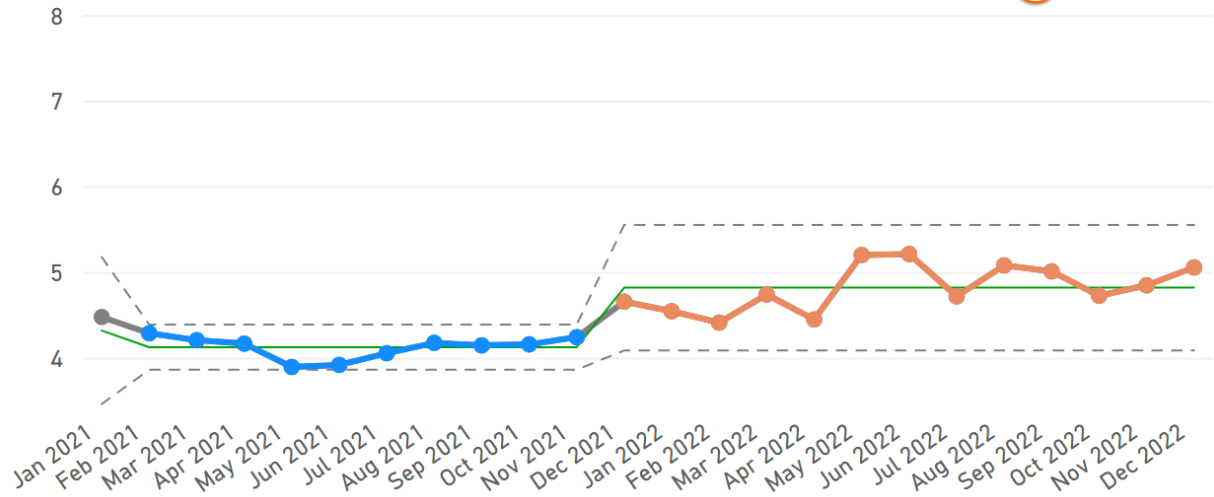
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Dec 2022	5.1			N/A



Length of Stay - Non-Elective

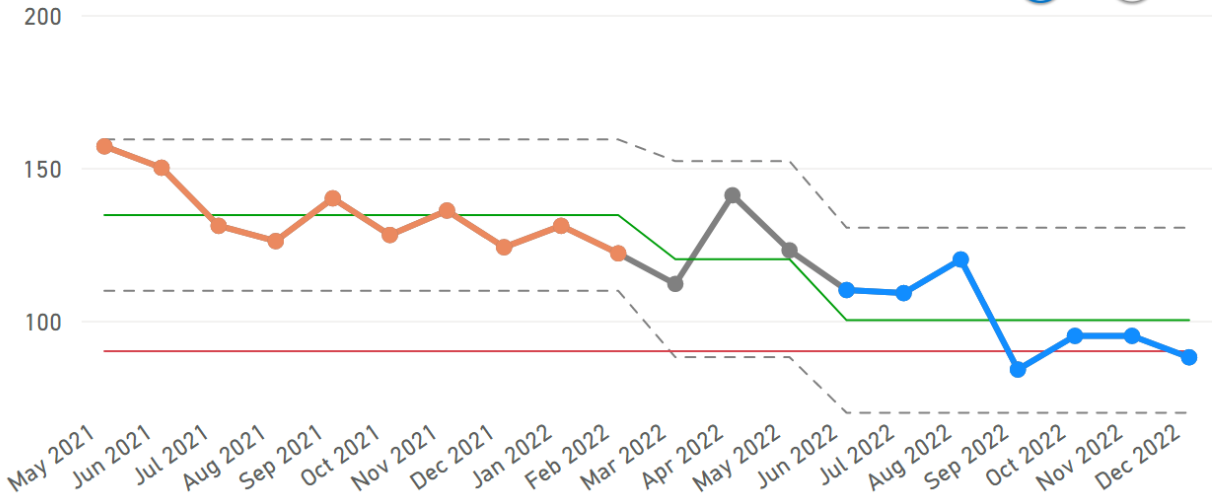
Month	Performance	Target	Trend	Assurance
Dec 2022	5.1			N/A



RESPONSIVE

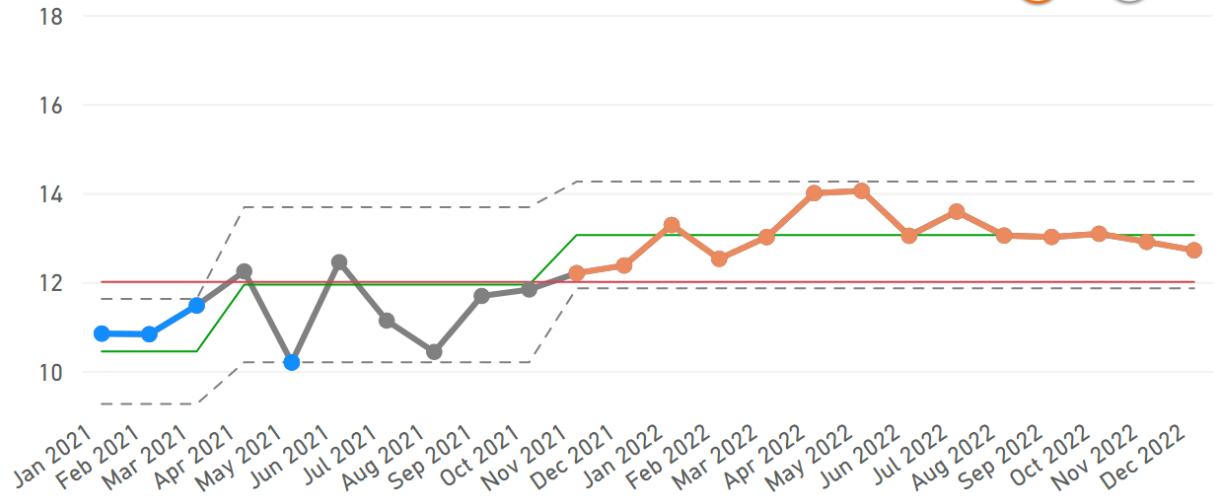
Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Dec 2022	88	90		



21 Day Stranded Patients (%)

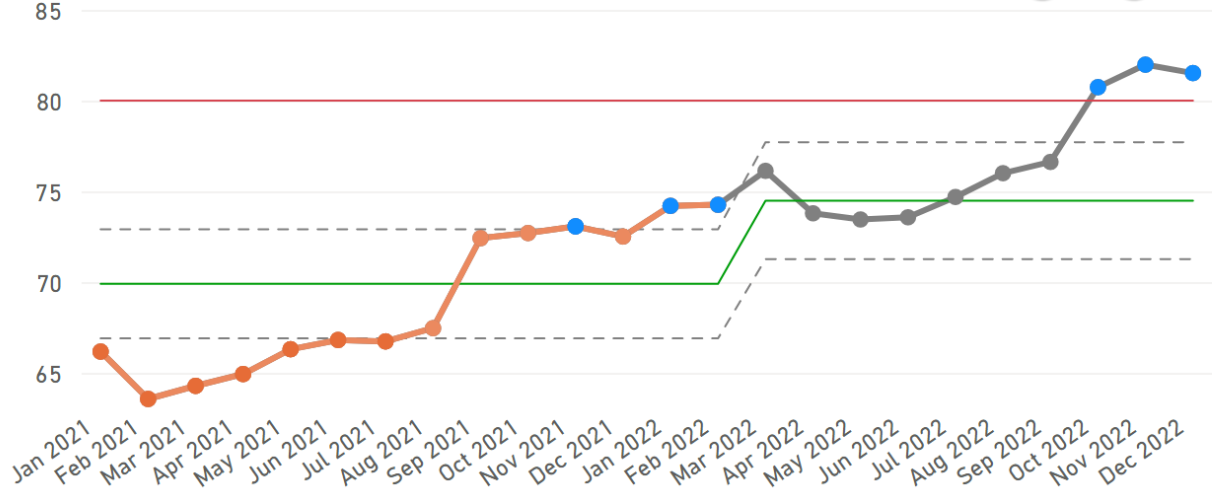
Month	Performance	Target	Trend	Assurance
Dec 2022	12.7%	12%		



WELL-LED

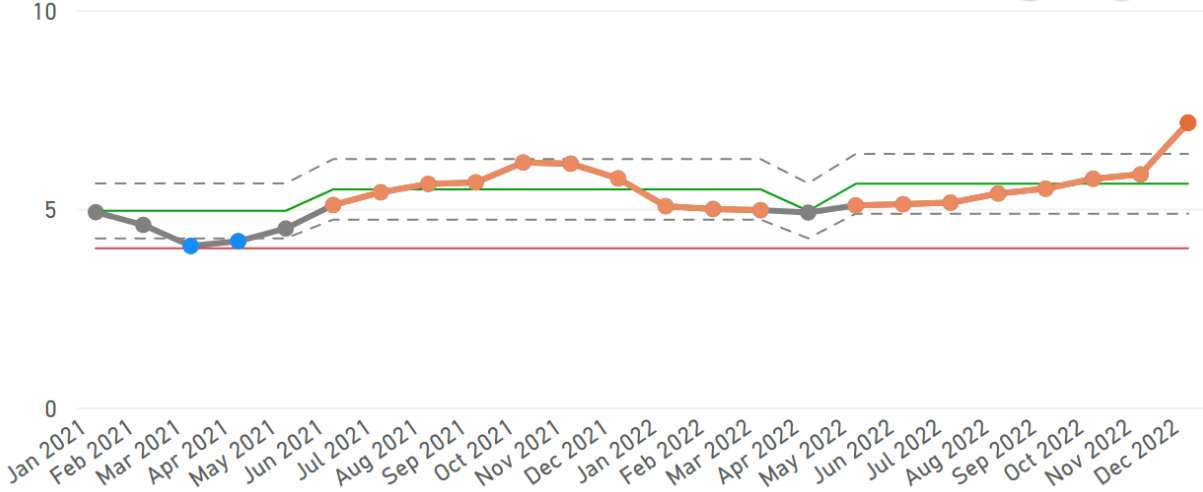
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	81.5%	80%	H	F



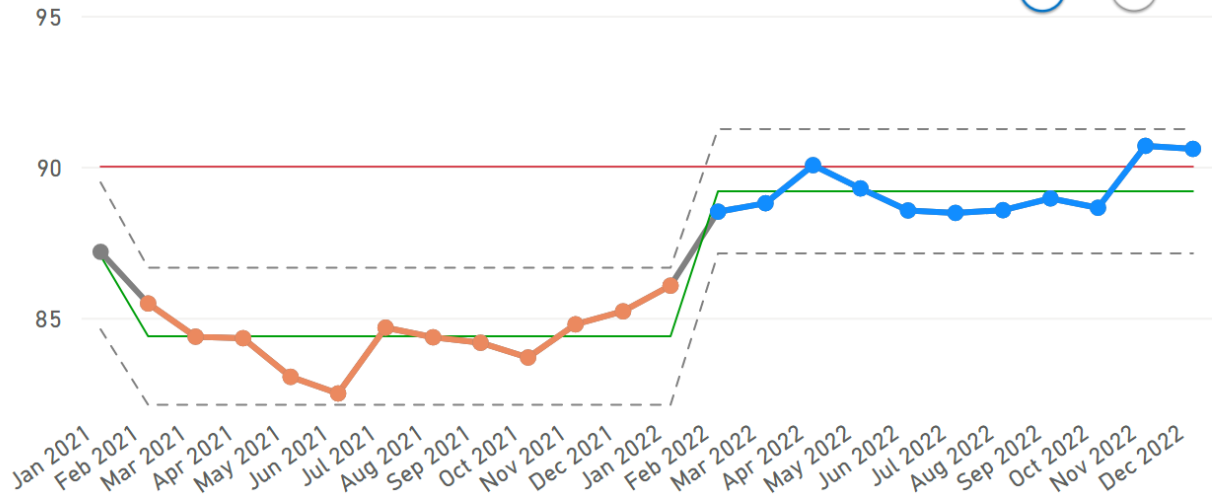
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	7.2%	4%	H	F



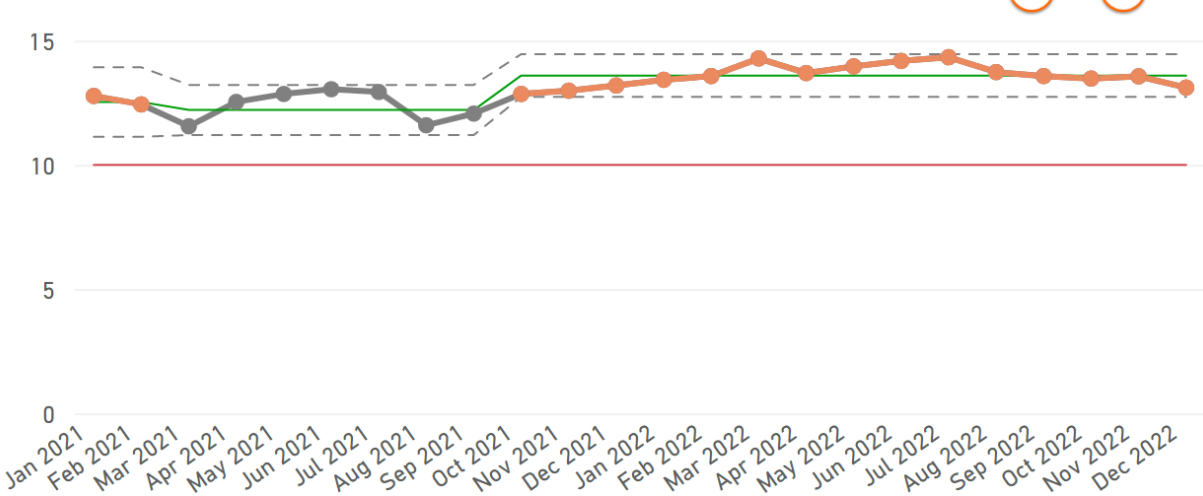
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	90.6%	90%	H	?



Staff Turnover (%)

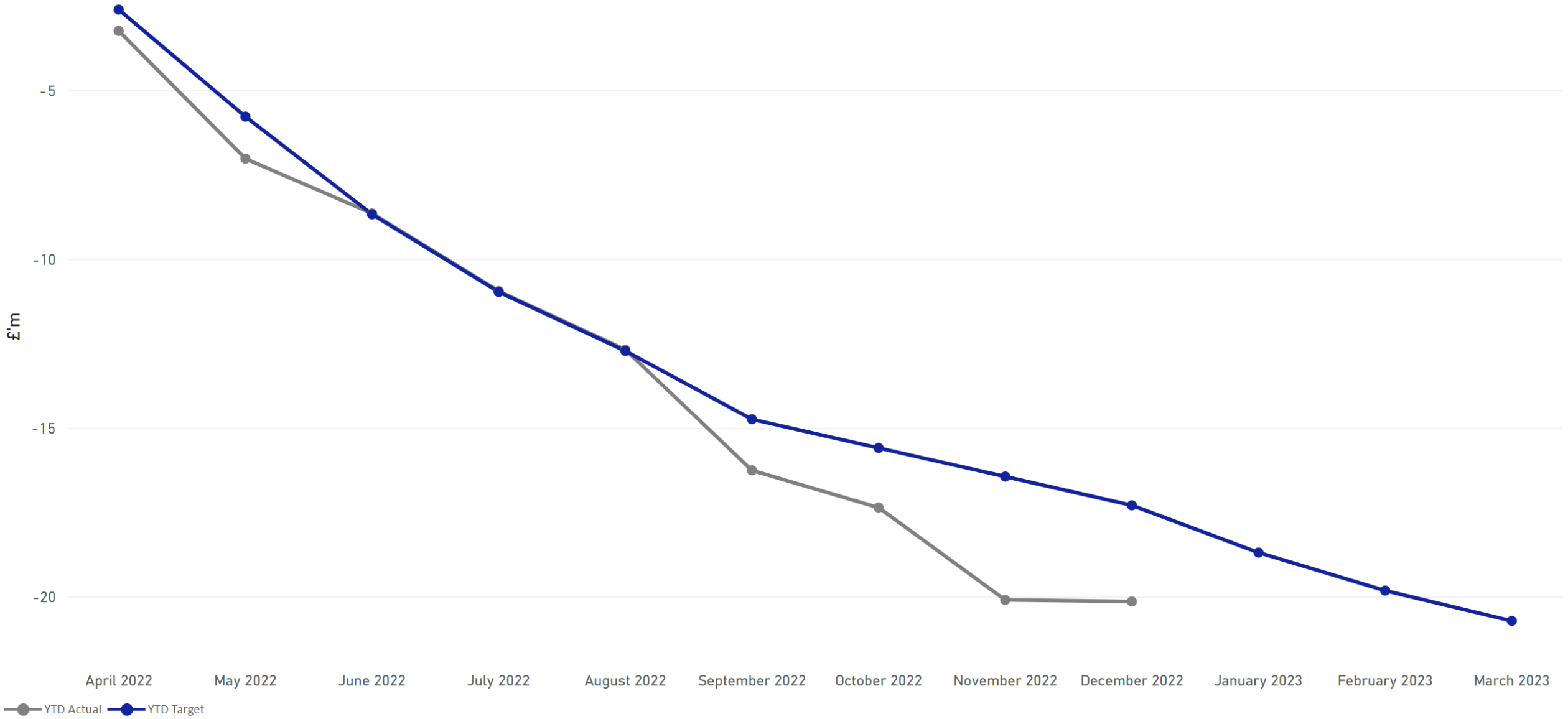
Month	Performance	Target	Trend	Assurance
Dec 2022	13.1%	10%	H	F



WELL-LED

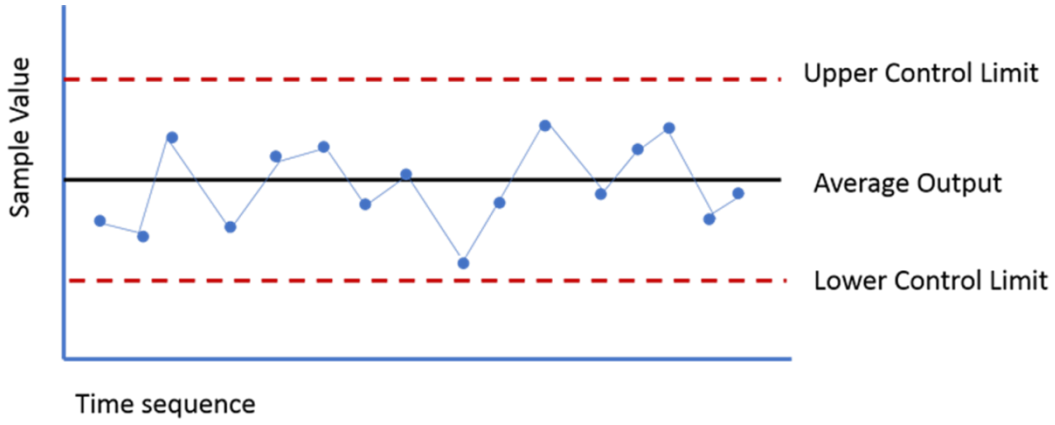
Cumulative YTD Financial Position (£'millions)

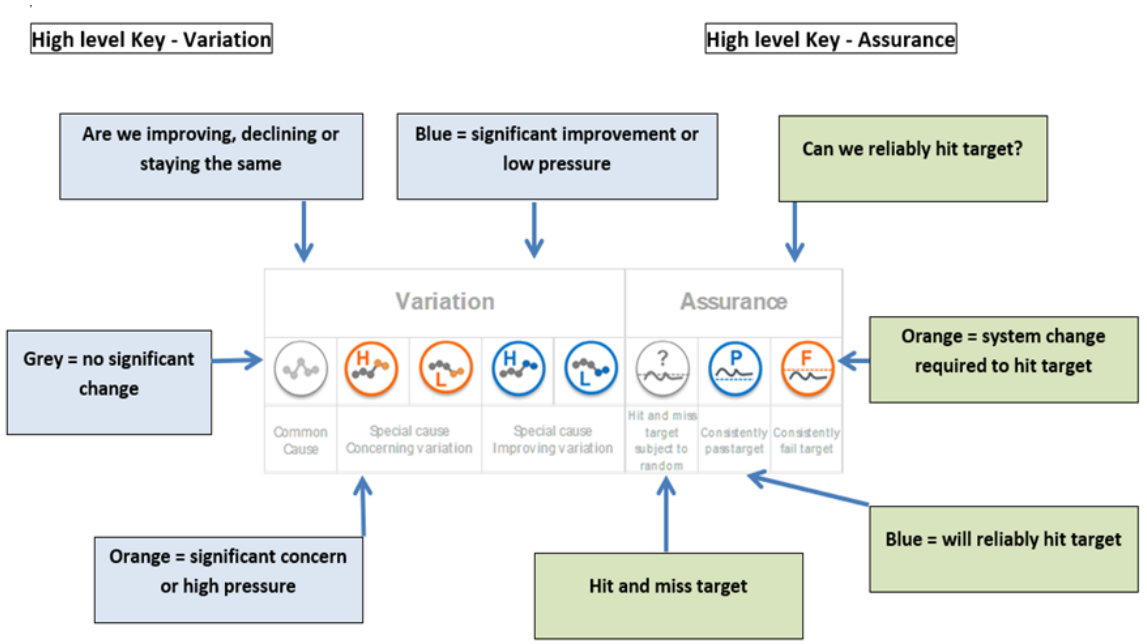
Month	Performance	Target
Dec 2022	-£20.146m	-£17.298m



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*.





South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 February 2023			
Safe Staffing Report for December 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 ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing and midwifery staffing levels for December 2022 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	The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has decreased slightly to 95.2% as per Table 1 demonstrating continued good compliance with safer staffing. Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation, Covid related absence and winter respiratory illness. Stretch staffing ratios in line with national guidance have been implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safe care meetings. Nursing Turnover remains one of the lowest in the country.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
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	BAF 3 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain BAF 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	• Care Quality Commission • NHS Improvement • NHS England		

Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	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 ☐	

Nursing and Midwifery Workforce Exception Report

December 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, Heads 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

		Oct 22	Nov 22	Dec 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	79.5%	82.8%	78.1%
	HCA (%) Average fill rate - DAYS	97.3%	101.1%	96.5%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	85.7%	88.3%	84.1%
	HCA (%) Average fill rate - NIGHTS	104.5%	110.1%	102.9%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	Total % of Overall planned hours	**95.9%**	**97.8%**	**95.2%**

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 483 total shifts (4735.75 hours) logged via SafeCare during December which was an increase as expected on November hours. Work is ongoing to reduce redeployment further as absence due to COVID and Flu reduces. In agreement with the clinical matrons and ward managers the twice daily SafeCare meetings are 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 (Zoning). Although there has been an increase in redeployment there continues to be a significant reduction in out of collaborative moves.

Staff sickness and COVID isolation continues to have an impact during December.
Nursing turnover has decreased from 8.70% to 8.48%. (**Appendix 4**). The nursing turnover report excludes employee external transfer and flexi-retirement these reasons however are included in the fortnightly workforce meetings as that is what is reported at Trust level.

Staffing throughout December has seen the implementation of escalation plans through SafeCare, decisions were made based on skill mix and staffing numbers with patient acuity, dependency and professional judgement determining a safe environment of care. Throughout December the SafeCare chair connected with ward managers and departments.

2. Nurse Sensitive Indicators

No staffing factors were identified as part of any SI review process in December 2022.

3. Red Flags Raised through SafeCare Live

There were 135 red flags relating to workforce, with shortfall in RN time being the most common (102). 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 December. In KPI collaborative staffing meetings information has been provided on the appropriate use of red flags and the importance of closing red flags to provide correct information.

4. Datix Submissions

There were 126 datix submissions relating to staffing in December. Redeployment decisions were made following safer staffing discussions with ward managers and matron agreement. The Nursing Workforce Team continues to work closely with HR senior team and the temporary staffing providers (NHSp).

5. Vacancy & Turnover

Active recruitment of nursing staff continues. **Appendix 2** shows registered nursing and midwifery vacancy rate for December 22. **Appendix 3** shows healthcare assistant vacancy rate for December 22. **Appendix 4** shows the nursing turnover for December 22.

International Nurse Recruitment: recruitment has continued with a plan of approximately 10 nurses arriving per month between January 2023 and November 2023.

Submissions made for national funding to recruit legacy mentors for nurses recently qualified (up to two years) and for health care support workers. The roles are to provide practical ward-based support to aid with retention. Submission made to be part of a pilot to recruit nurses through the NHSE refugee programme.

6. RECOMMENDATIONS

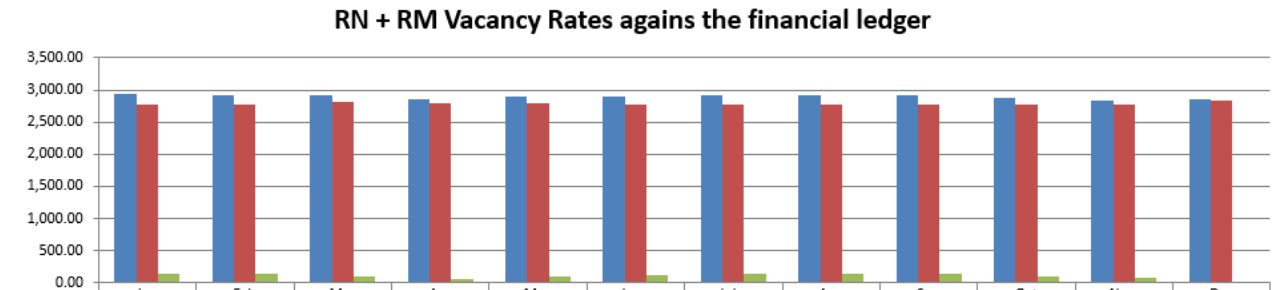
The Board is asked to note the content of this report and the progress in relation to key nursing workforce plans. Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Dec 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	857	28	80.1%	115.4%	-	100.0%	68.3%	81.4%	-	100.0%	Short term sickness
Ward 31 (2)	28	28	1034	33	87.1%	116.2%	-	100.0%	108.8%	115.2%	-	100.0%	
Ward 3	28	28	685	22	76.3%	126.7%	-	100.0%	71.4%	156.5%	-	100.0%	Short term sickness
Ward 4	23	23	523	17	73.5%	90.2%	-	-	67.6%	125.7%	-	-	Staff deployed based on demand
Ward 5	28	22	757	24	68.1%	84.1%	100.0%	100.0%	79.6%	132.5%	-	-	RN vacancies
Ward 6	31	31	921	30	69.3%	104.8%	-	-	61.6%	96.3%	-	-	Short term sickness
Ward 7	32	32	837	27	72.9%	86.8%	100.0%	100.0%	87.1%	78.5%	-	-	RN vacancies
Ward 9	32	28	940	30	71.2%	167.4%	-	-	75.7%	157.3%	-	-	RN vacancies
Ward 10 (38)	24	24	675	22	59.7%	49.3%	-	-	62.4%	84.7%	-	-	RN vacancies and short-term sickness
Ward 11	28	28	737	24	73.4%	75.1%	-	100.0%	77.1%	87.4%	-	100.0%	Short term sickness
Ward 12	26	26	814	26	87.7%	101.6%	-	-	65.4%	90.0%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	579	19	74.4%	95.0%	-	-	70.9%	156.6%	-	-	Reduced bed occupancy - HCA backfill provided
Ward 24	23	23	678	22	95.5%	168.3%	-	-	81.9%	181.5%	-	-	
Ward 25	21	21	624	20	88.6%	121.2%	-	-	84.4%	104.3%	-	-	
Ward 26	18	19	562	18	95.8%	135.6%	-	-	100.0%	96.8%	-	-	
Ward 27	15	15	356	11	76.6%	78.2%	-	100.0%	95.3%	86.3%	-	-	Reduced bed occupancy
Ward 28	26	26	856	28	69.7%	89.2%	-	-	74.8%	80.1%	-	-	Short term sickness
Ward 29	27	27	793	26	94.0%	99.6%	-	100.0%	91.5%	96.0%	-	100.0%	
Cardio MB	9	9	248	8	98.4%	124.1%	-	100.0%	99.2%	-	-	100.0%	
Ward 8 (10)	35	31	717	23	64.8%	79.2%	-	100.0%	66.1%	84.3%	-	-	RN vacancies
Ward 32	22	21	594	19	103.6%	108.8%	-	-	99.9%	104.6%	-	-	

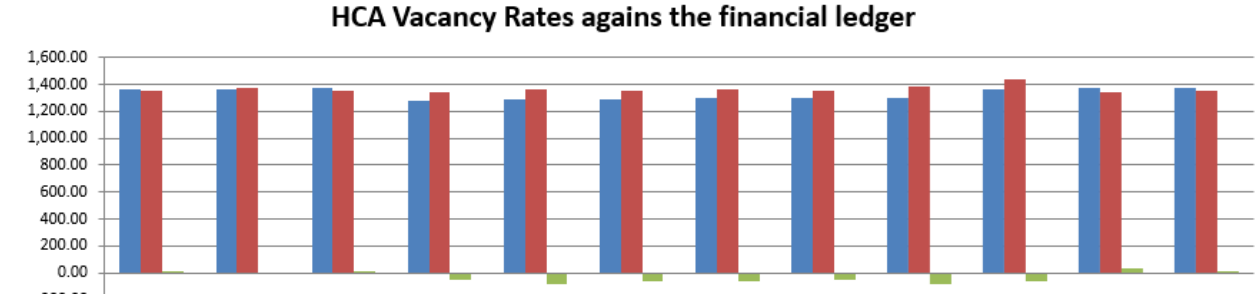
Ward 33	21	21	606	20	55.6%	100.1%	-	-	71.4%	94.6%	-	-	Provided support as acuity of patients allowed
Ward 34	34	34	923	30	76.6%	117.6%	-	100.0%	89.7%	131.8%	-	-	RN vacancies
Ward 35	26	26	696	22	98.0%	110.5%	-	-	87.6%	104.8%	-	-	
Ward 36	34	34	979	32	92.0%	123.1%	100.0%	100.0%	75.1%	121.8%	100.0%	100.0%	short term sickness - HCA backfill provided
Ward 37 - AMU	30	30	877	28	80.7%	96.0%	-	100.0%	75.6%	95.5%	-	100.0%	Short term sickness
Critical Care	33	33	789	25	100.0%	104.8%	-	-	98.1%	110.5%	-	-	
CICU JCUH	12	10	230	7	77.3%	82.7%	-	-	74.9%	134.0%	-	-	Short term sickness
Cardio HDU	10	10	200	6	80.4%	91.0%	-	-	74.2%	93.5%	-	-	Mirrors elective programme
Ward 24 HDU	8	8	202	7	99.3%	111.7%	-	-	90.9%	132.0%	-	-	
Ainderby FHN	27	22	661	21	82.4%	151.8%	-	-	117.1%	130.6%	-	-	
Romanby FHN	26	22	803	26	51.8%	62.6%	-	-	82.5%	65.3%	-	-	RN vacancies - Reduced Beds
Gara FHN	21	16	217	7	69.1%	93.9%	-	-	82.5%	43.5%	-	-	RN vacancies
Rutson FHN	17	17	502	16	70.6%	115.2%	-	-	98.4%	105.1%	-	-	RN vacancies
Friary	18	18	-	-	-	-	-	-	-	-	-	-	Closed - Staff at FHN
Zetland Ward	31	29	933	30	79.5%	65.4%	-	100.0%	77.4%	102.7%	-	100.0%	Short term sickness
Tocketts Ward	30	26	848	27	76.0%	114.3%	-	-	75.5%	124.6%	-	-	Short term sickness
Ward 21	25	25	503	16	76.4%	79.4%	-	100.0%	78.5%	101.6%	-	100.0%	Short term sickness
Ward 22	17	17	248	8	81.0%	52.4%	-	-	83.8%	63.0%	-	-	
JCDS (Central Delivery Suite)	-	-	344	11	93.9%	56.4%	-	-	92.5%	82.9%	-	-	
Neonatal Unit	35	35	707	23	69.9%	85.6%	-	-	72.7%	-	-	-	Low occupancy
Paediatric Intensive Care	6	6	118	4	85.1%	75.1%	-	-	79.7%	61.3%	-	-	Low occupancy
Ward 17	-	-	698	23	90.5%	78.2%	-	-	104.2%	60.7%	-	-	
Ward 19 Ante Natal	-	-	246	8	81.2%	96.5%	-	-	94.5%	-	-	-	
Maternity Centre FHN	-	-	5	0	51.7%	20.3%	-	-	37.7%	-	-	-	Low occupancy
Spinal Injuries	24	24	635	20	82.3%	76.7%	-	-	96.8%	100.0%	-	-	Short Term Sickness
CCU	14	14	347	11	80.6%	62.0%	-	-	100.0%	-	-	-	

Appendix 2 - Registered Nursing Vacancy Rate Dec 2022



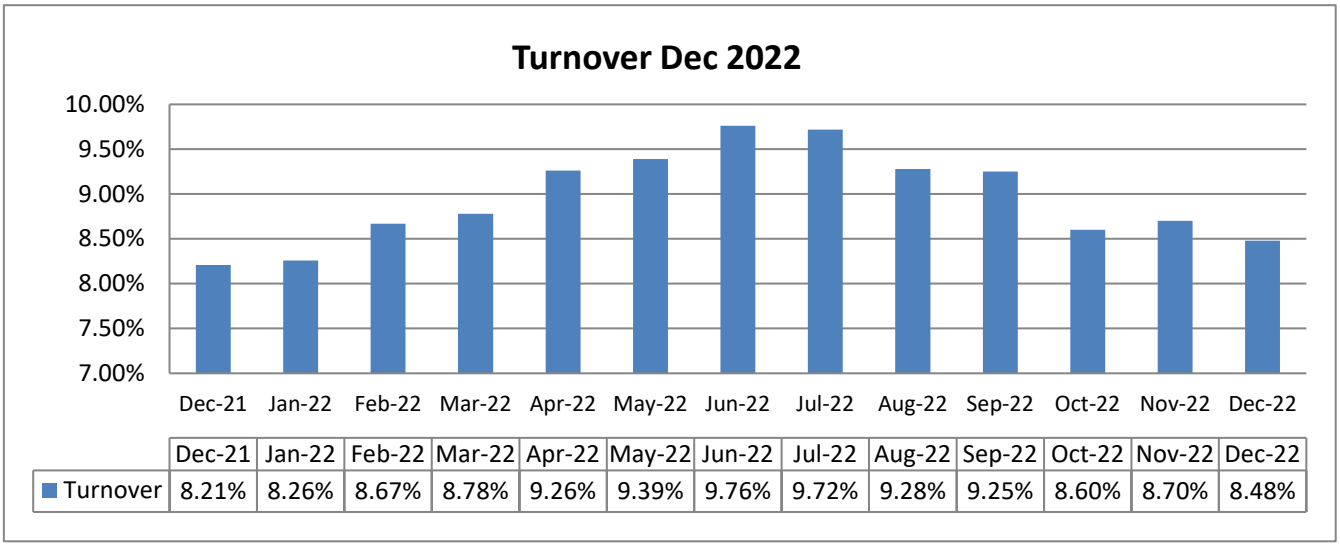
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Budget	2,928.97	2,916.23	2,918.09	2,857.17	2,892.25	2,907.50	2,918.67	2,912.41	2,917.93	2,876.64	2,840.03	2,862.17
Contracted	2,778.68	2,783.12	2,807.97	2,793.07	2,788.43	2,780.50	2,774.59	2,777.11	2,778.08	2,780.62	2,768.68	2,835.36
Vacancy	150.29	133.11	110.12	64.10	103.82	127.00	144.08	135.3	139.85	96.20	71.35	26.81

Appendix 3 - Health Care Assistant Vacancy Rate Dec 2022



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Budget	1,365.75	1,367.50	1,375.27	1,284.47	1,286.03	1,287.53	1,304.85	1,302.54	1,304.54	1,368.52	1,371.18	1,373.06
Contracted	1,357.94	1,379.86	1,358.85	1,339.44	1,366.81	1,355.44	1,363.67	1,359.11	1,388.28	1,435.82	1,340.90	1,356.57
Vacancy	7.81	-12.36	16.42	-54.97	-80.78	-67.91	-58.82	-56.57	-83.74	-67.30	30.28	16.49

Appendix 4 - Nursing Turnover Dec 2022



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Turnover	8.21%	8.26%	8.67%	8.78%	9.26%	9.39%	9.76%	9.72%	9.28%	9.25%	8.60%	8.70%	8.48%

South Tees Hospitals
NHS Foundation Trust

MEETING OF PUBLIC TRUST BOARD OF DIRECTORS – 7 February 2023			
Learning from Deaths December 2022			**AGENDA ITEM: 11** **ENC 9**
Report Author and Job Title:	Jo Raine, Data Analyst Mortality Surveillance and Tony Roberts, Deputy Director (Clinical Effectiveness)	**Responsible Director:**	Michael Stewart Chief Medical Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation and is an update on the report submitted to the Mortality and Morbidity Group in November 2022.		
Background	Overview of mortality within the Trust including that related to COVID-19, relevant mortality indicators and coverage of the Medical Examiner service and Mortality Surveillance activity including lessons learned.		
Assessment	The number of deaths in 2022/2023 has largely returned to levels seen pre-pandemic, although the unadjusted mortality rate has not fully. SHMI at 110 is As Expected The Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths. Mortality Surveillance reviewers have been progressing with the waiting list of reviews: 39 reviews were completed in December 2022.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the group are asked to: continue to monitor the Medical Examiner and mortality review processes and all the mortality indicators described in the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☐	
	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 ☐	

Learning From Deaths December 2022

1. PURPOSE OF REPORT

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

2. BACKGROUND

2.1. **Mortality Indicators**: The Trust reports and discusses mortality statistics including counts of deaths, unadjusted mortality rates, the Summary Hospital-level Mortality Indicator (SHMI), which is the NHS's official risk-adjusted hospital mortality statistic, various contextual indicators including quality of clinical coding and palliative care delivery plus a range of population level statistics including Excess Mortality as provided by the Office for National Statistics (ONS), Place of Death statistics and various other public health metrics. There is also a range of indicators specific to the COVID-19 pandemic.

2.2. **Learning from Deaths:** The Trust *Responding to Deaths* policy (G163, published Sep 2018, updated Oct 2020 and Oct 2022) sets out how the trust responds to, and learns from, deaths of patients who die under its management and care[2]. The approach is summarised below.

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

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

3. MORTALITY INDICATORS & LEARNING FROM DEATHS

3.1. **Mortality Indicators**: The dashboard includes the count of deaths from April 2009 to December 2022 (Fig 1). 215 deaths were recorded in December 2022. Of note 31 Dec 2022 had the highest daily total of deaths ever recorded (since 2006) – 19. The impact of COVID on deaths is falling, however there were 16

[1] https://www.england.nhs.uk/wp-content/uploads/2017/03/ngb-national-guidance-learning-from-deaths.pdf

[2] https://staffintranet.xstees.nhs.uk/resources-guidelines/g163-responding-to-deaths-policy/

deaths with positive Influenza A swabs in the total. The unadjusted mortality rate rose slightly. Rolling 12- month average is 1.41 compared to 1.24 pre-pandemic.

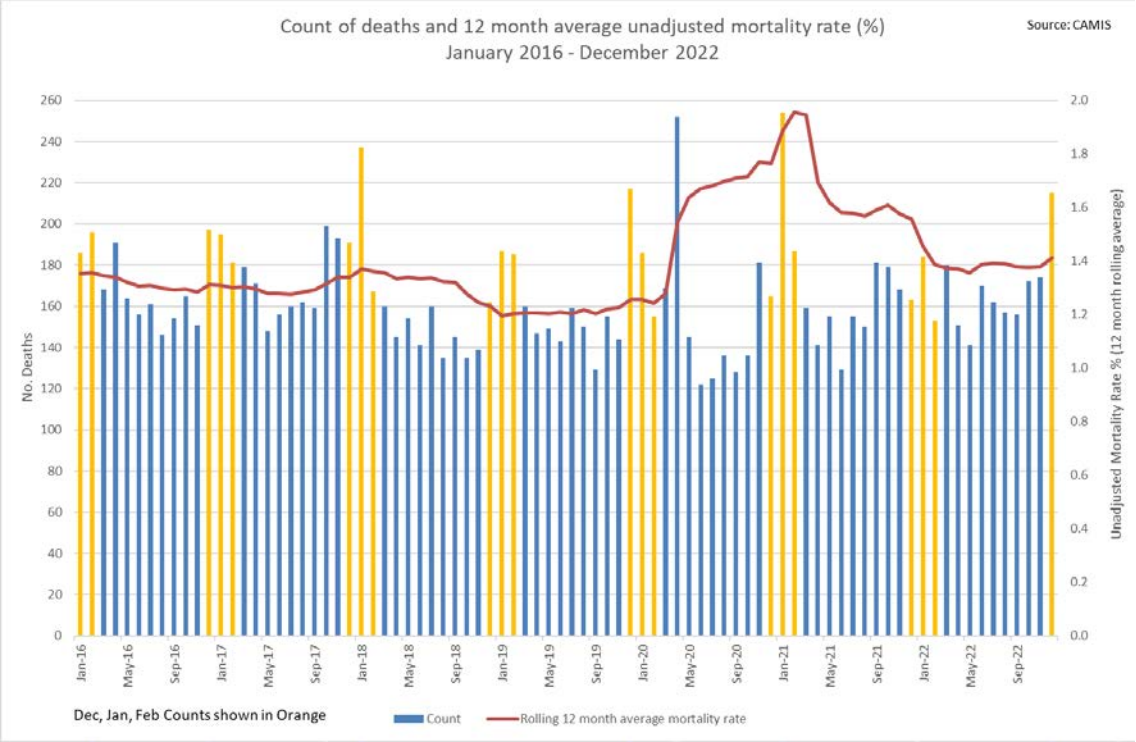


Fig 1. Count of deaths and Mortality Rate

Source: South Tees Hospitals NHS Foundation Trust

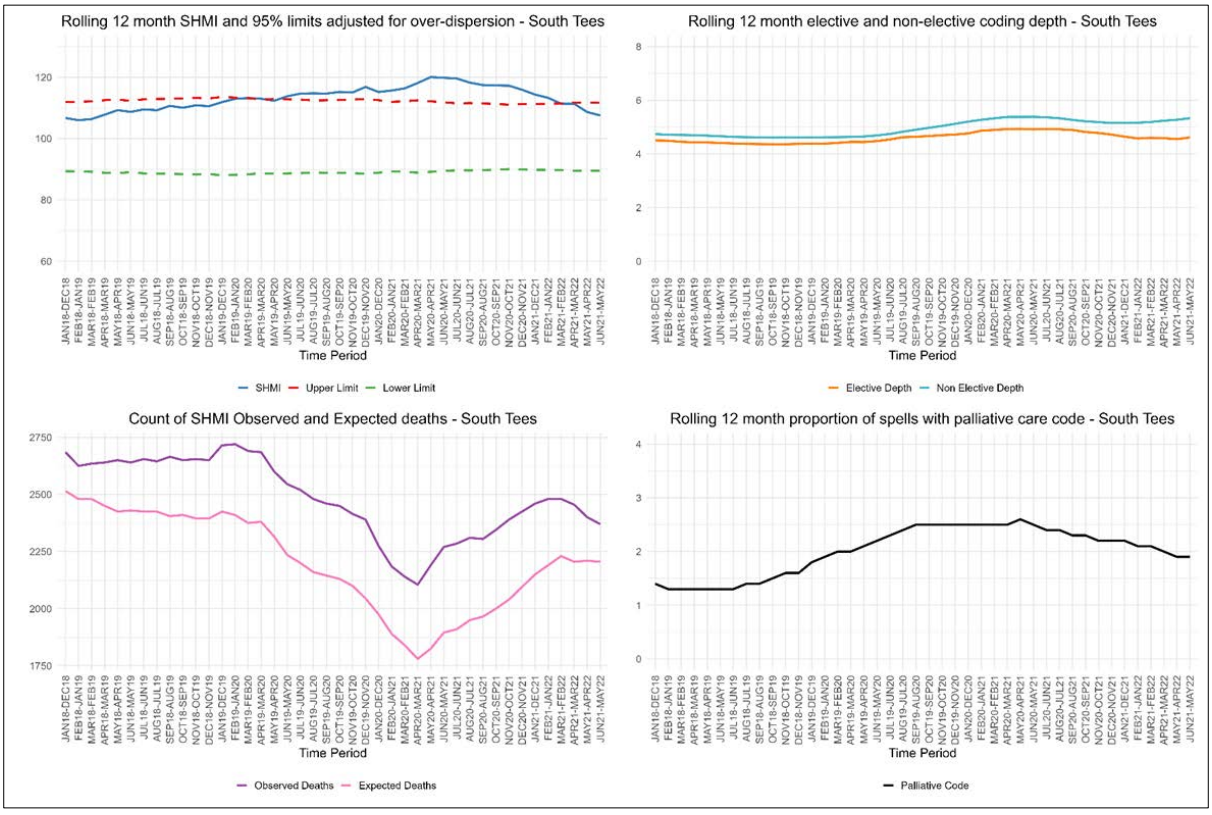
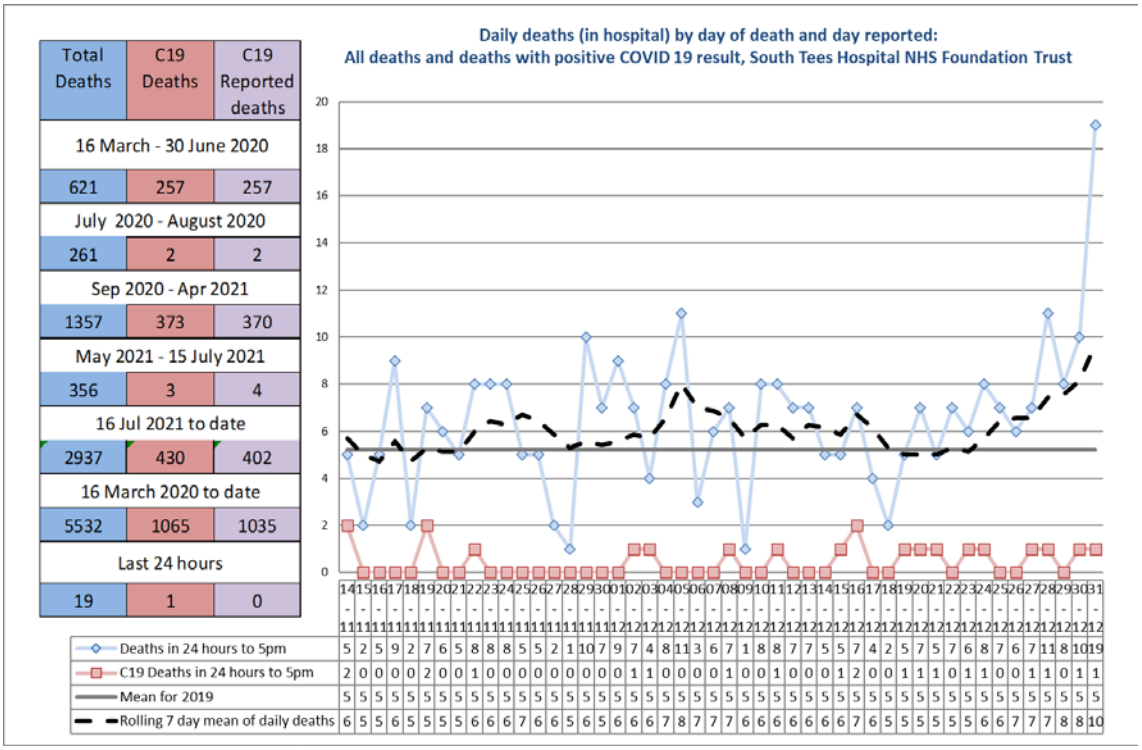


Fig 2. SHMI Trend Analysis Rolling 18 month trend analysis.

Source: NHS Digital/NEQOS

3.2. **Summary Hospital-level Mortality Indicator, Comorbidity and Palliative Care Coding: (Fig 2)** includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis by NHS Digital and is an official government statistic. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). Latest SHMI 106 (October 2021 – September 2022) – As Expected. NHS Digital are removing any spell containing a COVID-19 Confirmed or Suspected code. In this release this amounts to 2,757 spells or 4.0% of spells. The indictor is also affected by the fall in activity during the outbreak. For the current period there is a total fall of 11% in the number of spells used to calculate SHMI. The comorbidity count matters because of its impact on the risk adjustment used in modelling mortality. Coding depth for elective spells is 4.6, for non-elective 5.3. 1.9% of spells had a palliative care code. Palliative care coding is provided as a key contextual indicator.

3.3. **COVID-19**: There have been 1065 COVID-19 positive deaths recorded (19.6% of all deaths) since the pandemic began in March 2020 (Fig 3).



Total Deaths	C19 Deaths	C19 Reported deaths
16 March - 30 June 2020		
621	257	257
July 2020 - August 2020		
261	2	2
Sep 2020 - Apr 2021		
1357	373	370
May 2021 - 15 July 2021		
356	3	4
16 Jul 2021 to date		
2937	430	402
16 March 2020 to date		
5532	1065	1035
Last 24 hours		
19	1	0

Fig 3. All Deaths and deaths with positive COVID 19 result.
Source: South Tees Hospitals NHS Foundation Trust.

3.4. Work on producing statistics by **Collaborative Group** is currently being developed. 42.9% of deaths were in Medicine and Emergency Care Services and 11.2% in Growing the Friarage and Community Services (Fig 4).

Fig 4: Deaths in South Tees Hospitals NHS Foundation Trust by collaborative: Jan-Dec 2022

Deaths in South Tees Hospitals NHS Foundation Trust: Jan 2022 - Dec 2022					
Collaborative	Survived	Died	Total	Unadjusted Mortality Rate	% all deaths
Cardiovascular Care services	6439	119	6558	1.8%	5.6%
Clinical Support Services	998	1	999	0.1%	0.0%
Digestive Diseases, Urology and General Surgery services	24099	178	24277	0.7%	8.4%
Head and Neck, Orthopaedic and Reconstructive services	20022	64	20086	0.3%	3.0%
James Cook Cancer Institute and Speciality Medicine services	20660	193	20853	0.9%	9.1%
Medicine and Emergency Care services	25172	964	26136	3.7%	45.4%
Neurosciences and Spinal Care Services	4036	41	4077	1.0%	1.9%
Perioperative and Critical Care Medicine Services	1298	245	1543	15.9%	11.5%
Women and Children services	20240	33	20273	0.2%	1.6%
Growing the Friarage and Community services: Community Services	464	46	510	9.0%	2.2%
Growing the Friarage and Community services: Primary Care Hospitals	339	23	362	6.4%	1.1%
Growing the Friarage and Community services: Friarage Medical Services	24538	215	24753	0.9%	10.1%
Grand Total	**148305**	**2122**	**150427**	**1.4%**	**100.0%**

3.5. **Medical Examiners:** Between April 2022 – December 2022, of the 1,700 deaths that occurred in hospital and in A&E or were very recent discharges from hospital and referred to the Medical Examiner (including 117 GP/Community deaths included in the Medical Examiner system since September 2021), 1,675 were reviewed by the Medical Examiner service – 98.5% of all such deaths. (Fig 5)

3.5.1. Of these 86.0% of deaths were judged to be definitely not preventable with 4.0% of cases judged to show some preventability. 86.5% of deaths were Expected, 11.2% of deaths Unexpected, the remainder ungraded. 150 were recommended for Trust Mortality Review, 11 reviews have so far been undertaken with the rest scheduled. Over 90% of the recommended reviews for 2021-2022 have been completed. The waiting list of cases (currently 154 cases) needing review by Mortality Surveillance from this and the previous year are currently being addressed.

Fig 5: Medical Examiner Service Statistics

Medical Examiner Service Statistics: Month of Death	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	% Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
May 2018 - Mar 2019	1698	25		19	1432	82.2%	230	230	265	275	137
Apr 2019 - Mar 2020	1902	92		46	1822	89.3%	192	192	393	381	296
April 2020 - Mar 2021	1994	73		39	2041	96.9%	153	153	224	330	279
April 2021 - March 2022	1936	109	40	11	2034	97.0%	174	160	103	297	333
Medical Examiner Service Statistics: Month of Death Apr 2022 -Mar 2023	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	In hospital % Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Apr-22	151	9	7		166	99.4%	14	1	11	17	37
May-22	141	7	12		155	96.9%	20	1	10	15	35
Jun-22	170	8	14		189	98.4%	13	2	7	15	24
Jul-22	162	8	14		180	97.8%	18	1	8	30	36
Aug-22	157	7	6		171	100.6%	14	0	8	29	39
Sep-22	156	11	14		177	97.8%	15	0	6	23	36
Oct-22	172	8	12		192	100.0%	17	1	7	26	34
Nov-22	174	12	12		191	96.5%	18	2	9	15	35
Dec-22	215	15	26		254	99.2%	21	3	12	30	35
	1498	85	117	0	1675	98.5%	150	11	78	200	311
	7092	275	117	104	6970	91.9%	899	746	960	1186	1023

3.6. **Mortality Surveillance Reviews**: The review team currently consists of four consultant reviewers. 432 reviews have been completed so far in 2022/23 (Figs 6 & 7).

Fig 6 No. of Reviews Apr 2021 to date

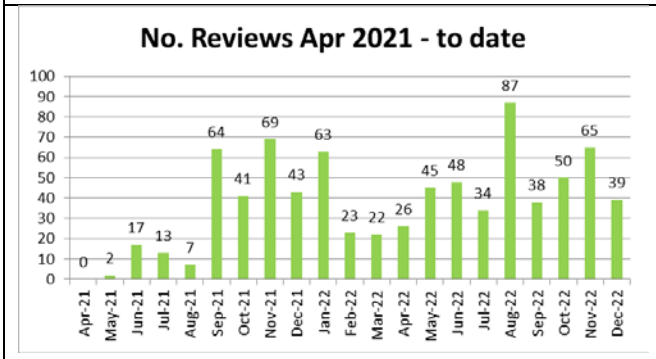
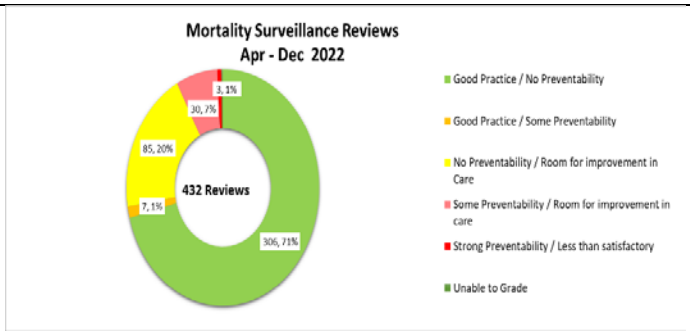


Fig 7 Preventability / Good Practice



3.6.1. 88% of deaths were Expected, 10% Unexpected. Care in 83% of cases was graded Good-Excellent.

3.6.2. In the last month, 7 reviews mentioned lessons learned from good care, particularly around senior input into care, good liaison with other specialties, respecting patient's wishes regarding their care.

3.6.3. In the last month, 8 reviews mentioned areas of focus, including: documentation and coordination.

3.7. The **Learning From Deaths Dashboard** reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of November 2022 (December data not yet available), there were 1,961 deaths, of which 1,955 (99.7%) received a review or investigation and 2 deaths were considered to be potentially avoidable (and also reported to the Patient Safety team). In the same period 100% of deaths in patients with a learning disability and 99% of cases where the patient had a pre-existing serious mental health condition were reviewed with no deaths considered potentially avoidable.

4. MORTALITY INDICATORS & LEARNING FROM DEATHS

1.1 **Medical Examiner scrutiny and Mortality Reviews** identify aspects of good care and potential or actual problems in care. Where these are specific to a particular clinical team, feedback is provided by the ME or reviewer directly to the team and this will often prompt review and action in the department, specialty or Collaborative: it is not currently possible to collate this centrally. More general themes are collated and there are four which have tended to recur:

- **End of Life Care**. Actions are coordinated through the End of Life Group, which receives information on EoLC themes and cases from ME scrutiny and mortality reviewers and the EoLC G reports through the governance structure to QAC. The DNACPR and audit work at the Friary hospital continues.
- **Documentation.** This issue is addressed through the STACQ accreditation and documentation audits. In addition, progress on this work is reported to the Miya Programme Board through Trust Committees to Board level. A communications campaign called “Documenting for great CARE” launched through the Trust News Briefing on 19 July 2022 is continuing, highlighting the issue and with hints, tips, advice, and guidance to help clinicians ‘keep the chain going’. The campaign is shared through the Trust’s usual channels. This includes what good documentation looks like and how clinicians can support improvement in the clinical coding of the care they have delivered.

- **Coordination of care**. This will improve with implementation of Miya and is reported through the Miya Board. There have been recent discussions the at the Miya Clinical Working Group on developments in this field.
- **Transfer of patients from other hospitals**. Information about patients prior to, and at the time of, referral is currently in the medical record, usually in a summary form. The trust uses a solution called 'referapatient' in neurosurgery and there is a process currently on-going around procurement of a system across the region (led by Newcastle upon Tyne Hospitals NHS FT). The intention is to procure a single system for all Trusts in the North East and North Cumbria.

5 RECOMMENDATIONS

- The unprecedented pattern of deaths, unadjusted and risk adjusted mortality rates during the pandemic has made these measures difficult to interpret. The Trust should continue to monitor these statistics but accept that their use for assurance is diminished and thus the importance of non-statistical approaches to mortality are of greater importance than was the case before covid. The volume of spells used to calculate SHMI is gradually returning to pre-pandemic levels is currently at 89%.
- The Trust should continue to engage with national and regional efforts to understand hospital mortality within the wider context of mortality in all settings and particularly in relations to disparities (inequalities) in the populations served by the trust.
- SHMI at 106 remains 'as expected' and so the requirement for specific monitoring has reduced, and it is likely that the key reason for this is related to the improvement of recording of comorbidities and returning volume of spells. The trust should remain focused on this issue.
- The Medical Examiner team coverage of mortality continues to be in excess of 95% of all death. Scrutiny is being extended to out of hospital settings and the trust should continue to support the development of this service.

MEETING OF PUBLIC BOARD OF DIRECTORS – 7 February 2023			
People Plan – Workforce Race Equality Standard (WRES)			**AGENDA ITEM: 13** **ENC 10**
Report Author and Job Title:	Denise Curtis-Haigh HR Business Partner	**Responsible Director:**	Rachael Metcalf Director of HR
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	The purpose of the reports is to provide an update regarding the Trusts WRES data reporting for 2021/22, reported across 9 key metrics.		
Background	The WRES data and actions is an integral element of the South Tees Hospitals NHS Foundation Trust People Plan 2021-23. Embedding Equality Diversity and Inclusion (EDI) is a national priority and this forms one of our five key strategic enablers. The WRES data return is a national NHS annual return and provides evidence to support our requirement under the Public Sector Equality Duty.		
Assessment	The metrics data has been reviewed and findings have been summarised along with current strategic objectives and actions.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	The recommendation is to discuss and approve the findings and action plan.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 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 BAF 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		
Legal and Equality and Diversity implications	This report will provide assurance that we are compliant with employment and equality legislation.		
Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☒	
	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 ☐		

NHS
South Tees Hospitals
NHS Foundation Trust

Workforce Race Equality Standard (WRES)

Annual Report 2021/22

Safety and Quality First

V1.0 19.8.22

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Executive Summary

Welcome to the Workforce Race Equality Standard (WRES) Annual Report 2021/22. The WRES report enables the Trust to publish data on the employment experiences of our Black, and Minority Ethnic (BME) staff compared to those of our white staff.

The WRES will become ever more important as we look to move beyond the pandemic and move on to thinking about transforming the NHS; both as a provider of care, but also as a diverse employer with the largest workforce in the country. As we continue to develop and deliver the Trusts People Plan, it is vital that we foster and grow a culture of inclusion and belonging.

During 2021/22 the Trust has undertaken a number of actions to support equality and develop an inclusive culture for our current and future workforce who are from different ethnic backgrounds. This year we have been dealing with the legacy issues born out of the Covid pandemic, which has put in the spotlight the disadvantage experienced by staff with protected characteristics. This report presents the ethnicity aspect of this, and it is evident that there has been a worsening of the experience of BME staff compared to white staff in some of the key domains.

The WRES report shows the Trusts latest workforce race equality data, as at 31st March 2022. The report identifies where improvements have been made and where further work needs to be undertaken to reduce inequalities within the Trust.

Introduction

The Workforce Race Equality Standards (WRES) is a set of nine measures (metrics) that will enable NHS organisations to compare the experience of BAME and white staff. The information provided within this report includes the data for the nine key WRES metrics and describes the actions taken during 2021/22 and those planned for 2022/23. These actions have been based on areas for further development, identified and informed through the WRES metrics and action plan, through staff survey findings and through the Trust's and NHS People Plans.

At South Tees Hospitals NHS Foundation Trust, as at 31st March 2022, our Electronic Staff Records (ESR) data shows the following:

Workforce Data	2021 Headcount	2021 %	2022 Headcount	2022 %	% Difference
Total Workforce	9679		9542		1.44% (-)
BME staff	925	9.56%	953	9.99%	0.43% (+)
White staff	8323	85.99%	8252	86.48%	0.49% (+)
Not declared ethnicity status	431	4.45%	337	3.53%	0.92% (-)

Metrics 5 to 8 are based on staff survey results for 2021, which gained a total response rate of 2,877 returned questionnaires, which equates to a 31% return rate. The questions answered as part of the WRES return were completed by an average of 192 staff who identified as BME, which equates to 6.7% of responses.

Aims

The aims of this report is to:

• Compare the workplace and career experiences of the Trusts BME and white staff, using data drawn from WRES reporting in 2021/22.
• Present high level findings and analysis of the WRES metrics data.
• Highlight trends in NHS staff survey data published, covering the periods of 2020 and 2021.
• Suggest actions that will improve the experiences of BME staff against each metric.
• Continue to raise awareness of race equality within the Trusts workforce and outline some of the challenges that BME staff collectively experience at work.

WRES: 2021/22 Data Analysis & Key Findings

9.99% of the workforce have declared that they are BME on the Electronic Staff Record (ESR). This is up from **9.56%** in 2020/21.

BME job applicants were **1.57*** times less likely to be appointed from shortlisting. This is an improvement from **2.6*** times in 2020/21.

BME staff entering a formal formal process is the same as that of white staff, and a significant reduction from **1.80*** times in 2020.

BME staff are now **1.02*** times more likely to access non-mandatory training and CPD than white staff.

There has been a decline across all 3 measures relating to BME staff reporting harassment, bullying or abuse, and white staff continue to report better experiences.

48.1% of BME staff believe they have equal opportunities for career progression or promotion as identified in the staff survey. This has improved from **38.6%** last year.

The Trust does not have any board members who are from a BME background. During 2021/22 we have now recruited a BME non-voting board Director.

Note: * References the use of disparity ratios, a metric that helps organisations assess how likely a particular event is to occur in a population e.g. BME staff compared to another population e.g. white staff. Disparity implies a difference of some kind, whereas inequity implies unfairness and injustice. A figure above or below "1" would indicate the level of difference.

WRES Data 2021/22

Workforce

Metric 1

Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

Table 1

	2021						2022					
	Headcount				% of staff by ethnicity of the total workforce		Headcount				% of staff by ethnicity of the total workforce	
Non Clinical	White	BME	Unknown	Total	White	BME	White	BME	Unknown	Total	White	BME
Band 1	3	0	0	3	100.00%	0.00%	3	0	0	3	100.00%	0.00%
Band 2	790	34	45	869	90.91%	3.91%	763	30	32	825	92.48%	3.64%
Band 3	298	6	8	312	95.51%	1.92%	309	10	6	325	95.08%	3.08%
Band 4	302	4	10	316	95.57%	1.27%	323	9	8	340	95.00%	2.65%
Band 5	153	7	4	164	93.29%	4.27%	163	7	3	173	94.22%	4.05%
Band 6	73	3	2	78	93.59%	3.85%	80	4	2	86	93.02%	4.65%
Band 7	62	3	1	66	93.94%	4.55%	66	3	1	70	94.29%	4.29%
Band 8a	49	1	3	53	92.45%	1.89%	45	2	1	48	93.75%	4.17%
Band 8b	23	0	1	24	95.83%	0.00%	36	1	2	39	92.31%	2.56%
Band 8c	14	1	0	15	93.33%	6.67%	11	1	0	12	91.67%	8.33%
Band 8d	12	0	0	12	100.00%	0.00%	11	0	0	11	100.00%	0.00%
Band 9	7	0	0	7	100.00%	0.00%	8	0	0	8	100.00%	0.00%
VSM	17	0	0	17	100.00%	0.00%	14	1	0	15	93.33%	6.67%
Non AFC	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%
Total	**1803**	**59**	**74**	**1936**	**93.13%**	**3.05%**	**1832**	**68**	**55**	**1955**	**93.71%**	**3.48%**
	2021						2022					
	Headcount				% of staff by ethnicity of the total workforce		Headcount				% of staff by ethnicity of the total workforce	
Clinical	White	BME	Unknown	Total	White	BME	White	BME	Unknown	Total	White	BME
Band 1	4	0	0	4	100.00%	0.00%	2	0	0	2	100.00%	0.00%
Band 2	1341	77	81	1499	89.46%	5.14%	1357	89	68	1514	89.63%	5.88%
Band 3	414	16	25	455	90.99%	3.52%	409	12	19	440	92.95%	2.73%
Band 4	346	40	24	410	84.39%	9.76%	289	16	18	323	89.47%	4.95%
Band 5	1723	237	73	2033	84.75%	11.66%	1643	285	56	1984	82.81%	14.36%
Band 6	1184	76	54	1314	90.11%	5.78%	1219	98	40	1357	89.83%	7.22%
Band 7	744	25	25	794	93.70%	3.15%	811	25	24	860	94.30%	2.91%
Band 8a	175	8	6	189	92.59%	4.23%	198	11	5	214	92.52%	5.14%
Band 8b	36	0	2	38	94.74%	0.00%	37	1	2	40	92.50%	2.50%
Band 8c	19	1	0	20	95.00%	5.00%	20	0	0	20	100.00%	0.00%
Band 8d	10	0	0	10	100.00%	0.00%	11	1	0	12	91.67%	8.33%
Band 9	0	0	0	0	0.00%	0.00%	3	0	0	3	100.00%	0.00%
VSM	4	1	0	5	80.00%	20.00%	1	0	0	1	100.00%	0.00%
Non AFC	1	0	0	1	0.00%	0.00%	0	0	0	0	0.00%	0.00%
Consultant	313	183	39	535	58.50%	34.21%	303	179	31	513	59.06%	34.89%
Career Grade	49	33	5	87	56.32%	37.93%	39	30	4	73	53.42%	41.10%
Trainee grade	157	169	23	349	44.99%	48.42%	78	138	15	231	33.77%	59.74%
Total	**6520**	**866**	**357**	**7743**	**84.21%**	**11.18%**	**6420**	**885**	**282**	**7587**	**84.62%**	**11.66%**

Workforce	White	BME	Unknown	Total	White	BME	White	BME	Unknown	Total	White	BME
Non clinical	1803	59	74	1936	93.13%	3.05%	1832	68	55	1955	93.71%	3.48%
Clinical	6520	866	357	7743	84.21%	11.18%	6420	885	282	7587	84.62%	11.66%
Grand total	**8323**	**925**	**431**	**9679**	**85.99%**	**9.56%**	**8252**	**953**	**337**	**9542**	**86.48%**	**9.99%**

The 2022 data shows that 9.99% of the organisation's workforce have self-declared as being from a BME background which is a 0.43% increase since 2021.

Non-Clinical Workforce

Table 1 shows that 3.48% of the Trusts non-clinical workforce are from a BME background. The majority of these staff are employed in band 8a and below posts. There is very little representation in band 8b and above. Since the 2021 data return there has been an increase in BME staff employed across bands 2 to 6 posts.

Clinical Workforce

Table 1 shows that 11.66 % of the Trusts clinical workforce are from a BME background. The majority of the staff on Agenda for Change contracts are employed in band 5 and 6 posts. Over the last 12 months there has been an increase in the numbers of BME staff moving into Band 5, 6, 8a and 8b roles compared to 2021.This has been achieved via both internal career progression and through external recruitment.

It is notable that the level of BME staffing rates for Consultants, Career Grade and Trainee Doctors is significantly higher that the Trust average at 42.47%.

Metric 2

Table 2

WRES Metric	Metric Description	2021 Score	2022 Score
2	Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	2.60	1.57

There were 1405 white applicants and 150 BME applicants appointed following shortlisting. This resulted in white job applicants being 1.57 times more likely to be appointed from shortlisting than BME job applicants. This is a significant improvement against last year but still demonstrates that white staff are more likely to be shortlisted than BME staff.

Metric 3

Table 3

WRES Metric	Metric Description	2021 Score	2022 Score
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process.	1.80	0.00

There were 34 white staff and 5 BME staff who entered the formal disciplinary process. The data in table 3 shows that the likelihood of BME staff entering a formal disciplinary process is the same as that of white staff.

Metric 4

Table 4

WRES Metric	Metric Description	2021 Score	2022 Score
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff.	1.09	0.98

The data in table 4 indicates that BME staff are still 1.02 times more likely to access non mandatory training and CPD than white staff. which is marginally higher than access made by white staff. Access to non-mandatory training and CPD is now almost equal for the whole workforce regardless of ethnicity.

***NHS National Staff Survey Metrics**

Metric 5

Table 5

WRES Metric	Metric Description		2020 Score	2021 Score
5	Percentage of BME staff compared to white staff reporting poor workplace experience from patients, service users, their relatives or the public in the last 12 months.	BME	23.8%	26.7%
		White	24.1%	23.9%

Based on the staff survey results from 2021 which gained feedback from 195 BME staff, the data in table 5 indicates that 26.7% of BME staff have experienced harassment, bullying or abuse from patients, services users, their relatives or the public. This has increased by 2.9% since 2021 and is 2.8% higher than the experiences of white staff.

Metric 6

Table 6

WRES Metric	Metric Description		2020 Score	2021 Score
6	Percentage of BME staff compared to white staff experiencing poor workplace experience from staff in the last 12 months.	BME	27.7%	28.6%
		White	23.5%	21.5%

Based on the staff survey results from 2021 which gained feedback from 192 BME staff, the data in table 6 indicates that 28.6% of BME staff experienced harassment, bullying and abuse from other staff, which is an increase of 0.9% from 2021. It is concerning to see that 7.1% more BME staff experienced this behaviour in comparison to white staff.

Metric 7

Table 7

WRES Metric	Metric Description		2020 Score	2021 Score
7	Percentage of BME staff compared to white staff believing that the Trust provides equal opportunities for career progression or promotion.	BME	38.6%	48.1%
		White	53.1%	58.2%

Based on the staff survey results from 2021 which gained feedback from 189 BME staff the data in table 7 indicates that 48.1% of BME staff believe the Trust provides equal opportunities for career progression or promotion, which is an increase of 9.5% since 2021. However this still remains 10.1% lower than the experience of white staff.

The data in table 1 shows increasing numbers of clinical BME staff across bands 5, 6, 8a and 8b and would potentially indicate that there has been internal career progression during 2021/22 for increasing numbers of BME staff.

Metric 8

Table 8

WRES Metric	Metric Description		2020 Score	2021 Score
8	Percentage of BME staff compared to white staff experiencing poor workforce experience from their manager/team leader or colleagues in the last 12 months.	BME	19.7%	19.9%
		White	5.1%	5.8%

Based on the staff survey results from 2021 which gained feedback from 191 BME staff, the data in table 8 demonstrates that 19.9% of BME staff have personally experienced discrimination at work from either their manager, team leader or colleagues in comparison to 5.8% of white staff.

*Please note: Staff Survey response rates for a number of questions are small and fluctuations in data can therefore occur.

Board Representation

Metric 9

Table 9

WRES Metric	Metric Description		2021 Score	2022 Score
9	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:	Voting Membership	9.6% (-)	9.9% (-)
	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:	Executive Membership	9.6% (-)	9.9% (-)

The data in table 9 indicates that the Trust does not have any voting or executive board members who are of a BME ethnicity. In comparison, 9.99% of the overall workforce is from a BME background.

During 2021/22 we have now recruited a BME non-voting board Director.

WRES Progress in 2021/22

The Trust has improved in 5 out of 9 of the metrics over the last 12 month period. As an organisation with a fundamental aim within the People Strategy to "Make South Tees the best place to work", we are keen to continue to improve within each metric over the next 12 months.

During 2021/22 the Trust took the following steps to support our BME workforce:

Recruitment & Selection

All recruitment panels are now required to have at least one panel member who has received both recruitment & selection training.

We now invite onto the selection panels for Very Senior Manager (VSM) and Band 9 posts, colleagues from the BAME Network. Also all Consultant interviews have a senior HR representative included as a selection panel member.

ESR Self-declaration

We have increased ethnicity self-declaration rates by 0.43% and we now have 953 staff who have self-declared as BME. We have reduced the number of staff who had not declared any ethnicity status on ESR by a further 0.9% down to 3.5%, which equates to a further 94 staff who we have their ethnicity status declared. However there is still room for improvement in self-declaration rates as we have 337 members of the workforce who have still not declared their ethnicity.

Appraisal

We have now rolled out our new appraisal process, which now includes a career discussion between the staff member and their manager on an annual basis. This discussion enables staff to make their manager aware of their career aspirations and take this information into consideration when agreeing the staff members personal performance objectives and their learning and development plan.

The Trusts values and behaviours have also been incorporated into the appraisal for all staff which are being supportive, caring and respectful. Staff members are asked to reflect on how they demonstrate these, and line managers are able to feedback and challenge when staff positively or negatively demonstrate appropriate behaviours.

Management Essentials Training

During 2021/22 we have further developed and redesigned the Management Essentials Training Programme during quarter 4, ready for launching from April 2022.

As well as having a specific module on unconscious bias awareness for managers, unconscious bias is also now going to be integrated across all of the people management related modules. The redesigned programme includes modules covering disciplinary, grievance, dignity at work, attendance management and appraisal. This will help to raise awareness around bias relating to race and the inequality of treatment that can occur due to this bias.

The Management Essentials Programme gives managers the understanding and confidence to provide effective and timely support to our BME staff. In addition some of the programme content has been designed to give managers the confidence to appropriately challenge colleagues who may not be self-aware of the impact of inappropriate behaviour that can lead to harassment or bullying of colleagues who are from a BME background.

Reciprocal Mentoring Programme

The Trust launched its Reciprocal Mentoring Programme during 2021/22. Originally this had been designed to be delivered in partnership with the NHS Leadership Academy. Unfortunately the national programme was not progressed, so the Trust rolled out a programme based on the principals and design initially established by the National Leadership Academy.

Working in partnership with the Trusts BAME Network we received over 60 expressions of interest from BME colleagues to join the programme. The programme was launch at the end of 2021 and 23 Reciprocal Mentoring partnerships were set up with BME colleagues and senior leaders from across the Trust, including staff from non-clinical, clinical and medical roles and across the whole range of bands and career grades.

To complement the developing partnerships, a series of quarterly events have been delivered involving participation from all of the 46 people involved in the programme. These events have created challenging discussions around both positive and negative experiences that BME colleagues face whilst working in the Trust. The whole group have now identified three priority themes, which they believe will help to improve and develop greater equality and inclusion for all current and future BME staff.

The three themes are as follows:

a. Breaking the glass ceiling – focusing on improving access to equal opportunities to career progression and promotion.
b. Continuing to promote equality within the Trust.
c. Development of a welcome pack and induction buddies for international and national recruits from BME and culturally different backgrounds.

Opening Opportunities Programme Pilot

Throughout 2021/22 the new Opening Opportunities Programme Pilot was delivered targeting BME staff. There were 11 individuals that participated in the programme and of these 11 people 3 have so far secured a promotion. The pilot programme in its current format has been closed and will be subject of a review and evaluation and will be included as part of the work that is emerging from the Reciprocal Mentoring Programme.

BME Engagement & Awareness

- EDI Workforce Steering Group

The Trusts EDI Workforce Steering Group is now well established and meets on a monthly basis. The BAME network are an active member of the group. There is a full annual cycle of business that was developed through an annual planning event, involving all members of the steering group. The EDI Workforce Steering Group provides a regular opportunity for two way communication and feedback.

The BAME network provides a quarterly update on activities, issues and concerns that their network wishes to escalate for consideration and action. Activities that support the strengthening of EDI, which directly or indirectly impact on BME staff are scheduled into the monthly meetings. This provides an opportunity for regular updates for the BAME network chair to feedback to BME colleagues.

- Calendar of Events

We have rolled out a series of related awareness campaigns through our EDI calendar of events.

- BAME Network

The BAME Network continues to grow with over 60 members. The group have a formalised their governance arrangements and have a new Chair and Vice Chair following some succession planning. A number of the network are also involved in the Reciprocal Mentoring Programme. The network continues to provide peer support through sharing experiences, as well as providing feedback and ideas to support the delivery of organisational improvements that will support our BME staff.

- Trust Welcome Induction

The Trust Welcome Induction was relaunched in July 2021 and 677 staff have attended during the WRES reporting period. As part of the new format, the induction is focused around the Trust values and behaviours.

There is a section which provides an overview of the Equality, Diversity and Inclusion (EDI) approach and culture that the Trust is striving to achieve. All new starters are also provided with an introduction to the BAME staff network and the Chair. They are also made aware of different ways inappropriate behaviour can be addressed by everyone, including signposting to the Freedom to Speak Up Services. The induction also includes a session on Civility Saves Lives and Human Factors.

Equality Delivery System (EDS)

Work has been undertaken to provide an evidence base against the national EDS standard. As a result of this new governance arrangements have been established to enable a self-assessment to be completed for the representative and supported workforce goal. This goal covers the following elements:

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
3.3 Training and development opportunities are taken up and positively evaluated by all staff.
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
3.6 Staff report positive experiences of their membership of the workforce.

The work undertaken to support improvements for our BME workforce plays an integral part of this self-assessment. The information that has been collated for the EDS will moving forward further inform the development of the People Plan, EDI strategy and the WRES.

Conclusion

During 2021/22 we continue to recognise the importance of supporting our BME workforce more than ever before, especially as we have emerged from the Covid 19 pandemic with ever increasing pressures upon our services, which place pressure on the whole workforce. We recognise that we are stronger working together and supporting each other to be the best we can be by creating an inclusive environment where BME staff can be supported to flourish.

The Trust has continued to increase the number of BME staff within our workforce and increase the number of staff who have self-declared their ethnicity. However to support the Trust on its journey of improvement, we must continue to identify both short and long term actions within the WRES. This will be underpinned by the data captured under the nine metrics alongside continuous feedback from our BME workforce.

Our key areas of focus will be:

- Continuing to reduce examples of poor workplace experience
- Increasing the likelihood of BME applicants being shortlisted and appointed through our recruitment and section processes
- Increasing BME staff responses and returns for the staff survey

We will continue to build trust and engagement across our workforce and encourage our staff to update their equality and diversity monitoring information in ESR. We will also work together with our BAME Staff Network to develop and deliver the WRES action plan for 2022/23.

In light of the WRES data and reflecting on activities undertaken over previous years, as well as new activities identified within the People Plan, the Trust will focus on delivering the new WRES action plan for 2022/23 over the next 12 months. Our aim is to continue creating an environment that will enable our BME staff to experience a sense of belonging, where we value unique differences, through gaining fair treatment through actions that will create a supportive and inclusive environment.

Appendix 1 – WRES Action Plan 2022/23

No.	Metric	Objective	Action	Timescales	Lead/s
1.	1,2,3,4 & 9	Improve staff engagement & improve fairness and equality	Increase self-declaration rates of BME staff reduce unknown ethnicity self-declaration rates in ESR.	March 2023	HRBP Strategy
2.	1,2,4 & 7	Improve fairness and equality	To deliver the overhauling recruitment and promotion action plan.	2021/23	HRBP Strategy & Head of Recruitment
3.	1,2,4 & 7	Improve fairness and equality	Continue to ensure that all managers and staff who are involved in recruitment and selection processes undertake recruitment & selection training.	March 2023	Recruitment Manager
4.	1,2,3,4,5,6,7 & 8	Improve leadership and staff development & improve fairness and equality	Continue to roll out the Management Essential Programme to all line managers to improve knowledge and confidence of dealing with people management issues.	March 2023	Senior Learning & Development Partner & HRBP Strategy
5.	1,2,4 & 7	Improve fairness and equality	Develop and commence delivery of a positive action programme to support career development and progression accessible to all BME staff.	March 2023	Senior Learning & Development Partner
6.	1,2,3,4,5,6,7,8 & 9	Improve staff engagement, fairness and equality & leadership and staff development	Continue the Reciprocal Mentoring Programme to increase understanding of issues related to race to inform and improve future decision making of senior leaders across all systems and processes, to improve EDI for both staff and patients.	2021/23	HR Director

7.	1,2,3,5,6,7 & 8	Improve staff engagement	Continue to develop and grow the BAME Staff Network.	March 2023	Chair of BAME Network
8.	3,6 & 8	Improve staff engagement & improve fairness and equality	Review the disciplinary, grievance and dignity at work policies to integrate a restorative just culture approach.	March 2023	Head of HR
9.	1,2,3,4,5,6,7,8 & 9	Improve staff engagement & improve fairness and equality	Embed the revised EDI governance arrangements to support effective delivery of the WRES.	March 2023	SLT & HRBP Strategy
10.	1,2.3,4,5,6,7 & 8	Improve staff engagement & improve fairness and equality	Working in partnership with Inspiring Hope organisation deliver a series of discovery events to better understand the positive and negative experiences that our BME staff experience in the workplace.	December 2022	HR Director, Managing Director & BAME Network Chair & Vice Chair
11.	1,2,7 & 9	Improve fairness and equality	Establish the role of Cultural Ambassadors to support the recruitment and selection processes.	March 2023	Recruitment Manager & HRBP Strategy
12.	1 & 7	Improve fairness and equality	Undertake a Race Pay Gap Analysis.	March 2023	HRBP Strategy

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 7 FEBRUARY 2023			
People Plan – Workforce Disability Equality Standard (WDES)			**AGENDA ITEM: 10** **ENC 11**
Report Author and Job Title:	Denise Curtis-Haigh HR Business Partner	**Responsible Director:**	Rachael Metcalf Director of HR
Action Required	Approve ☒ Discuss ☒ Inform ☒		
Situation	The purpose of the reports is to provide an update regarding the Trusts WDES data reporting for 2021/22, reported across 10 key metrics.		
Background	The WDES data and actions is an integral element of the South Tees Hospitals NHS Foundation Trust People Plan 2021-23. Embedding Equality Diversity and Inclusion (EDI) is a national priority and this forms one of our five key strategic enablers. The WDES data return is a national NHS annual return and provides evidence to support our requirement under the Public Sector Equality Duty.		
Assessment	The metrics data has been reviewed and findings have been summarised along with current strategic objectives and actions.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	The recommendation is to discuss and approve the findings and action plan.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 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 BAF 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		
Legal and Equality and Diversity implications	This report will provide assurance that we are compliant with employment and equality legislation.		
Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☒	
	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 ☐	

NHS
South Tees Hospitals
NHS Foundation Trust

Workforce Disability Equality Standard (WDES)

Annual Report 2021/22

V1.0 19.8.22

Safety and Quality First

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Executive Summary

Welcome to the Workforce Disability Equality Standard (WDES) Annual Report 2021/22. The WDES report enables the Trust to publish data on the employment experiences of disabled people.

The WDES will become ever more important as we look to move beyond the pandemic and move on to thinking about transforming the NHS; both as a provider of care, but also as a diverse employer with the largest workforce in the country. As we continue to develop and deliver the Trusts People Plan, it is vital that we foster and grow a culture of inclusion and belonging.

During 2021/22 the Trust has undertaken a number of actions to continue to support the development of an inclusive culture for our current and future workforce who are disabled. This year we have been dealing with the legacy issues born out of the Covid pandemic, which has created at times overwhelming pressure on all individuals' physical, mental and in some cases financial wellbeing. It has increased the focus on the importance of supporting our disabled staff and staff with long term health conditions.

Throughout this challenging period we have stepped up our support mechanisms across all of our staff health and wellbeing services. We are continuing to ensure that we provide both proactive and reactive support to the whole workforce, but more specifically to those staff who have a disability or long term health condition.

The WDES report shows the Trusts latest workforce disability equality data, as at 31st March 2022. The report identifies where improvements have been made and where further improvements are being made.

Introduction

The Workforce Disability Equality Standards (WDES) is a set of ten measures (metrics) that will enable NHS organisations to compare the experience of disabled and non-disabled staff. The information provided within this report includes the data for the 10 key WDES metrics and describes the actions taken during 2021/22 and those planned for 2022/23. These actions have been based on areas for further development, identified and informed through the WDES metrics and action plan, through staff survey findings and through the Trust's and NHS People Plans.

At South Tees Hospitals NHS Foundation Trust, as at 31st March 2022, our Electronic Staff Records (ESR) data shows the following:

Workforce Data	2021 Headcount	2021 %	2022 Headcount	2022 %	% Difference
Total Workforce	9679		9768		0.91% (+)
Disabled staff	254	2.62%	339	3.47%	0.85% (+)
Non-disabled staff	6292	65.01%	6996	71.62%	6.61 (+)
Not declared disability status	3133	32.37%	2433	24.91%	7.46 (-)

Metrics 4 to 9 are based on staff survey results for 2021, which gained a total response rate of 2,877 returned questionnaires which equates to a 31% return rate. The questions answered as part of the WDES return where completed by an average of 665 staff who identified as having a disability or long term health condition, which equates to 23% of responses.

It is important to note that self-declaration of disability status through the staff survey (which is anonymous) is almost double the self-declaration rates reported via ESR.

Aims

The aims of this report is to:

- Compare the workplace and career experiences of the Trusts disabled and non-disabled staff, using data drawn from WDES reporting in 2021/22.
- Present high level findings and analysis of the WDES metrics data.
- Highlight trends in NHS staff survey data published, covering the periods of 2020 and 2021.
- Suggest actions that will improve the experiences of disabled staff against each metric.
- Continue to raise awareness of disability equality within the Trusts workforce and outline some of the challenges that disabled staff collectively experience at work.

WDES: 2021/22 Data Analysis & Key Findings

3.47% of staff have declared a disablity on the Electronic Staff Record (ESR). This is up from **2.62%** in 2020.

Disabled job applicants were **1.58*** times less likely to be appointed from shortlisting.

Disabled staff entering a formal capability process is the same as that of non-disabled staff, and a significant reduction from **2.48*** times in 2020.

There has been an improvement across all measures relating to disabled staff reporting harassment,bullying or abuse but non-disabled staff still report better experiences.

53.5% of disabled staff believe they have equal opportunities for career progression. This has improved from **44.2%** last year.

29.9% of disabled staff stated they had experienced presenteeism. This has improved from last year but non-disabled staff report **22.8%**.

32.7% of disabled staff said they felt valued, compare to 40.7% of non-disabled staff. This has **improved from 29.2%** last year.

24.4% of disabled staff felt that the Trust could make more adequate adjustments.

Disabled staff report an engagement score **6.6%** compared to **7%** for non-disabled staff.

The Trust does not currently have any board members who have declared a disablity.

Note: * References the use of disparity ratios, a metric that helps organisations assess how likely a particular event is to occur in a population e.g. disabled staff compared to another population e.g. non-disabled staff. Disparity implies a difference of some kind, whereas inequity implies unfairness and injustice. A figure above or below “1” would indicate the level of difference.

WDES Data 2021/22

Workforce

Metric 1

Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

Table 1

	2021						2022					
	Headcount				% of disabled staff of the total workforce		Headcount				% of disabled staff of the total workforce	
Non Clinical	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled
Band 1	0	3	0	3	0.00%	100.00%	0	2	1	3	0.00%	66.67%
Band 2	32	586	250	868	3.69%	67.51%	40	611	178	829	4.83%	73.70%
Band 3	12	228	72	312	3.85%	73.08%	15	264	48	327	4.59%	80.73%
Band 4	8	168	140	316	2.53%	53.16%	19	225	96	340	5.59%	66.18%
Band 5	6	114	44	164	3.66%	69.51%	6	136	31	173	3.47%	78.61%
Band 6	1	53	24	78	1.28%	67.95%	2	63	21	86	2.33%	73.26%
Band 7	1	52	13	66	1.52%	78.79%	2	61	8	71	2.82%	85.92%
Band 8a	0	47	6	53	0.00%	88.68%	0	45	3	48	0.00%	93.75%
Band 8b	0	18	6	24	0.00%	75.00%	0	33	6	39	0.00%	84.62%
Band 8c	0	12	3	15	0.00%	80.00%	0	9	3	12	0.00%	75.00%
Band 8d	0	9	3	12	0.00%	75.00%	0	9	2	11	0.00%	81.82%
Band 9	0	5	2	7	0.00%	71.43%	1	7	0	8	12.50%	87.50%
VSM	0	11	6	17	0.00%	64.71%	0	13	2	15	0.00%	86.67%
Non AFC	0	1	0	1	0.00%	0.00%	0	0	0	0	0.00%	0.00%
Total	**60**	**1307**	**569**	**1936**	**3.10%**	**67.51%**	**85**	**1478**	**399**	**1962**	**4.33%**	**75.33%**
	2021						2022					
	Headcount				% of disabled staff of the total workforce		Headcount				% of disabled staff of the total workforce	
Clinical	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled
Band 1	0	3	1	4	0.00%	75.00%	0	2	0	2	0.00%	100.00%
Band 2	40	1080	379	1499	2.67%	72.05%	47	1160	326	1533	3.07%	75.67%
Band 3	8	247	200	455	1.76%	54.29%	11	268	164	443	2.48%	60.50%
Band 4	19	239	152	410	4.63%	58.29%	16	210	102	328	4.88%	64.02%
Band 5	71	1451	511	2033	3.49%	71.37%	80	1509	410	1999	4.00%	75.49%
Band 6	37	813	464	1314	2.82%	61.87%	50	962	358	1370	3.65%	70.22%
Band 7	9	478	307	794	1.13%	60.20%	27	600	240	867	3.11%	69.20%
Band 8a	1	109	79	189	0.53%	57.67%	6	145	65	216	2.78%	67.13%
Band 8b	0	15	23	38	0.00%	39.47%	0	20	20	40	0.00%	50.00%
Band 8c	0	11	9	20	0.00%	55.00%	0	15	6	21	0.00%	71.43%
Band 8d	1	9	0	10	10.00%	90.00%	1	9	2	12	8.33%	75.00%
Band 9	0	0	0	0	0.00%	0.00%	0	3	0	3	0.00%	100.00%
VSM	0	3	2	5	0.00%	60.00%	0	1	0	1	0.00%	100.00%
Non AFC	0	0	1	1	0.00%	0.00%	0	0	0	0	0.00%	0.00%
Consultant	3	257	275	535	0.56%	48.04%	6	312	221	539	1.11%	57.88%
Career Grade	1	47	39	87	1.15%	54.02%	0	52	32	84	0.00%	61.90%
Trainee grade	4	223	122	349	1.15%	63.90%	10	250	88	348	2.87%	71.84%
Total	**194**	**4985**	**2564**	**7743**	**2.51%**	**64.38%**	**254**	**5518**	**2034**	**7806**	**3.25%**	**70.69%**

Workforce	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled	Disabled	Not Disabled	Unknown	Total	Disabled	Not Disabled
Non clinical	60	1307	569	1936	3.10%	67.51%	85	1478	399	1962	4.33%	75.33%
Clinical	194	4985	2564	7743	2.51%	64.38%	254	5518	2034	7806	3.25%	70.69%
Grand total	**254**	**6292**	**3133**	**9679**	**2.62%**	**65.01%**	**339**	**6996**	**2433**	**9768**	**3.47%**	**71.62%**

The 2022 data shows that 3.47% of the organisation's workforce have self-declared as disabled which is a 0.85% increase since 2021.

Non-Clinical Workforce

Table 1 shows that 4.33% of the Trusts non-clinical workforce has declared a disability. The majority of these staff are employed in band 7 and below posts with a notable increase in the number of disabled staff self-declaring in bands 2, 3 and 4. There is less representation in band 8 and above.

Clinical Workforce

Table 1 shows that 3.25 % of the Trusts clinical workforce has declared a disability. The majority of these staff are employed in band 8a and below posts with a notable increase in the number of disabled staff self-declaring in bands 5, 6 and 7.

It is notable that the level of self-declaration rates for Consultants, Career Grade and Trainee Doctors is significantly lower that the Trust average. However, there has been an increase in staff self-declaring disability within the Trainee Doctors group. Further analysis has identified that 41% of Consultants, 38% of Career Grade Doctors have not declared any status in respect of disability.

Metric 2

Table 2

WDES Metric	Metric Description	2021 Score	2022 Score
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.	0.82	1.58

There were 1484 non-disabled applicants and 56 disabled applicants appointed following shortlisting. This resulted in non-disabled job applicants being 1.58 times more likely to be appointed from shortlisting than disabled applicants. This is a further reduction against last year's position.

Metric 3

Table 3

WDES Metric	Metric Description	2021 Score	2022 Score
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	2.48	0.00

There were 3.5 non-disabled staff and 0 disabled staff who entered the formal capability process (note this Metric is based on data from a two-year rolling average of the current year and the previous year.) The data in table 3 shows that the likelihood of disabled staff entering a formal capability process is the same as that of non-disabled staff.

***NHS National Staff Survey Metrics**

Metric 4

Table 4

WDES Metric	Metric Description	2020 Score	2021 Score

4	a) i Percentage of disabled staff compared to non-disabled staff reporting a poor workplace experience from patients, service users, their relatives or the public in the last 12 months.	Disabled staff	28.4%	27.1%
		Non-disabled staff	22.8%	23.2%
4	a) ii Percentage of disabled staff compared to non-disabled staff reporting a poor workplace experience from managers in the last 12 months.	Disabled staff	17.0%	14.4%
		Non-disabled staff	10.8%	8.7%
4	a) iii Percentage of disabled staff compared to non-disabled staff a poor workplace experience from colleagues in the last 12 months.	Disabled staff	28.2%	24.5%
		Non-disabled staff	16.0%	15.2%
4	b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced a poor workplace experience they or a colleague reported it.	Disabled staff	49.6%	50.4%
		Non-disabled staff	41.6%	42.3%

Based on the staff survey results from 2021 which gained feedback from an average 665 disabled staff, the data in table 4 indicates that there has been a reduction of disabled staff who have experienced harassment, bullying or abuse across all categories. However across all measures non-disabled staff still experience lower levels than those experienced by their disabled colleagues.

Metric 5

Table 5

WDES Metric	Metric Description		2020 Score	2021 Score
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled staff	44.2%	53.5%
		Non-disabled staff	53.9%	58.4%

Based on the staff survey results from 2021 which gained feedback from 652 disabled staff, the data in table 5 indicates that 53.5% of disabled staff believe the Trust provides equal opportunities for career progression and promotion compared to 58.4% of non-disabled staff. This is an improvement of 9.3% for disabled staff since 2021.

Metric 6

Table 6

WDES Metric	Metric Description	2020 Score	2021 Score

6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled staff	30.5%	29.9%
		Non-disabled staff	23.1%	22.8%

Based on the staff survey results from 2021 which gained feedback from 442 disabled staff, the data in table 6 indicates a reduction of 0.6% in the number of disabled staff who had experienced presenteeism since 2021.

Metric 7

Table 7

WDES Metric	Metric Description		2020 Score	2021 Score
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled staff	29.2%	32.7%
		Non-disabled staff	41.8%	40.7%

Based on the staff survey results from 2021 which gained feedback from 661 disabled staff, the data in table 7 indicates that disabled staff feel 3.5% more valued compared to 2021. However non-disabled staff feel more valued than their disabled colleagues.

Metric 8

Table 8

WDES Metric	Metric Description		2020 Score	2021 Score
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled staff	77.3%	75.6%

Based on the staff survey results from 2021 which gained feedback from 381 disabled staff, the data in table 8 indicates that 24.4% of disabled staff felt that their employer had not made adequate adjustments. This is an increase of 1.7% since 2021.

Staff Engagement

Metric 9

Table 9

WDES Metric	Metric Description		2020 Score	2021 Score
9	a) The staff engagement score for disabled staff, compared to non-disabled staff.	Disabled staff	6.4	6.6
		Non-disabled staff	7.0	7.0

	b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)		Yes	Yes

Based on the staff survey results from 2021 which gained feedback from 665 disabled staff, the data in table 9 indicates that engagement of disabled staff has improved by 0.2 up to a score of 6.6 but it still remains lower than that of non-disabled staff which has remained static at 7.0 rating.

*Please note: Staff Survey response rates for a number of questions are small and fluctuations in data can therefore occur.

Board Representation

Metric 10

Table 10

WDES Metric	Metric Description		2021 Score	2022 Score
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board.	Disabled	3% (-)	3.47% (-)
		Non-disabled	12% (+)	11.71% (+)
	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By Executive membership of the Board.	Disabled	3% (-)	3.47% (-)
		Non-disabled	35% (+)	8.38% (+)

The data in table 10 indicates The Trust does not have any board members who have declared a disability. Further analysis has identified that 8.24% of board members have not declared their disability status.

WDES Progress in 2021/22

The Trust has improved in 7 out of 10 of the metrics over the last 12 month period. As an organisation with a fundamental aim within the People Strategy to “Make South Tees the best place to work”, we are keen to continue to improve within each metric over the next 12 months.

During 2021/22 the Trust took the following steps to support our workforce who have a disability or long term health condition.

Recruitment & Selection

All managers and staff who are involved in recruitment and selection activities undertake both the recruitment and selection and training. We are still continuing to support the Disability Confident Scheme, ensuring that all disabled candidates that meet the essential shortlisting criteria are then offered a guaranteed interview.

ESR Self-declaration

We have increased disability self-declaration rates by 0.85% and we now have 339 staff who have self-declared as disabled. We have reduced the number of staff who had not declared any disability status on ESR by 7.46%, which equates to a further 700 staff who we have their disability status on ESR.

We achieved this through directly contacting all staff who had not self-declared their disability status, as well as directly contacting staff who had declared that they were either clinically vulnerable or extremely clinically vulnerable following Covid risk assessments, and who had not declared their disability status on ESR. This exercise was also supported through internal communications via staff bulletins.

Health & Wellbeing Governance

During 2021/22 we established a Health and Wellbeing Operational Group who now meeting monthly, to enable the delivery of a range of initiatives and activities. This outcomes of this group aims to improve health and wellbeing of all of our staff but especially those that have a disability or long term health condition. The focus of the agenda is aligned to the Better Health at Work Award (BHAWA) and the WDES action plan.

Better Health at Work Award

In December 2021 the Trust achieved the bronze award of the Better Health at Work Award. This award takes a holistic approach to health and wellbeing within the workplace and focuses activities that support physical, psychological and financial wellbeing. We are now working towards the silver award.

As a direct result of this work we are now delivering a series of Health and Wellbeing campaigns that can encourage and enable staff to improve or sustain their own personal health and wellbeing. This includes access to a range of proactive and early intervention tools that support issues such as sleep and fatigue, nutrition and hydration, exercise, mindfulness, alcohol and drug awareness and support, and financial wellbeing.

Menopause

We now have a menopause group established and they have worked towards and achieved the Menopause Accreditation Standard. We now have a menopause policy for staff and a range of awareness raising activities including menopause awareness training for staff and managers.

Appraisal

We have now rolled out our new appraisal process which includes a health and wellbeing discussion between the staff member and their manager on an annual basis. This discussion enables staff to make their manager aware of any changes in their disability status and/or their long term health conditions. The managers can then signpost and access a range of support services available both internally and externally to the Trust. This includes access to advice and support regarding reasonable adjustments.

Management Essentials Training

During 2021/22 we have further developed and redesigned the Management Essentials Training Programme during quarter 4, ready for launching from April 2022. We have now added in a number of Health and Wellbeing modules including managing attendance with significant improvements and focus about proactive and early intervention support that will support a wellbeing culture rather than a focus on just attendance. There are modules that will also enable managers to undertake effective and supportive wellbeing conversations.

Some of the programme content has been designed to give managers the confidence to appropriately challenge colleagues who may not be self-aware of the impact of inappropriate behaviour that can lead to harassment or bullying of colleagues with a disability or long term health condition.

Disability Engagement & Awareness

We have rolled out a series of disability related awareness campaigns through our EDI calendar of events. During the last year we have covered a range of disability and long term health conditions such as mental health awareness month, grief awareness day, world menopause day, self-care month, world aids day and world autism day.

During this period we have also held virtual engagement events with staff who were feeling isolated or vulnerable as a result of being classed as Clinically Vulnerable (CV) or Clinically Extremely Vulnerable (CEV) as a direct result of the Covid pandemic. We held a very successful virtual Schwartz Round Event which was focused on our CV and CEV staff who had been shielding from Covid. We had approximately 35 members of staff attend.

We launched a survey to canvass staff's level of interest in re-establishing a disability and long term health network. We received approximately 80 responses which overall supported the roll out of this network.

Conclusion

During 2021/22 we have identified a wider range of staff that may now recognise that they have a disability or long term health conditions. This group of staff may now, more than ever, require additional support from the Trust and their colleagues.

The Trust has continued to increase the number of disabled staff within our workforce and increase the number of staff who have self-declared their disability. However to support the Trust on its journey of improvement, we must continue to identify both short and long term actions within the WDES. This will enable our disabled staff to continue to work in the Trust in either their current roles or alternative roles, depending on temporary or permanent adjustments they may require.

We must support our disabled staff to enable them to remain productive and engaged. This will support the delivery of a wide range of services on behalf of the Trust, within a positive and supportive environment. This will be underpinned by the data captured under the ten metrics alongside continuous feedback from our disabled workforce.

Our key areas of focus will be:

- Continuing to promote equality
- Increasing the likelihood of disabled applicants being shortlisted and appointed through our recruitment and section processes
- Improve support and engagement for staff with a disability or long term health condition and for staff who are carers
- Increasing disabled staff self-declaration rates

We will continue to build trust across our workforce and encourage our staff to update their equality and diversity monitoring information in ESR, especially in light of the number of staff with a disability or long term health condition that self-declared in the staff survey. We will also work together with our new Disability and Long Term Health Conditions Network to develop and deliver the WDES action plan for 2022/23.

In light of the WDES data and reflecting on activities undertaken over previous years, as well as new activities identified within the People Plan, the Trust will focus on delivering the new WDES action plan for 2022/23 over the next 12 months. The aim is to continue creating an environment that will enable our disabled staff to experience a sense of belonging, where we value unique differences, through gaining fair treatment through actions that will create a supportive and inclusive environment.

Appendix 1 – WDES Action Plan 2022/23

No.	Metric	Objective	Action	Timescales	Leads
1.	1,2,3 & 10	Improve staff engagement & improve fairness and equality	Increase self-declaration rates of staff with disability and reduce unknown self-declaration rates in ESR.	March 2023	HRBP Strategy
2.	1,2 & 5	Improve fairness and equality	Continue to ensure that all managers and staff who are involved in recruitment and selection processes undertake recruitment & selection training.	March 2023	Recruitment Manager
3.	1,2, 3,4,5,6,7,8 & 9	Improve leadership and staff development & improve fairness and equality	Continue to roll out the Management Essential Programme to all line managers to improve knowledge and confidence of dealing with people management issues.	March 2023	Senior Learning & Development Partner & HRBP Strategy
4.	1,2,5,7 & 9	Improve staff engagement & improve fairness and equality	Develop and commence delivery of a positive action programme to support career development and progression accessible to staff with disability or a long term health condition.	March 2023	Senior Learning & Development Partner
5.	3 & 8	Improve fairness and equality	Review HR policies relating to supporting reasonable adjustment and introduce the disability & long term health conditions passport.	March 2023	Head of HR
6.	4,7, & 9	Improve staff engagement	Relaunching the Disability and Long Term Condition (LTH) Staff Network Group.	October 2022	HRBP Strategy & Disability & LTH Network Chair
7.	3 & 7	Improve fairness and equality	Review HR policies relating to supporting in work carers and introduce a carers passport.	March 2023	HRBP Strategy
8.	4,7, & 9	Improve staff engagement	Develop and launch a Carers Staff Network Group with support from Carers Together UK.	March 2023	HRBP Strategy

9.	3 & 8	Improve fairness and equality	Introduce the Dying to Work Charter.	March 2023	HRBP Strategy
10.	1,2,3,4,5,6, 7,8,9 & 10.	Improve leadership and staff development & improve fairness and equality	Embed new strategic and operational Health & Wellbeing groups to support the delivery of the WDES and the Better Health at Work Award (BHAWA).	March 2023	HR Director & HRBP Strategy
11.	1,2,5 & 10	Improve fairness and equality	Establish the role of Cultural Ambassadors to support the recruitment and selection processes.	March 2023	Recruitment Manager & HRBP Strategy

South Tees Hospitals
NHS Foundation Trust

MEETING OF PUBLIC TRUST BOARD OF DIRECTORS – 07 February 2023			
Finance Report			**Agenda Item 14** **ENC 12**
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trust's financial performance as at Month 9 of 2022/23.		
Background	For 2022/23, the system-based approach to planning and delivery continues with all systems required to breakeven. The Trust's plan for the 2022/23 financial year is a deficit of £20.7m, measured on a system financial performance basis. Excess costs associated with the historic PFI scheme on The James Cook University Hospital remains the largest single contributor to the trust's structural deficit position.		
Assessment	At Month 9 the Trust reported a deficit of £20.1m at a system control-total level. This is a £2.8m variance year-to-date, mainly relating to the cost of the national pay award above the level of additional funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Resource Committee are asked to Note the financial position for Month 9 2022/23.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addressees BAF 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 ☐	A great place to work ☐	
	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 ☐	

Month 9 2022/23 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Trust Board on the Trust's financial performance as at Month 9 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 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. The financial position in this report reflects the plan submitted in June 2022 and includes the additional inflation income agreed with NHSE. The 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, and so the reported financial position shows the consolidated group position including both the Trust and the Trust's subsidiary company, South Tees Healthcare Management.

3. DETAILS

Trust Position Month 9 2022/23

The Month 9 YTD and forecast position against the NHSE plan submitted in June 2022 is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD Plan £000	YTD Actual £000	YTD Variance £000	2022/23 Full Year Plan £000	Actual Forecast £000	Full year Forecast Variance £000
Operating income from patient care activities	546,342	562,580	16,238	728,662	753,310	24,648
Other operating income	38,252	35,415	(2,837)	51,022	51,976	954
Employee expenses	(354,082)	(363,145)	(9,063)	(471,565)	(486,378)	(14,813)
Operating expenses excluding employee expenses	(233,099)	(241,659)	(8,560)	(313,185)	(326,030)	(12,845)
OPERATING SURPLUS/(DEFICIT)	**(2,587)**	**(6,809)**	**(4,222)**	**(5,066)**	**(7,122)**	**(2,056)**
FINANCE COSTS						
Finance income	0	757	757	0	757	757
Finance expense	(12,978)	(12,571)	407	(17,330)	(16,760)	570
PDC dividends payable/refundable	(2,934)	(2,389)	545	(3,911)	(3,185)	726
NET FINANCE COSTS	**(15,912)**	**(14,203)**	**1,709**	**(21,241)**	**(19,188)**	**2,053**
Other gains/(losses) including disposal of assets	0	20	20	0	20	20
Corporation tax expense	(5)		5	(5)	0	5
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(18,504)**	**(20,992)**	**(2,488)**	**(26,312)**	**(26,290)**	**22**
Add back all I&E impairments/(reversals)	0	0	0	3,974	3,974	0
Remove capital donations/grants/peppercorn lease I&E impact	1,206	866	(340)	1,618	1,616	(2)
Adjusted financial performance surplus/(deficit)	**(17,298)**	**(20,126)**	**(2,828)**	**(20,720)**	**(20,700)**	**20**
Less gains on disposal of assets	**0**	**(20)**	**(20)**	**0**	**(20)**	(20)
Adjusted financial performance for the purposes of system achievement	**(17,298)**	**(20,146)**	**(2,848)**	**(20,720)**	**(20,720)**	**(0)**

At Month 9 the Trust reported a cumulative deficit of £20.1m at a system control total level. The operating deficit at the end of Month was £6.8m and the overall cumulative deficit was £21.0m. The year-to-date financial position is £2.8m behind plan, relating to the cost of the national pay award. The costs of the pay award are above the level of additional funding that has been provisionally allocated to the Trust year-to-date by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding that has been allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.

The Trust plan for the 2022/23 financial year is to deliver a £20.7m deficit, as part of the ICS plan to deliver financial balance at a system level. At Month 9 the Trust's forecast outturn position was in line with plan for the 2022/23 financial year. The forecast currently assumes that the estimated £3.2m full year pressure of the pay award will be funded through additional funding, reflecting ongoing discussions with the ICS and the NHSE letter in July 2022 that stated that "systems and providers will be funded in full for the pay award on top of existing allocations".

Operating Income from Patient Care Activities

Under the revised financial arrangements for 2022/23, the Trust is 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. The variance position is shown normalised for net neutral budget adjustments, relating to additional income and expenditure such as the 2022/23 pay award, pass through payments for High-cost drugs and devices and new contract variations for funded developments.

INCOME FOR PATIENT CARE ACTIVITIES	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Varance £000
NHS England	177,993	187,814	9,821	9,745	187,738	187,814	76
ICB/Clinical commissioning groups	366,105	372,934	6,829	7,421	373,526	372,934	(592)
Non-NHS: private patients	747	612	(135)	(68)	679	612	(67)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	5	96	91	0	5	96	91
Injury cost recovery scheme	1,453	1,102	(351)	92	1,545	1,102	(443)
Non-NHS: other	39	22	(17)	(10)	29	22	(7)
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	**546,342**	**562,580**	**16,238**	**17,180**	**563,522**	**562,580**	**(942)**

Operating income from Patient Care Activities was £562.6m for Month 9 and was £0.9m behind plan. The NHS England position is £0.1m ahead plan. The operational plan adjustment mainly relates to additional funding relating to the pay award and high-cost drugs and devices. The ICB/CCG income is behind plan by £0.6M and mainly relates to a shortfall of £0.5M from Hull University Teaching Hospitals (HUTH) who have disputed payment for the patients who were transferred under the mutual aid arrangements and received cardiac surgery at the Trust. Discussions are on-going with HUTH, supported by NHSE commissioners. The ICB/CCG income position also assumes £2.9m year to date ERF funding from Humber and North Yorkshire (HNY) ICB, this has not been paid to-date but STHFT have received confirmation that it will be paid in the last Quarter of 2022/23. The Month 9 position assumes full receipt of agreed ERF funding relating to the first nine months of 2022/23, however, there is a potential risk of clawback of this funding later in the financial year, if actual activity delivery is below ICB planned levels.

Other Operating Income

Other income received up to Month 9 totalled £35.4m and was behind plan by £0.4m and includes all non-direct patient care income.

OTHER OPERATING INCOME	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Varance £000
Research & Development	3,474	4,453	979	185	3,659	4,453	794
Education and Training	16,814	16,774	(40)	151	16,965	16,774	(191)
Non Patient Care Income	2,116	1,279	(837)	(970)	1,146	1,279	133
Reimbursement & Top-Up funding	2,054	944	(1,110)	(1,110)	944	944	0
Donations - (Assets, Equipment & COVID consumables)	3,374	3,275	(99)	0	3,374	3,275	(99)
Other	10,420	8,690	(1,730)	(673)	9,747	8,690	(1,057)
TOTAL OTHER OPERATING INCOME	**38,252**	**35,415**	**(2,837)**	**(2,417)**	**35,835**	**35,415**	**(420)**

Research and Development income is ahead of plan by £0.8m year-to-date and is partially offset by additional R&D expenditure. Reimbursement & Top-up funding mainly relates to additional COVID funding above the block income, in relation to reimbursable costs for vaccination and testing. The operational income and expenditure plan has been adjusted to reflect the actual income received and expenditure incurred year-to-date. Other operating income is behind plan by £1.1m, which relates to car parking income and deferred income.

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 9 of 2022/23 was £363.1m and was underspent by £1.0m a breakdown is included in the table below.

PAY	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Varance £000
Ahp'S, Sci., Ther. & Tech.	(51,644)	(52,933)	(1,289)	(2,008)	(53,652)	(52,933)	719
Hca'S & Support Staff	(38,888)	(40,574)	(1,686)	(1,449)	(40,337)	(40,574)	(237)
Medical And Dental	(105,399)	(108,146)	(2,747)	(1,856)	(107,255)	(108,146)	(891)
Nhs Infrastructure Support	(48,405)	(52,690)	(4,285)	(4,819)	(53,224)	(52,690)	534
Nursing & Midwife Staff	(108,225)	(107,496)	729	111	(108,114)	(107,496)	618
Other Pay Costs	(1,521)	(1,306)	215	0	(1,521)	(1,306)	215
TOTAL PAY	**(354,082)**	**(363,145)**	**(9,063)**	**(10,021)**	**(364,103)**	**(363,145)**	**958**

The Pay underspend mainly relates to Allied Health Professions, Scientist, Technical, NHS infrastructure support staff and Nursing and midwifery which is offset by overspends on Medical. The Month 9 pay position includes the year-to-date cost of the national pay award, which exceeds the provisionally allocated funding received from the ICB and NHSE by £1.3m.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 9 of 2022/23 was £241.7m and a breakdown is included in the table below. Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic.

NON PAY	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Varance £000
Purchase of Healthcare	(12,366)	(10,692)	1,674	181	(12,185)	(10,692)	1,493
Clinical Supplies & Services	(71,122)	(74,262)	(3,140)	(1,570)	(72,692)	(74,262)	(1,570)
Drugs	(61,290)	(64,620)	(3,330)	(3,282)	(64,572)	(64,620)	(48)
External Staff & Consultancy	(246)	(858)	(612)	(2)	(248)	(858)	(610)
Establishment	(7,128)	(9,445)	(2,317)	(20)	(7,148)	(9,445)	(2,297)
Premises & Fixed Plant	(16,181)	(17,325)	(1,144)	(787)	(16,968)	(17,325)	(357)
Transport	(3,021)	(3,520)	(499)	(8)	(3,029)	(3,520)	(491)
Depreciation & Amortisation	(19,650)	(18,113)	1,537	865	(18,785)	(18,113)	672
Research Training & Education	(2,411)	(3,040)	(629)	(405)	(2,816)	(3,040)	(224)
PFI Unitary Payment	(23,925)	(24,549)	(624)	(2)	(23,927)	(24,549)	(622)
Other	(2,837)	(2,388)	449	207	(2,630)	(2,388)	242
Clinical Negligence	(12,922)	(12,847)	75	75	(12,847)	(12,847)	0
TOTAL NON PAY	**(233,099)**	**(241,659)**	**(8,560)**	**(4,748)**	**(237,847)**	**(241,659)**	**(3,812)**

Purchase of healthcare is £1.5m underspent, which is offset by the overspends on, establishment and clinical supplies and services. Depreciation is underspent by £0.7m due to slippage in some elements of the capital programme. The overspends relating to high-cost drugs and devices expenditure that remain outside of the block funding arrangements have been funded. Income targets and expenditure budgets have been established via the adjustment to the operational plan. The PFI Unitary Payment is overspent by £0.6m, relating to the financial impact of the increased inflationary charges, including the impact of the national pay award (£1.2m year-to-date), which is part-offset by service credits received in relation to Soft FM (catering) services.

Financing Costs

Interest receivable is £0.8m ahead of plan, reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account. It is anticipated that these returns will fall through the remainder of the year as the Trust's liquidity reduces in line with plan. The finance expenditure position is £0.4m underspent, related to the PFI interest charges from the PFI financial model. This part offsets the inflationary increases in operating PFI expenditure. PDC Dividend payments are £0.5m underspent due to higher than planned cash balances.

Cost Improvement Programme (CIP)

Following the Financial Plan resubmission in June 2022, the Trust has an efficiency saving programme totalling £24.9m. Total delivery against the year-to-date plan stands at £15.4m (94%) at Month 9, as show in the table below.

NHSE category	YTD Target £000	YTD Actual £000	YTD Variance £000
Agency - improved procurement	693	444	(249)
Skill mix reviews	1,339	1,263	(76)
E-Rostering	4,035	2,537	(1,498)
Digital transformation	0	0	0
Service re-design	0	1,227	1,227
Pay Other (bal)	99	355	256
Pay Total	6,166	5,825	(341)
Medicines optimisation	972	716	(255)
Procurement (excl drugs) -non-clinical	27	23	(4)
Procurement (excl drugs) - medical devices and clinical consum	1,901	2,209	308
Estates and Premises transformation	873	836	(37)
Fleet optimisation	30	34	4
Pathology & imaging networks	525	197	(329)
Corporate services transformation	2,109	863	(1,246)
Digital transformation	9	34	25
Non-pay Other (bal)	1,095	1,713	618
Non Pay Total	7,541	6,624	(917)
Income Private Patient	279	75	(204)
Income Non-Patient Care	1,710	2,309	599
Income Other (bal)	642	537	(105)
Income Total	2,631	2,921	290
Grand Total	16,338	15,371	(967)

The Trust monitors the planning and delivery of its efficiency programme 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 December amounted to £18.3m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	9,567	9,873	306	12,760	13,193	433
Site Reconfiguration	6,450	4,749	(1,701)	13,556	13,402	(154)
Replacement of Medical Equipment	2,700	1,511	(1,189)	4,000	5,636	1,636
Network Replacement and Clinical Noting	2,014	2,093	79	2,775	3,141	366
Total	**20,731**	**18,226**	**(2,505)**	**33,091**	**35,372**	**2,281**

The capital programme is based on a regionally approved programme of £35.4m that will require external support, in the form of Public Dividend Capital (PDC) of £7.2m. The PDC includes funding for the Friarage Theatre development (£4.4), Diagnostic Imaging equipment (£1.6m), Electronic Patient Record (EPR) system investment (£0.7m) and £0.5m towards Endoscopy JAG accreditation. Internally generated funding will be utilised to fund the remainder of the capital programme. The Trust's ICS Capital Departmental Expenditure Limit (CDEL), included in the above, amounts to £15.0m The full year forecast and variance include new capital schemes approved in-year since the plan submitted in June 2022. Additional funding has been received for radiology equipment, endoscopy JAG accreditation and the Trusts EPR system.

The capital programme includes:

- PFI - £13.2m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£4.4m), PFI enhancement and Change in Law (£1.5m), Pathology (£1.2m), Critical Care (£1.7m) 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), EPR system (£0.7m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m), Diagnostic Imaging (£1.6m) and Group C equipment replacement (£1.0m).

Liquidity

The cash balance as at 31 December amounted to £32.5m.

As at the end of December the Trust has paid 70,191 invoices (total value £424.445m) with 67,732 invoices (total value £390.561m) 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 equates to:

- April 98.6%;
- May 98.2%;
- June 96.1%;
- July 96.2%;
- August 96.7%;
- September 96.4%;
- October 96.2%;
- November 96.2%; and
- December 96.5%.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 30 November and 31 December:

	30 November 2022 £000	31 December 2022 £000	Movement between months £000
Property, Plant and Equipment	372,905	374,237	1,332
Long Term Receivables	2,386	2,275	(111)
Total Non-Current Assets	375,291	376,512	1,221
Currents Assets			
Inventories	14,599	15,138	539
Trade and other receivables (invoices outstanding)	9,878	10,875	997
Trade and other receivables (accruals)	10,797	15,658	4,861
Prepayments including PFI	9,618	20,841	11,223
Cash	53,115	32,516	(20,599)
Total Current Assets	98,007	95,028	(2,979)
Current and Non-Current Liabilities			
Borrowings	(188,671)	(188,095)	576
Trade and other payables	(127,836)	(126,649)	1,187
Provisions	(3,058)	(3,058)	0
Total Current and Non-Current Liabilities	(319,565)	(317,802)	1,763
Net Assets	**153,733**	**153,738**	**5**
Equity:			
Income and Expenditure Reserve	(279,617)	(279,612)	5
Revaluation Reserve	39,775	39,776	1
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,476	26,475	(1)
Total Equity	**153,733**	**153,738**	**5**

The significant movements between months relate to the following:

a) Trade and other receivables – the increase is mainly due to VAT reclaims outstanding at the end of December including the processing of the quarterly PFI payment (£3.8m). This will be recovered in January.
b) Prepayments – the increase mainly relates to the advanced prepayment following the quarterly PFI unitary charge payment in December (£9.4m).
c) Trade and other payables – the decrease is mainly due to the reduction in the deferral of Health Education funding (£2.0m).

4. RECOMMENDATIONS

Members of the Resource Committee are asked to:

- Note the financial position for Month 9 2022/23.

NHS
South Tees Hospitals
NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting:30/11/2022**
Connecting to: **Board of Directors**	
Key topics discussed in the meeting	

Key topics discussed in the meeting include :

- Board Assurance Framework, this had been updated to reflect identified threats, gaps in assurance and the mitigations in place. In relation to the additional Research Objective , significant assurance was provided at the QAC by the Well Led agenda item, " Research and Innovation Bi-Annual report.
- Integrated Performance and Quality report: complaints closure compliance - improvement and an action plan is in place monitored at each QAC.
- CQC Assurance report
- Maternity services report (Q2), QAC received comprehensive reports including actions to improve patient experience and learning from audits.
- Patient Safety Incident Management: QAC recognised that the Adverse Events group meets twice a month to review all SI's, and that high incident reporting is associated with a positive safety culture.
- NICE, Clinical Audit and Service Evaluation: a discussion about risks associated with two Priority 1 audits included the plans in place. A re-structure of the Clinical Effectiveness department has resulted in dedicated resource to strengthen the processes for reporting NICE compliance.
- Falls report: structured reviews focus on falls. QAC agreed that going forward it would continue to receive reports on the multi-disciplinary work to prevent falls. The Safe and Effective Care Group scrutinise the details of this work.
- Patient Experience and Involvement Q2 report: QAC was informed about the actions in place to ensure complaints closure compliance. There is 100% compliance with the timescales to acknowledge complaints and the Trust has scored above average in all services for the Friends and Family Test.
- QAC considered the Sub Groups Chairs Logs including, CQC and Compliance, Safe and Effective Care Strategic Group, Safer Medication Practice Group, (no meeting of the Health and Safety Sub Group had been held in November)

Note: NHSE/I had written to the Trust providing external assurance following a recent visit from regional Infection Prevention and Control leads to observe Trust IPC practice. The letter refers to good innovative processes and practice of the IPC team, it also refers to the good engagement with the Senior Leadership Team and external stakeholders. QAC was very pleased to have this external assurance.

Actions	Responsibility / timescale
• Consideration to be given to including the outcome of the structured reviews in the Integrated Performance reports. • ECIST update.	Mr I Bennett Mr S Peate
Escalated items	
• IT business continuity arrangements	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
No risks to add.	

South Tees Hospitals NHS Foundation Trust

Quality Assurance Committee

Meeting: **Quality Assurance Committee**	**Date of Meeting** 21.12.2022
Connecting to: **Board of Directors**	
Key topics discussed in the meeting	

The following agenda items were discussed

- Board Assurance Framework updated on an ongoing basis.
- Potential impact of industrial action and impact of winter flu/ respiratory illness.
- CQC Assurance report.
- Patient Safety Incident monthly report.
- Learning Disabilities report.
- Learning from Deaths report (update to be brought to QAC in February 2023).
- Safer Medication Monitoring report
- Infection, Prevention and Control quarterly report (Q2).
- Sub Groups Chairs' Logs:
    - Safer Medication Practice Group: No items for escalation
    - CQC Compliance Group: No items for escalation
    - Safe and Effective Care Strategic Group: One item for escalation

Actions	Responsibility / timescale
Actions on the QAC Action Log due to be resolved in the January and February 2023 QAC meetings	February 2023 QAC meeting

Escalated items

QAC acknowledged the work done to improve and sustain complaints closure compliance through an action plan and the continued requirement for surveillance	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
No risks to add.	

South Tees Hospitals NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting**: 25/01/2023
Connecting to: **Board of Directors**	
Key topics discussed in the meeting	

The following agenda items were discussed…

WELL LED

- Board Assurance Framework…10 reports at QAC provided assurance against a number of gaps described in the BAF which is a "live" document and continues to be updated.
- CNST .. Maternity Incentive Scheme Year 4 submission, sign off at Extra Ordinary meeting of South Tees Board of Directors prior to QAC.
- Mental Health Strategy, a report outlining the initial plan for developing a South Tees strategy was well received.Further updates will come to QAC in due course.
- Integrated Quality and Performance (IPR) report taken alongside the CQC Assurance report. Complaints closed within target have increased to 66.7%. All CQC 2019 actions are closed.

SAFE

Patient Safety Incident Management report and the Patient Safety Strategy (including PSIRF)

- PSIRF will replace the current SI framework promoting a proportionate approach to response , ensuring resources allocated to learning are balanced with those needed to deliver improvement.

EFFECTIVE

- Cancer Pathways
- STAQC update on progress report.. The accreditation programme supports a culture of continuous improvement. Operational delivery risks to the pace of STAQC achievement includes staff redeployment or absence.
- Health and Safety Q2 and Q3 report… including the South Tees Green Plan

OTHER ASSURANCE

Sub Group Chairs' Logs

- CQC and Compliance Group
- Safer Medication Practice Group
- Health and Safety Sub Group

Actions	Responsibility / timescale

QAC Action Log.. Actions due at January meeting all closed.	

Escalated items
Board to note the following positive highlights… • 2019 CQC Actions all evidenced and closed • South Tees Green Plan to be shared at Board • CNST well evidenced submission signed off January 2023

Risks (Include ID if currently on risk register)	Responsibility / timescale
Funding provision of staff psychology services was raised in reports QAC 25/01/2023	To be determined in discussion following QAC.

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 07.12.2022
Highlights for: Board of Directors	**Date of Meeting**: 17.01.2023

Overview of key areas of work and matters for Board.

- Board Assurance Framework
- People Strategy
  - People Plan – Engagement
  - North Tees & South Tees Collaboration
- Culture & Values
  - Serco
- Education & Training
  - Medical Staff Revalidation & Appraisal Annual Report
  - Strive
  - Medical Education Papers (HEENE & GMC)
- Performance & Progress Reporting
  - Workforce Performance Data
  - Midwifery
- Equality, Diversity, and Inclusion
  - WRES WDES
  - Quarterly Update
  - Annual Report
- Employee Relations
  - Freedom to Speak Up

Actions to be taken	Responsibility / timescale
Board Assurance Framework BAF risks reviewed.	
Staff recognition Committee reviewed work related to staff recognition eg: Star awards	Head of HR to review additional activities
Payroll ELFS	Head of HR to continue leading process assessment, improvements and leader/user education.
Employee Relations 'Restorative Culture' work and triangulation.	Head of HR / Freedom to Speak up Guardians

Serco Review of Serco people KPI's. **Workforce Performance Data** Reviewed the key people metrics and data. **Equality & Diversity Annual Report.** Report welcomed. **CNST Assessment – Neonatal & Nursing Staffing Workforce** Report on a 6 month audit of NNU Medical Staffing against British Association of Perinatal Medicine (BAPM) Standards. **Health Care Support Worker – Recruitment & Retention** Recommendations: • Continue to run the care certificate for HSCW retention • To further reduce the recruitment time from 6 weeks to 4 weeks • New Band 5 Nurse to centralise HSCW full recruitment process and to ensure mentoring continues • Develop a HCSW forum which will be facilitated by a Band 5 Nurse Trust currently has 40 HSCW that are now either on a training nursing associate program or a registered nurse program. Excellent demonstration of talent development through growing trust resources. Opportunities to partner w. job centre (prospect programme) and targeted recruitment as EDI positive action.	Serco to attend people committee on a quarterly basis. Targets to be reviewed for 2023. Head of HR to lead on continued work. Director of HR to finalise No Action Mrs McKeown/Mrs T Evans to update
O Board action	Responsibility / timescale
There were no matters for escalation to the board.	
Risks (Include ID if currently on risk register)	Responsibility / timescale

Two ongoing risks identified – *Cost of living / Industrial action *ELFS	

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 25.01.2023
Highlights for: Board of Directors	**Date of Meeting**: 22.02.2023

Overview of key areas of work and matters for Board.

- Board Assurance Framework
- People Strategy
  - People Plan – EDI
  - People Plan – Health & Wellbeing
  - Workforce
- Performance & Progress Reporting
  - Workforce Performance Data
- Medical Safe Staffing
- Employee Relations

Actions to be taken	Responsibility / timescale
Board Assurance Framework BAF reviewed and acknowledged gaps: • Ability to attract and retain in critical workforce groups • High absence rates impacting services	
People Plan – EDI Committee reviewed targets and measures to underpin EDI and introduction of the Equality Delivery System (EDS) across NHS	RM/DCH: identify measurable criteria for effectiveness of networks/groups. DCH: NEDS/COG opportunity to participate in the calendar of events RM: Collaboration with NT on EDI Senior Leaders Programme DCH: NEDS/COG education on EDS
People Plan – Health & Wellbeing Committee reviewed targets and measures to underpin improvement in Health & Wellbeing. Silver achievement for Better Health at Work Award (BHAWA) was recognised.	RM: Clarify future funding for Psychological Support services RM: Capture service demand from collaboratives (decentralized absence management)
Workforce Committee reviewed targets and measures to underpin workforce and five year projection	.

At trust and collaborative level the adoption of succession planning tools, to supplement a workforce plan, is key to acting early to mitigate talent gaps and risks **Workforce Performance Data** Committee reviewed key people metrics and data. **Absence Data** - Sickness absence target update - Long term sickness **Payroll** Payroll systems. **Medical Safe Staffing** Committee were informed on assessment of medical staffing and plans. The innovative approach adopted was recognised. **Employee Relations** Committee informed on actions supporting ongoing employee & industrial relations matters	JH: Head of HR to share innovative tools being adopted throughout trust JH: Head of HR to continue leading on process improvements and talent risk mitigation. RM: Sickness absence & turnover targets to be reviewed with SMART collaborative objectives for 2023. Head of HR to continue leading process assessment, improvements and leader/user education. LLH: Update committee on progress
O Board action	Responsibility / timescale
There were no matters for escalation to the board.	
Risks (Include ID if currently on risk register)	Responsibility / timescale
Two ongoing risks identified: *Cost of living / Industrial action *Payroll system (continued training and improvements)	

South Tees Hospitals NHS Foundation Trust

Meeting: Resources Committee	**Date of Meeting**: 24/11/22
Key topics discussed in the meeting	
BAF – noted the strategic threats: cost of living, industrial action, NHS and social care pressures Month 7 Finance Report –Pay award funding. Private patient income. Cost Improvement Programme – noted the good progress being made within Collaboratives, clear ownership from the collaboratives with planning for 2023/24 in progress Digital Programme Update – noted the improvement in reporting on the programme. Cyber Security – noted the good progress being made. Capital Planning – noted the good progress being made	
Actions	Responsibility / timescale
CIP to be discussed at the next committee Digital programme Green Strategy – to receive an update report twice annually to Committee	Chris Hand Manni Imiavan Executive
Escalated items	
None at this stage	
Risks	Responsibility / timescale

South Tees Hospitals NHS Foundation Trust

Meeting: Resources Committee	**Date of Meeting**: 26/01/23
Key topics discussed in the meeting	
BAF – noted the strategic threats impacting on a number of Committees, cost of living pressures, industrial action, demand pressures Month 9 Finance Report – a £2.8m variance year-to-date, relating to the cost of the national pay award above the level of additional funding that has been provisionally allocated to the Trust by the ICB. Digital Programme Update – Reporting is still work in progress with improvements needed in the commentary around projects that need attention to get back on track Procurement – noted the excellent work being delivered by relatively small procurement work with delivery of savings ahead of plan 47 projects have now been completed generating in year savings totalling £1,827,876 Full Year (increase since Q2 of £813k) with £1,625k being In Year. This is an over achievement against target of £827k (Full Year) or £625k (In Year).	
Actions	Responsibility / timescale
CIP risks to be discussed at the next committee Digital programme risks need to be timebound	Chris Hand Manni Imiavan
Escalated items	
None at this stage	
Risks	Responsibility / timescale