

BOARD OF DIRECTORS (PUBLIC)

Date – 1 August 2023

Time – 13:15 - 13:30 for public access

Venue – Room 10 STRIVE, James Cook University Hospital



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 1 AUGUST
2022 AT 13:15 IN ROOM 10, STRIVE, JAMES COOK UNIVERSITY HOSPITAL**

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
PATIENT STORY				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 6 June 2023	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.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 6
SAFE				
9.	Organ Donation Annual Report	Information	Specialist Nurse Organ Donation	ENC 7
10.	Safe Staffing Report	Information	Chief Nurse	ENC 8
EFFECTIVE				
11.	Consultant appointments	Information	Chief Executive	Verbal

	ITEM	PURPOSE	LEAD	FORMAT
EXPERIENCE				
12.	Freedom to speak up	Information	Guardians	ENC 9
WELL LED				
13.	Finance Report	Information	Chief Finance Officer	ENC 10
14.	Improvement Plan	Approval	Chief Medical Officer	ENC 11
15.	Committee Reports	Information	Chairs	ENC 12
DATE OF NEXT MEETING				
The next meeting of Board of Directors will take place on 3 October 2023				

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



South Tees Hospitals
NHS Foundation Trust

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
		2022	Ongoing	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)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Philip Sturdy	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)
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	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Senior Executive Partner – Gartner
		July 2022	Ongoing	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
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
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	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration

		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance – Dormant Ltd Company
		July 2022	Ongoing	Sel clinical advisor for SDEC
Mark Dias	Non Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
		July 2023	Ongoing	Interim Director of Public Health Darlington Council , (Part/time)
Alison Wilson	Non Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
Kenneth Readshaw	Non Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
Rudolf Bilous	Associate Non Executive Director			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 6 JUNE 2023 AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING AND ON MICROSOFT TEAMS

Present

Professor D Bell	Chairman
Ms A Burns	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
Ms S Page	Chief Executive

Associate Directors – non-voting

Professor R Bilous	Associate Non-Executive Director
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Directors – non-voting

Mrs J White	Head of Governance & Company Secretary
Mr M Graham	Director of Communications
Mr P Sturdy	Director of Estates, Facilities & Capital Planning
Mr M Imiavan	Digital Director
Mr S Peate	Chief Operating Officer
Mrs M Angel	Interim Director of Clinical Development

In attendance

Mrs A Seward	Lead Governor
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BoD/23/020 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting.

The Chairman advised members that Mrs Angel was due to leave the Trust, and he thanked her for all the work she had done. Ms Page added that Mrs Angel had worked for the NHS for 48 years in total and thanked her personally for the support she had provided.

BoD/23/021 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms Gerner, Associate Non Executive Director and Mr Carter Ferris, Vice Chair and Non Executive Director.

BoD/23/022 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/23/023 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/23/024 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 4 April 2023 were reviewed and agreed as an accurate record.

Mrs White

BoD/23/025 MATTERS ARISING

There were no matters arising to discuss with Board.

BoD/23/026 CHAIRMAN'S REPORT

The Chairman referred members to his written report and highlighted a number of areas within including the following:

CQC – the Chairman was thrilled to confirm in public the excellent news that the Trust had received a “Good” rating in the recent CQC inspection. He said that this was a significant step forward for the organisation and acknowledged the achievements which have been delivered. He wished to thank all staff, the Directors and Chief Executive in terms of their work. Adding this was a great result which members of the Board were able to observe and congratulate staff this morning at their walkrounds.

Mrs Seward added her congratulations on behalf of the Council of Governors and had written to Dr Lloyd and the Chief Executive acknowledging this and that it was important we recognise the significance of the achievement.

The Chairman advised members that there had been a Joint Council of Governors meeting which was well received by members who are keen for further joint discussions, and they commented that they welcome the brief that is issued following JPB meetings. Two further meetings are scheduled for September and December.

The Chairman commented that he had attended the Tees Valley ICP Area Meeting on the 2 June which included around 40-50 people, with the focus of the meeting on integration.

Finally the Chairman was pleased to comment that he had met with Teesside University to discuss academic development and workforce pipeline. He was pleased to

report that there are lots of opportunity around this. Dr Stewart who had accompanied the Chairman updated that he was pleased to see how well advanced plans were on setting up a medical school on Teesside.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/23/027 CHIEF EXECUTIVE'S REPORT

The Chief Executive referred members to her report and commented that there were so many things that she could have included in her report this month as the confidence and pride had been restored back to South Tees following the huge achievement by everyone on improving the CQC rating to "Good". She added that you can see staff confidence is building and growing as they are putting themselves forward for awards and recognition and showcase externally.

Ms Page commented that she had visited East Cleveland Hospital yesterday and it was unrecognisable around the positive integration and developments in that area since she last visited.

Ms Page reminded members that there was a multi-agency Community event being held tomorrow which is a great opportunity to discuss issues with partners.

Finally, Ms Page returned the Trust's achievement of getting back to "Good" in the last inspection – she added that this was such an achievement and wanted to give a big public thank you to all staff, partners and everyone involved in this. *[Round of applause given].*

Ms Burns commented that she recalled Ms Page asking the Board to read page 13 of the 2019 inspection report when she arrived at the Trust and also the staff survey. She said that the Trust was criticised in terms of well led and was so pleased to see the acknowledgement of all the hard work as a Board on this and a recognition of the development of the good governance around this.

Ms Wilson commented that it was good to read and have acknowledged the work on improvement. Dr Stewart advised that colleagues in areas which required further work acknowledge that they are more pressurised by external issues including ongoing challenges with social care and they are doing everything in their gift to deliver and they continue to work with partners to deliver this through the system.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/23/028 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. The Board Sub Committees – People, Quality and Resources continue to review their BAF risks on a monthly basis.

She added that the Chair's logs from the Committees will demonstrate the Committee has tested the controls in place; received assurances; 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 of Directors which including the Chairs report which references a meeting which the CMO and Chair attended at Teesside University regarding the future workforce. Health inequalities are mentioned in the Chairs report following the board development session and in the IPR and finally the Chief Executive briefs in her report the outcome of the recent CQC inspection which provide assurance across several gaps.

Dr Stewart asked whether the BAF needs to be updated as the tone and gaps in assurance. Mr Readshaw commented that the BAF feels and looks like it has been around for a while, and we should review in full.

Mr Harrison commented that the 2-year strategy takes us through to this year and it also needs a refresh and suggested it needs to be all done together including a review of the risk appetite.

The Chairman agreed and asked Mrs White to pick this up in the next Board development session.

Professor Bilous asked regarding the appointment of the public health consultant and Dr Stewart confirmed that the post holder will start in July.

RESOLUTION

The Board of Directors NOTED the BAF

BoD/23/029 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 as reported

previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.

A&E 4-hour standard and ambulance handover performance continue to show recovery of waits from the winter, with the 4 hours performance representative of the national picture.

Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. However, there is a downward trend and reported delays for yesterday were lowest over 2 days; around 54 patients.

Elective access (RTT 18-week standard) is stable and continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing towards zero in line with national requirements. Elective day case and outpatient activity are the major contributors to total elective growth, placing the Trust as one of the more productive providers in the ICS.

Diagnostic activity showed year on year growth with compliance for the 6-week standard improving once again in February, surpassing the national average.

Cancer 62-day accumulation rose due to pressures in specific pathways, and Trust achieved the national target for 28-day Faster Diagnosis Standard. Cancer 14-day standard is static compared to previous month however we are seeing continued improvement in that area.

Scans undertaken from diagnostic services is 1,000 over plan, and there has been improvement in all endoscopy tests over last few months and all three tests are now above 95%.

Finally, non-elective length of stay has reduced for 4 months in a row.

Ms Wilson commented that she had visited the discharge suite today in the board walkrounds and had met some great staff and the environment was well equipped for those patients being discharged from the Trust. She raised that it needs to be more recognised by colleagues in the Trust so it continues to be used effectively, but was encouraged in terms of its function. Mr Harrison commented that the emergency care improvement group is now focussing on the hospital journey and looking at the opportunity to reduce length of stay. He said that there are some simple studies being undertaken to look at impact.

Mr Readshaw commented on UEC waits; raising this as an area of interest which he has been commenting on in Committees and advised he will wait for the report to be provided by the Director team. Mr Peate commented that it was agreed that the report would go to QAC rather than resources but would ensure Mr Readshaw received it.

The Chairman asked regarding IPC and Dr Lloyd commented that this remains an area of focus and that the Trust had held a deep dive yesterday with representation from Collaboratives, and IPC teams. She commented that the session made progress. An improvement plan will be reported through QAC..

Dr Stewart reported that there is a case-by-case review no failings identified and this gave him good assurance.

Dr Lloyd commented that from a national picture CDIFF has increased by 42% post-pandemic and there is lots of national work ongoing.

The Chairman noted that the IPR report is getting clearer and that's great. Professor Bilous commended the report and noted that many of the indicators are going in the right direction – lots of work gone into this.

Mr Harrison commented that as part of the next stage for the development of the Urgent Treatment Centre an improvement group for patients who use the services will be set up.

RESOLUTION

The Board of Directors NOTED the update

BoD/23/030 SAFE STAFFING REPORT

Dr Lloyd referred members to the safe staffing report and highlighted the percentage of shifts filled against the planned nurse and midwifery staffing across the trust has increased slightly to 97.5% demonstrating continued good compliance with safer staffing.

As staffing continues to improve across all collaboratives this has allowed for a further reduction in all shift fill incentives via NHSp throughout May.

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.

The trust remains one of the lowest in the country for nursing turnover.

Dr Lloyd added that 72 students are starting in September; international recruitment continues but is paused at the moment but will restart in October. There is good work ongoing with retention – legacy mentors supporting staff beyond 1 year preceptorship and development programme for HCAs.

Finally, Dr Lloyd advised that she is currently underway with the nursing establishment review which will come to Board later in the year.

Ms Burns asked if there is anything we can do with our schools and partners around our future workforce. Dr Lloyd commented that she is at Teesside University speaking to years 12 and 13 but we also need to bring our staff through progression to become registered nurses.

Dr Stewart asked for the Board to note the work of Barney Green working with schools targeting areas of health and quality to sell the merits of working in the NHS.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/23/031 CONSULTANT APPOINTMENTS

The Chief Executive commented regarding the consultant appointments and updated members on the starters and leavers:

Starters

Andrew Hyde – Critical Care

Leavers

Hans Soeldner – Ophthalmology

Ms Page added that there are lots of new consultants in the pipeline and a young group of consultants joining in the summer including four anaesthetics.

Dr Stewart commented that the overall recruitment position is better with some pockets of concern.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/032 SUSTAINABILITY PLAN

Mr Sturdy updated members on the work to date within the Trust on Net Zero targets within the NHS. He advised that the NHS has committed to Net Zero by 2040.

Members noted that a Green Plan has been established by the Trust and is regularly reviewed as part of the ISO 14001:2015 Environmental Management Plan. The Trust's Green Plan meets contractual, and NHS Requirements as set out by the NHS Standards Contract 2022/23. In April 2023 an external ISO auditor deemed both sites to achieve the ISO accreditation of 14001:2015.

Mr Sturdy advised members that the Trust Green plan is in line with the ICS green plan, and the Trust is currently meeting our contractual and NHS requirements as set out by the NHS Standards Contract 2022/23

Mr Redpath commented that sustainability is overseen by the Resources Committee who have had oversight of this plan, and that there was a discussion recently regarding the increase in energy bills and the need for the Trust to focus on the area and further plan in September in terms of making a fundamental change.

Ms Burns recalled that a piece of work led by the Combined Local Authority, University and Trust had been undertaken some time ago on a combined heat and power model with renewable energy linked to the local industry. She added that it would be well worth in the development of the plan talking to partners about it and whether we can revitalise it.

Professor Bilous commented asked whether there had been consideration of solar panels around the site and Mr Sturdy confirmed that was included in the plan.

The Chairman suggested that a Board seminar be held later in the year on a fuller plan.

Mrs White

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/23/033 FINANCE REPORT

Mr Hand spoke to the report previously circulated which set out the Trust's draft financial performance as at Month 1 of 2023/24.

He advised that the national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural

deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures. As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.

Mr Hand reported that at Month 1 the draft position is a deficit of £1.9m at a system control-total level, which is in line with the year-to-date plan.

Mr Readshaw noted that there are still schemes to be identified and asked what the timeline for getting them identified was. Mr Hand commented that 94% of schemes had been identified and the Trust is working through the project identification documentation with lots of focus on getting this information completed.

Mr Dias commented that with the uncertainty of further strikes across disciplines what can we do to minimise risk. Mr Harrison advised that it is a fine balance in terms of what we can do safely and this is managed by our clinically-led strategic group.

The Chief Executive added that there is a national discussion which hasn't concluded yet on impact and where Trusts are managing this effectively.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/23/034 ANNUAL FILINGS

Mrs White presented the report on the Annual Filings advising members that the Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These include the Annual Report, Annual Accounts, Annual Governance Statement and Quality Report (Account).

In April 2023 the Board of Directors gave delegated authority to the Audit & Risk Committee and Quality Assurance Committee to monitor and approve the annual filings.

Guidance has been received on production of the key documents and a small project group has been established to oversee this work on behalf of the Trust Board of Directors.

She added that the Audit & Risk Committee met on 24 May 2023 and received the draft Annual Report, Annual Governance Statement and Annual Accounts. No risks or issues were highlighted with the draft reports. These documents are subject to external audit review which should

be concluded by the middle of June for final sign off by the Audit & Risk Committee. The timetable for submission is on track.

However, the Quality Report (Account) has been included on the agenda for the Trust Board of Directors for approval.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/035 PROVIDER LICENCE SELF ASSESSMENT

Mrs White referred members to her report which set out an assessment against the NHS provider licence. The results were considered along with evidence of the self assessment by the Audit & Risk Committee who are recommending the assessment to the Board.

Mrs White advised that the Audit & Risk Committee were recommending the following to the Board for approval:

1. The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6) – CONFIRMED
2. The provider has complied with the required governance arrangements Condition FT4(8)- NOT CONFIRMED.
3. If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver designated services Condition CoS7(3) – CONFIRMED

RESOLUTION

The Trust Board of Directors APPROVED the recommendation from the Audit & Risk Committee for the Provider Licence

BoD/23/036 QUALITY ACCOUNT

Dr Lloyd shared with member of the Board the final version of the annual quality account for 2022/23 which includes a look back at last year's quality priorities and set out the quality priorities for 2023/24.

She added that the Quality Accounts has been shared with Stakeholders and representatives from the Council of Governors. Responses from stakeholders received will be added prior to final submission and publication on the 30th of June 2023.

The processes for producing Quality Accounts remain the same as previous years, with the following exception that

NHS foundation trusts are no longer required to produce a Quality Report as part of their Annual Report.

There is no national requirement for NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared.

This Quality Account meets all the requirements and is being presented to the Board of Directors for approval.

The Chief Executive commented that quality outcomes as documented in the report demonstrates a massive improvement which shouldn't take it for granted.

The Chairman concurred and asked Mr Graham to pull out the great work as part of the comms updates.

RESOLUTION

The Trust Board of Directors APPROVED the Quality Report

BoD/23/037 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:

QAC – Ms Davidson highlighted to the Board the R&D 6-month report; patient led assessment (PLACE) report. Both of great interest to governors and provide significant assurance. Committee agreed to adjust assurance on STAQC report assurance from moderate to significant as there is robust and rigour demonstrated.

Resources – Mr Redpath highlighted to the Board the work of the Finance team and response to year end, agency spend new rules come in and this needs to be owned by Collaboratives and discussions with commissioners. Private patient business case approved.

People – Mr Dias highlighted that the Committee had received a good paper on the EDI strategy and action on understanding how staff networks are – support and measure impact; gender pay gap report; group of volunteers talking about their opportunities. Thanks for HR function on absence management. Staff survey and health and wellbeing and report on learning culture and restorative justice. Thanks to Denise on the work she has been doing around this area.

Mr Redpath commented that when he was on the Committee he raised issues regarding around over / under payment. Mrs Metcalf advised that the Trust had undertaken a deep dive

held yesterday into the multi-disciplinary and some good outputs came from this.

Audit & Risk Committee – Mr Readshaw highlighted the annual filings and provider licence self assessment work to the Board.

BoD/23/038 DATE AND TIME OF NEXT MEETING

The Board of Directors will meet on Tuesday 1 August 2023.

Signed:

Date:

DRAFT

Date							
Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
06.06.23	BOD/23/032	Sustainability Plan	Boad seminar to be held focussing on the sustainability agenda	Jackie White / Phil Sturdy	07.11.23		Open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 AUGUST 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 <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

1. Introduction

This report provides information to the Board of Directors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 NHS EDI Improvement Plan

The NHS has published its first equality, diversity and inclusion (EDI) improvement plan on 8 June 2023. This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The plan prioritises six high impact actions to address widely-known intersectional impacts of discrimination. It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

The EDI Board Champion Mark Dias and EDI Executive Lead Rachael Metcalf will be taking forward the recommendations as appropriate.

2.2 Joint Collaborative Working

Since the last report, the Joint Partnership Board met on 21 June 2023 with a focus on reflections on progress and learning from experience elsewhere. There were two workshops held.

2.3 Routine meetings

I continue to meet with colleagues within the Trust and have recently attended the medical wards across the Trust. In June I attended the Care Closer to Home Conference which was held at Guisborough Hall which focussed on partnership work. I have been meeting with the Universities of Teesside and Durham supported by the Chief Medical Officer and NED colleagues to discuss partnership working and the future workforce. I was trilled to attend the opening of the Snowdrop suite which has been created following the contribution of charitable funds from families who have

experienced bereavement in pregnancy and birth. Finally, its appraisal time for the Non executives and I have been meeting with some of them to review their performance over the last year.

2.4 NHS Confederation Expo Conference 2023

I attended the NHS Confed Expo Conference in Manchester on 15 June. The event was over 2 days bringing together key health and care leaders to support drivers for change across health and social care focusing on a range of topics including population health, mental health, equality diversity and inclusion and system working.

2.5 Regional Chairs Meeting

I attended the North East North Cumbria Integrated Care System (NENC ICS) Foundation Trust Chairs Meeting and the NENC Integrated Care Board (ICB) Chair's forum on 20 June. The key headlines included awareness of mental health challenges and the impact of industrial action on patient care and staff morale.

3. Recommendation

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

Professor Derek Bell
Joint Chair

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 August 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 <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>	
Situation	Chief Executive update	
Background	The following report provides an update from the Chief Executive.	
Assessment	The report provides an overview of the health and wider related issues.	
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Recommendation	Members of the Trust Board are asked to note the contents of the report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

NHS recovery

Over the five weeks to 16 May, our surgical delivered over 3,800 operations, of which more than 2,900 were planned surgical procedures. At the same time, radiology colleagues carried out more than 36,000 diagnostic scans, and clinicians held almost 21,700 outpatient appointments. During the same period, 19,000 people attended our urgent and emergency care services.

Alongside the work taking place in hospitals, our community teams are continuing to support more patients to receive the care they need, closer to home. Our urgent community response teams, for example, are currently providing care to more than 900 people in their homes each month; helping to avoid unnecessary trips to hospitals.

In addition, the trust continues to work closely with local authorities to seek to ensure that people who are ready to leave hospital with social care support can access this as quickly as possible.

Industrial action

Following national mandates for industrial action by the British Medical Association (BMA), junior doctors strike action took place from Thursday 13 July to Tuesday 18 July. This was followed by consultants' industrial action from Thursday 20 July to Saturday 22 July

As during previous industrial, the trust's clinically-led strategic and tactical groups worked with colleagues in advance to ensure contingency plans were in place.

During industrial action, anyone who required urgent care was advised by the NHS to continue using NHS111 online or calling NHS 111 to be assessed and directed to the right care for their needs.

At the same time, anyone with a life-threatening illness or injury, was advised to continue to seek emergency care in the normal way, by calling 999 or attending A&E. Patients with appointments booked on strike days were contacted if their appointment needed to be rescheduled.

Middlesbrough Urgent Treatment Centre

The North East and North Cumbria Integrated Care Board (ICB) has confirmed that a new urgent treatment centre (UTC) is to be built next to the James Cook emergency department. The new facility, which will include clinical and treatment rooms, waiting areas, facilities for colleagues, a triage and reception area, is expected to open in before summer 2024, with construction work due to start this autumn.

Macmillan Quality Environment Mark

Haematology inpatient services at The James Cook University Hospital, have been nationally recognised for excellence in cancer care.

The unit, which includes ward 33, scored the highest possible rating of 5 in the Macmillan Quality Environment Mark (MEQM)

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 AUGUST 2023			
Integrated Performance Report			AGENDA ITEM: 8 ENC 6
Report Author and Job Title:	Anna Easby Information Officer Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>Changes to metrics for June IPR, are as follows:</p> <p>National context reflects 2023/24 NHS Operational Planning Guidance.</p> <p>SAFE domain: No change.</p> <p>EFFECTIVE domain: No change.</p> <p>CARING domain: No change.</p> <p>EQUITABLE domain: No change.</p> <p>RESPONSIVE domain: New metric added for average General and Acute (G&A) bed occupancy.</p>		

	<p>WELL LED domain: No change.</p> <p>Our key messages for June are:</p> <p>The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led.</p> <p>Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.</p> <p>A&E 4-hour standard and ambulance handover performance has been maintained with the 4 hours performance representative of the national picture. Clear reductions in 12 hour waits following a decision to admit are becoming evident also.</p> <p>Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. Elective access (RTT 18-week standard) remains stable and continues to outperform the national trend.</p> <p>Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements.</p> <p>Total elective growth in April was higher than 19/20 levels with a promising start to the year for 1st outpatient appointments and ordinary elective admissions.</p> <p>Performance against the 6 week diagnostic standard remains ahead of the national average.</p> <p>The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard in June. Similarly, the Cancer 62-day accumulation has reduced in June.</p>
<p>Level of Assurance</p>	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>
<p>Recommendation</p>	<p>Members of the Public Trust Board of Directors are asked to receive the Integrated Performance Report for June 2023.</p>

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All BAF risks</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
<p>Strategic Objectives</p>	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/></p>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

June 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

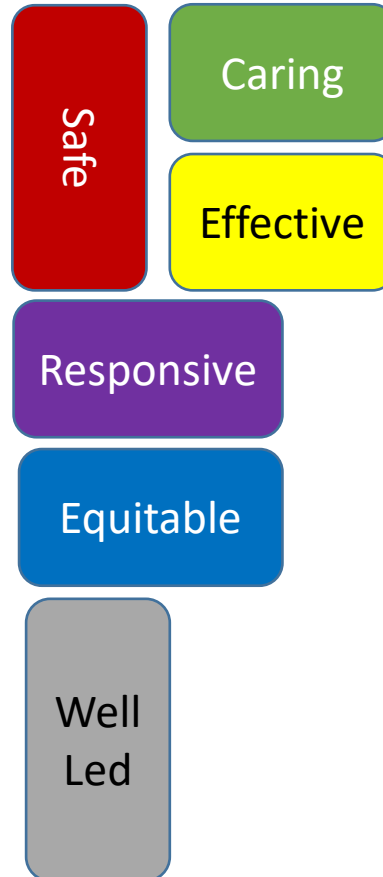
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

SAFE domain:

No change.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

New metric added for average General and Acute (G&A) bed occupancy.

WELL LED domain:

No change.

NATIONAL CONTEXT

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

- Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services.
- put the workforce on a sustainable footing for the long term.
- level up digital infrastructure and drive greater connectivity.
- Transformation needs to be accompanied by continuous improvement.

The Trust Improvement Plan is being refreshed to reflect the progress we have made and to be aligned to the 23/24 planning priorities, the Trust's strategic priorities and the ambition of our clinically-led Collaboratives.

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	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPEU - YTD growth 23/24 v 19/20	1st OP - YTD growth 23/24 v 19/20	Total elective - YTD growth 23/24 v 19/20	Diagnostic activity 23/24 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	May-23	May-23	May-23	May-23	May-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	May-23	Apr-23	Apr-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	71.7%	61	2.7%	386	174	64.4%	1,503	299	5	0	51,541	106%	103%	109%	80%	25.7%	56.2%	206	215	71.6%
NENC ICS Provider level (including IS providers)	77.1%	420	4.2%	1,786	579	69.1%	8,624	1,619	175	23	393,756	103%	99%	108%	102%	19.2%	63.0%	1,161	1,558	77.2%
North East & Yorkshire	75.2%		5.0%			65.1%										22.9%	62.9%			75.1%
National	74.0%		8.6%			58.3%										27.6%	61.0%			71.5%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. A&E 4-hour standard and ambulance handover performance has been maintained with the 4 hours performance representative of the national picture. Clear reductions in 12 hour waits and delays following a decision to admit are becoming evident also. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. Elective access (RTT 18-week standard) remains stable and continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements. Total elective growth in April was higher than 19/20 levels with a promising start to the year for 1st outpatient appointments and ordinary elective admissions. Performance against the 6 week diagnostic standard remains ahead of the national average. The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard in June. Similarly, the Cancer 62-day accumulation has reduced in June.









Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2519	2070	Jun 2023		
Serious Incidents	5	6	Jun 2023		
Never Events (YTD)	1	0	Jun 2023	N/A	N/A
Falls	141		Jun 2023		N/A
Falls Rate %	4.3	6.6	Jun 2023		
Falls With Harm	5		Jun 2023		N/A
Falls With Harm Rate %	0.2		Jun 2023		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. The trust will review later in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) is fully implemented. The number of Serious Incidents was within expected limits. Learning from incidents 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 is stable and remains within control limits. All falls information submitted via Datix is reviewed daily. The falls team has commenced a quality improvement project, mapping systems, processes and reporting mechanisms to ensure effective, evidenced-based and patient-centred care. We have identified opportunities to improve systems so we better understand and learn from the patients' experiences. The continuing quality improvement project has also highlighted the importance of reviewing procedures and documentation with a clear narrative and robust recording system to evidence our responses and care provided. The outcome of this work will be reported to the quality assurance committee, with recommendations for enhanced work in this area.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	1.7		Jun 2023		N/A
Category 2 Pressure Ulcers (Community)	59		Jun 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Jun 2023		N/A
Category 3&4 Pressure Ulcers (Community)	25		Jun 2023		N/A
Medication Incidents	128		Jun 2023		N/A
Medications Reconciled Rate %	61%	80%	Jun 2023		
Omitted Critical Doses (%)	4.7%		Jun 2023		N/A
C-Difficile (YTD)	32	27	Jun 2023	N/A	N/A
MRSA (YTD)	0	0	Jun 2023	N/A	N/A
E-Coli (YTD)	35	33	Jun 2023	N/A	N/A
Klebsiella (YTD)	11	12	Jun 2023	N/A	N/A
Pseudomonas (YTD)	2	3	Jun 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation. The PURPOSE T tool and SSKIN assessment are now live in all in hospital wards at the FHN, JCUH and community hospitals. Whilst the risk assessment is embedded into practice the frequency of completion has been increased to 24 hours for those patients stratified to the green pathway. Over recent months support and education has been delivered to Tocketts and Zetland ward, who are now achieving 100% compliance in risk assessing their patients. Extensive education and training continues in clinical areas where themes are consistently emerging. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. The team has reviewed how incidence of community pressure ulcers can be more meaningfully reported and intend to report PUs per 1000 in relation to caseload.

Medications

Medication incidents reported in June were within expected variation. Omitted doses data is undergoing an in-depth analysis with additional training being given to wards to continue to ensure robust documentation. Interactive dashboard still progressing. Medicines reconciliation continues to remain an area of focus: clinical leadership model has now changed with more support for junior staff on wards. Pilot of ward medicines assistants is going well. Review of data received from Camis is on-going to validate accuracy.

Healthcare acquired infections

There were no new MRSA reported in June. C. difficile local, regional and national action plans are in place, these are underpinned by collaborative actions. IPC precautions for isolating patients with C. difficile continue to be prioritised, followed by additional cleaning with Hydrogen Peroxide vapour. Further initiatives continue to be assessed. Structured case reviews continue timely, providing assurance that appropriate measures are in place. E-Coli is addressed through a programme of ANTT (Aseptic Non-Touch Technique). The 2023/24 Standard Contract Objectives from NHS England have now been received.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	383		Jun 2023	N/A	N/A
Breast feeding initiated (48 hrs)	62.9%	74.5%	Jun 2023		
Preterm birth rate <26+6 wks	1.2%	6%	May 2023		
Preterm birth rate 27 - 36+6 wks	6.1%	6%	Jun 2023		
Induction of Labour (%)	44.6%	44%	Jun 2023		
Number of 3rd/4th degree tear (%)	1.8%	3.5%	Jun 2023		
PPH > 1500ml (%)	2.03%	2%	Jun 2023		
Still Births (YTD)	2	17	Jun 2023	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 via national maternity dashboard. 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. We work closely with the NENC Preterm Birth Group.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. Our initiation figure is following an upward trajectory which is testament to the education and information which is being provided on healthy relationships and infant feeding. Our new vulnerabilities team will also enhance our public health work.

















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 is reviewing the IOL pathway.

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. These are consistently monitored via 3rd/4th degree audit database and review of cases via Maternity Rapid Review.

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. PPH is covered in the annual MDT obstetric emergency training and simulations also occur on a regular basis to ensure staff are well prepared for any emergency situation. We are in line with national maternity dashboard. We have completed a lookback review of Q3 PPHs and have extended this to include all deliveries to date. This is being undertaken to identify any themes and commonalities which will help us to reduce PPH.

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 %	6.1%		Apr 2023		N/A
Sepsis - Oxygen delivered within 1hr	98.1%	95%	May 2023		
Sepsis - Blood cultures within 1hr	71.7%	95%	May 2023		
Sepsis - Empiric IV antibiotics within 1hr	73.6%	95%	May 2023		
Sepsis - Serum lactate within 1hr	73.6%	95%	May 2023		
Sepsis - IV fluid resuscitation within 1hr	73.6%	95%	May 2023		
Sepsis - Urine measurement within 1hr	100%	95%	May 2023		
Summary Hospital-Level Mortality Indicator	109.1	100	Feb 2023		
Comorbidity Coding	4.3		Mar 2023		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

Urine output and oxygen delivery remain above target levels.

Actions:

- Compliance targets for acutely ill patient courses finalised – requires sign off.
- Benchmarking through DePASCCO group. Regional survey on educational delivery of acutely ill patient courses.
- Acutely ill patient tool embedded within clinical noting.
- The Sepsis antimicrobial guidance and screening poster change request submitted to graphic design.
- Digital sepsis screening introduced to two community hospitals.
- Digital Paediatric sepsis tool completed - achieved >90% compliance in training.
- NICE guidance is currently under review nationally. This has been delayed with no further update.

Mortality

SHMI has remained at 109 for the latest official reporting period, Mar 2022 to Feb 2023, SHMI and is 'as expected'. The data processing anomaly with the volume of spells used to calculate SHMI November 2022 remains in the data but has not recurred.

Currently 4.1% of spells in England are removed because they have a COVID code and spells included in SHMI are at 88% of pre-pandemic levels. Both metrics are stable.

Reports to the Trust's governance committees show that Medical Examiner (ME) 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.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	81%	78%	Jun 2023		
Inpatient Experience (%)	97.1%	94%	Jun 2023		
Maternity Experience (%)	91.5%	92%	Jun 2023		
Outpatient Experience (%)	96.7%	93%	Jun 2023		
Community Experience (%)	99.1%	94%	Jun 2023		
New Complaints	42		Jun 2023		N/A
Closed Within Target (%)	38.1%	80%	Jun 2023		

Patient experience

Emergency Department Friends & Family Test score continues to be above target since January and is continually monitored. The Inpatient Friends & Family Test score is stable and performs better than target. The Friends & Family Test score reported in Outpatients and Community services consistently perform above the national average.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has improved on the previous month. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group. The pilot in the Maternity services, whereby the FFT question is sent to all women, separate to the surveys, shows an improvement in the FFT response rate.

Closed within target

The timeframe for response remains an area of focus. Complaints timeframe continues to be a priority and the action plan implemented in April 2023 is continuing. All new complaints have a 60 working day timeframe for written responses, which will be reviewed in six months. A rapid review of the complaints process planned for July 2023. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

Aspects of clinical care and communication continue to be top themes coming from upheld complaints. Learning and themes from complaints are systematically shared with clinical colleagues.

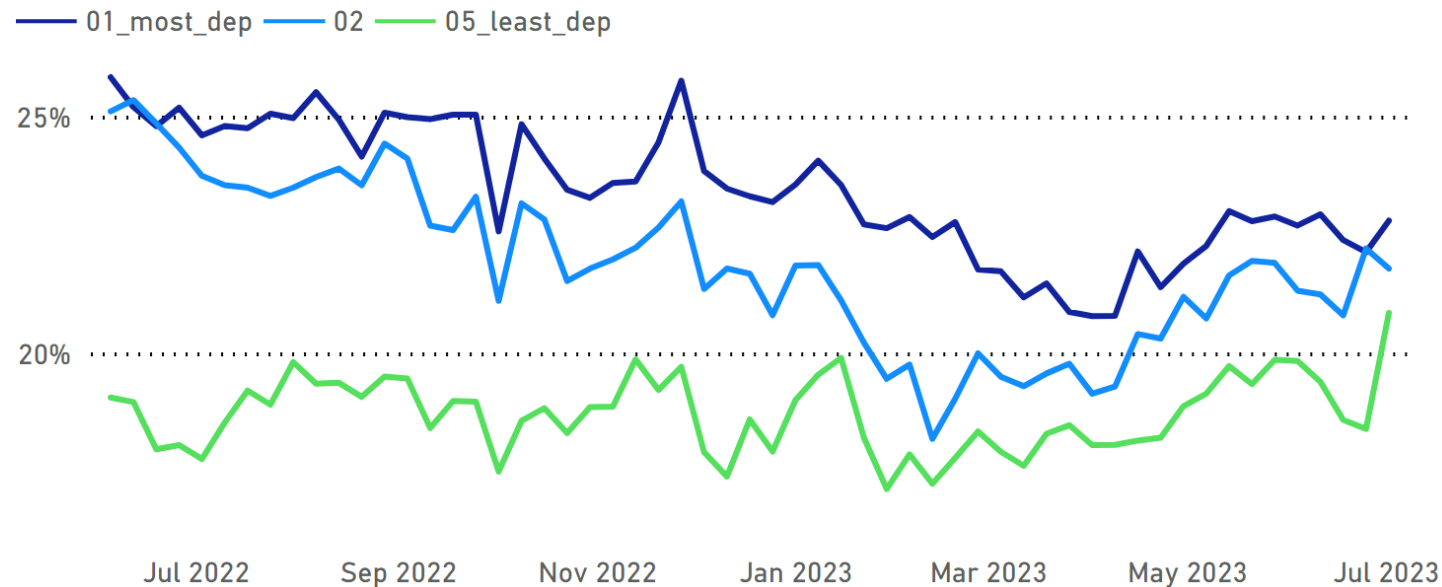
EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2028	599	23%	2627
02	1224	341	22%	1565
03	1228	312	20%	1540
04	1853	440	19%	2293
05_least_dep	1298	342	21%	1640
N/k	849	107	11%	956
Total	8480	2141	20%	10621

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



IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

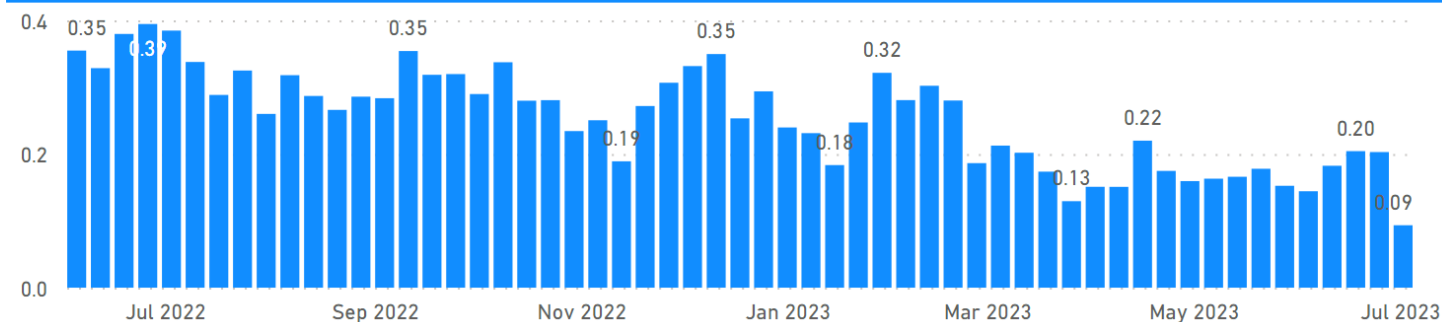
P3 > 3 months

Any > 52 weeks

In Standard: All others

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

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



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

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

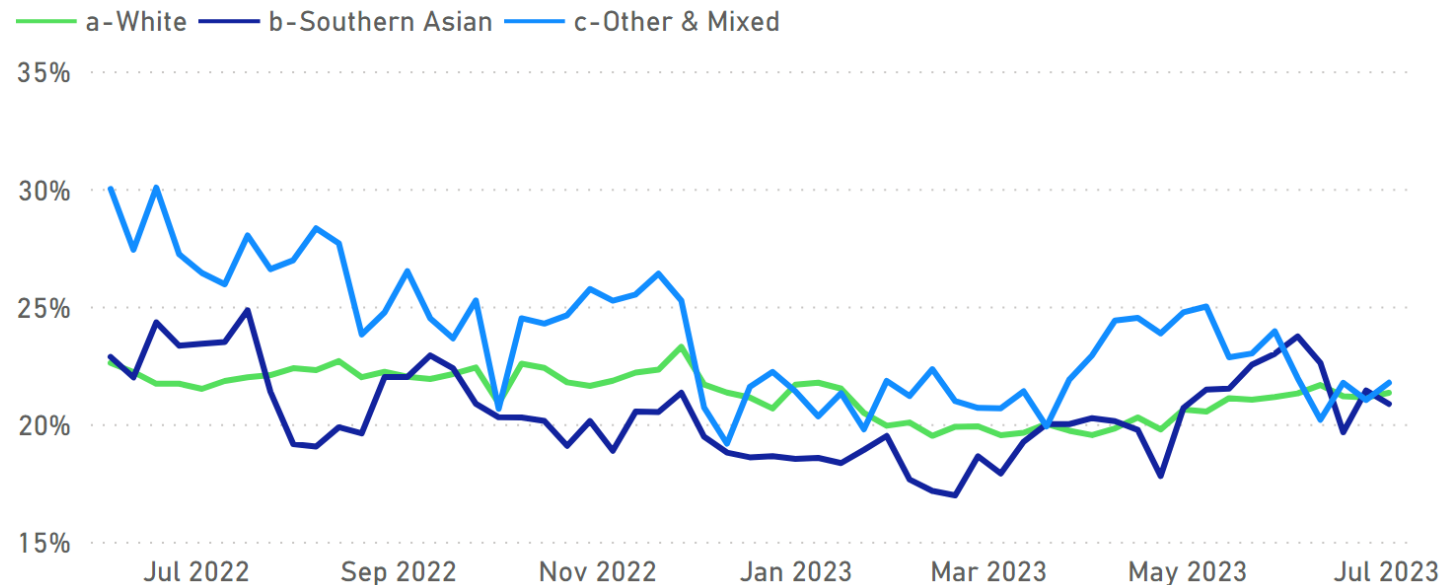
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6560	1779	21%	8339
<input checked="" type="checkbox"/> b-Southern Asian	129	34	21%	163
<input type="checkbox"/> c-Other & Mixed	169	47	22%	216
Black	27	9	25%	36
Mixed	39	11	22%	50
Other	103	27	21%	130
<input checked="" type="checkbox"/> N/k	1622	281	15%	1903
Total	8480	2141	20%	10621

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

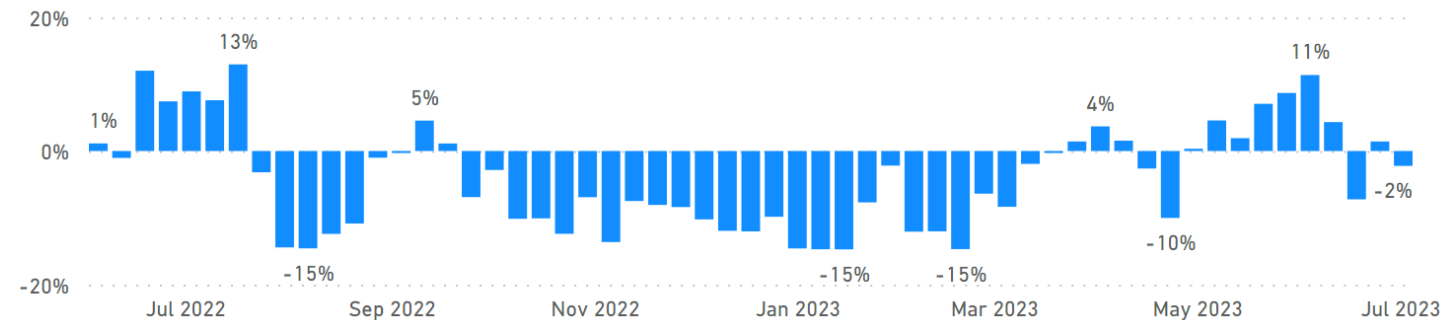
In Standard: All others

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

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10691	10629	Jun 2023		
A&E Attendances - Type 3	5571	5497	Jun 2023		
Handovers - Within 30 Mins (%)	80.3%	95%	Jun 2023		
Handovers - Within 60 Mins (%)	92.1%	100%	Jun 2023		
4-Hour A&E Standard	68.8%	76%	Jun 2023		
12-Hour Waits from Decision to Admit	41	0	Jun 2023		N/A
12-Hour A&E Breaches	226	0	Jun 2023		
RTT Incomplete Pathways (%)	65.4%	92%	May 2023		
RTT List Size within 52 weeks (%)	96.5%		May 2023		N/A
RTT 52 week waiters	1821	1301	May 2023	N/A	N/A
RTT 65 week waiters	344	332	May 2023	N/A	N/A
RTT 78 week waiters	11		May 2023	N/A	N/A
RTT Waiting List Size	52100	49726	May 2023		
Diagnostic 6 Weeks Standard (%)	75.1%	99%	May 2023		
Cancer 14 Day Standard (%)	83.2%	93%	May 2023		
Cancer 31 Day Standard (%)	95.3%	96%	May 2023		
Cancer 62 Day Standard (%)	59.3%	85%	May 2023		
Cancer >62 Day Backlog	175	160	Jun 2023	N/A	N/A
Cancer Faster Diagnosis Standard (%)	77.8%	75%	May 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	64	0	Jun 2023		

Urgent and emergency care

The impact of challenges across the social care system continue to be observed – particularly in relation to timely access to domiciliary care, which in turn has an impact on hospital flow and urgent and emergency care. The Trust is working closely with local authorities and other partners to ensure that people who are ready to leave hospital, who require social care support, can be supported with the care they need. This includes proactively identifying patients to avoid admission, with input from our Frailty team, urgent community response and Home First services.

The volume of A&E attendances in June was slightly more than expected. Ambulance handover delays showed further month on month improvements. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% by end 2023/24 and ensuring all Ambulance handovers take place within one hour. Observational work is ongoing to drive out process issues that can hinder patient handover.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks is stable at 65% and remains well above the national average. There is continued focus on the longest waits - reducing the number of patients waiting more than 65 weeks by March 2024.

Compliance with the 6-week diagnostic access standard has steadily improved since October. In particular, endoscopy waits continue to demonstrate significant improvement now that extra capacity is in place.

For cancer, the faster diagnosis standard has been an improving trend for the last 12 months and is above national target for May. Faster access and triage in the colorectal and skin pathways are an area of focus. Cancer 62-day standard performance is affected as the longest waiting patients are treated.

Cancer Pathways have been reviewed to identify timeline gains at first appointment and diagnosis intervals and Cancer Action Plans are progressing for each pathway and support service. These are monitored through the Cancer Delivery Group, incorporating recommendations from Pathway Review projects.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18584	19949	Jun 2023		
Outpatient Follow Up Attendances	46951	47735	Jun 2023		
Day Case admissions	6529	6757	Jun 2023		
Ordinary Elective admissions	1033	1052	Jun 2023		
NEL admissions with 0 LOS	3066	1971	Jun 2023		
NEL admissions with 1+ LOS	3619	3515	Jun 2023		
G&A Occupied Beds (%)	90.4%	92%	Jun 2023		
Length of Stay - Elective	3.9		Jun 2023		N/A
Length of Stay - Non-Elective	3.7		Jun 2023		N/A
Not Met Not Discharged	67	90	Jun 2023		
21 Day Stranded Patients (%)	12.7%	12%	Jun 2023		

Activity

June first outpatient attendances dropped below plan after a strong start to the year and follow up attendances were reduced as intended. Clinical teams are working to ensure the right ratio of first and follow up capacity is in place so that more patients can attend their first appointment. Day Case and Ordinary Elective admissions were also lower than plan. Industrial action has continued to impact on elective activities shown in non-achievement of plan for Outpatient new and elective activity.

Non-elective same day admissions registered much higher than plan, due to recent implementation of maternity pathway recording changes enabled by our digital transformation programme.

Length of Stay

Non-elective length of stay has been consistently high during 2022/23 at around 5 days but has improved significantly to under 4 days. Whilst there is an effect of the maternity activity, there has also been underlying improvement in length of stay for patients admitted 1+ nights. However, because of wider social care system pressures, and an increase in the frailty of patients, bed occupancy on assessment units and general medical wards continues to average 90%.

It is evident that all the work undertaken to reduce the number of patients who no longer meet criteria to reside in an acute bed is demonstrating real benefits and in June was at its lowest level for the last 2 years. The Trust proactively reduces delays within its span of control and has embedded a Home First service and therapy-led ward for patients who have completed their medically-led care. However, there are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs.

The proportion of patients admitted for 21 days or more has been gradually improving since January and is now close to target levels for June. The overall 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)	-£4.209m	-£4.218m	May 2023	N/A	N/A
Annual Appraisal (%)	79.7%	80%	Jun 2023		
Mandatory Training (%)	94.3%	90%	Jun 2023		
Sickness Absence (%)	5.1%	4%	Jun 2023		
Staff Turnover (%)	11.6%	10%	Jun 2023		

Finance and use of resources

The Trust's plan for the 2023/24 financial year is an agreed deficit of £31.8m, reflecting the organisation's structural deficit (including the impact of the James Cook University Hospital PFI scheme) and inflationary pressures. As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICS system plan for 2023/24.

At the end of Month 2, the Trust's financial position is a deficit of £4.2m which is line with the year-to-date plan. The year-to-date position assumes full delivery of activity associated with elective recovery targets.

People

Sickness absence across the Trust is 5.1% for the month of June 2023. Short term sickness has increased slightly and there has been a reduction in long-term sickness. Focused bespoke sickness management training and development continues.

HR teams are starting to work with Collaboratives on mandatory training and appraisal improvement plans including the development of trajectories. This is in addition to work on sickness improvement plans.

Nursing turnover remains amongst the lowest in the country. HR teams work with Collaboratives to provide focused support, which includes refreshing managers knowledge of current available tools, itchy Feet and Stay Conversations and exit interviews

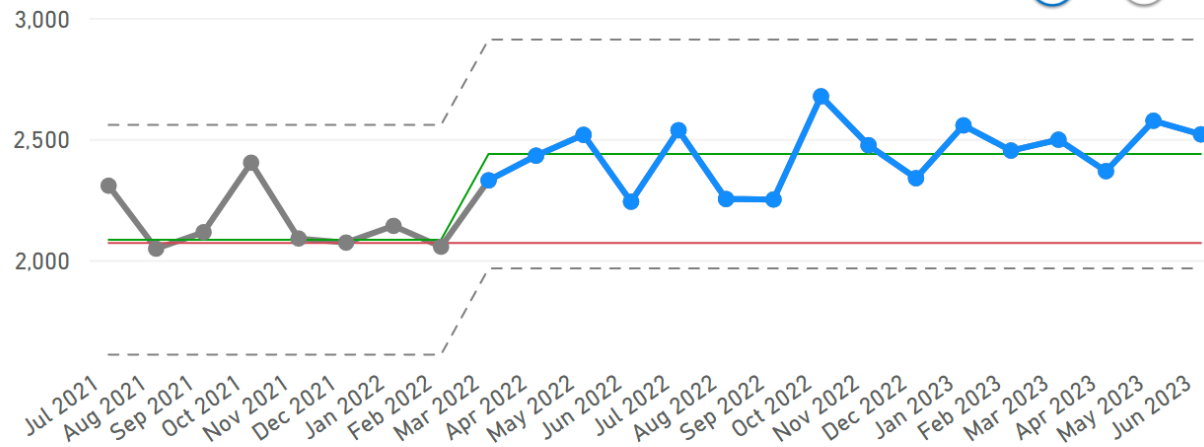
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

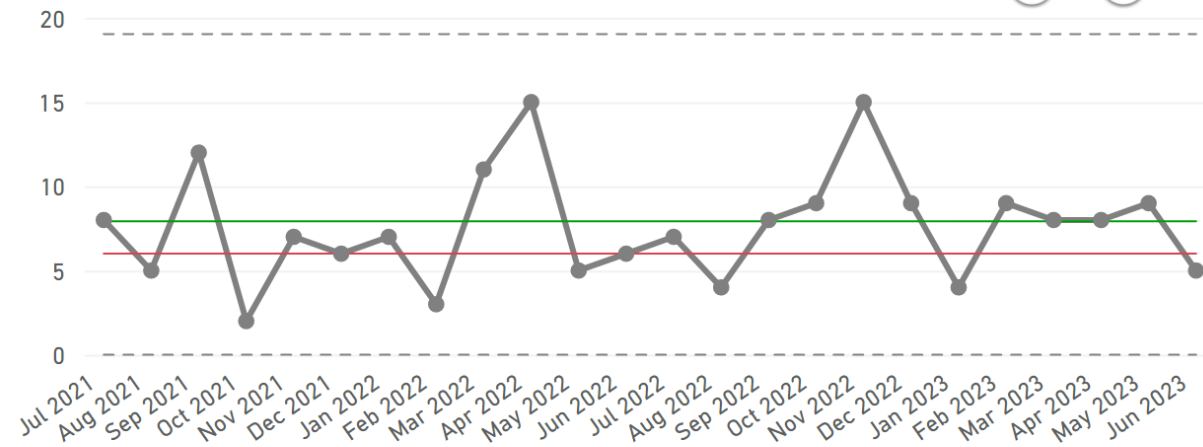
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jun 2023	2519	2070		



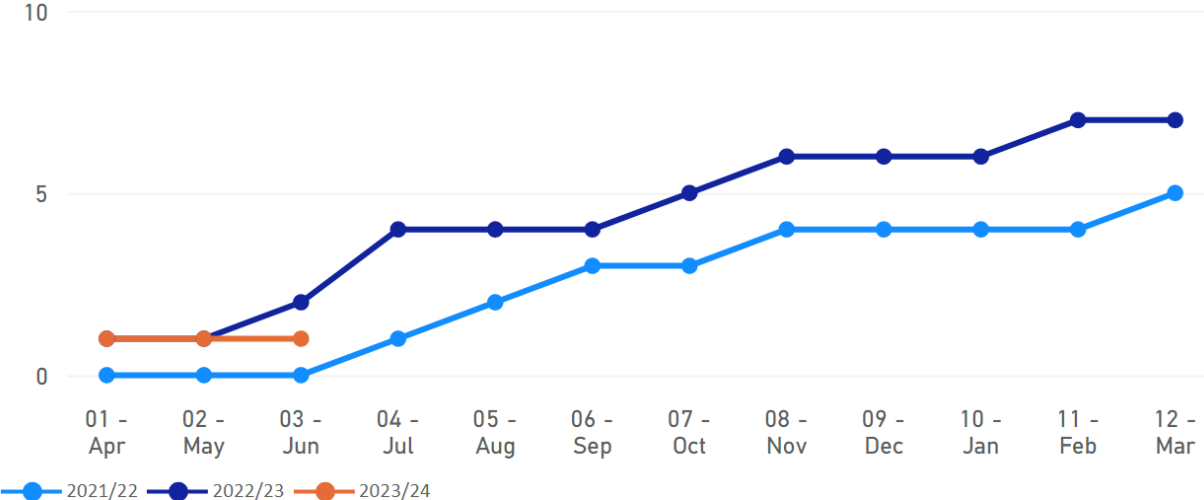
Serious Incidents

Month	Performance	Target	Trend	Assurance
Jun 2023	5	6		



Never Events (YTD)

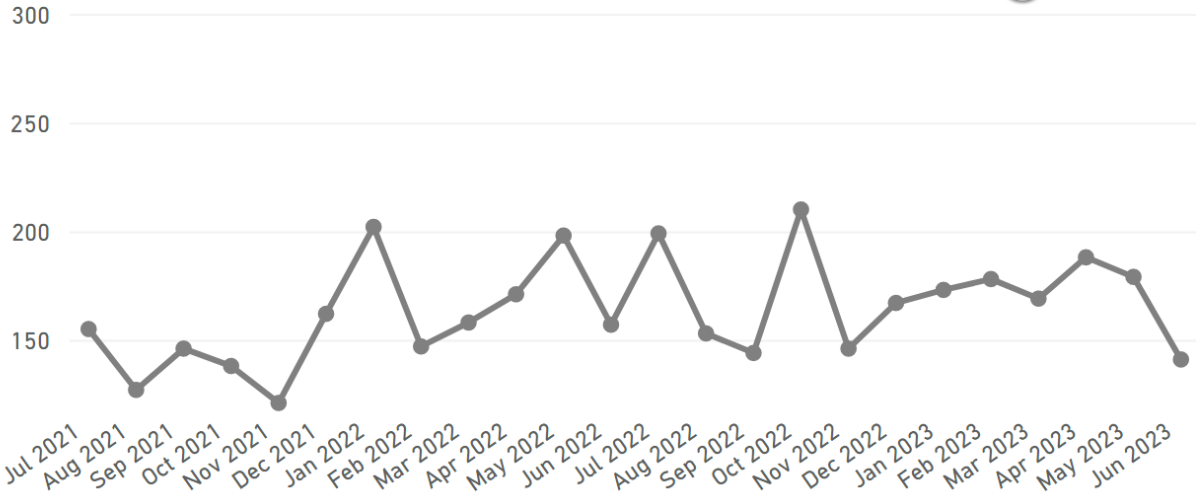
Month	Performance	Target	Trend	Assurance
Jun 2023	1	0	N/A	N/A



SAFE

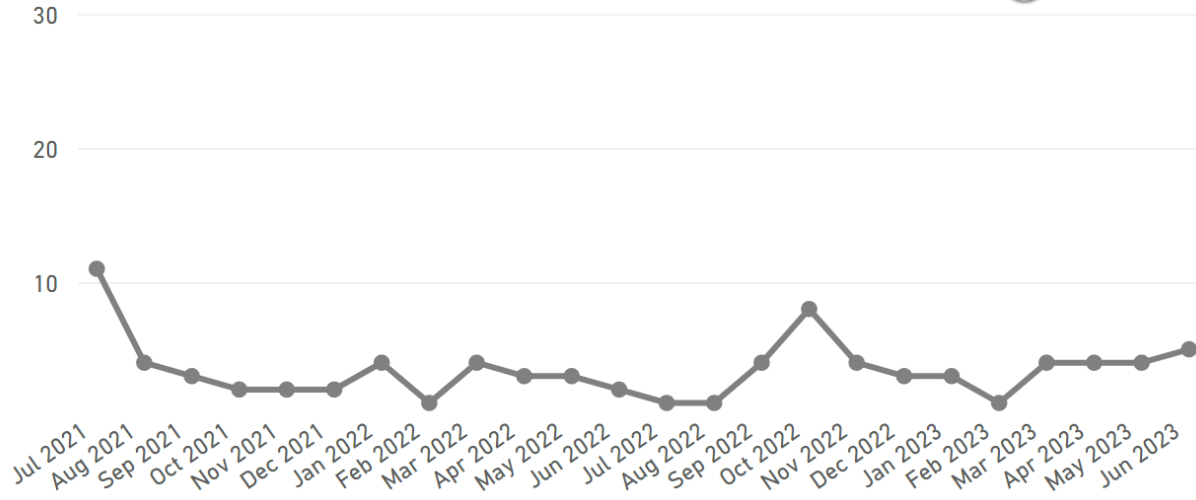
Falls

Month	Performance	Target	Trend	Assurance
Jun 2023	141			N/A



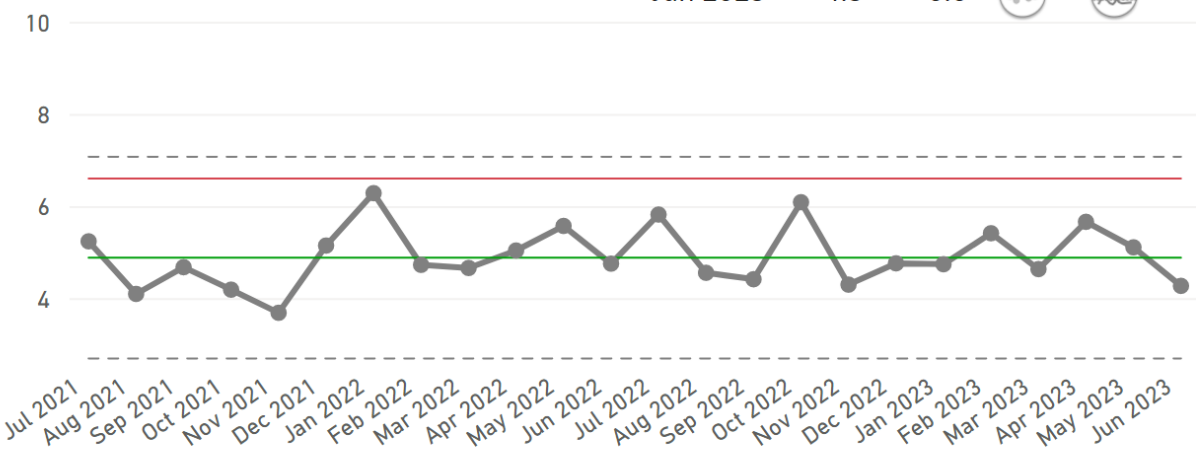
Falls With Harm

Month	Performance	Target	Trend	Assurance
Jun 2023	5			N/A



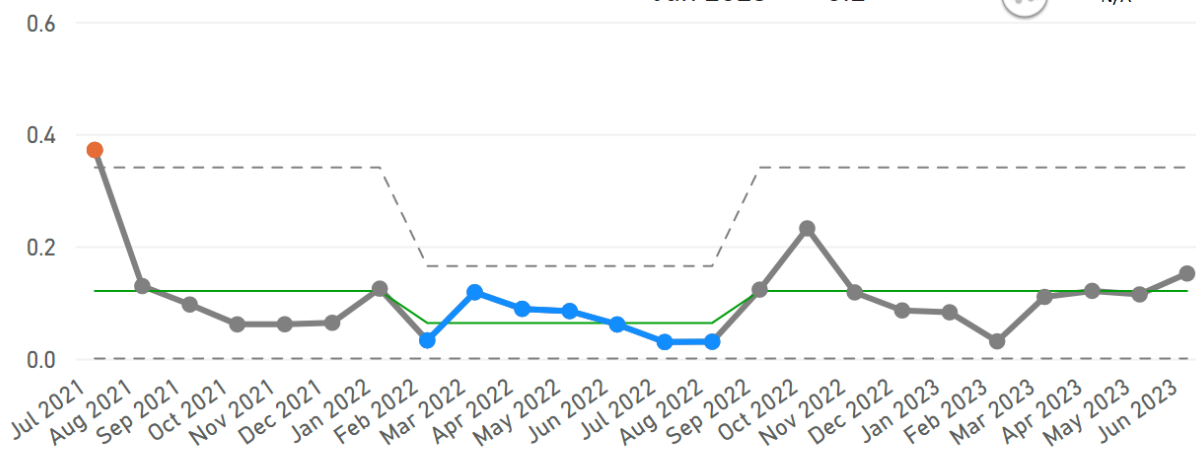
Falls Rate %

Month	Performance	Target	Trend	Assurance
Jun 2023	4.3	6.6		



Falls With Harm Rate %

Month	Performance	Target	Trend	Assurance
Jun 2023	0.2			N/A



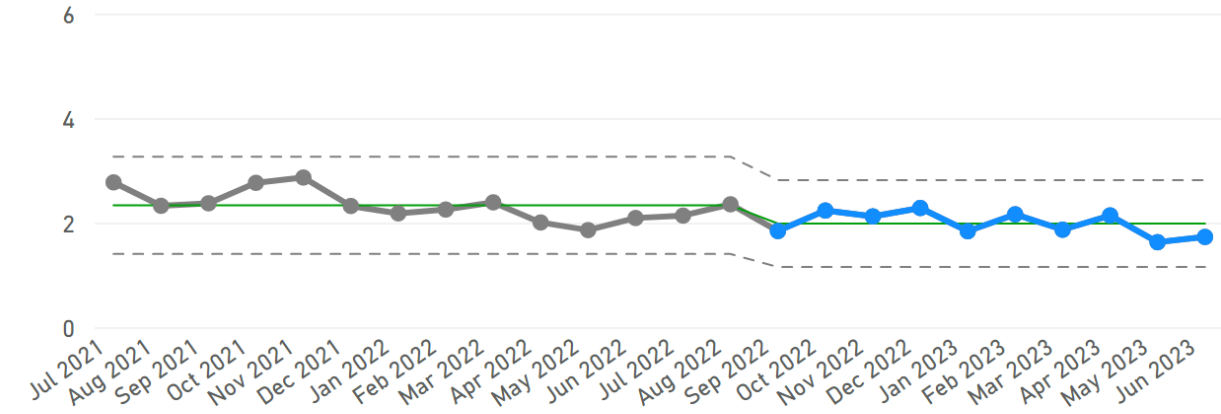
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

SAFE

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

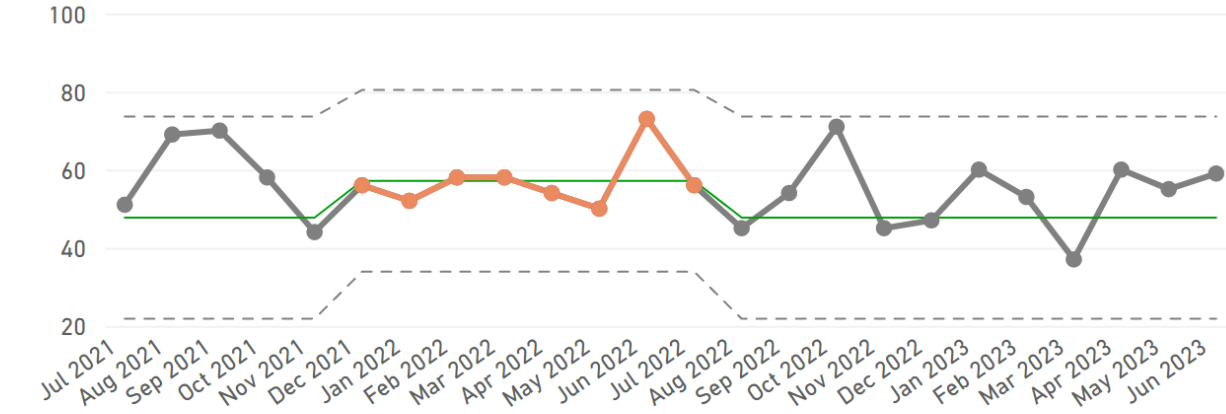
Month	Performance	Target	Trend	Assurance
Jun 2023	1.7			N/A



Legend: Value (Grey), UCL (Dark Grey), LCL (Light Grey), Mean (Green), Target (Red), Improvement (Blue), Concern (Orange), Outside CL High (Light Blue), Outside CL Low (Light Orange)

Category 2 Pressure Ulcers (Community)

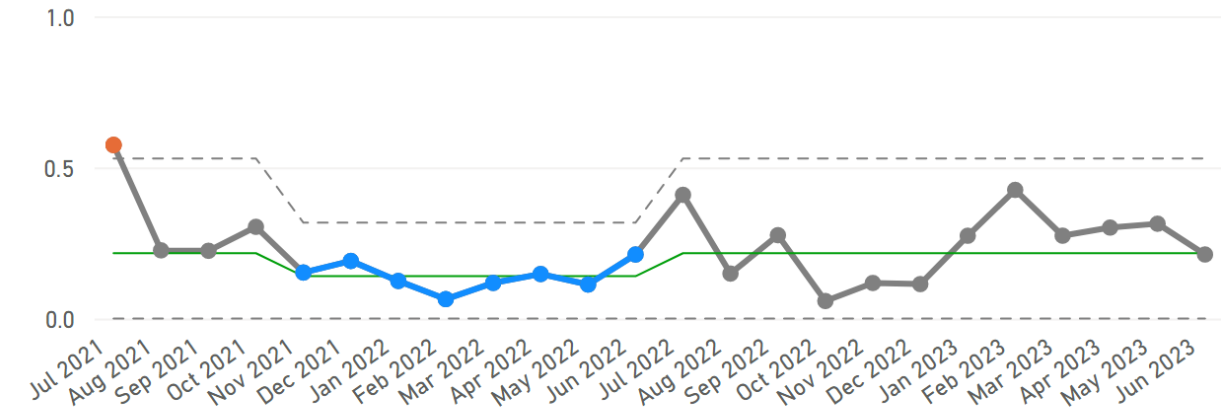
Month	Performance	Target	Trend	Assurance
Jun 2023	59			N/A



Legend: Value (Grey), UCL (Dark Grey), LCL (Light Grey), Mean (Green), Target (Red), Improvement (Blue), Concern (Orange), Outside CL High (Light Blue), Outside CL Low (Light Orange)

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

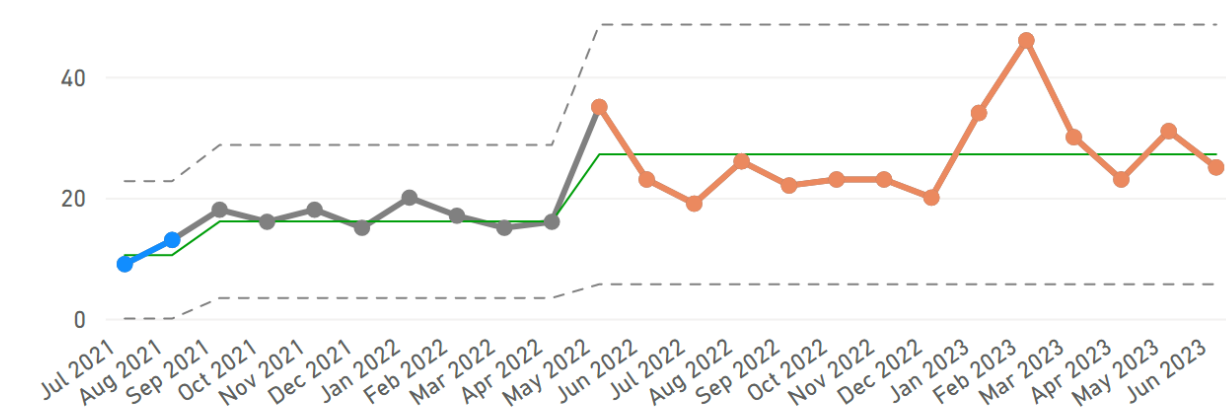
Month	Performance	Target	Trend	Assurance
Jun 2023	0.2			N/A



Legend: Value (Grey), UCL (Dark Grey), LCL (Light Grey), Mean (Green), Target (Red), Improvement (Blue), Concern (Orange), Outside CL High (Light Blue), Outside CL Low (Light Orange)

Category 3&4 Pressure Ulcers (Community)

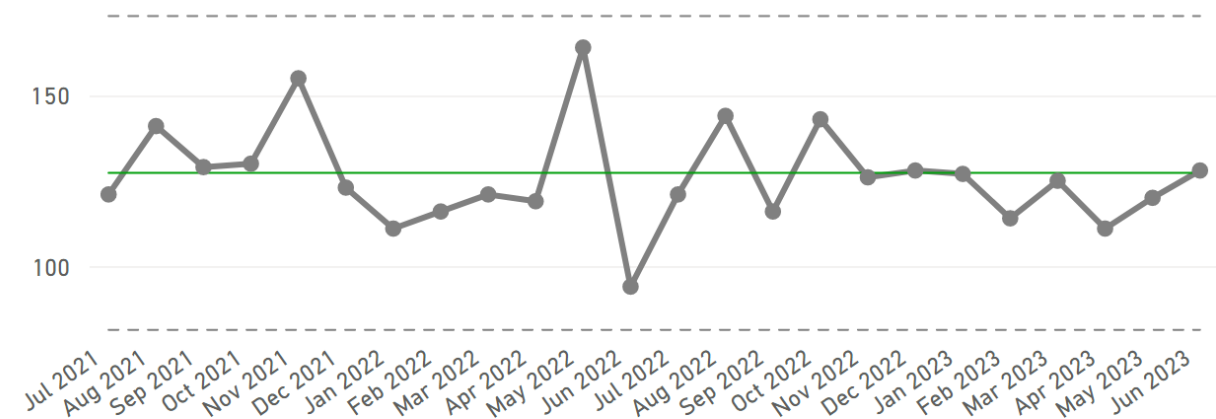
Month	Performance	Target	Trend	Assurance
Jun 2023	25			N/A




Legend: Value (Grey), UCL (Dark Grey), LCL (Light Grey), Mean (Green), Target (Red), Improvement (Blue), Concern (Orange), Outside CL High (Light Blue), Outside CL Low (Light Orange)

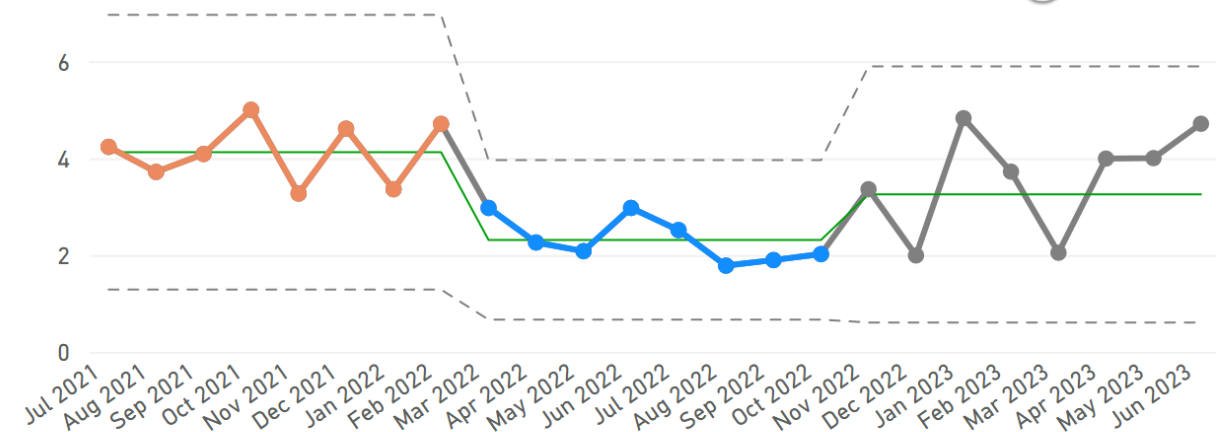
Medication Incidents

Month: Jun 2023
 Performance: 128
 Target: 
 Assurance: N/A





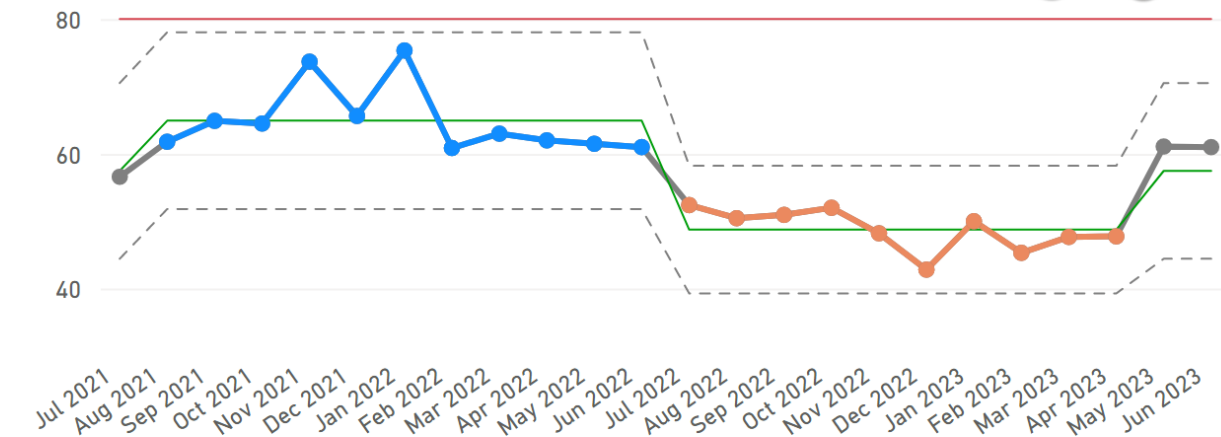
Omitted Critical Doses (%)

Month: Jun 2023
 Performance: 4.7%
 Target: 
 Assurance: N/A



Medications Reconciled Rate %

Month: Jun 2023
 Performance: 61%
 Target: 80%
 Trend: 
 Assurance: 



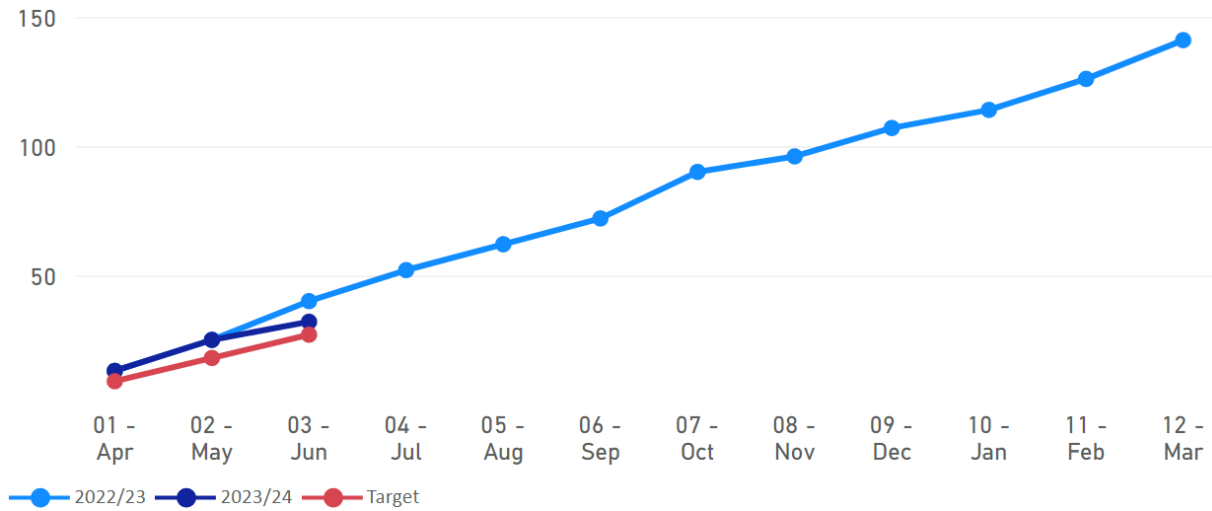
Legend: Value (grey circle), UCL (grey line), LCL (grey line), Mean (green line), Target (red line), Improvement (blue circle), Concern (orange circle), Outside CL High (blue circle), Outside CL Low (orange circle)

Legend: Value (grey circle), UCL (grey line), LCL (grey line), Mean (green line), Target (red line), Improvement (blue circle), Concern (orange circle), Outside CL High (blue circle), Outside CL Low (orange circle)

SAFE

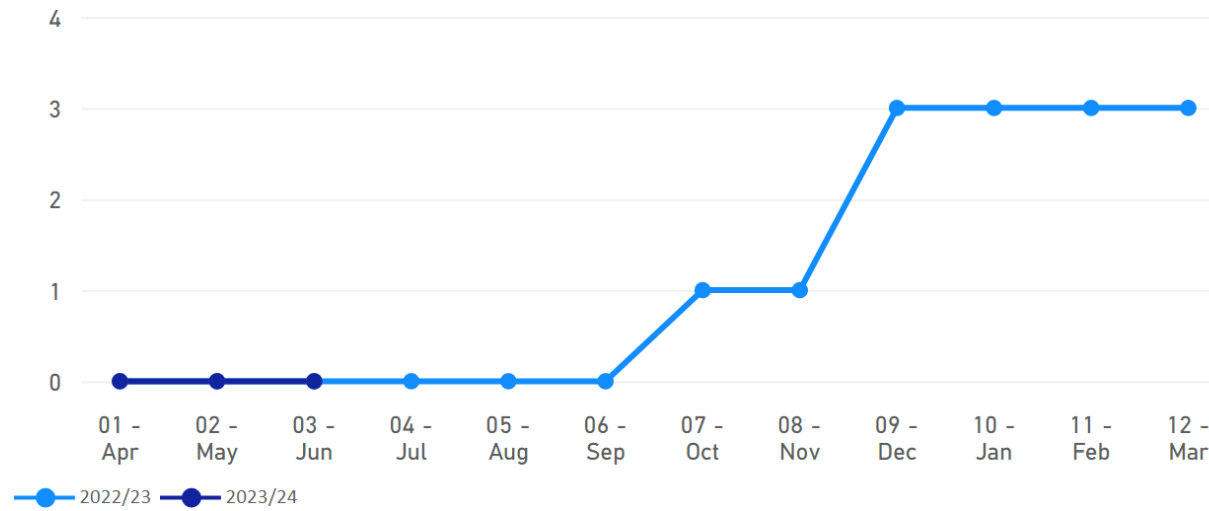
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jun 2023	32	27	N/A	N/A



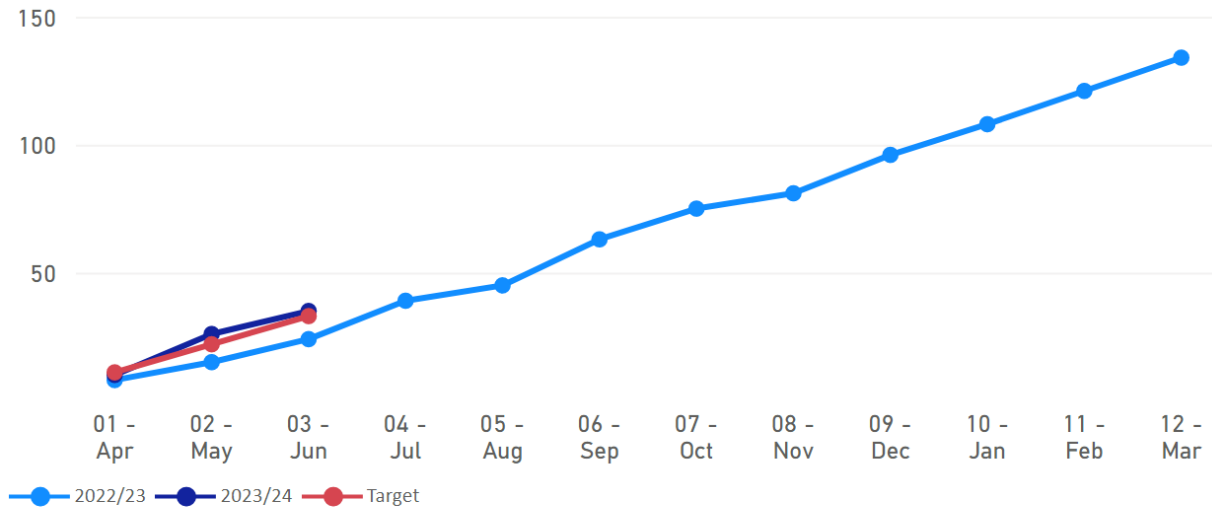
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Jun 2023	0	0	N/A	N/A



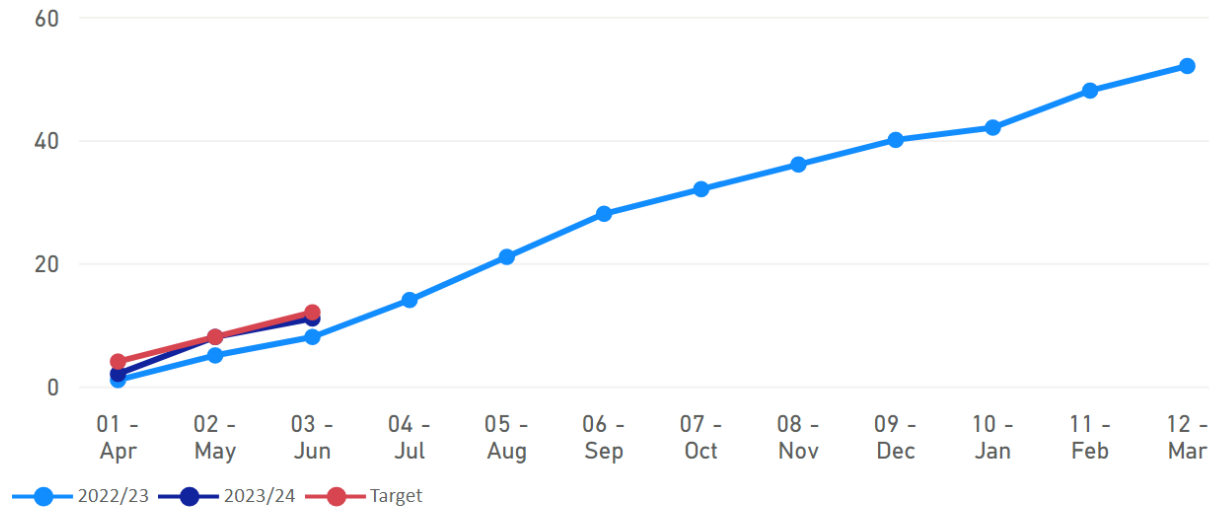
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Jun 2023	35	33	N/A	N/A



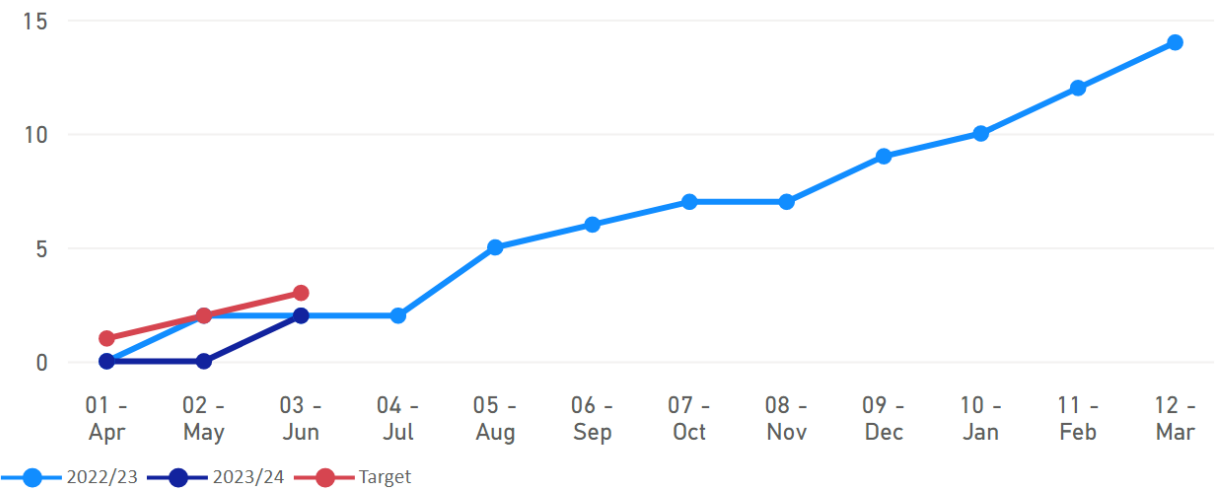
Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Jun 2023	11	12	N/A	N/A



Pseudomonas (YTD)

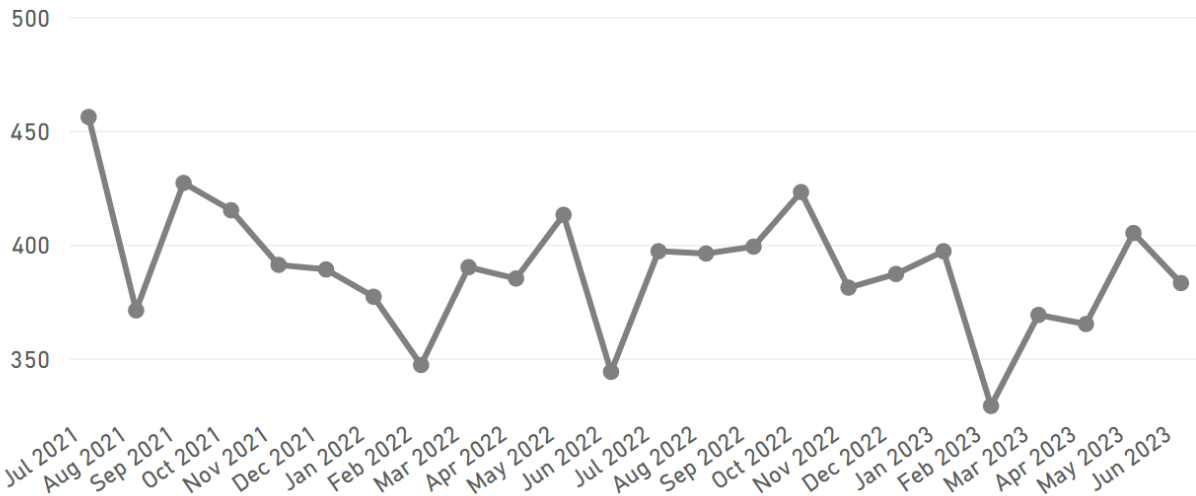
Month	Performance	Target	Trend	Assurance
Jun 2023	2	3	N/A	N/A



SAFE

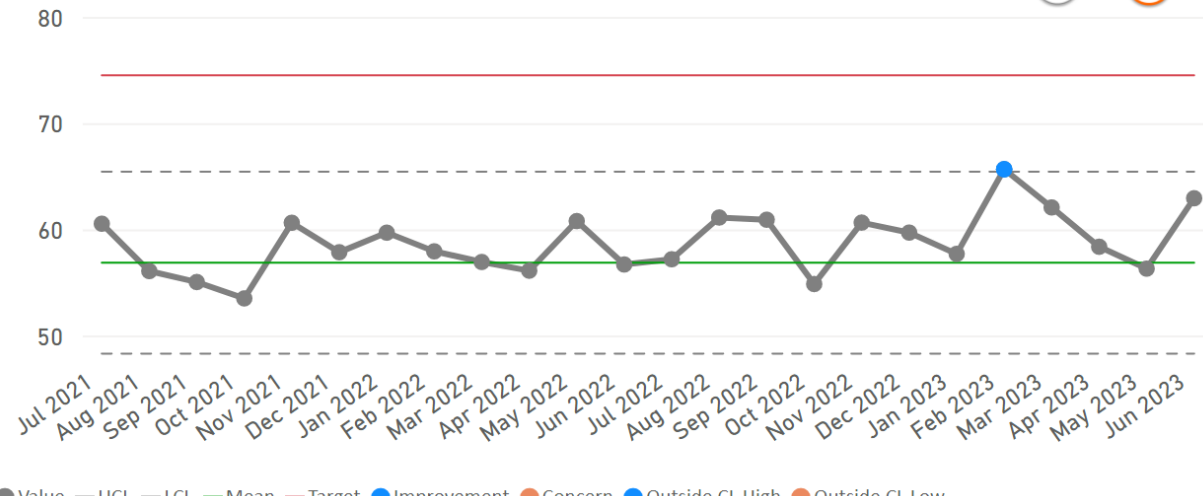
No. of babies born

Month	Performance	Target	Trend	Assurance
Jun 2023	383		N/A	N/A



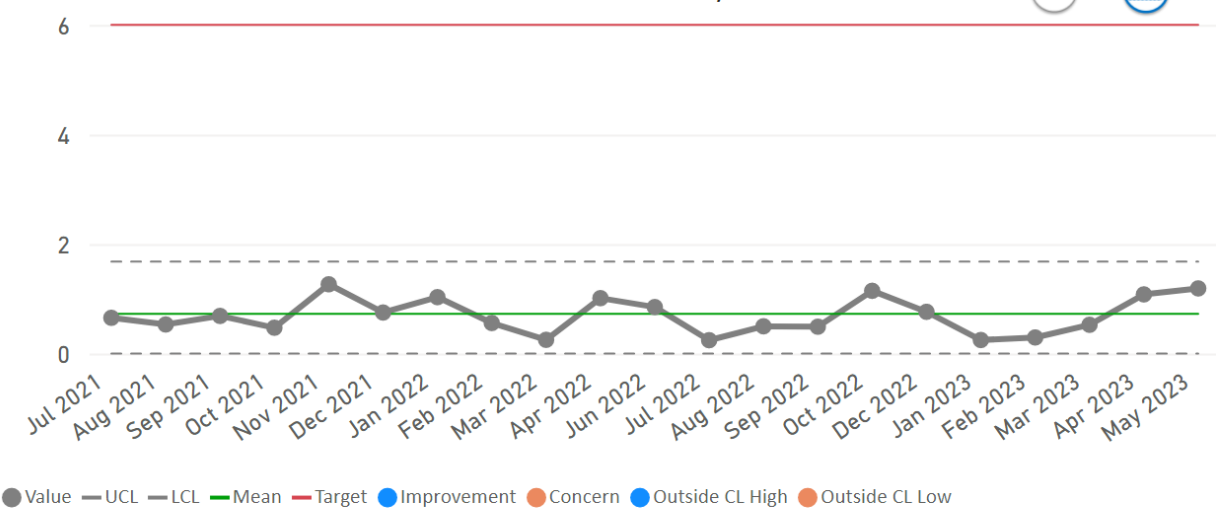
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Jun 2023	62.9%	74.5%		



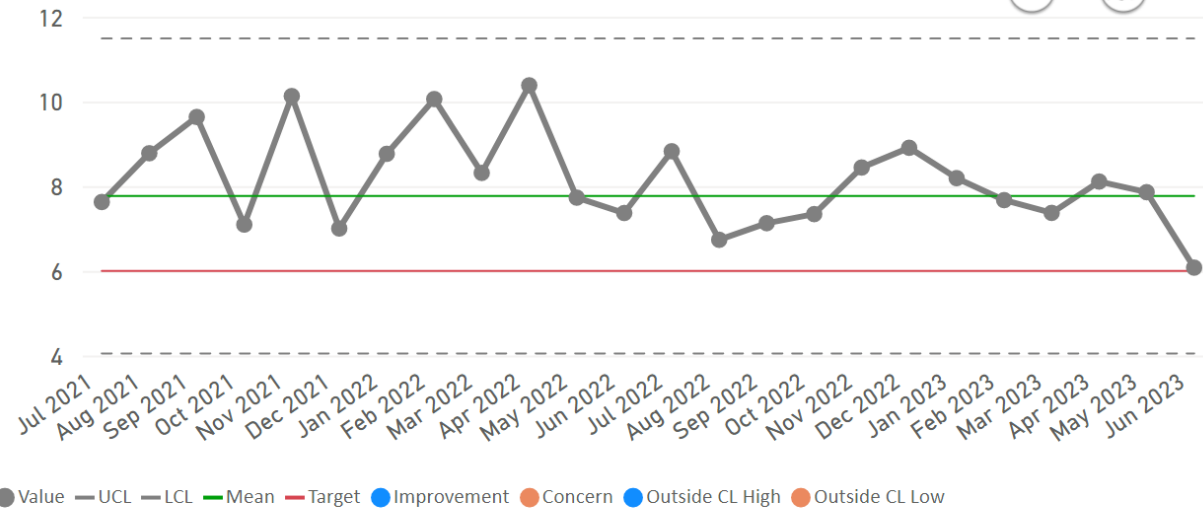
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
May 2023	1.2%	6%		



Preterm birth rate 27 - 36+6 wks

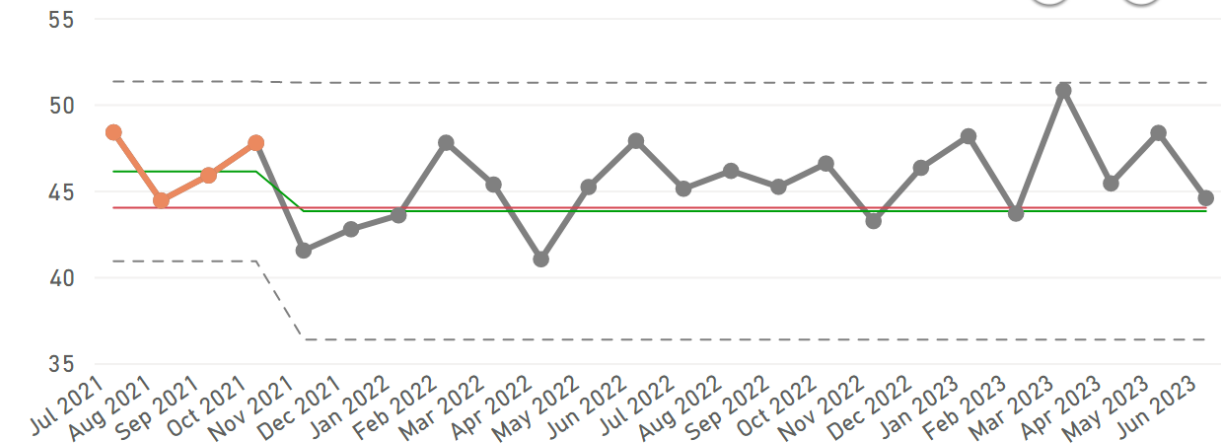
Month	Performance	Target	Trend	Assurance
Jun 2023	6.1%	6%		



SAFE

Induction of Labour (%)

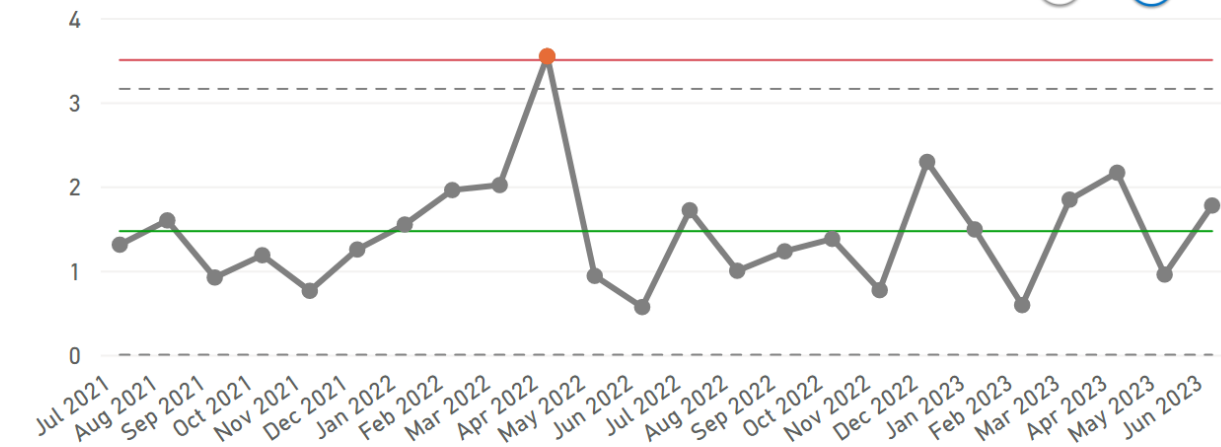
Month	Performance	Target	Trend	Assurance
Jun 2023	44.6%	44%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

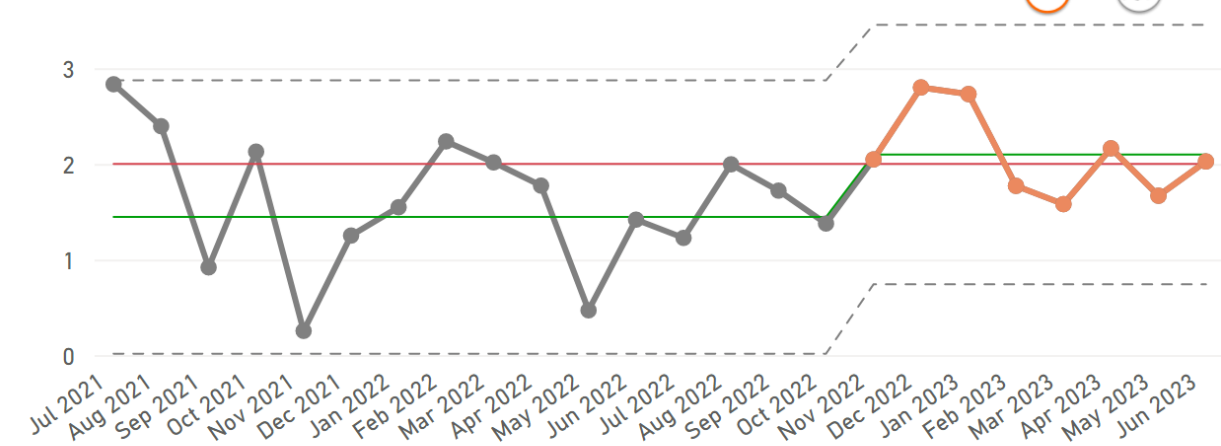
Month	Performance	Target	Trend	Assurance
Jun 2023	1.8%	3.5%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

PPH > 1500ml (%)

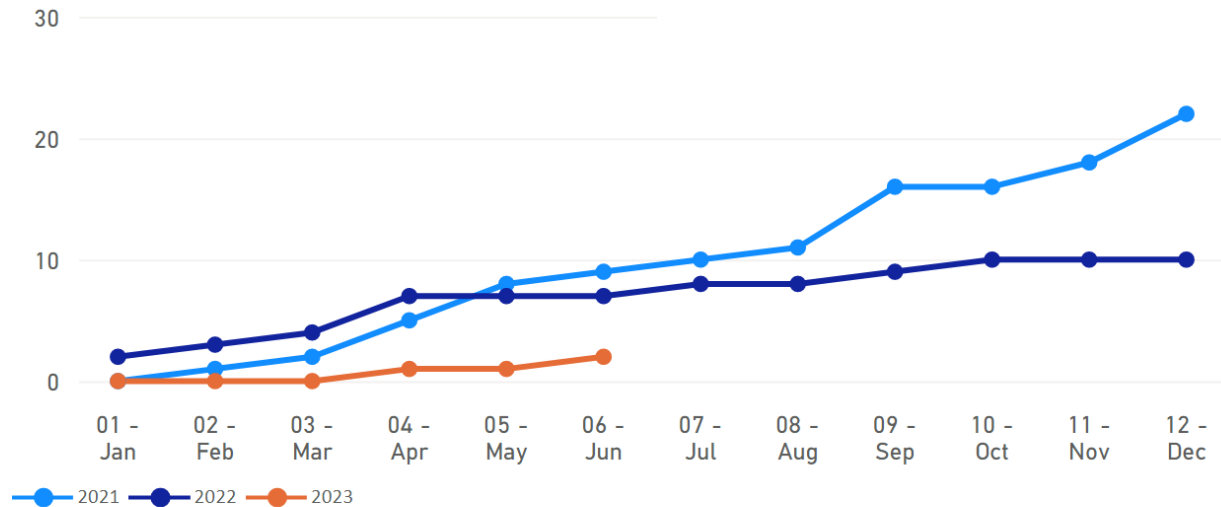
Month	Performance	Target	Trend	Assurance
Jun 2023	2.03%	2%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Still Births (YTD)


Month	Performance	Target	Trend	Assurance
Jun 2023	2	17	N/A	N/A

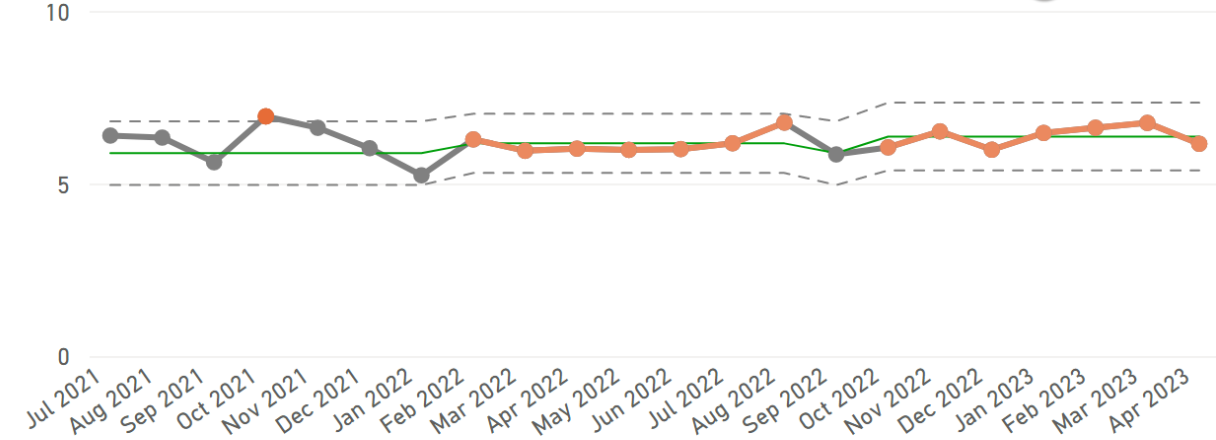


● 2021 ● 2022 ● 2023

EFFECTIVE

Readmission Rate %



Month: Apr 2023
Performance: 6.1%
Target: 
Assurance: N/A

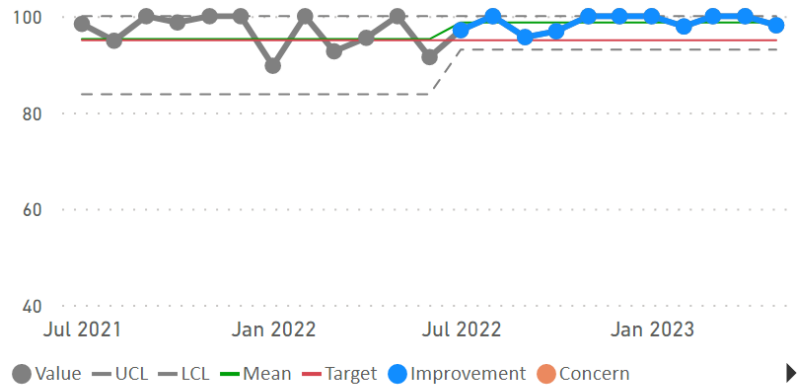


Legend: Value (grey dot), UCL (grey line), LCL (grey line), Mean (green line), Target (red dot), Improvement (blue dot), Concern (orange dot), Outside CL High (blue dot), Outside CL Low (orange dot)



EFFECTIVE

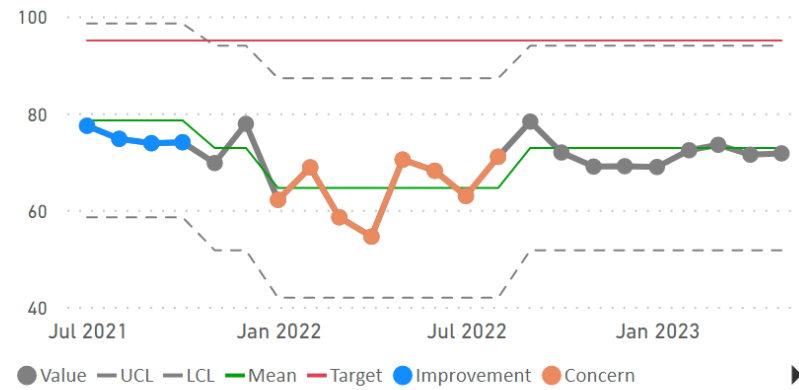
Sepsis - Oxygen within 1hr

Month: May 2023
Performance: 98.1%
Target: 95%
Trend: 
Assurance: 





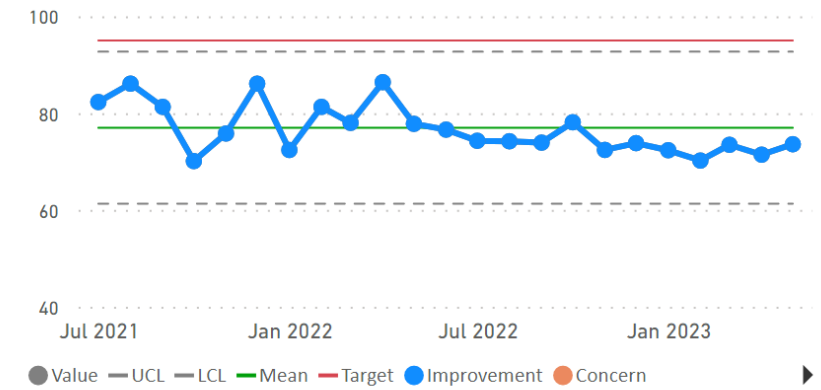
Sepsis - Blood cultures within 1hr

Month: May 2023
Performance: 71.7%
Target: 95%
Trend: 
Assurance: 





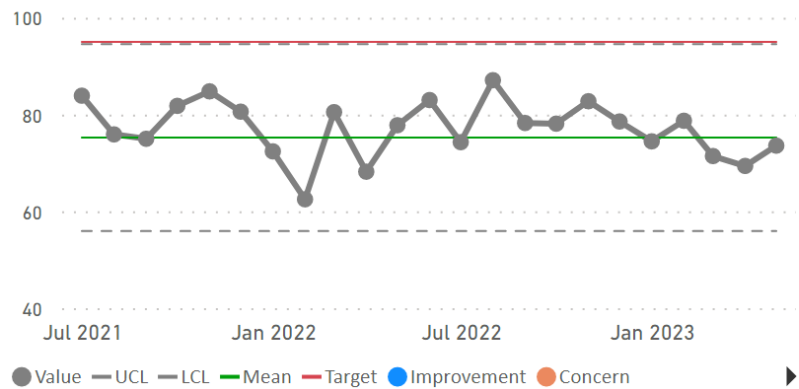
Sepsis - IV antibiotics within 1hr

Month: May 2023
Performance: 73.6%
Target: 95%
Trend: 
Assurance: 





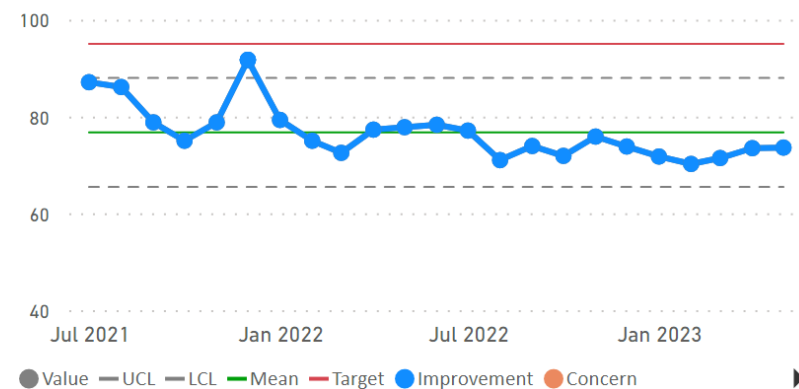
Sepsis - Serum lactate within 1hr

Month: May 2023
Performance: 73.6%
Target: 95%
Trend: 
Assurance: 





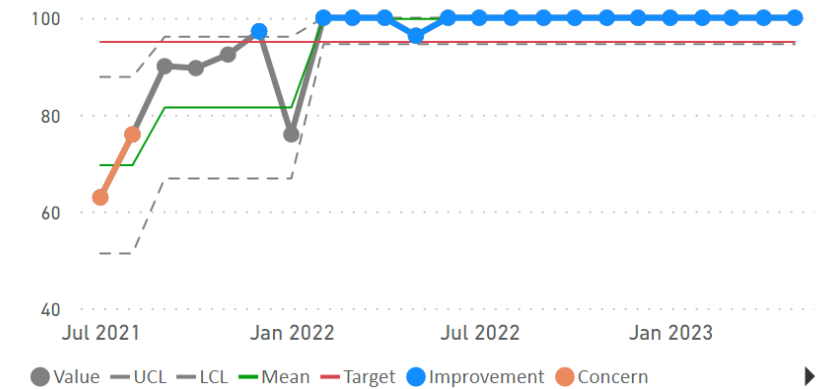
IV fluid resuscitation within 1hr

Month: May 2023
Performance: 73.6%
Target: 95%
Trend: 
Assurance: 

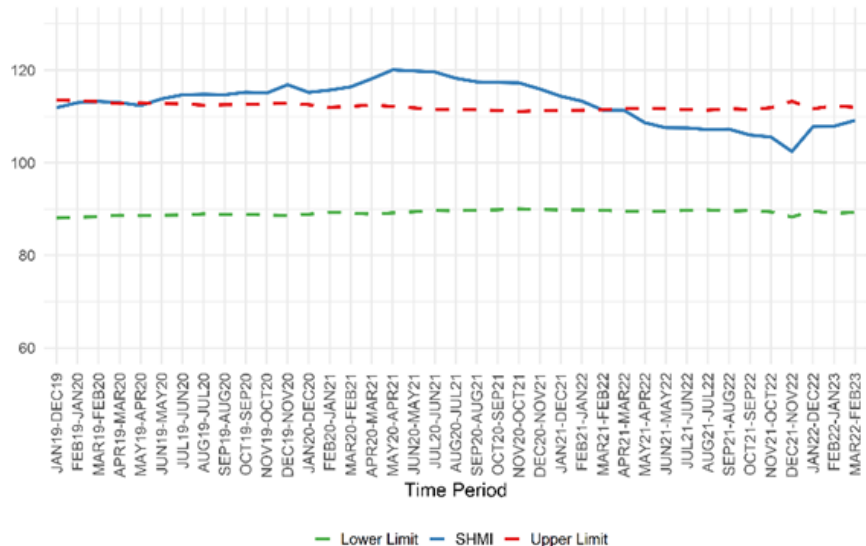


Sepsis - Urine measurement within 1hr

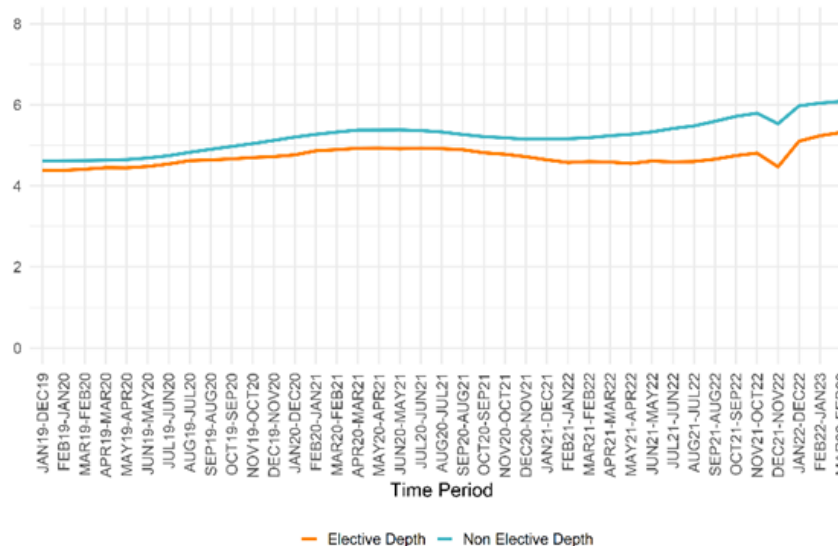
Month: May 2023
Performance: 100%
Target: 95%
Trend: 
Assurance: 



Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - South Tees



Rolling 12 month elective and non-elective coding depth - South Tees



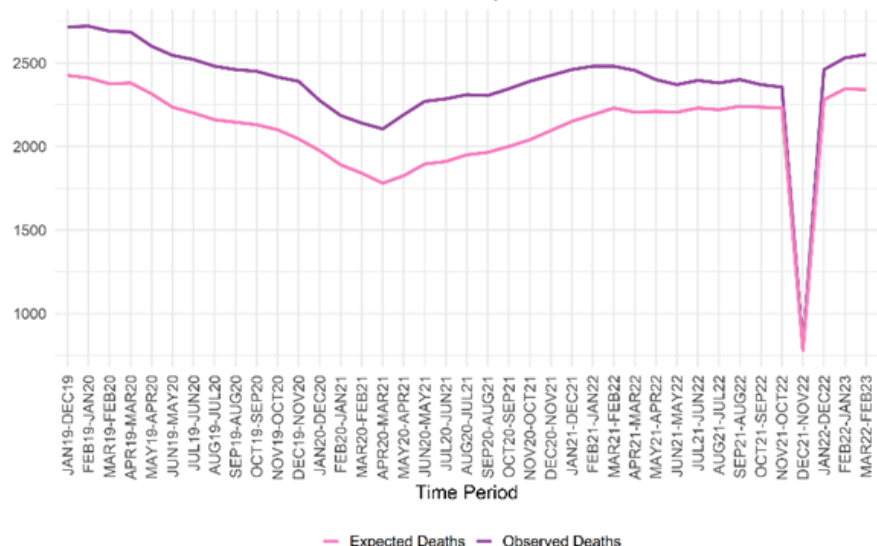
Latest SHMI = 109.1
(March 2022 – Feb 2023)

Observed deaths = 2550
Expected deaths = 2340

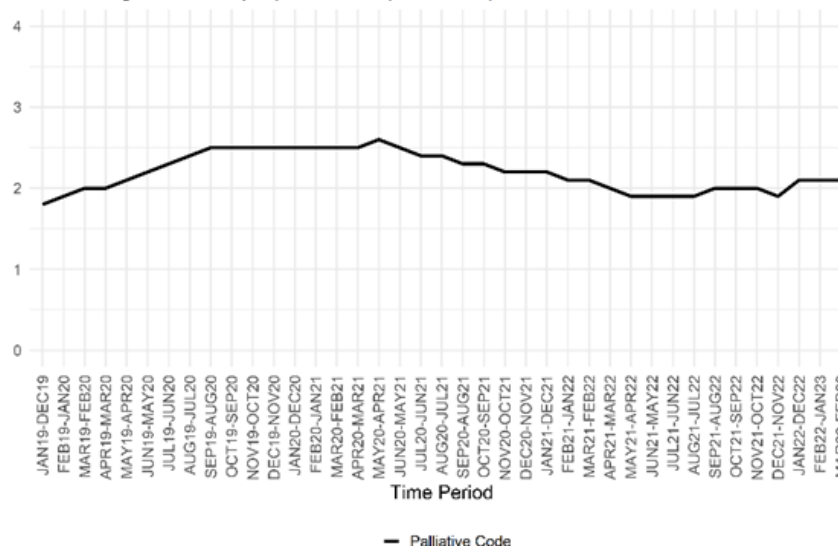
Coding depth (codes / spell)
Elective = 5.3
Non-Elective = 6.1

Palliative care (%) = 2.1

Count of SHMI Observed and Expected deaths - South Tees



Rolling 12 month proportion of spells with palliative care code - South Tees



Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 4.1%
Spells as a % pre-pandemic
(2019 spells) = 88%

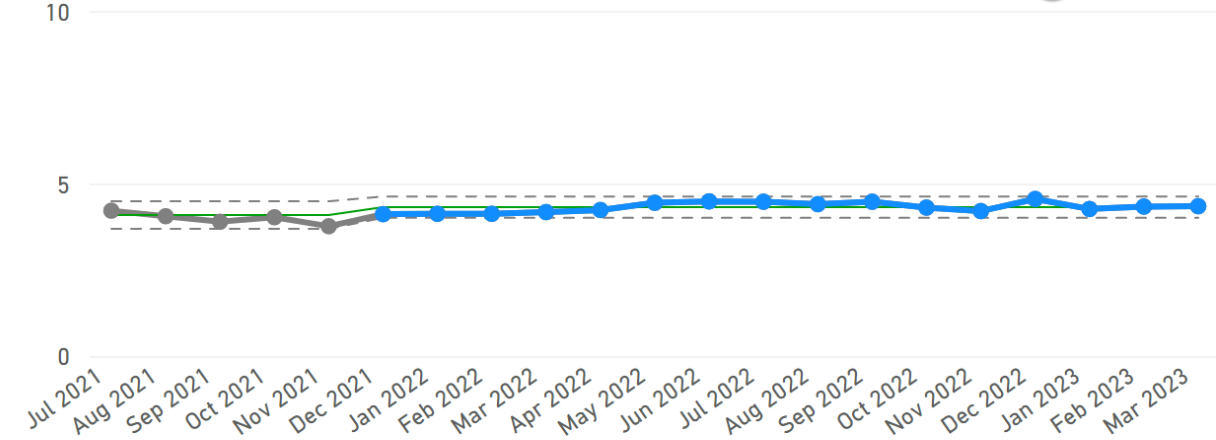
Data source: NHS Digital
Monthly SHMI publication

* The Trust data is as reported by NHS Digital, there was a shortfall in the number of records for 2022/23 in one of the reporting periods which was the reason for the recent fall and rise in the number of observed and expected deaths.

EFFECTIVE

Comorbidity Coding



Month	Performance	Target	Trend	Assurance
Mar 2023	4.3			N/A

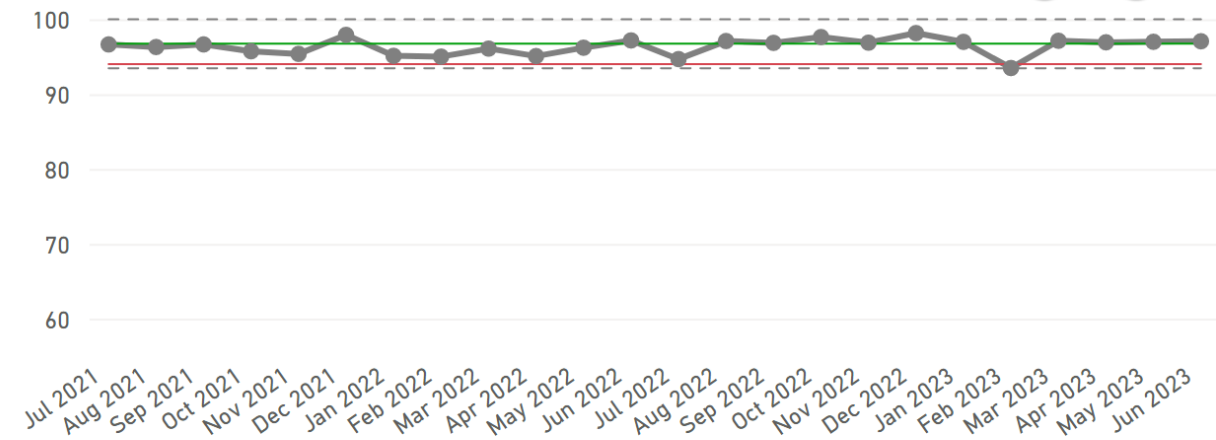


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



CARING

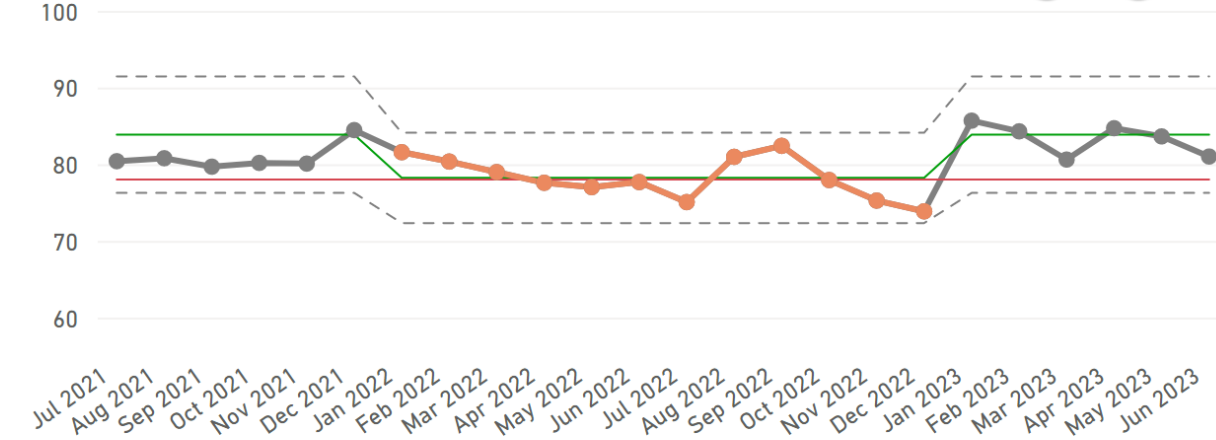
Inpatient Experience (%)

Month: Jun 2023
 Performance: 97.1%
 Target: 94%
 Trend: 
 Assurance: 





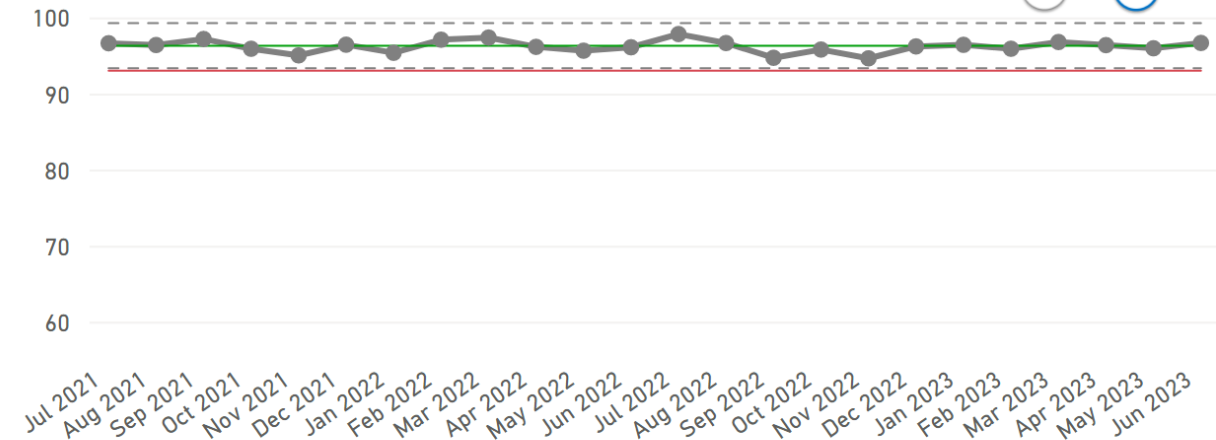
A&E Experience (%)

Month: Jun 2023
 Performance: 81%
 Target: 78%
 Trend: 
 Assurance: 





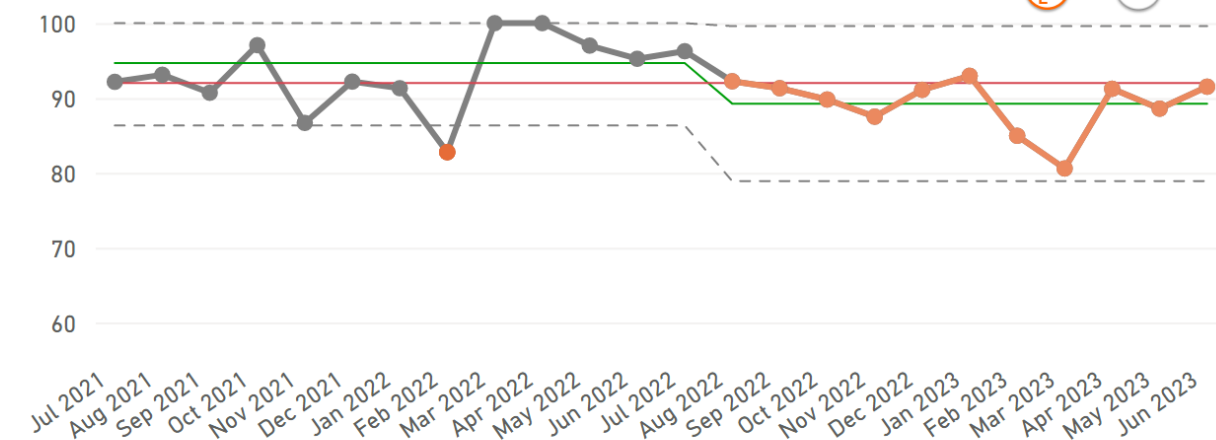
Outpatient Experience (%)

Month: Jun 2023
 Performance: 96.7%
 Target: 93%
 Trend: 
 Assurance: 



Maternity Experience (%)

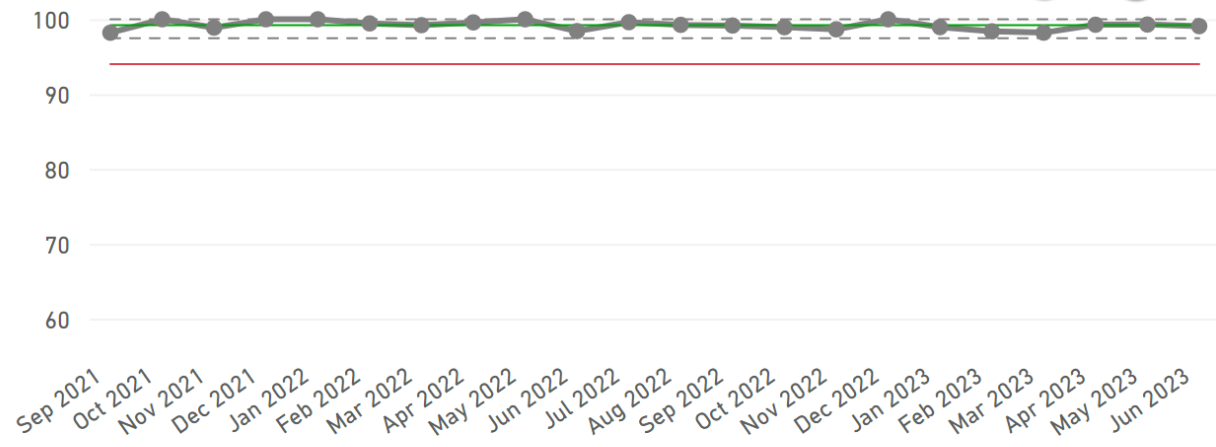
Month: Jun 2023
 Performance: 91.5%
 Target: 92%
 Trend: 
 Assurance: 



CARING

Community Experience (%)


Month Performance Target Trend Assurance
Jun 2023 99.1% 94%

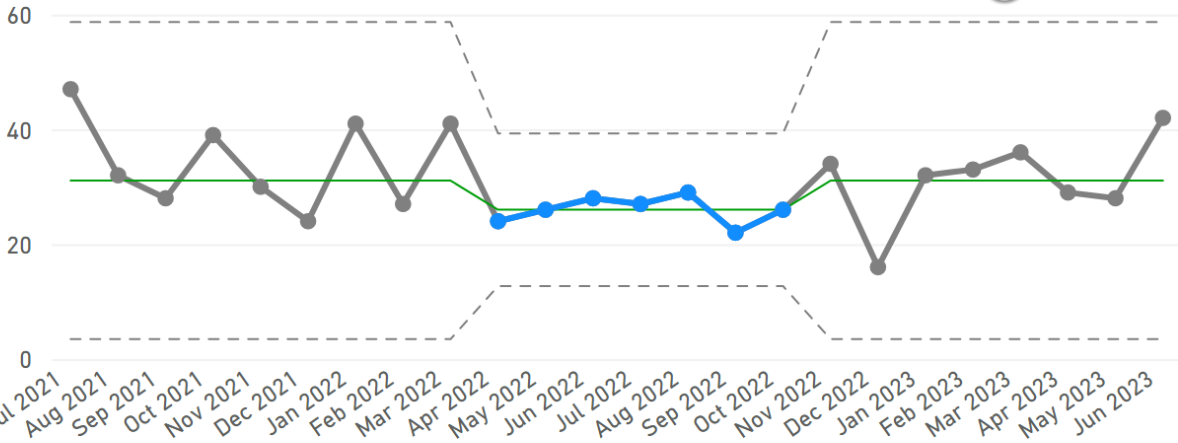


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



CARING

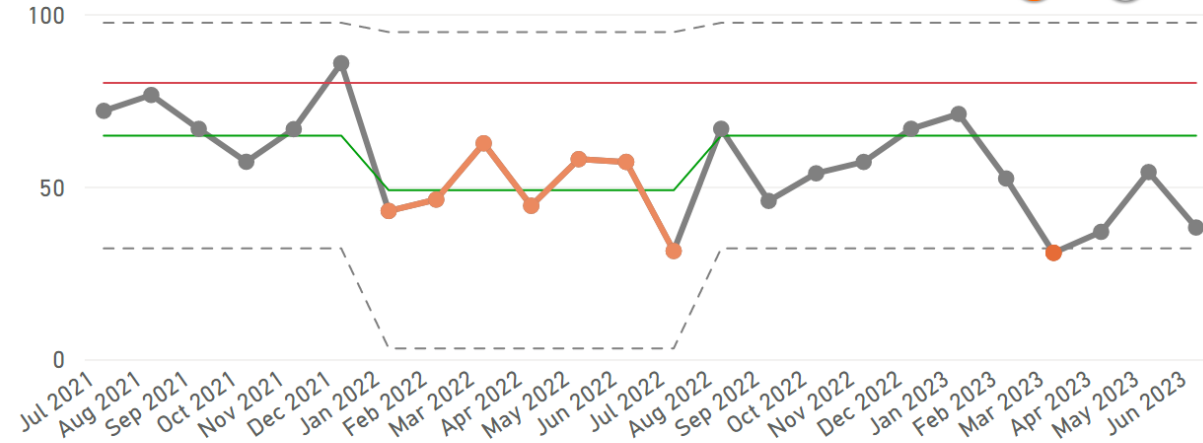
New Complaints

Month: Jun 2023
 Performance: 42
 Target: 
 Assurance: N/A



Closed Within Target (%)

Month: Jun 2023
 Performance: 38.1%
 Target: 80%
 Trend: 
 Assurance: 



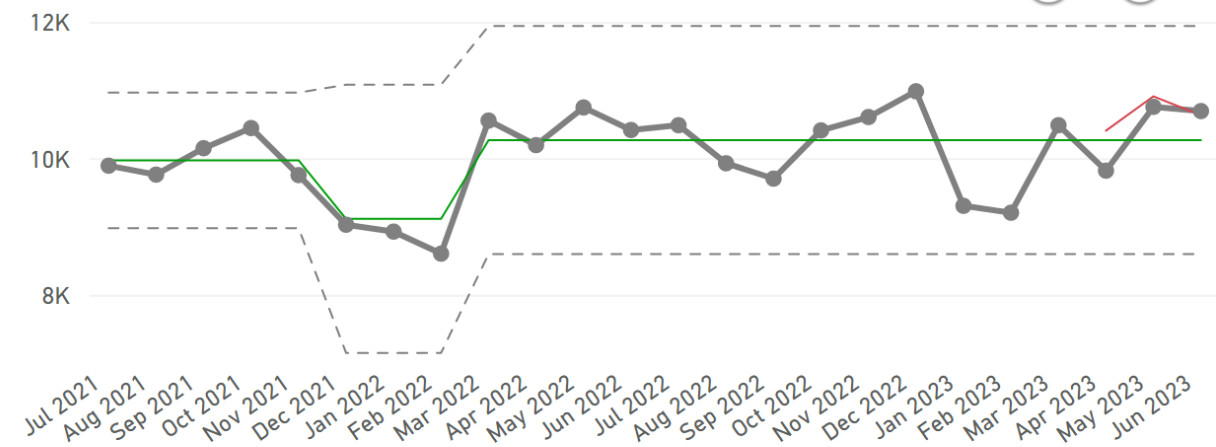
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

A&E Attendances - Type 1

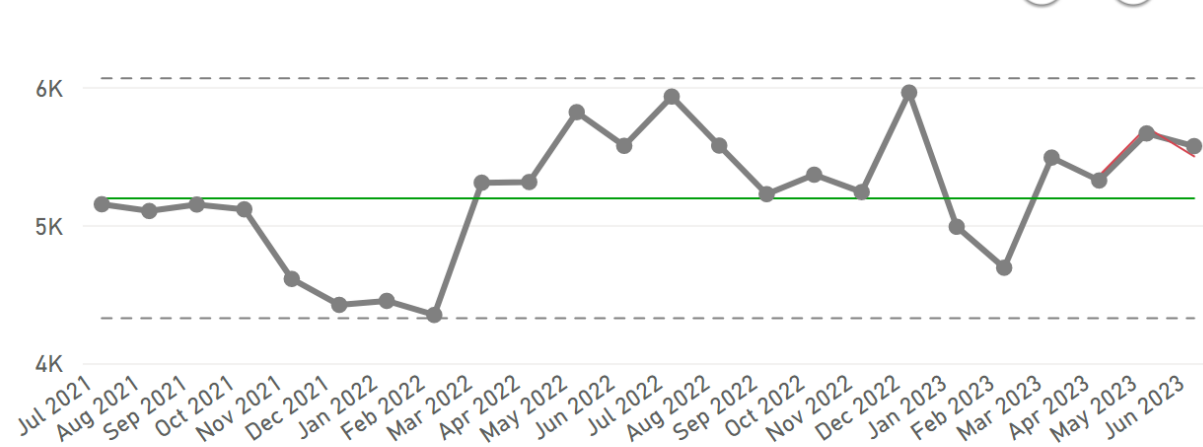
Month: Jun 2023
 Performance: 10691
 Plan: 10629
 Trend:



Legend: Value, UCL, LCL, Mean, Plan, Improvement, Concern, Outside CL High, Outside CL Low

A&E Attendances - Type 3

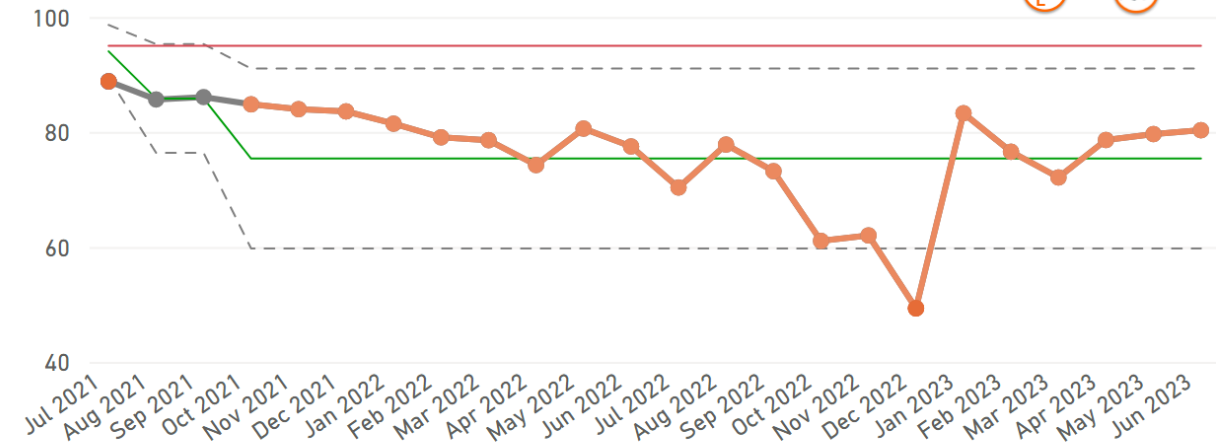
Month: Jun 2023
 Performance: 5571
 Plan: 5497
 Trend:



Legend: Value, UCL, LCL, Mean, Plan, Improvement, Concern, Outside CL High, Outside CL Low

Handovers - Within 30 Mins (%)

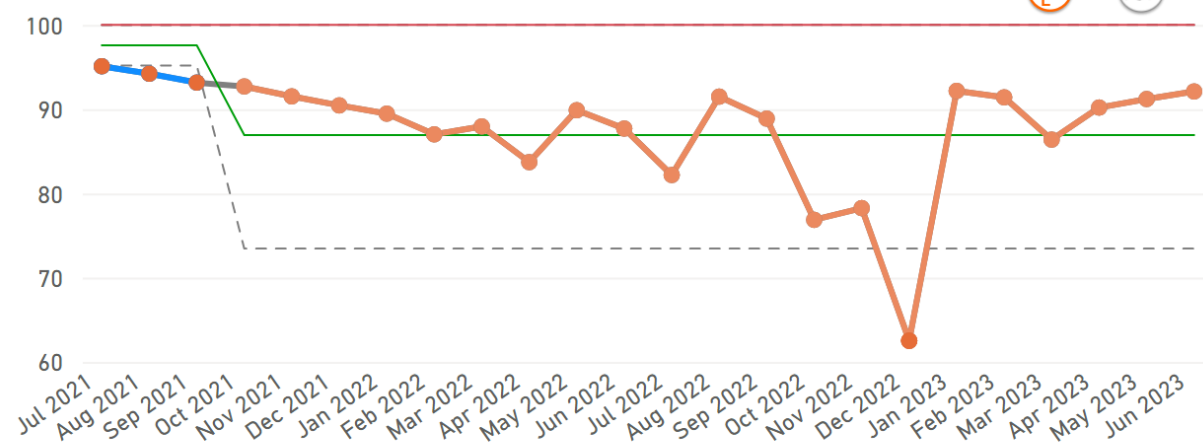
Month: Jun 2023
 Performance: 80.3%
 Target: 95%
 Trend:



Legend: Value, UCL, LCL, Mean, Target, Improvement, Concern, Outside CL High, Outside CL Low

Handovers - Within 60 Mins (%)

Month: Jun 2023
 Performance: 92.1%
 Target: 100%
 Trend:

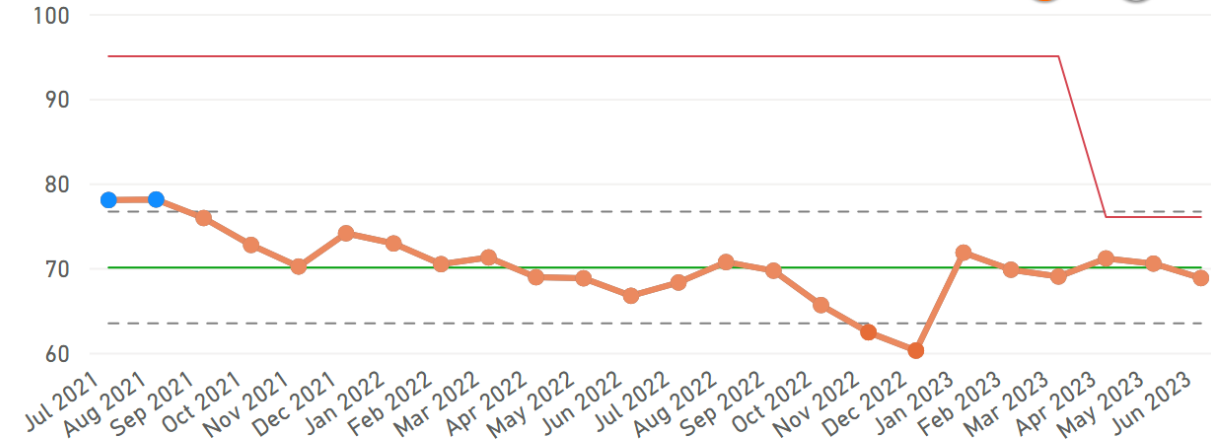


Legend: Value, UCL, LCL, Mean, Target, Improvement, Concern, Outside CL High, Outside CL Low

RESPONSIVE

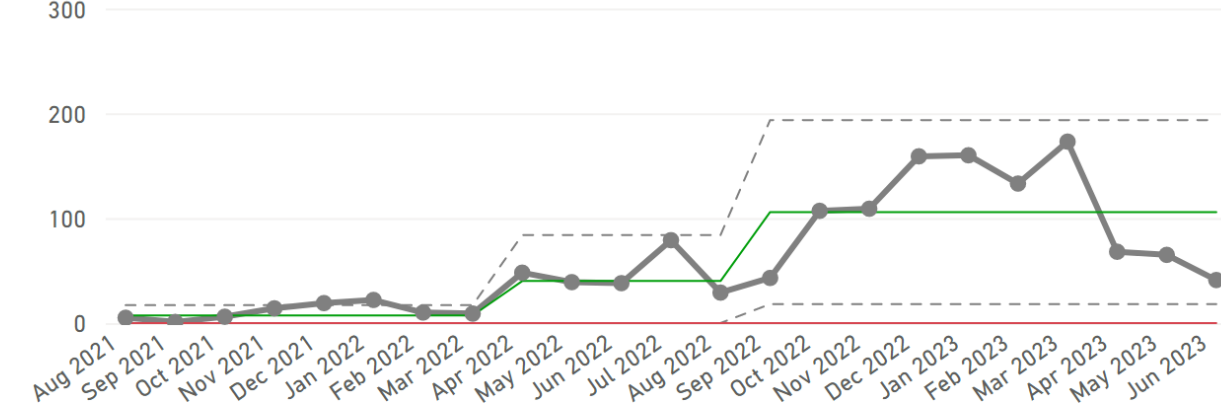
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Jun 2023	68.8%	76%		



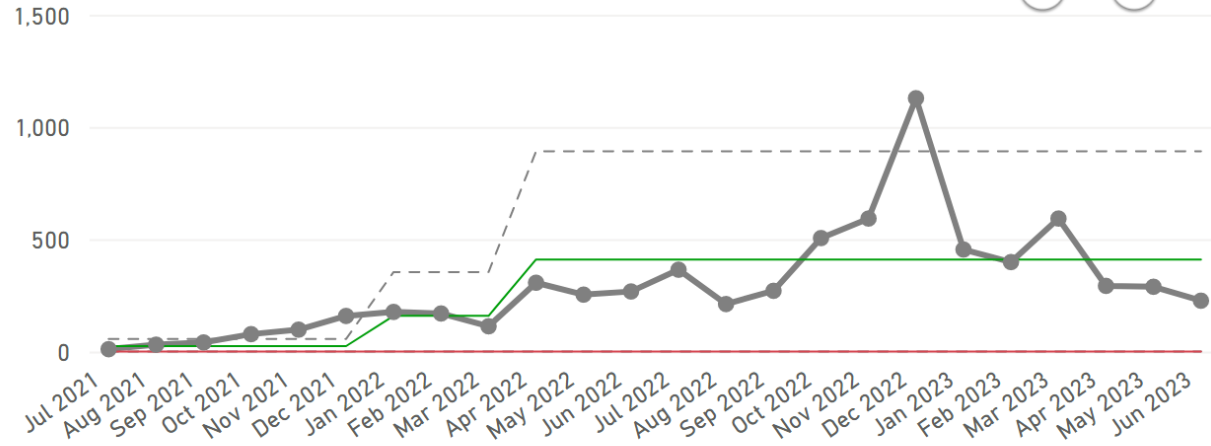
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Jun 2023	41	0		N/A





12-Hour A&E Breaches

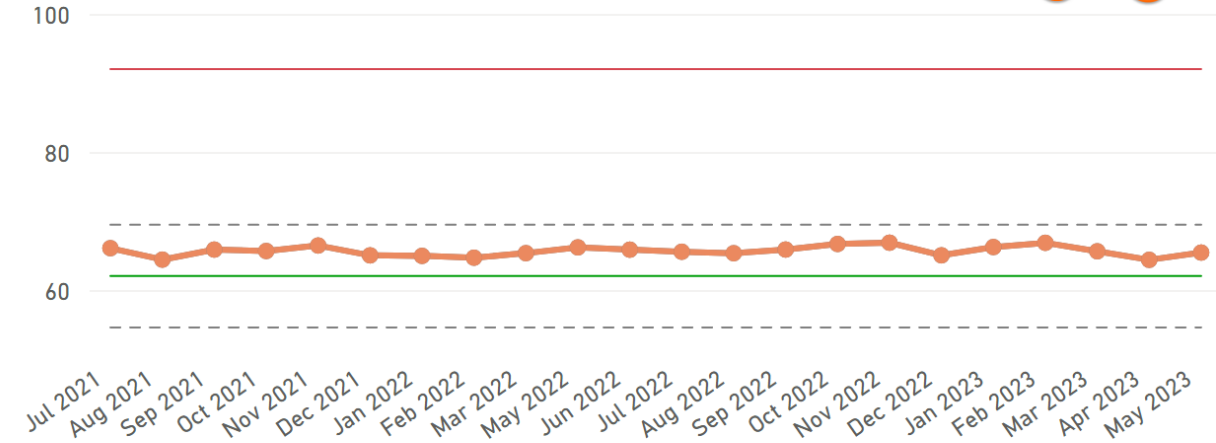
Month	Performance	Target	Trend	Assurance
Jun 2023	226	0		





RESPONSIVE

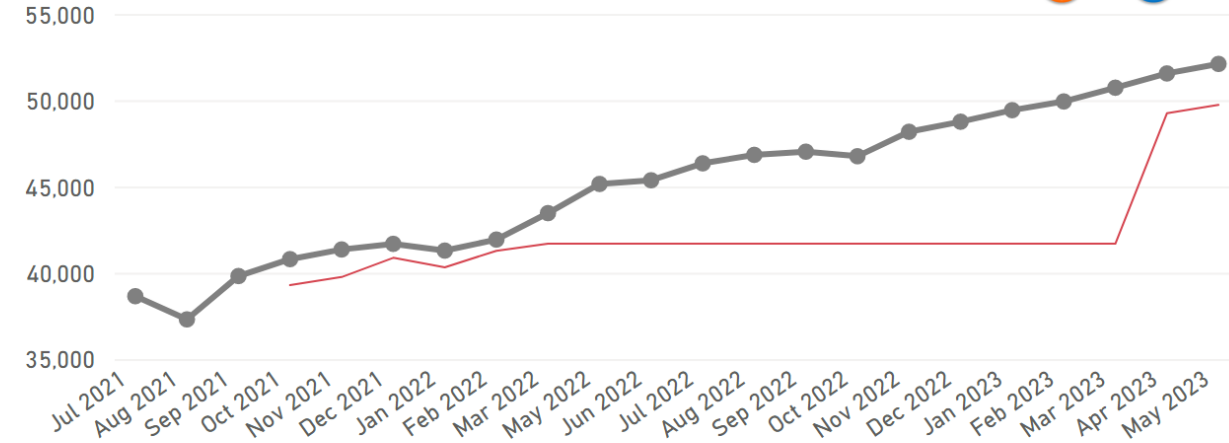
RTT Incomplete Pathways (%)

Month: May 2023
Performance: 65.4%
Plan: 92%
Trend: 
Assurance: 



RTT Waiting List Size

Month: May 2023
Performance: 52100
Plan: 49726
Trend: 
Assurance: 




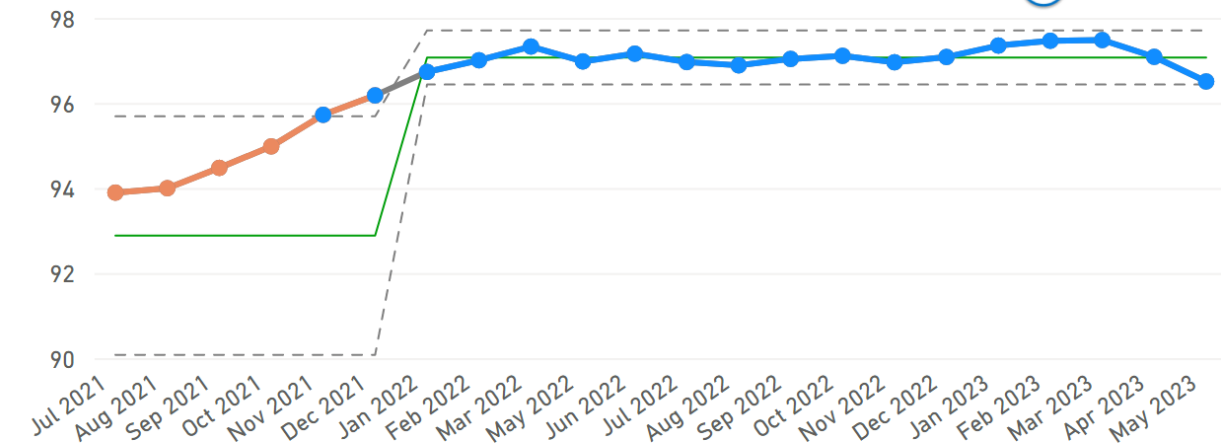
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — Target

RESPONSIVE

RTT List Size within 52 weeks (%)

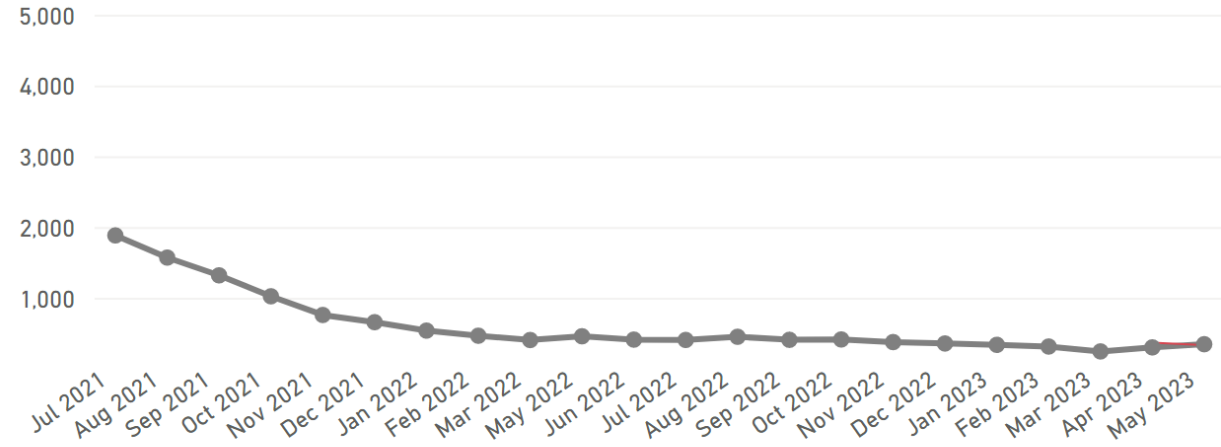
Month	Performance	Plan	Trend	Assurance
May 2023	96.5%			N/A



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RTT 65 week waiters

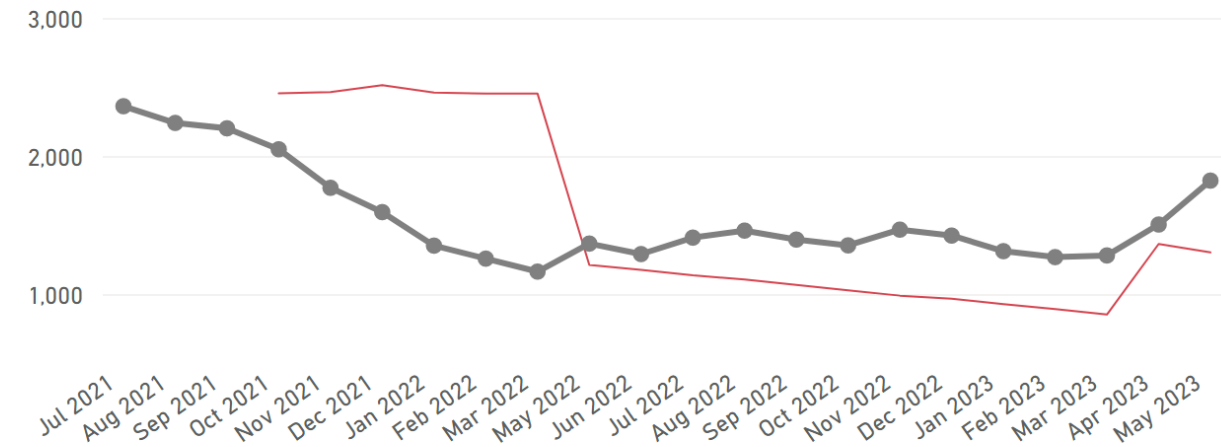
Month	Performance	Plan	Trend	Assurance
May 2023	344	332	N/A	N/A



● Actual — Plan

RTT 52 week waiters

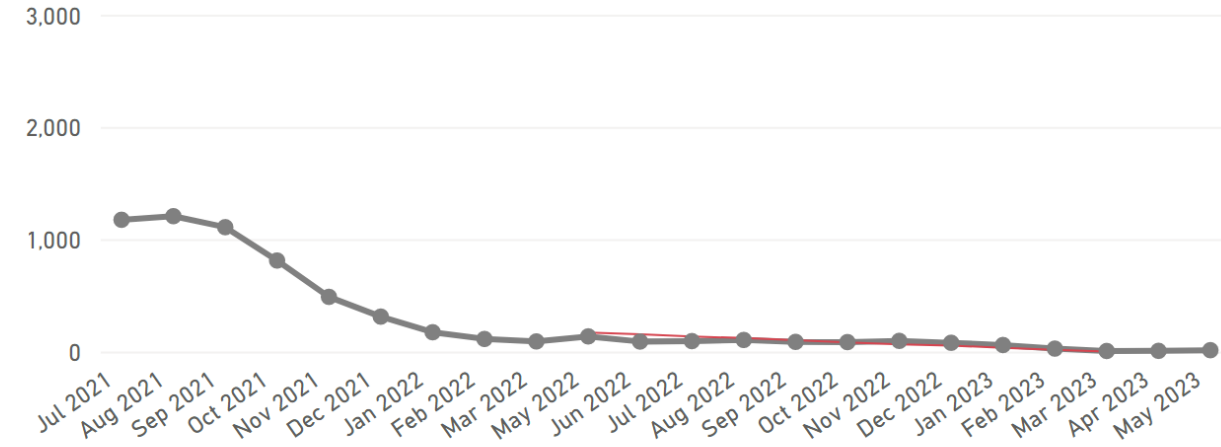
Month	Performance	Plan	Trend	Assurance
May 2023	1821	1301	N/A	N/A



● Value — Target

RTT 78 week waiters



Month	Performance	Plan	Trend	Assurance
May 2023	11		N/A	N/A

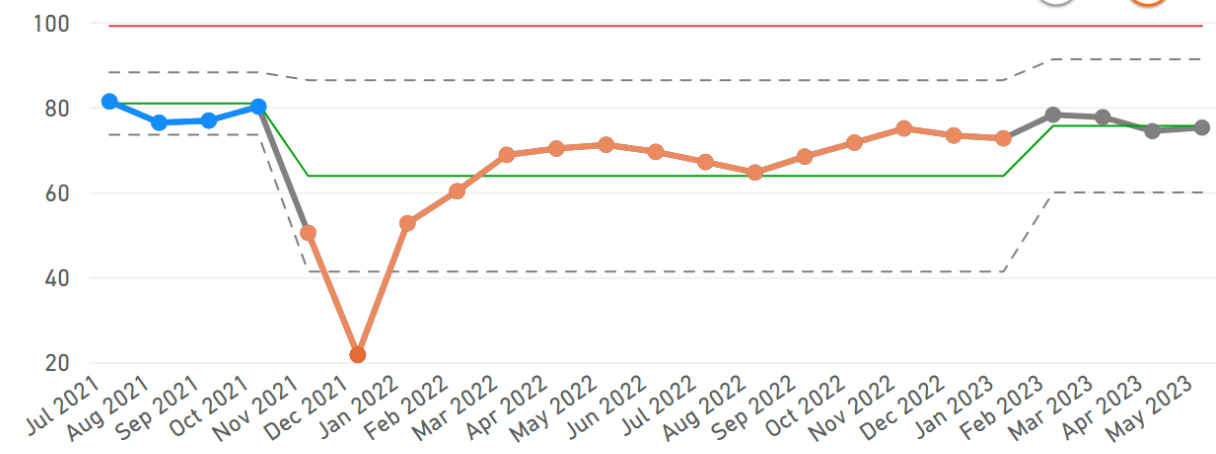


● Actual — Plan

RESPONSIVE

Diagnostic 6 Weeks Standard (%)

Month: May 2023
Performance: 75.1%
Target: 99%
Trend: 
Assurance: 

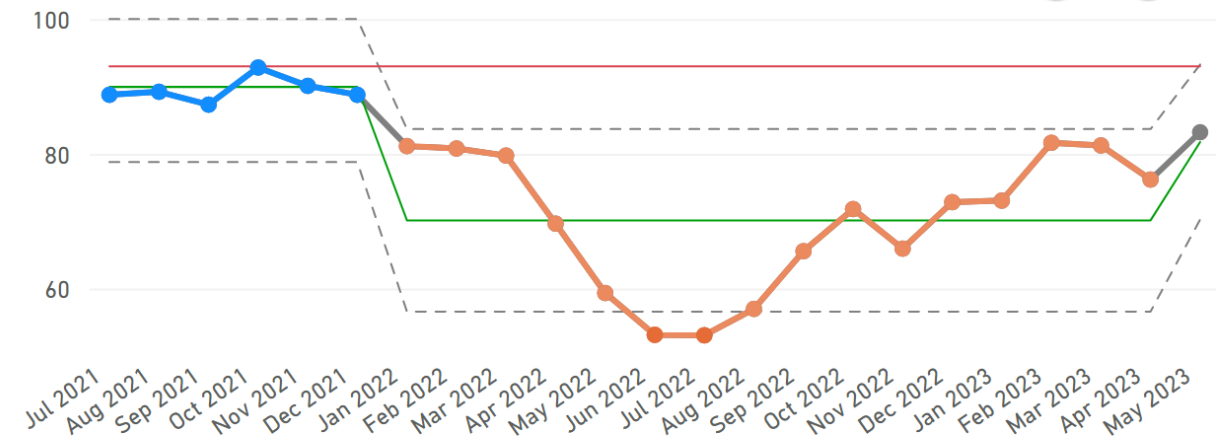


Legend: Value (grey dot), UCL (grey line), LCL (grey line), Mean (green line), Target (red line), Improvement (blue dot), Concern (orange dot), Outside CL High (blue dot), Outside CL Low (orange dot)

RESPONSIVE

Cancer 14 Day Standard (%)

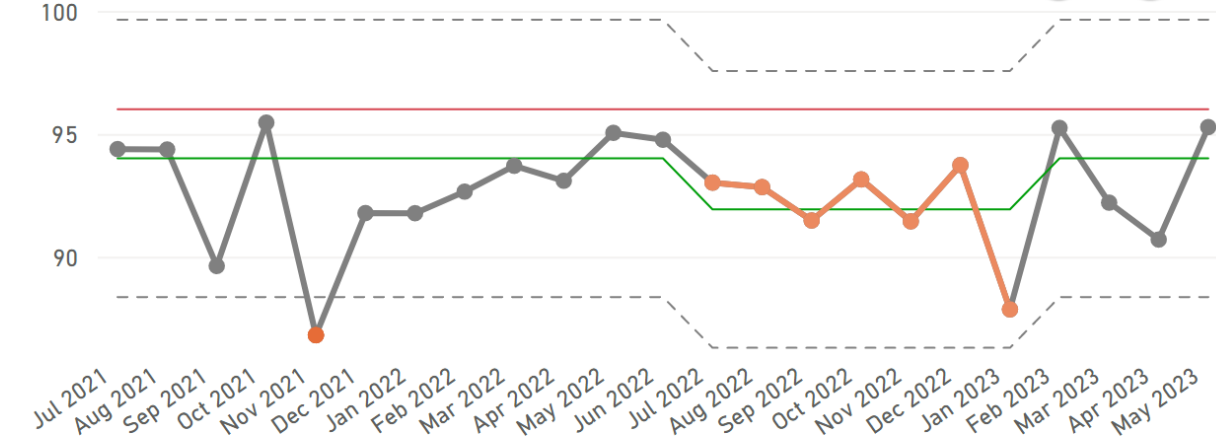
Month	Performance	Target	Trend	Assurance
May 2023	83.2%	93%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Cancer 31 Day Standard (%)

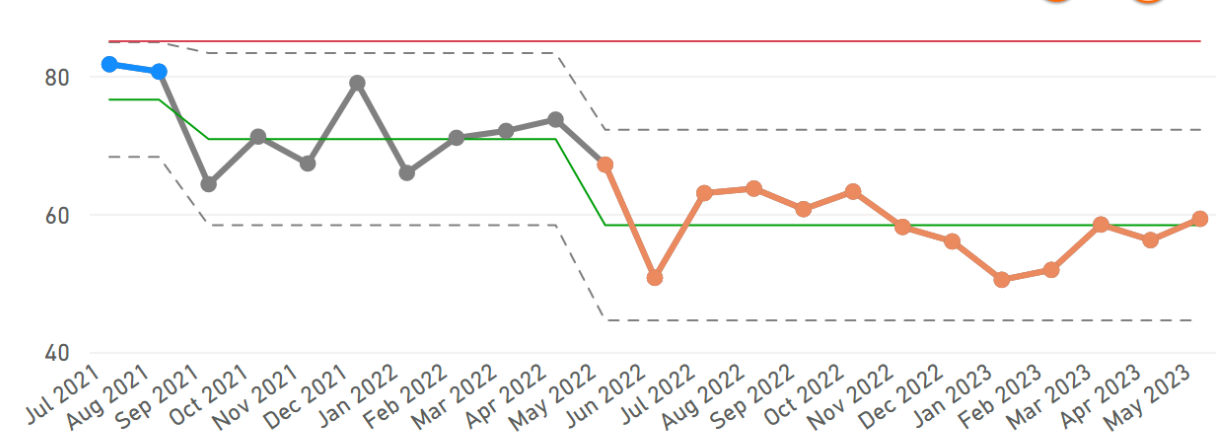
Month	Performance	Target	Trend	Assurance
May 2023	95.3%	96%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Cancer 62 Day Standard (%)

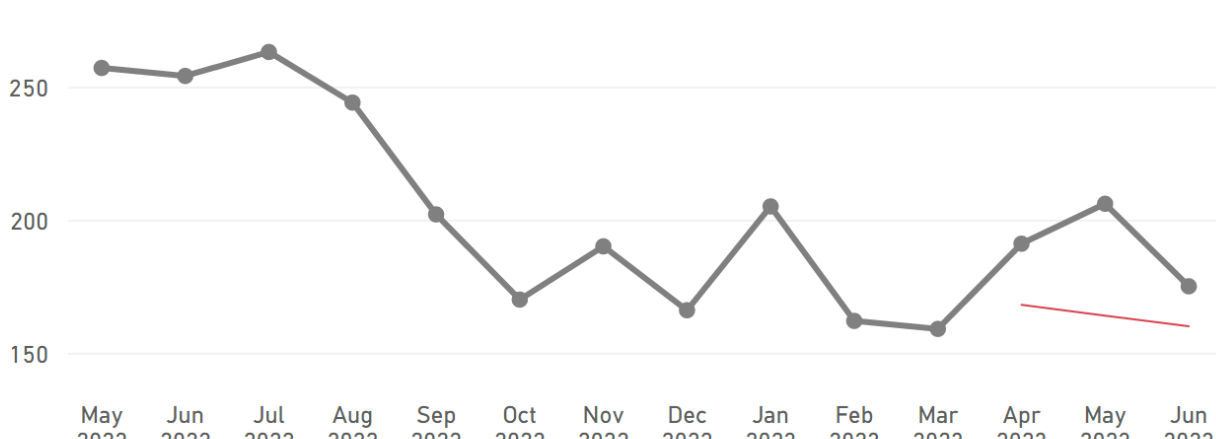
Month	Performance	Target	Trend	Assurance
May 2023	59.3%	85%		



● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Cancer >62 Day Backlog



Month	Performance	Target	Trend	Assurance
Jun 2023	175	160	N/A	N/A

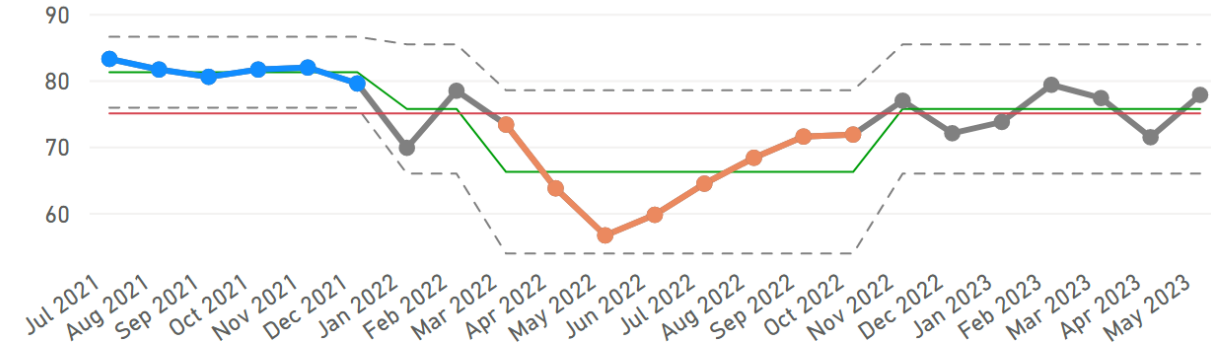


● Value — Target

RESPONSIVE

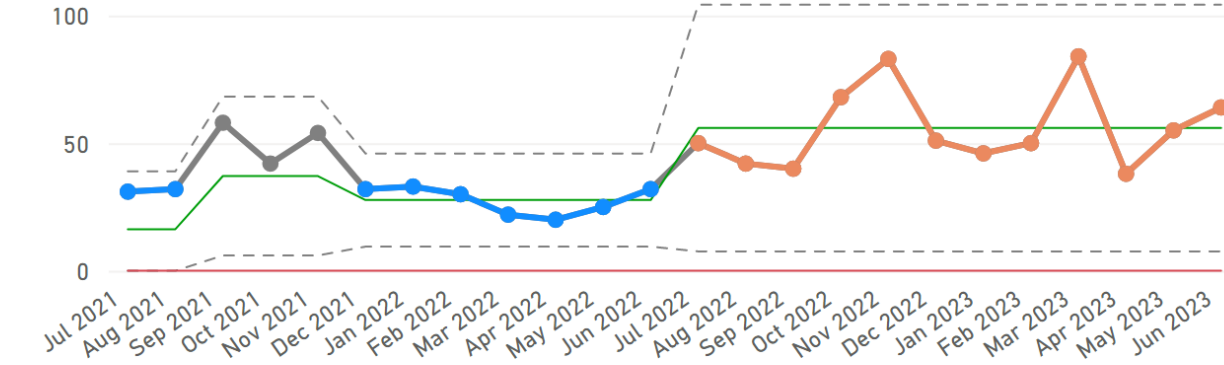
Cancer - Faster Diagnosis Standard (%)

Month: May 2023
 Performance: 77.8%
 Target: 75%
 Trend: 
 Assurance: 



Cancelled Ops - Non-Urgent Cancelled On Day

Month: Jun 2023
 Performance: 64
 Target: 0
 Trend: 
 Assurance: 




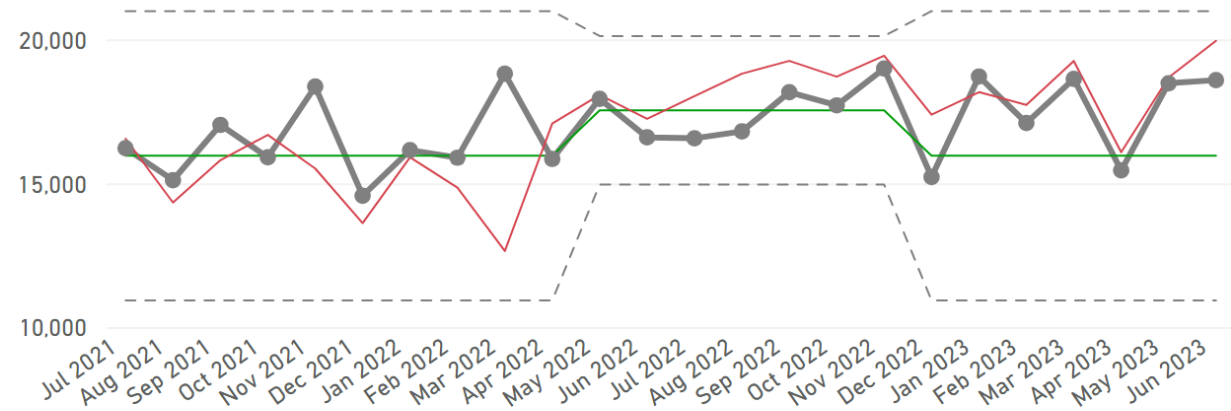
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

Outpatient First Attendances

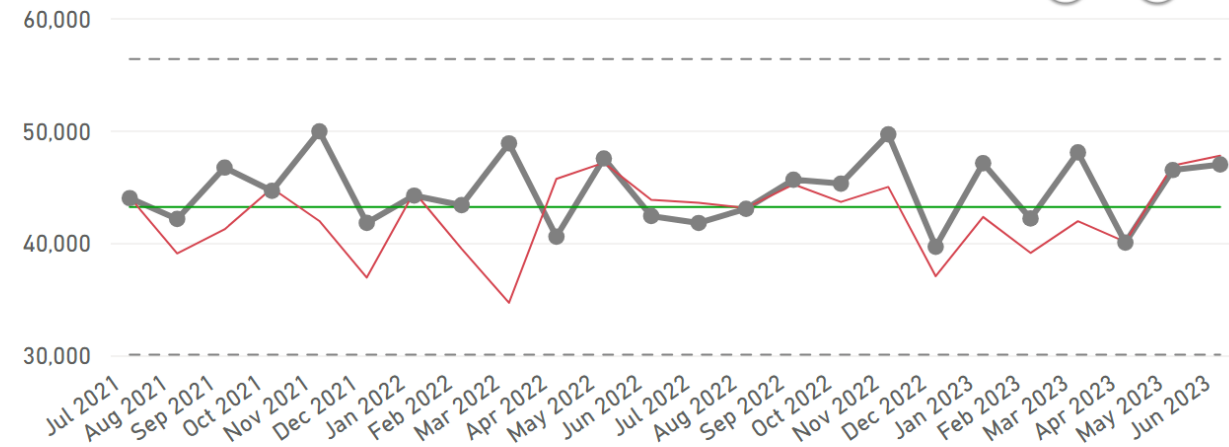
Month: Jun 2023
Performance: 18584
Plan: 19949
Trend: 
Assurance: 



● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Outpatient Follow Up Attendances



Month: Jun 2023
Performance: 46951
Plan: 47735
Trend: 
Assurance: 

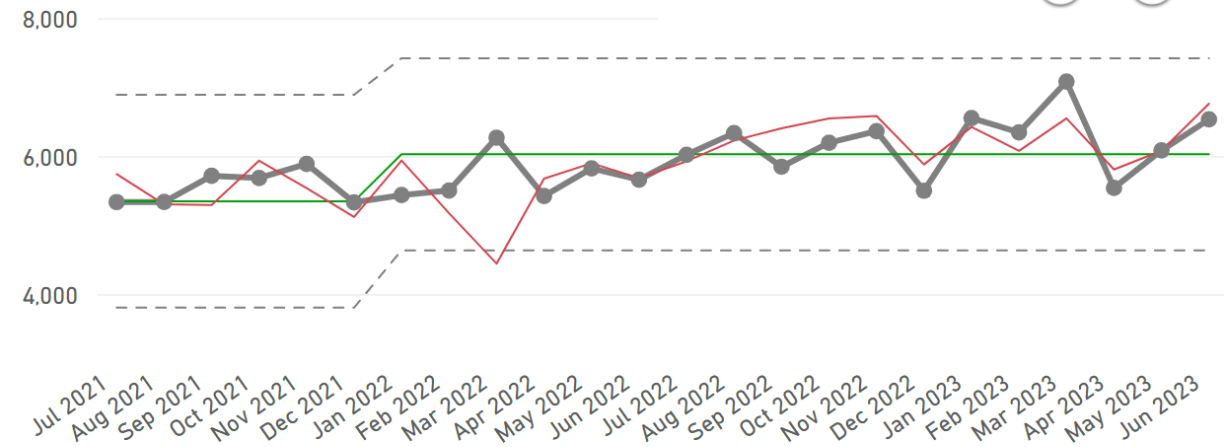


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

Day Case admissions

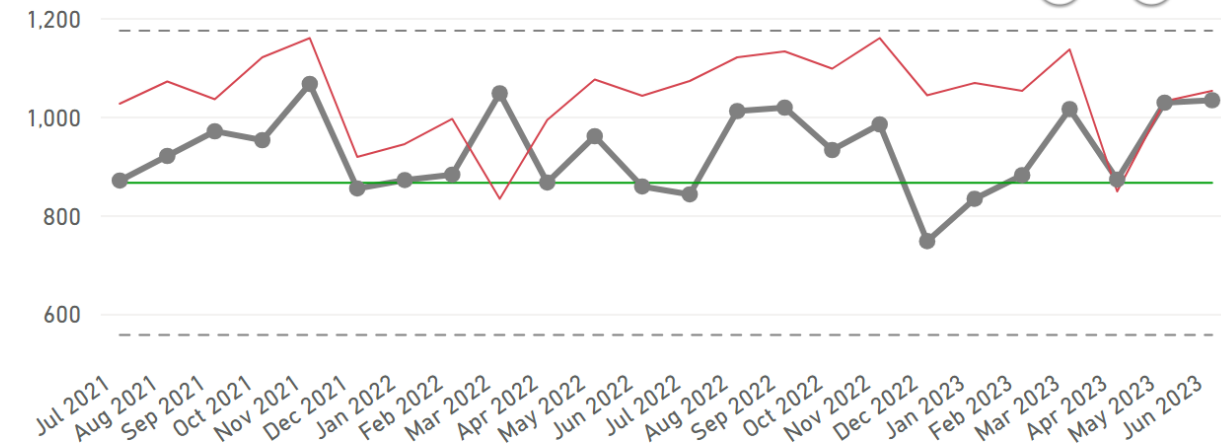
Month: Jun 2023
 Performance: 6529
 Plan: 6757
 Trend: 
 Assurance: 



● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Ordinary Elective admissions

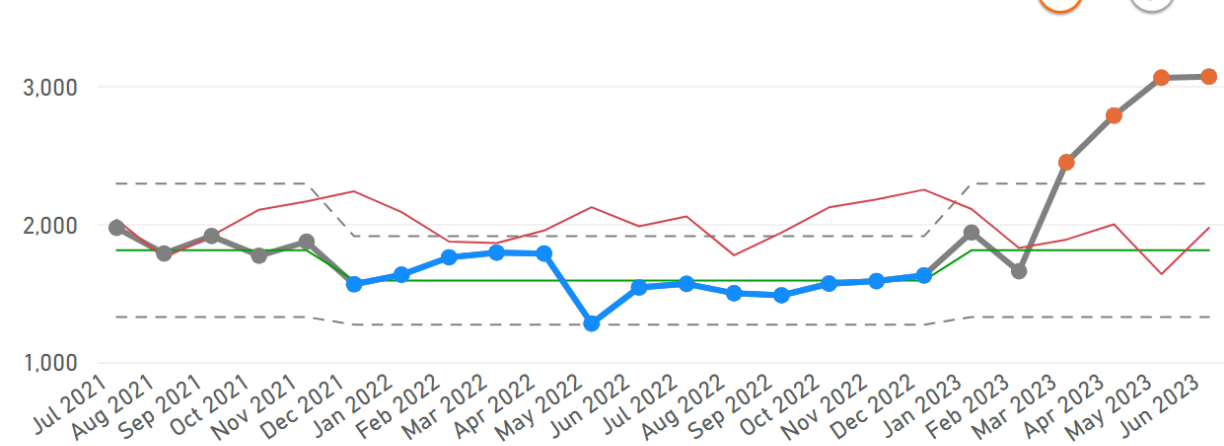
Month: Jun 2023
 Performance: 1033
 Plan: 1052
 Trend: 
 Assurance: 



● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low



NEL admissions with 0 LOS

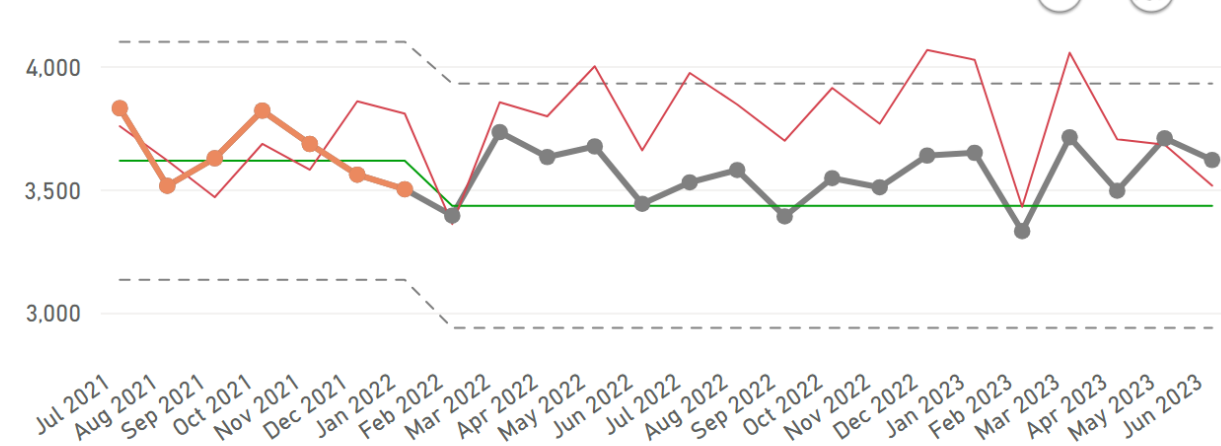
Month: Jun 2023
 Performance: 3066
 Plan: 1971
 Trend: 
 Assurance: 



● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

NEL admissions with 1+ LOS



Month: Jun 2023
 Performance: 3619
 Plan: 3515
 Trend: 
 Assurance: 

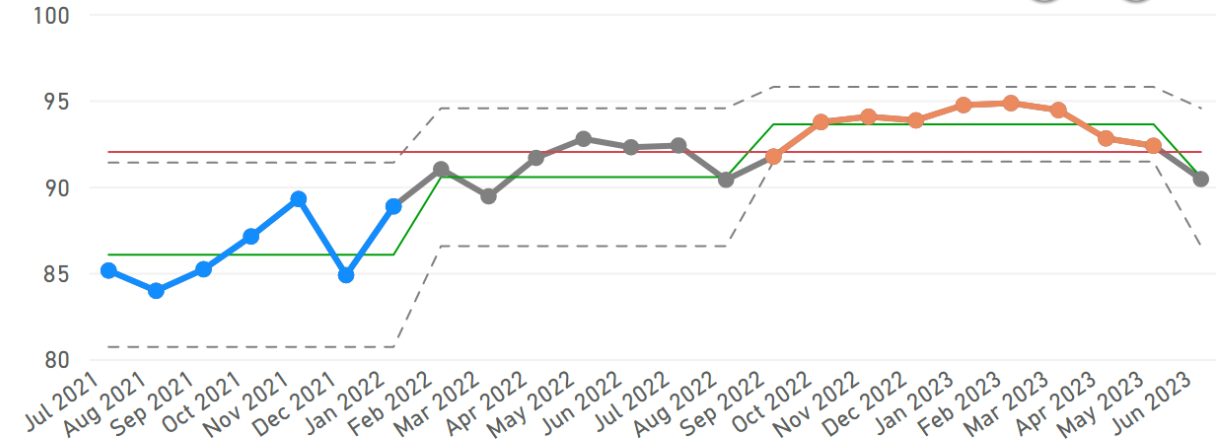


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

G&A Occupied Beds (%)

Month: Jun 2023
Performance: 90.4%
Target: 92%
Trend: 
Assurance: 

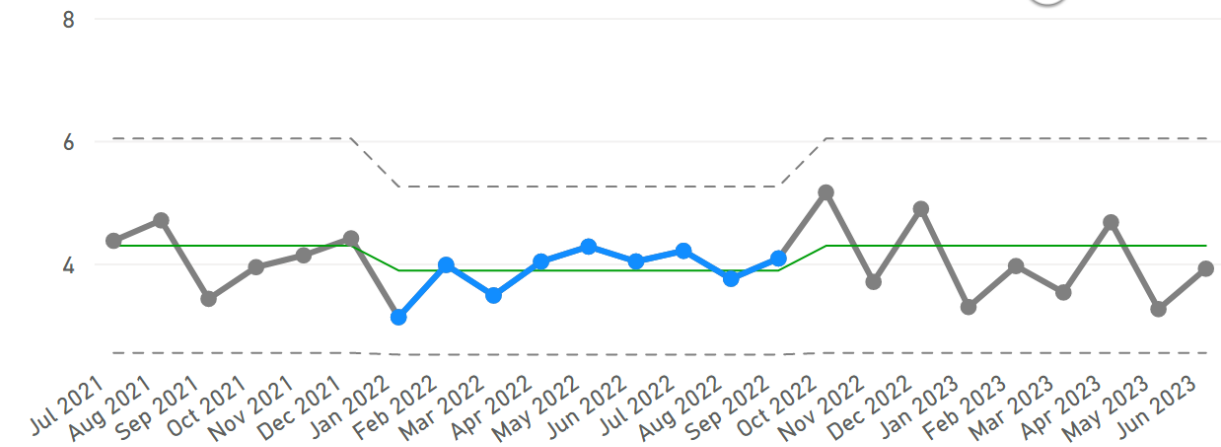


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

Length of Stay - Elective

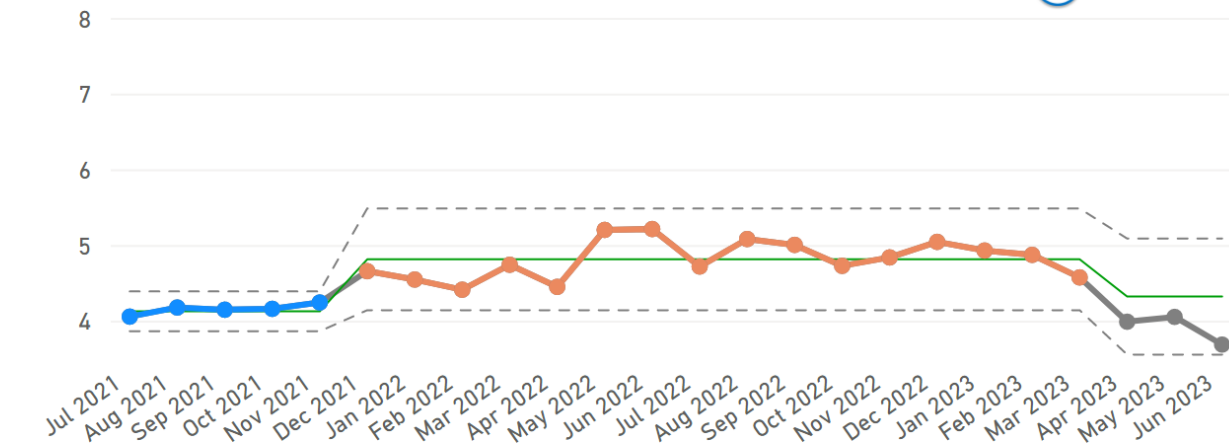
Month	Performance	Target	Trend	Assurance
Jun 2023	3.9			N/A



● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Length of Stay - Non-Elective

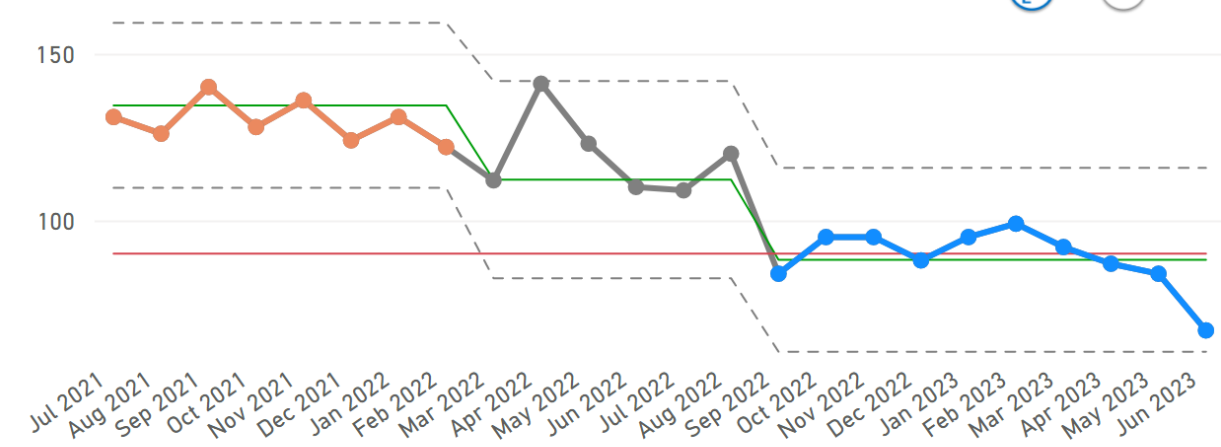
Month	Performance	Target	Trend	Assurance
Jun 2023	3.7			N/A



● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Not Met Not Discharged

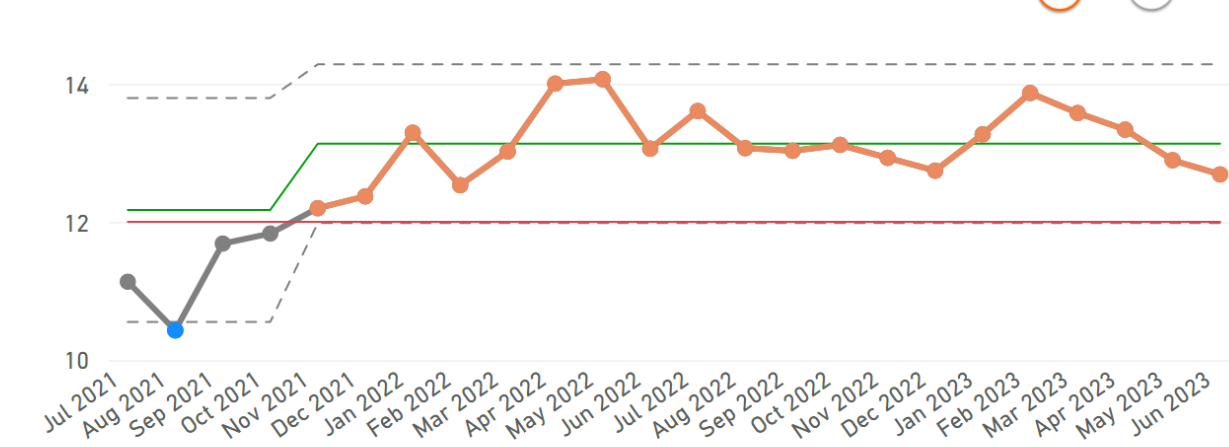
Month	Performance	Plan	Trend	Assurance
Jun 2023	67	90		



● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

21 Day Stranded Patients (%)

Month	Performance	Plan	Trend	Assurance
Jun 2023	12.7%	12%		

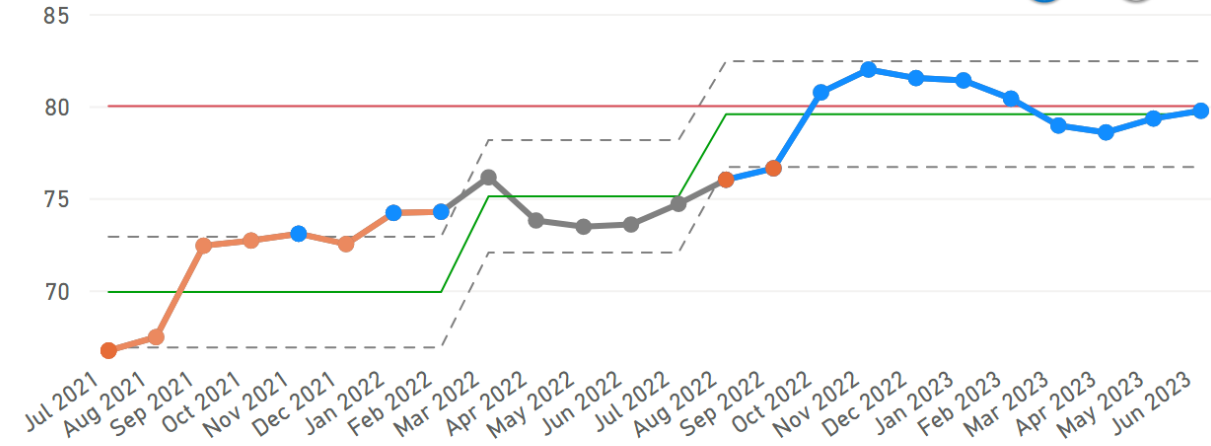


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

WELL-LED

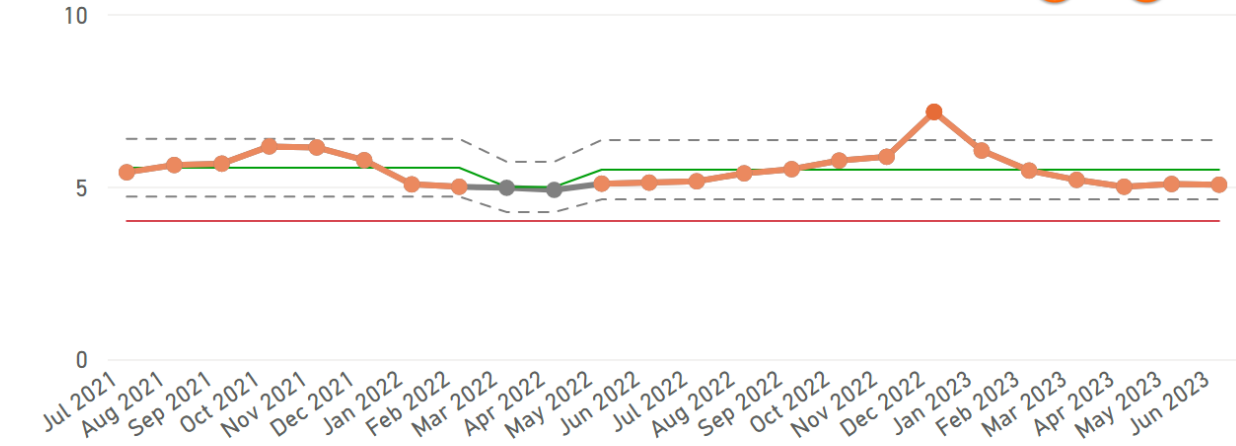
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Jun 2023	79.7%	80%		



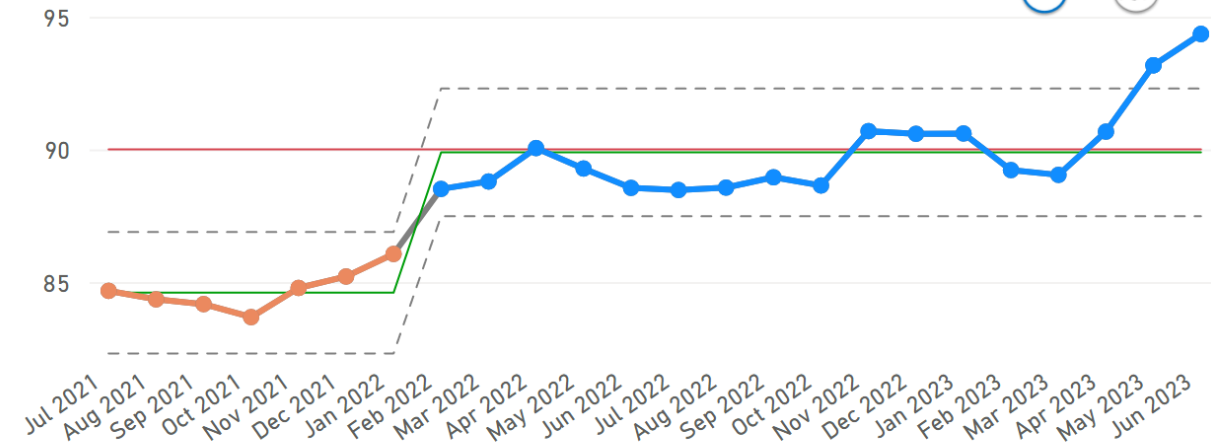
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Jun 2023	5.1%	4%		



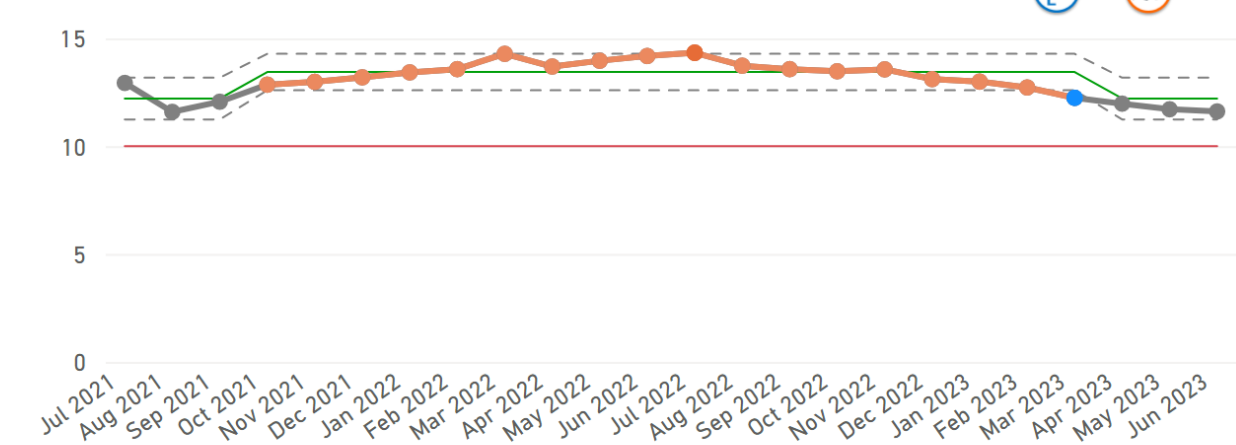
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Jun 2023	94.3%	90%		



Staff Turnover (%)

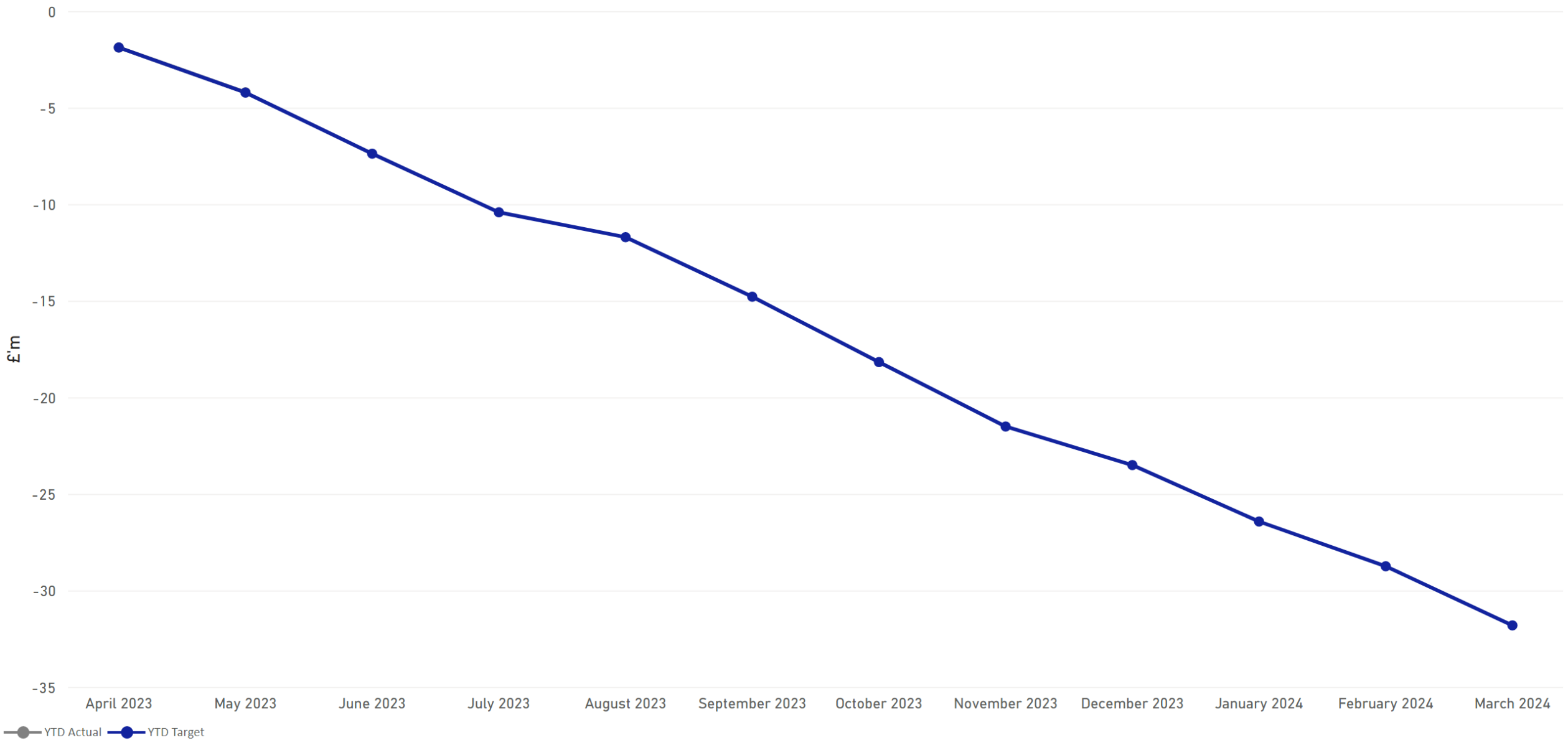
Month	Performance	Target	Trend	Assurance
Jun 2023	11.6%	10%		



WELL-LED

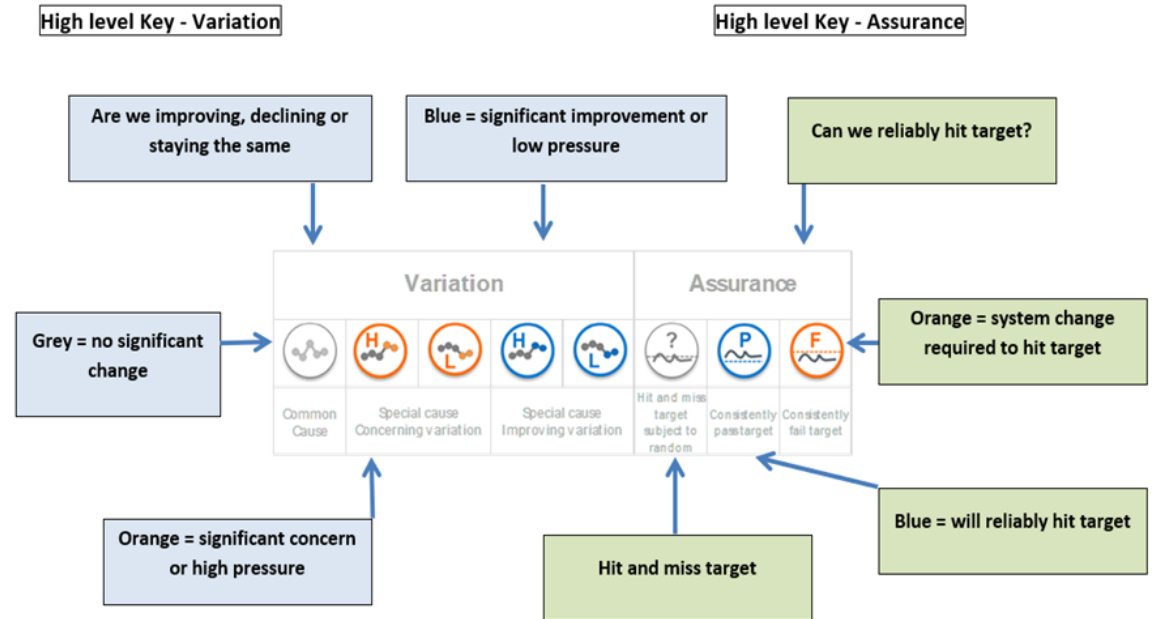
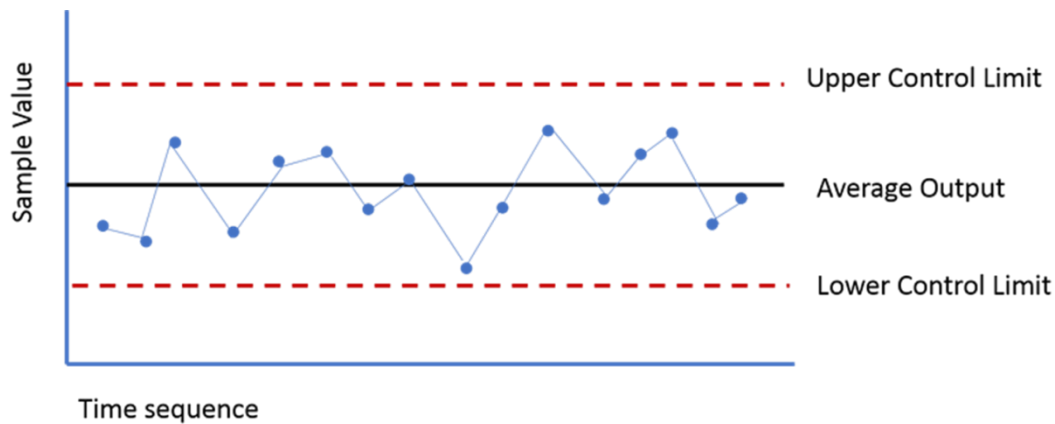
Month	Performance	Target
May 2023	-£4.209m	-£4.218m

Cumulative YTD Financial Position (£'millions)



SPC CHARTS

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



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 AUGUST 2023	
NHS Blood and Transplant Actual and Potential Deceased Organ Donation Report 1 April 2022 – 31 March 2023	AGENDA ITEM: 9 ENC 7
Report Author and Job Title:	Responsible Director: Dr Steven Williams MBChB (Hons) FRCA FFICM DICM PGCert (Patient Safety) Consultant in Anaesthesia and Critical Care Medicine GMC 4299387 Clinical Lead Organ Donation
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>
Situation	The attached report sets out the actual and potential deceased Organ Donation for the Trust
Background	<p>Across the country there continues to be improvements in the number of donors and transplants. In 2022/23 1429 deceased donors proceeded to donation and 3575 patients received a transplant across the UK.</p> <p>The attached reports and supplementary reports circulated with the Board papers sets out the work of the Trust over the last year.</p>
Assessment	<p>From 19 consented donors, the Trust facilitated 13 actual solid organ donors resulting in 29 patients receiving a transplant during the time period. Additionally, 26 corneas were received by NHSBT Eye Banks from the Trust</p> <p>The Trust referred 196 patients to NHSBT's Organ Donation Services Team; no referrals were missed (100% referral rate) and 84 met the referral criteria for inclusion in the UK Potential Donor Audit.</p> <p>A Specialist Nurse was present for 29 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion</p>
Level of Assurance	Level of Assurance: Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Recommendation	Members of the Trust Board are asked to note this report for information.
Does this report mitigate risk included in the BAF or Trust Risk	There are no risk implications associated with this report.

Registers? please outline		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

May 2023

Dear Ms Page and Dr Stewart,

We continue to see improvements in the number of donors and transplants. In 2022/23 1429 deceased donors proceeded to donation and 3575 patients received a transplant across the UK. We still have a long way to go to return to pre-pandemic activity levels, but we're confident we can get there with your Trust's help. Please accept our recognition and thanks for the effort of your staff as we look to recover further.

This letter explains how your Trust contributed to the UK's deceased donation programme.

Organ and tissue donation and transplantation activity - 2022/23

From 19 consented donors, South Tees Hospitals NHS Foundation Trust facilitated 13 actual solid organ donors resulting in 29 patients receiving a transplant during the time period. Additionally, 26 corneas were received by NHSBT Eye Banks from your Trust.

Quality of care in organ donation - 2022/23

The referral of potential organ donors to our Organ Donation Service and the participation of a Specialist Nurse for Organ Donation in the approach to family members to discuss organ donation are key steps in ensuring the success of organ donation.

- Your Trust referred 196 patients to NHSBT's Organ Donation Services Team; no referrals were missed (100% referral rate) and 84 met the referral criteria for inclusion in the UK Potential Donor Audit.
- A Specialist Nurse was present for 29 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion.

Up to date Trust metrics are always available via our Power BI reports found here:

<https://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit-report/>.

What we would like you to do

- Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities.
- Discuss activity and quality data at the Board with support from your Organ Donation Committee Chair.
- Recognise any successes your Trust has had in facilitating donation or transplantation, especially during the ongoing NHS pressures.

Deemed Consent Legislation - England

On 20 May 2020 the Organ Donation (Deemed Consent) Act 2019, known as Max and Keira's Law, came into force in England. The societal ambition is that the new law will help save and improve even more lives moving forward. In England, during 2022/23, there were 519 occasions when consent was deemed from 935 occasions where deemed consent applied.

Why it matters

In 2022/23, 129 people benefited from a solid organ transplant in the North East. However sadly, 14 people died on the transplant waiting list during this time.

Thank you once again for your vital ongoing support for donation and transplantation.

Yours sincerely,



Anthony Clarkson
Director of Organ and Tissue Donation and Transplantation
NHS Blood and Transplant

South Tees Hospitals NHS Foundation Trust

Organ Donation and Transplantation 2030: Meeting the Need

In 2022/23, from 19 consented donors the Trust facilitated 13 actual solid organ donors resulting in 29 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

In addition to the 13 proceeding donors there were 6 consented donors that did not proceed.

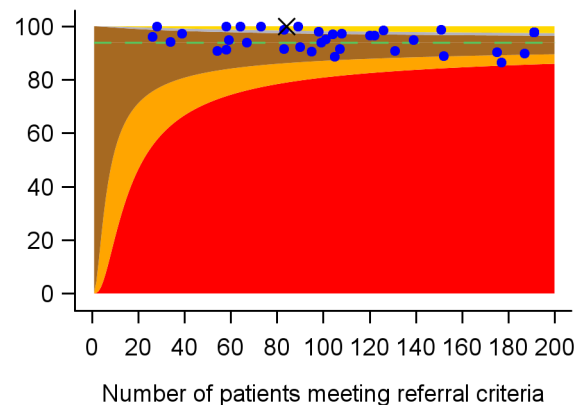
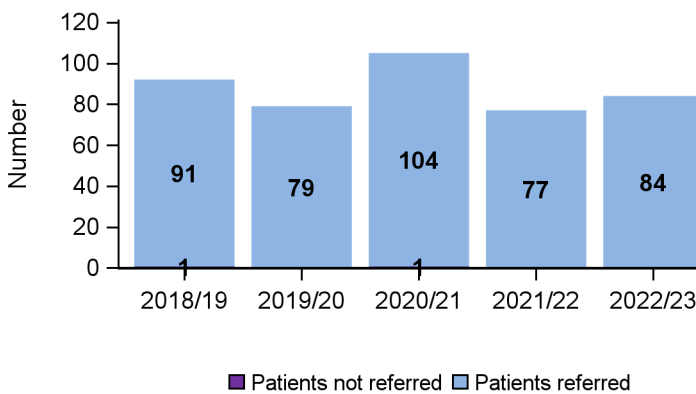
Best quality of care in organ donation

Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart

Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



X Trust • Other level 1 Trusts - - - UK rate

Gold **Silver** **Bronze** **Amber** **Red**

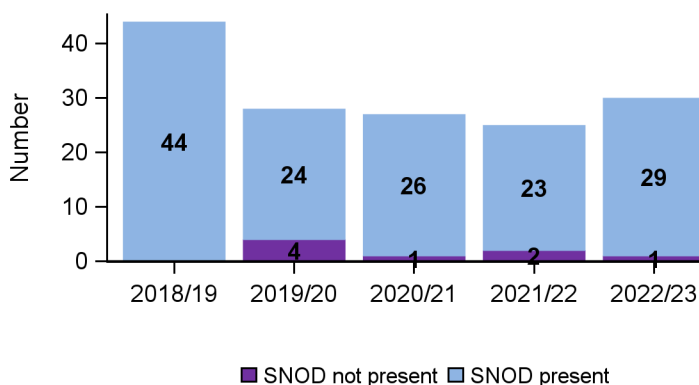
The Trust referred 84 potential organ donors during 2022/23. There were no occasions where potential organ donors were not referred.

When compared with UK performance, the Trust was exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant.

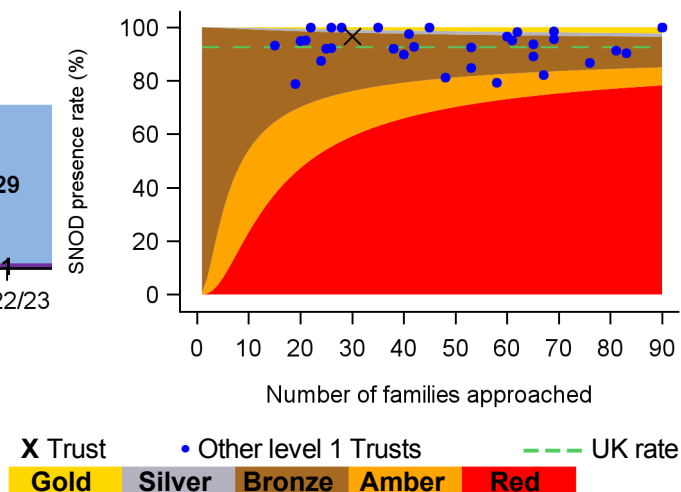
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 29 organ donation discussions with families during 2022/23. There was 1 occasion where a SNOD was not present.

When compared with UK performance, the Trust was average (bronze) for SNOD presence when approaching families to discuss organ donation.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	North East*	UK
1 April 2022 - 31 March 2023		
Deceased donors	75	1,429
Transplants from deceased donors	129	3,589
Deaths on the transplant list	14	441
As at 31 March 2023		
Active transplant list	270	6,959
Number of NHS ODR opt-in registrations (% registered)**	1,121,530 (43%)	28,567,574 (44%)

*Regions have been defined as per former Strategic Health Authorities

** % registered based on population of 2.62 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	17	1980	69	5307	84	6910
Referred to Organ Donation Service	17	1965	69	4886	84	6482
<i>Referral rate %</i>	G 100%	99%	G 100%	92%	G 100%	94%
Neurological death tested	15	1556				
<i>Testing rate %</i>	B 88%	79%				
Eligible donors ²	14	1439	46	3467	60	4906
Family approached	11	1244	19	1691	30	2935
Family approached and SNOD present	11	1190	18	1526	29	2716
<i>% of approaches where SNOD present</i>	G 100%	96%	B 95%	90%	B 97%	93%
Consent ascertained	6	846	12	959	18	1805
<i>Consent rate %</i>	B 55%	68%	B 63%	57%	B 60%	61%
- Expressed opt in	4	476	4	578	8	1054
- <i>Expressed opt in %</i>	80%	95%	57%	84%	67%	89%
- Deemed Consent	2	284	7	306	9	590
- <i>Deemed Consent %</i>	40%	63%	64%	52%	56%	57%
- Other*	0	86	1	74	1	160
- <i>Other* %</i>	N/A	60%	100%	38%	100%	47%
Actual donors (PDA data)	5	783	8	636	13	1419
<i>% of consented donors that became actual donors</i>	83%	93%	67%	66%	72%	79%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold **Silver** **Bronze** **Amber** **Red**

For further information, including definitions, see the latest Potential Donor Audit report and up to date metrics via our Power BI reports at:

<https://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit-report/>.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 AUGUST 2023			
Safe Staffing Report for June 2023			AGENDA ITEM: 10 ENC 8
Report Author and Job Title:	Debi McKeown Interim NMAHP Workforce Lead	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing and midwifery staffing levels for June 2023 for inpatient wards.		
Background	The requirement to publish nursing & midwifery staffing levels monthly is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust remains stable at 97.3% demonstrating continued good compliance with safer staffing.</p> <p>As staffing continues to improve across all collaboratives this has allowed for a further reduction in all shift fill incentives via NHSp throughout June.</p> <p>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 safecare meetings.</p> <p>Nursing Turnover for June 23 continues to decrease to 6.57%. The trust remains one of the lowest in the country for nursing turnover.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are asked to: Note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.</p> <p>Threat - Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.</p> <p>Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans</p>		

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

Nursing and Midwifery Workforce Exception Report

June 2023

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

	April 23	May 23	June 23	
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	83.1%	83.8%	81.5%
	HCA (%) Average fill rate - DAYS	98.8%	100.3%	99.5%
	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	91.7%	92.8%	92.2%
	HCA (%) Average fill rate - NIGHTS	106.3%	106.5%	104.9%
	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	97.5%	97.9%	97.3%

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 260 total shifts (2576.80 hours) logged via SafeCare during June which was a slight increase on May hours. Staff are reassured that every solution is explored prior to any redeployment. The aim to redeploy within collaborative has reduced reduced anxiety around moving to other areas.

Nursing turnover has decreased from 6.74% to 6.57%. 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.

2. Nurse Sensitive Indicators

No staffing factors were identified as part of any SI review process in June 2023.

3. Red Flags Raised through SafeCare Live

There were 68 red flags relating to workforce in June, with shortfall in RN time being the most common (62). 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 June.

4. Datix Submissions

There were 52 datix submissions relating to staffing in June. The majority of datix were for staffing in Critical Care Outreach and A&E. Detail passed to clinical matron to review themes. 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) to improve fill rates and maintain safe staffing.

5. Vacancy & Turnover

Active recruitment of nursing staff continues.

We have 68 newly qualified nurse starting in September filling most of our vacancy gaps.

International Nurse Recruitment:

The Trust has welcomed 4 refugee status nurses within Critical Care and ED.

6. Nurse Recruitment and Retention

The Trust has relaunched the nurse ambassador programme with primary school visits across the full South Tees patch providing interactive sessions with children whilst promoting nursing roles. September will see the launch of the South Tees careers ambassador programme where all professions will work collaboratively to provide these sessions.

Students:

York and Sunderland University students are now on placement across South Tees. This will have a positive impact on future Friarage recruitment.

Legacy Mentors:

Team now fully established. Early conversations highlight the need for a clearer pathway for retire and return. Further need of accessible training that fits with clinical demands.

Transfer Policy/Guidance:

Initial conversation with HR regarding the possibility of staff transfers across the Trust as opposed to staff leaving the organisation.

7. RECOMMENDATIONS

The Board is asked to:

- Note the content of this report and the progress to key nursing workforce issues.
- 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 – June 23 (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 (%)	Comments
Ward 1	30	30	741	25	87.6%	100.3%	-	100.0%	82.3%	100.9%	-	100.0%	
Ward 31	35	35	1004	33	76.8%	93.3%	-	100.0%	71.7%	99.7%	-	100.0%	Long term sickness
Ward 3	28	28	660	22	88.0%	121.9%	-	100.0%	96.2%	143.9%	-	100.0%	
Ward 4	23	23	620	21	90.9%	126.0%	-	-	84.0%	113.3%	-	-	
Ward 5	28	28	628	21	78.7%	87.1%	-	100.0%	81.7%	140.8%	-	-	Short term sickness
Ward 6	31	31	887	30	63.5%	126.0%	-	-	76.3%	112.5%	-	-	RN vacancies
Ward 7	30	30	799	27	80.5%	129.2%	100.0%	100.0%	90.6%	117.8%	-	-	
Ward 8	30	30	770	26	74.1%	110.2%	-	-	93.2%	101.1%	-	-	RN vacancies
Ward 9	32	32	904	30	80.3%	161.0%	-	-	88.0%	162.5%	-	-	HCA over due to additional duties for enhanced Obs and falls watch
Ward 10	24	24	691	23	84.6%	94.8%	-	100.0%	64.4%	153.5%	-	-	RN vacancies and short-term sickness
Ward 11	28	28	817	27	80.3%	98.9%	100.0%	100.0%	84.4%	164.0%	100.0%	100.0%	
Ward 12	26	26	789	26	99.3%	183.4%	-	-	84.5%	203.9%	-	-	HCA over due to additional duties for enhanced Obs and falls watch
Ward 14	23	21	547	18	78.4%	110.9%	-	100.0%	85.2%	126.6%	-	100.0%	RN vacancies
Ward 24	23	23	650	22	96.3%	125.9%	-	-	91.1%	180.0%	-	-	
Ward 25	21	21	553	18	86.2%	118.8%	-	-	77.8%	150.1%	-	-	Supported other areas (nights) via redeployment, 2RN minimum on shift.
Ward 26	18	19	567	19	104.5%	143.7%	-	-	96.8%	106.7%	-	-	
Ward 27	15	15	225	8	67.4%	68.4%	100.0%	100.0%	101.0%	68.1%	-	-	Reduced capacity due to IA
Ward 28	30	30	807	27	79.5%	98.5%	-	-	93.7%	96.4%	-	-	RN vacancies
Ward 29	27	27	781	26	99.8%	89.2%	-	-	97.8%	105.0%	-	-	
Cardio MB	9	9	240	8	100.0%	101.6%	-	100.0%	100.0%	105.0%	-	-	

Ward 32	22	21	592	20	109.6%	120.0%	-	-	99.9%	131.3%	-	-	
Ward 33	21	23	589	20	78.1%	103.3%	-	-	86.3%	105.0%	-	-	
Ward 34	34	34	823	27	76.8%	121.1%	-	100.0%	89.1%	126.1%	-	100.0%	RN vacancies
Ward 35	26	26	636	21	100.2%	116.4%	-	-	95.6%	107.8%	-	-	
Ward 36	34	34	842	28	94.8%	101.7%	100.0%	100.0%	87.4%	114.9%	100.0%	100.0%	
Ward 37 - AMU	30	30	747	25	93.0%	109.2%	100.0%	-	87.6%	96.0%	100.0%	-	
Spinal Injuries	24	24	658	22	91.4%	83.9%	-	-	198.3%	104.4%	-	-	
CCU	14	14	294	10	89.7%	128.0%	-	-	100.7%	-	-	-	
Critical Care	33	33	829	28	90.6%	64.5%	-	-	92.3%	56.7%	-	-	
CICU JCUH	12	10	261	9	91.3%	81.7%	-	-	88.5%	146.7%	-	-	
Cardio HDU	10	10	205	7	83.9%	101.7%	-	-	77.3%	106.6%	-	-	Short term sickness
Ward 24 HDU	8	8	171	6	82.3%	136.7%	-	-	79.1%	186.7%	-	-	RN vacancies
Ainderby FHN	27	22	600	20	94.9%	95.6%	-	-	139.9%	95.1%	-	-	
Romanby FHN	26	22	732	20	59.9%	49.9%	-	-	100.2%	30.0%	-	-	Reduction in beds
Gara FHN	21	16	199	7	79.9%	99.7%	-	100.0%	100.2%	45.0%	-	-	Sickness
Rutson FHN	17	17	468	16	70.9%	120.4%	-	-	100.0%	95.0%	-	-	RN vacancies
Friary	18	18	Closed										
Zetland Ward	31	29	893	30	82.9%	89.9%	100.0%	-	88.9%	120.4%	100.0%	-	HCA over due to additional duties for enhanced Obs and falls watch
Tocketts Ward	30	26	711	24	82.5%	96.2%	-	-	89.6%	129.0%	-	-	HCA over due to additional duties for enhanced Obs and falls watch
Ward 21	25	25	372	12	80.6%	111.8%	-	100.0%	78.9%	74.4%	-	100.0%	Sickness and increased annual leave
Ward 22	17	17	258	9	83.7%	82.5%	-	-	79.3%	51.7%	-	-	
Neonatal Unit (NNU)	35	35	718	24	82.0%	93.3%	-	-	84.3%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	81	3	75.9%	111.1%	-	-	78.5%	10.0%	-	-	RN vacancies

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 AUGUST 2023			
Freedom to Speak Up Q4 2022/Q1 2023 Update			AGENDA ITEM: 12 ENC 9
Report Author and Job Title:	Rick Betts Freedom to Speak Up Guardian	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides an update on the work of the Freedom to Speak Up (FTSU) Guardians during Quarter 4 of 2022 and Quarter 1 of 2023 (January 1 st to June 18 th 2023)		
Background	<p>The Freedom to Speak Up Guardian role was created following recommendations from the Francis review of the Mid Staffordshire Hospitals.</p> <p>Our FTSU model has now been in operation for 3 years and continues to be well received by colleagues.</p> <p>Our Guardians team encourages colleagues to speak up about concerns in the workplace with the aim of improving patient safety and staff experience.</p> <p>Themes arising from concerns raised are then shared and used to enhance learning and improvement within the organisation.</p>		
Assessment	<p>The number of concerns raised by colleagues to the FTSU Guardians in Q4 and Q1 of 2023 was 58.</p> <p>The Guardians Team continue to improve FTSU culture throughout the organisation forging stronger links being with Teesside University and the Regional and National FTSU Guardians networks and further and with North Tees and Hartlepool NHS Foundation Trust.</p>		
Level of Assurance	<p>Level of Assurance:</p> <p>Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>		
Recommendation	Members of the Trust Board of Directors are asked to note the content of the paper and emerging themes.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>All risks associated with this presentation are recorded on the risk register.</p> <p>BAF alignment: 5.1, 5.2</p>		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		

Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally supported healthcare, education, and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

Freedom to Speak Up Q4 2022/Q1 20223 Update

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on progress made by the Freedom to Speak Up Guardians (FTSUG) during Q4 2022 and Q1 of 2023.

The report provides an overview of the themes and issues raised between January 1st 2023 and 18th June 2023.

2. BACKGROUND

Following recommendations from the Francis Report, Freedom to Speak Up (FTSU) Guardians were created with the aim of helping to protect patient safety and quality of care, improve the experience of workers and promote learning and improvement.

At South Tees we achieve this by supporting colleagues to speak up about concerns, remove barriers to speaking up and by ensuring issues raised are used as opportunities for feedback, learning and improvement.

The current FTSU model employed in the Trust has now been in place for almost 3 years with 3 guardians with 2.0 WTE hours covering the organisation.

3. DETAILS

Assessment of concerns

During Q4 2022/Q1 2023, the guardians received 58 new concerns set out in Table 1, below.

Table 1

Concerns Raised per Quarter April 2022 to June 2023					
	Q2	Q3	Q4	Q1 (2023)	Year to date
Open	7 (33.33%)	6 (23.07%)	15 (45.45%)	5 (20%)	33 (31.42%)
Confidential	5 (23.80%)	10 (38.46%)	10 (30.30%)	13 (52%)	38 (36.19%)
Anonymous	9 (42.85%)	10 (38.46%)	8 (24.24%)	7 (28%)	34 (32.38%)
Total	21	26	33	25	105

Anonymous Freedom to Speak Up Concerns

Previous FTSU reports have highlighted issues being raised anonymously. Due in part to a focus of the Guardians explaining the benefits of Open and Confidential reporting and the sanctity of confidential reporting, the numbers of those reporting anonymously have decreased by over 10% in the last 12 months.

Themes

The themes from all the concerns raised in Q4 2022 and Q1 2023 are detailed in Table 2 below. Issues have multiple themes related to them and therefore do not match the number of concerns raised in the quarter.

Table 2

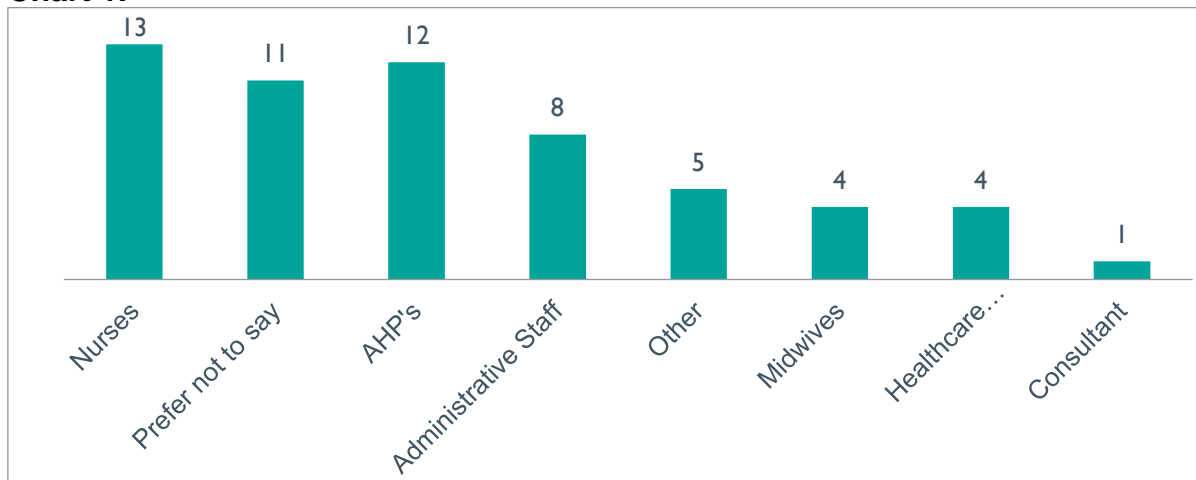
Themes	Q4/1
Management	47
Communication Issues	38

Incivility/Culture	32
Bullying / Harassment	27
Staffing/Workload	22
Systems & Processes	19
Staff Health and Safety	16
Safety	15

Staff Groups

Chart 1 below shows the staff groups who have raised issues in Q4/Q1.

Chart 1.



Collaboratives

The numbers of issues raised in Q4/1 are shown by collaborative in Table 3 below.

Table 3

Collaborative	Q4 2022/3 Q1 2023
Growing the Friarage & Community Services	13
James Cook Cancer Research	12
Nursing & Quality	7
Women & Children's Services	6
Digestive Diseases, Urology & General Surgery	4
Digital	3
Medicine & Emergency Care	3
Perioperative and Critical Care Medicine Services	2
Clinical Support Services	2
Neurosciences & Spinal Care	1
Neurosciences and Spinal Care Services	1
Estates	1
Finance	1

Key Performance Indicators

Timeframes for managing issues have now been included in the FTSU metrics and measures including:

- The length of time from opening to closure new issues (<7days, <30 days, <90 days)
- The time taken to appoint an examiner from initial contact

The figures in Table 5 below show that of the 58 issues raised in to Q4/1, 50 (87.72%) were appointed to an examiner with 48 hours and the other 7 (12.28%) within 72 hours.

Table 5

Issues raised during reporting period	Issues Closed	Average No of Days Open	Open <90 Days	Issues Open from current reporting period	Total Outstanding issues
58	27	40	26	20	31

CQC Report and Freedom to Speak Up at South Tees

The recent Care Quality Commission Report highlighted our Freedom to Speak up team saying:

“The Trust had 4 FTSU Guardians with a total of 75 hours per week to carry out the role. This was a significant improvement on our last inspection.

The team meets bi-monthly with the Chief Nurse and non-exec for FTSU to discuss themes, trends and concerns and a report was received by the Peoples committee on a quarterly basis.

There are plans to incorporate FTSU into the Trusts mandatory training by March 2023. There are no significant risks identified and action plans have been formulated to address any areas of concern.

Areas of good practice include the model of access to raise concerns and the diversity of the team”

Learning and Improvement

As a result of colleagues speaking up some of the lessons learned include:

- The importance of investigations being objective and carried out to a high standard and in a timely manner
- The importance of compassionate leadership and management styles when staff raise concerns and managers understanding concerns raised are to be used as a tool for learning rather than criticism

Feedback

Below are some quotes from staff regarding their experiences of engaging with the Freedom to Speak Up team in 2022-2023.

- “Felt comfortable and able to discuss all issues knowing I could proceed at a pace I felt comfortable with”
- “Very good service listened well and was a good point of contact”
- “The FTSU guardians were very welcoming, open and honest with our concerns. They were able to help us address our concerns in a confidential manner, and in a way that protected each member of the team”.
- “Good service and prompt advice received”
- “I felt listened to and good advice given. I rang to support a colleague who had previously been in touch”.

Freedom to Speak Up Training

National Guardians Office has developed Freedom to Speak Up eLearning, with modules specifically aimed at managers and leaders to promote a consistent and effective Freedom to Speak Up culture which enables workers to speak up and be confident they will be listened to and action taken.

All modules of the Freedom to Speak Up e-learning “Speak Up” “Listen Up” and “Follow Up” are available. These resources were developed for all staff, managers and senior leaders including executive and non-executive directors, lay members and governors.

The modules aim to promote a consistent and effective FTSU culture across the system which enables workers to speak up and be confident they will be listened to, and action taken. The hyperlink for the training is below:

[Freedom to Speak Up - elearning for healthcare \(e-lfh.org.uk\)](http://www.e-lfh.org.uk)



FOLLOW UP
FREE E-LEARNING TRAINING FOR ALL LEADERS
FOSTERING A HEALTHY SPEAK UP CULTURE
www.e-lfh.org.uk/programmes/freedom-to-speak-up/



National Guardian
Freedom to Speak Up

The three modules help colleagues and potential investigators of concerns to more fully understand the vital role a healthy speaking up culture. An understanding of Freedom to Speak up is an opportunity for our organisation to learn which will protect our patients and enhance the working experiences of all of our colleagues.

As mentioned previously in the CQC section of this report the team are working with the Workforce team towards embedding this training within the organisation.

Awareness Raising

The team will continue to focus awareness raising activities across all groups of staff and satellite sites across the South Tees family.

We are also working closely with the Education and Practice Team, delivering sessions to Trust Inductions, International Nurse intakes and are actively involved in the Junior Doctors and Health Care Assistant training programmes.

Along with our colleagues from North Tees and Military staff, our Guardians continue to attend sessions Teesside University to present to Nursing and AHPs students.

Recommendations

Members of the Board are asked to:

- Receive assurance that the FTSU model is effective and supportive of the Trust's aims and objectives.

MEETING OF PUBLIC TRUST BOARD OF DIRECTORS – 1 August 2023			
Finance Report			Agenda Item 13 ENC 10
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 3 of 2023/24.		
Background	<p>The national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures.</p> <p>As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.</p>		
Assessment	At Month 3 the reported position is a deficit of £7.4m at a system control-total level, which is in line with the year-to-date plan.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Board are asked to Note the financial position for Month 03 2023/24.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses BAF Principle risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and		

	innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	
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Month 3 2023/24 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the Trust's financial performance as at Month 3 of 2023/24.

2. BACKGROUND

For 2023/24, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single Integrated Care System (ICS), North East and North Cumbria (NENC) Integrated Care Board (ICB) has a current planned deficit of £49.9m.

Trusts are still required to submit organisational plans and these plans must be consistent with their system plan submission. The Trust's plan for the 2023/24 financial year is a deficit of £31.8m, measured on a system financial performance basis. This reflects the Trust's historic structural deficit and inflationary pressures.

The financial position in this report reflects the plan submitted in May 2023. The plan was developed in conjunction with the NENC ICS, with external review by regional and national NHSE, and with internal review and oversight provided through the Resources Committee and meetings of the Trust Board.

The outcome report from the NHSE review found no financial governance concerns and noted the Trust's structural and underlying financial position (eg: The James Cook University Hospital PFI scheme), and the fair shares funding issue apparent within the Tees Valley.

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

Revenue I&E Position Month 3 2023/24

The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level.

NHSE have enabled trusts to alter plans for material changes in income and expenditure since final plan submissions in May, however, planned profiles and adjusted financial performance surplus/deficits must remain unchanged. Therefore, to minimise variances in income and expenditure, the NHSE plan has been adjusted to reflect the additional expected income and expenditure for the 2023/24 Agenda for Change (AFC) pay award, which was announced after final plan submissions.

The Month 3 position against the NHSE plan and current operational budget is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD NHSE Plan £000	YTD Operational Plan £000	YTD Actual £000	YTD Variance £000
Operating income from patient care activities	197,568	199,769	201,084	1,315
Other operating income	12,541	12,156	12,719	563
Employee expenses	(126,691)	(129,161)	(130,925)	(1,764)
Operating expenses excluding employee expenses	(85,087)	(84,433)	(84,681)	(248)
OPERATING SURPLUS/(DEFICIT)	(1,669)	(1,669)	(1,803)	(134)
FINANCE COSTS				
Finance income	258	258	755	497
Finance expense	(4,824)	(4,824)	(4,690)	134
PDC dividends payable/refundable	(1,443)	(1,443)	(1,443)	0
NET FINANCE COSTS	(6,009)	(6,009)	(5,378)	631
Other gains/(losses) including disposal of assets	0	0	15	15
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(7,678)	(7,678)	(7,166)	512
Add back all I&E impairments/(reversals)	0	0	0	0
Remove capital donations/grants/peppercorn lease I&E impact	295	295	(206)	(501)
Adjusted financial performance surplus/(deficit)	(7,383)	(7,383)	(7,372)	11
Less gains on disposal of assets	0	0	0	0
Adjusted financial performance for the purposes of system achievement	(7,383)	(7,383)	(7,372)	11

The variance is shown against the current operational budget, which adjusts for the impact of in-year net neutral I&E budget adjustments (such as for pass-through funded high-cost drugs and devices and funded developments).

At the end of Month 3 2023/24, the cumulative system performance deficit was £7.4m, which is in line with the year-to-date plan.

An estimate of the expected additional income relating to the 2023/24 Agenda for Change (AFC) pay award is included in the position, which has been paid to staff with arrears in Month 3.

Operating Income from Patient Care Activities

Under the financial arrangements for 2023/24, the Trust is paid under a block arrangement apart from the following items:

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

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

INCOME FOR PATIENT CARE ACTIVITIES	Operational Plan £000	Actual £000	New Variance £000
NHS England	64,090	64,008	(82)
ICB/Clinical commissioning groups	135,043	136,245	1,202
Non-NHS: private patients	228	448	220
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	33	0	(33)
Injury cost recovery scheme	374	374	0
Non-NHS: other	1	9	8
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	199,769	201,084	1,315

Operating income from Patient Care Activities was £201.1m for month 3 and was £1.3m ahead of plan.

The NHS England position is £0.1m behind plan, which mainly relates to high-cost devices income. The ICB/CCG income is ahead of plan by £1.2m and relates to additional contract variations. The Month 3 position assumes full receipt of agreed ERF funding relating to the first quarter of 2023/24 and full payment of requested contract variations. Income from Private Patients, Overseas patients and RTAs is ahead of plan by £0.2m.

Other Operating Income

Other income received up to Month 3 totalled £12.7m and was ahead of plan by £0.6m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Operational Plan £000	Actual £000	New Variance £000
Research & Development	1,510	1,978	468
Education and Training	5,739	5,834	95
Non Patient Care Income	597	502	(95)
Reimbursement & Top-Up funding	0	0	0
Employee benefits accounted on a gross basis	1,158	1,211	53
Other	3,152	3,194	42
TOTAL OTHER OPERATING INCOME	12,156	12,719	563

Research & Development income is ahead of plan by £0.5m year-to-date, which is offset within the expenditure position. Other income includes £0.5m donated asset income (which is excluded from reporting the financial position as part of the system control total).

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 3 of 2023/24 was £130.9m and was overspent by £1.8m; a breakdown is included in the table below.

PAY	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(18,613)	(18,609)	4
Hca'S & Support Staff	(14,166)	(14,390)	(224)
Medical And Dental	(36,857)	(37,549)	(692)
Nhs Infrastructure Support	(20,009)	(20,424)	(415)
Nursing & Midwife Staff	(39,065)	(39,501)	(436)
Other Pay Costs	(451)	(452)	(1)
TOTAL PAY	(129,161)	(130,925)	(1,764)

Pay expenditure includes the actual year-to-date cost of the 2023/24 AFC pay award. The cost of the 2022/23 non-consolidated AFC pay award was also paid in Month 3 of 2023/24, the costs of which were accrued during the 2022/23 financial year.

Overspends are apparent in Medical & Dental, NHS infrastructure support staff, and Nursing & Midwifery. The position includes actual and estimated costs of the industrial action relating to the first 3 months of 2023/24.

Agency spend is included within the reported pay expenditure position. Reduction in agency expenditure remains a key area of focus for the Collaboratives, with progress monitored through the Collaborative Improvement Planning Group and oversight of the agency workstream (led by the Director of HR) provided by the CIP Steering Group. The Trust's financial plan for 2023/24 includes annual agency expenditure of £6.8m (a reduction of £400k / 5.5% from 2022/23 levels). The cumulative position is an underspend of £0.7m on agency.

Agency	Operational Plan £000	Actual £000	New Variance £000
Registered nursing, midwifery and health visiting staff	(127)	0	127
Allied health professionals	(25)	0	25
Other scientific, therapeutic and technical staff	(332)	(159)	173
Consultants	(1,167)	(865)	302
NHS infrastructure support	(167)	(121)	46
TOTAL NON PAY	(1,818)	(1,145)	673

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 3 of 2023/24 was £84.7m and a breakdown is included in the table below.

NON PAY	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(3,898)	(3,420)	478
Clinical Supplies & Services	(25,636)	(25,022)	614
Drugs	(21,417)	(22,105)	(688)
External Staff & Consultancy	(340)	(98)	242
Establishment	(3,748)	(3,802)	(54)
Premises & Fixed Plant	(6,214)	(6,258)	(44)
Transport	(1,241)	(1,297)	(56)
Depreciation & Amortisation	(6,548)	(6,521)	27
Research Training & Education	(1,095)	(1,728)	(633)
PFI Unitary Payment	(9,170)	(9,170)	0
Other	(848)	(982)	(134)
Clinical Negligence	(4,278)	(4,278)	0
TOTAL NON PAY	(84,433)	(84,681)	(248)

The non-pay year to date position is £0.2m overspent.

Expenditure on Clinical Supplies and Purchase of healthcare are overall £1.1m underspent, which is part offset by an overspend of £0.7m on Drugs. Research, Training & Education income is overspent £0.6m year-to-date but can be partially offset by the income position.

Financing Costs

Net finance costs are underspent by £0.6m overall, largely relating to interest receivable (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.

Cost Improvement Programme (CIP)

The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m. The Trust monitors the planning and delivery of its efficiency programme through the meetings of the Collaborative Improvement Planning Groups, 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 and Corporate departments from the Trust's Service Improvement Office and Finance team.

Total delivery against the year-to-date plan stands at £7.1m (92%) at Month 3, as shown in the table below.

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Recurrent			
Pay - Recurrent	2,334	1,791	(543)
Non-pay - Recurrent	2,228	2,024	(204)
Income - Recurrent	213	169	(44)
Total recurrent efficiencies	4,775	3,983	(792)
Non recurrent			
Pay - Non-recurrent	1,620	1,159	(461)
Non-pay - Non-recurrent	1,212	1,336	124
Income - Non-recurrent	56	582	526
Total non-recurrent efficiencies	2,888	3,077	189
Total Efficiencies	7,663	7,060	(603)

Capital

The Trust's gross capital expenditure plan for the 2023/24 financial year totalled £41.1m. The Trust's ICS Capital Departmental Expenditure Limit for 2023/24 amounts to £11.9m. The capital programme also includes external PDC funding of £15.0m, for the Friarage Theatre development (£14.3m) and Electronic Patient Record support (£0.7m). The plan also includes expected PFI lifecycle costs of £13.7m.

The Trust's capital expenditure for Month 3 of 2023/24 amounted to £8.1m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
PFI Lifecycle	3,420	3,421	01
Site Reconfiguration	3,382	2,679	(703)
Replacement of Medical Equipment	150	1,422	1,272
Network Replacement and Clinical Noting	0	579	579
Total	6,952	8,101	1,149

Liquidity

The cash balance as at the 30th June amounted to £41.7m. The strong position on liquidity has helped support the Trust's performance against the 95% Better Payment Practice Code and the position for June is shown below:

	YTD number	YTD £000's
NHS and Non NHS		
Total bills paid in the year	25,008	155,901
Total bills paid within target	24,241	142,335
Percentage of bills paid within target	96.9%	91.3%

Statement of Financial Position (SOFP)

The following table shows the SOFP as at 30th June 2023, and the movement since Month 2:

	Month 2	Month 3	Change
	£'000	£'000	£'000
Non-current assets			
Intangible assets	15,159	14,811	(348)
On-SoFP IFRIC 12 assets	156,946	158,882	1,936
Other property, plant and equipment (excludes leases)	126,558	127,266	708
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	97,905	97,436	(469)
Receivables: due from NHS and DHSC group bodies	1,462	1,462	0
Receivables: due from non-NHS/DHSC group bodies	3,400	3,174	(226)
Credit Loss Allowances	(2,375)	(2,375)	0
Total non-current assets	399,055	400,656	1,601
Current assets			
Inventories	14,876	15,097	221
Receivables: due from NHS and DHSC group bodies	15,406	10,450	(4,956)
Receivables: due from non-NHS/DHSC group bodies	30,809	24,036	(6,773)
Credit Loss Allowances	(731)	(731)	0
Other assets	4,280	14,891	10,611
Cash and cash equivalents: GBS/NLF	59,577	41,160	(18,417)
Cash and cash equivalents: commercial / in hand / other	337	547	210
Total current assets	124,554	105,450	(19,104)
Current liabilities			
Trade and other payables: capital	(13,381)	(12,163)	1,218
Trade and other payables: non-capital	(150,156)	(137,420)	12,736
Borrowings	(8,202)	(8,296)	(94)
Provisions	(970)	(937)	33
Total current liabilities	(172,709)	(158,816)	13,893
Total assets less current liabilities	350,900	347,290	(3,610)
Non-current liabilities			
Borrowings	(177,615)	(177,273)	342
Provisions	(1,737)	(1,729)	8
Total non-current liabilities	(179,352)	(179,002)	350
Total net assets employed	171,548	168,288	(3,260)
Financed by			
Public dividend capital	387,117	387,117	0
Revaluation reserve	33,138	33,138	0
Other reserves	26,476	26,476	0
Income and expenditure reserve	(275,183)	(278,443)	(3,260)
Total taxpayers' and others' equity	171,548	168,288	(3,260)

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 3 2023/24.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS –1 August 2023			
Trust Improvement Plan Refresh for 2022/23			AGENDA ITEM: 14 ENC 11
Report Author and Job Title:	Lucy Tulloch Deputy Director Strategy & Planning	Responsible Director:	Michael Stewart Chief Medical Officer
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>		
Situation	The Trust Improvement Plan is refreshed to set out the improvement priorities for our Clinical Collaboratives and Trust-wide groups in 2023/24.		
Background	<p>Since the autumn of 2019, the Trust has been empowering its clinicians to take the decisions about how the organisation manage its resources and delivers care across our hospitals and services – supported by our scientific teams, administrative, support staff and volunteers.</p> <p>At the start of 2020 the Trust developed its initial improvement plan and formed the organisation’s Clinical Policy Group which, in 2021 created 10 Clinical Collaboratives – natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support services – which have come together to make their services even better for our patients and services.</p> <p>This clinically-led approach has been at the heart of the Trust’s response to COVID-19 and the overriding goal set by our experienced clinicians during the pandemic to help keep colleagues, patients and service users safe.</p> <p>The Trust’s improvement plan was refreshed in 2021 and 2022.</p> <p>During March-June 2023 the improvement plan has been further updated and agreed by the Clinical Policy Group to ensure that it reflects the progress made over the last twelve months and areas of focus over the coming year.</p>		
Assessment	<p>The Improvement Plan sets out our vision for a clinically-led organisation that puts safety and quality first. It is delivered through the work of our Clinical Collaboratives, our clinically led Trust-wide improvement groups and supported by our clinical and corporate enabling strategies.</p> <p>The Plan sets out our priorities to Support, Develop and Connect our services.</p>		

	<p>Support - support for clinical specialties which require additional assistance and prioritisation, and a focus on cross-cutting areas and themes. All directorates will be able to access a three-yearly rolling programme of service reviews to support them in developing and delivering their longer-term vision and aspirations.</p> <p>Develop – as we look to move from Good to Outstanding, the development of tertiary and specialist, care closer to home and continuing to grow the Friarage Hospital are key to delivering excellent care.</p> <p>Connect - connecting our services, working collaboratively and making an impact regionally is more important than ever. The Trust is engaged in the changing landscape of Integrated Care Boards and provider collaboratives across our two integrated care systems, and the developing Group structure. Our focus remains on the opportunities to connect to sustain and support services, and deliver excellence and equity of care.</p>	
Level of Assurance	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>	
Recommendation	<p>Members of the Trust Board are asked to approve the updated Trust Improvement Plan.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>The improvement plan and underpinning enabling strategies mitigate risks across all domains of the BAF. The Improvement Plan specifically mitigates the threat <i>Lack of a clear vision for the improvement journey...leading to a failure to deliver sustainable change and the improvements required.</i></p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper. Note that tackling health inequalities with evidence-based measures and interventions to empower and improve population health, is one of four patient-centred outcomes of the clinical strategy.</p>	
Strategic Objectives	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally supported healthcare, education, and innovation in the North East of</p>	



	England, North Yorkshire and beyond <input checked="" type="checkbox"/>	
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July 2023



South Tees Hospitals
NHS Foundation Trust

From Good to Outstanding

Our Clinical Strategy & Improvement Plan

Safety and Quality First 



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South Tees Hospitals
NHS Foundation Trust

Introduction

Safety and Quality First 

Foreword

Getting good NHS services is the most important thing to more than 1.5 million patients, service users, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on them. It is the most important thing to everyone who works at South Tees NHS Hospitals Foundation Trust too.

Since the autumn of 2019, we've been empowering our clinicians to take the decisions about how we manage our resources and deliver care across our hospitals and services – supported by our scientific teams, administrative, support staff and volunteers.

This is important – not just for our local communities in Teesside and North Yorkshire but for patients across the North East and beyond who rely on us as a specialist centre and regional major trauma centre.

We are a regional tertiary provider – delivering world-class cancer cardiovascular, neurosciences, women's and children's services, spinal, cochlear implant and other highly specialist care for patients across our region. Our major trauma centre sees half of all trauma cases in the North East and North Cumbria.

Our role as an anchor institution is crucial in ensuring that specialist care is available to patients across our region and that health inequalities are reduced in our communities. Our Friarage Hospital is a nationally recognised NHS surgical hub and in 2023 building work began on a new theatre complex which will more than double the number of planned operations carried out at the hospital each year.

Together with our hospitals and health and social care partners, our community teams deliver care closer to home for patients everywhere from the Dales to the North East coast.

In 2023, our trust became one of the first acute hospital trusts in England since the start of the COVID-19 pandemic to achieve a rating increase to 'Good' from the Care Quality Commission (CQC) for the care we deliver our patients and service users.

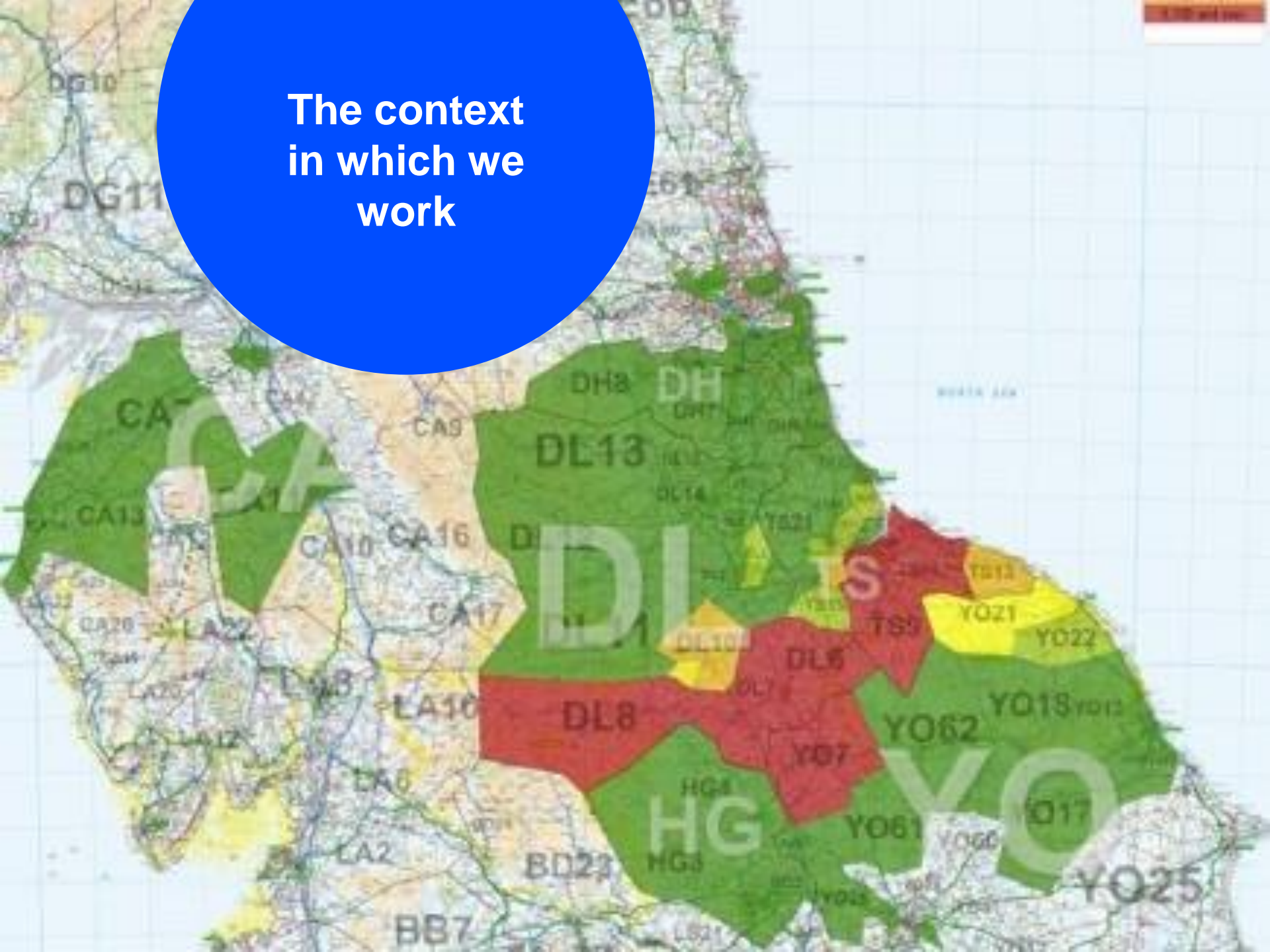
Over the last three years, our experienced clinicians have laid the foundations of a trust where safety and quality are put first, where colleagues feel empowered to make improvements for their patients and service users, where limited funding is used to invest in the things that experienced clinicians agree will make the biggest difference for the people we serve, and where influence to make positive changes beyond hospital walls is being exercised.

But these are only the foundations of larger change. Our commitment to leading-edge clinical research, education, training and innovation – with the needs of our patients, service users and colleagues at the centre – is at the heart of this next phase of our clinically-led journey.

In parallel, our decision in 2023 to come together with North Tees and Hartlepool NHS Foundation Trust to form a hospital group will support both organisations' shared goals for our patients, service users and colleagues by formalising the way we already work together in the interests of the people and communities we have the privilege to serve.



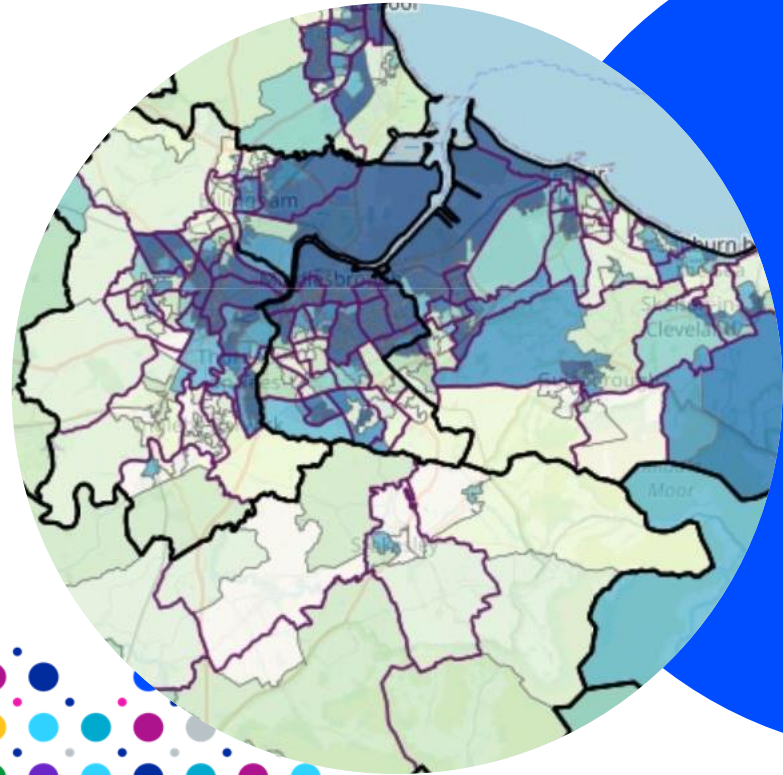
The context
in which we
work



The context in which we work

Our improvement plan sets out how we will build on our strong foundations to continue putting safety and quality first for our patients and service users. In developing this plan, we have taken account of the significant challenges facing the NHS and the communities we serve.

- A growing and ageing population with more years lived in poor health with multiple long-term conditions.
- Significant health inequalities and lower life expectancies in many of the communities we serve.
- Challenges in nationally hard-to-recruit specialities for doctors and nurses impact on sustainable and timely long-term access to specialty care.
- Despite the NHS having received growth funding, excess costs associated with the trust's James Cook University Hospital Private Finance Initiative scheme, and insufficient regional resource allocation in the Tees Valley to meet higher relative need and health inequalities.





**Our clinically-led way
of working for patients,
service users and
communities**

Our way of working

We place clinical leadership, in the interests of patients, service users and colleagues, at the heart of the way we make decisions on how our limited resources are allocated and care is delivered across the trust.

We have done this through our Clinical Policy Group (CPG) which draws its membership from our clinical directors, nursing and allied health professional leaders, chief medical officer, executive team, operational managers, chairs of staff-side, our senior medical staff forum, and our British Medical Association representative.

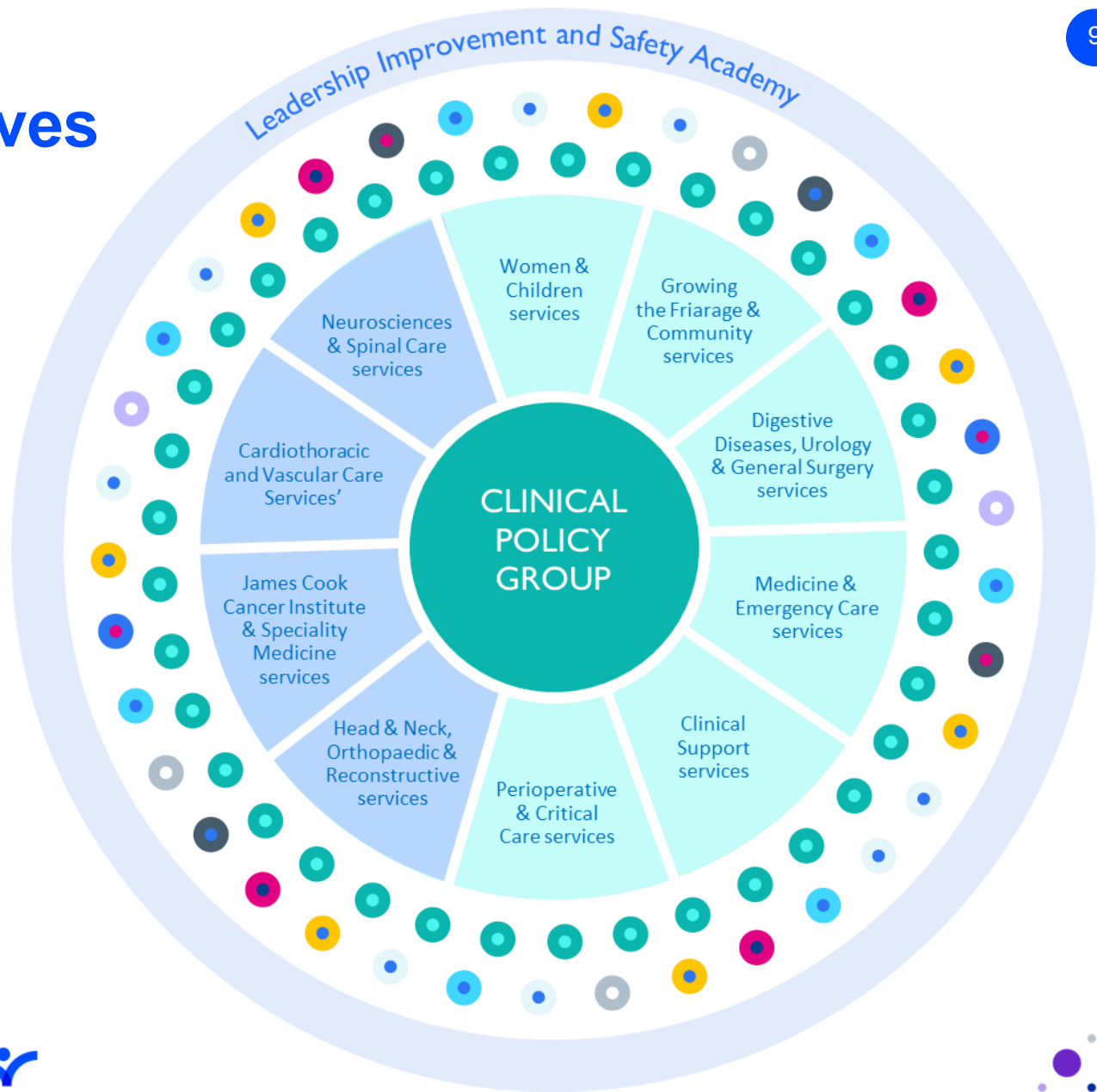
In 2021, our CPG created ten clinically-led collaboratives (service groups) - natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients.

Each of our ten collaboratives is chaired by an experienced clinician and, together with our executive directors, they form our senior leadership team.

At the heart of our clinical collaboratives is our Leadership Improvement and Safety Academy which provides a range of support, including leadership and management training, quality improvement skills, team and service support, coaching and human factors training.



Clinical Collaboratives



Leadership and safety culture





South Tees Hospitals
NHS Foundation Trust

**Our mission,
vision and values**

Safety and Quality First 

Our mission, vision and values

Our Mission

Safety and quality first

As a clinically-led organisation the safety and wellbeing of our patients, service users and colleagues - underpinned by our commitment to clinical research, innovation and training - is at the heart of our mission.

Our Vision

Our clinicians lead by the way they manage our limited resources and deliver safe, quality care across our hospitals and services – aided by the experience, professionalism and skills that exist across our clinical and support areas.

Our Values and Behaviours

The values and behaviours of our nurses, midwives, doctors, allied health professionals, scientific teams, administrative, support staff and volunteers were instrumental in helping our services to meet the challenges presented by COVID-19, and our continued recovery from the effects of the pandemic. They are the words we want our patients, service users and colleagues to be able to use to describe how it feels to receive care or work in our hospitals and services.

- *Respectful*

I am respectful because I listen to others without judgement. I promote equality and diversity and treat others as they wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.

- *Supporting*

I am supportive because I acknowledge the contribution of my colleagues. I support my colleagues and our trainees to develop themselves in order to deliver the best possible care to our patients and families. Being part of a team requires me to be honest, available and ready to help others and myself.

- *Caring*

I am caring because I show kindness and empathy to others through the delivery of individual and high-quality care to our patients, families and my colleagues.



OUR VALUES AND BEHAVIOURS

THE SOUTH TEES WAY



Respectful

I listen to others without judgement. I promote equality and diversity and treat others as I wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.



Supportive

I acknowledge the contribution of my colleagues. I support my colleagues and our trainees to develop themselves in order to deliver the best possible care to our patients and families. Being part of a team requires me to be honest, available and ready to help others and myself.



Caring

I show kindness and empathy to others through the delivery of individual and high quality care to our patients, families and my colleagues.



South Tees Hospitals
NHS Foundation Trust

**Our patients,
service users
and people**

Safety and Quality First 

Our patients, service users and people

Our patients and service users

Putting patients and service users at the centre of everything we do is central to our mission of providing care of the highest standard by focussing on safety and quality.

Building on the thousands of conversations that take place every hour with our patients and service users, and daily feedback that we actively seek out, we will develop a rolling programme of triennial service reviews – enabling clinicians to come together with patients and service users, and the latest research, to make changes that continually improve safety and quality.

Our people

Our colleagues are the beating heart of our organisation, and our mission to put safety and quality first for our patients and service users.

The changing landscape of health and social care and the development of the Integrated Care Systems (ICS) will require our people to work in different ways in collaboration with our health care partners. Involving colleagues in change and seeking their ideas and feedback lies at the heart of our distributed leadership approach to service improvement and developing new ways of working.



Our framework
of continuous
improvement

Our framework of continuous improvement

Through our commitment to leading-edge clinical research, education, training and innovation – with the needs of our patients, service users and colleagues at the centre – we will:

❖ Support care

- Provide focused support to specialities through our Leadership Improvement and Safety Academy.
- Make it easier for patients who are ready to leave hospital, and for those who are waiting to come in for their treatment.
- Continue our programme of trust-wide, digitally enabled improvement.
- Embed a three-yearly cycle of service reviews with the patient and service user voice at the centre.

❖ Develop care

- Enable specialist services to thrive and grow at The James Cook University Hospital.
- Develop community services and partnerships to provide alternatives to hospital, focusing on safe, high-quality care closer to home for frail and older people.
- Continue to grow elective care at our Friarage Hospital Surgical Hub.

❖ Connect care

- Ensure through our hospital group and wider partnerships that we work as one health and care system: delivering safe, quality care in a joined-up way ‘without organisational boundaries’ 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 we serve, and secure the capital investment needed to rebuild and upgrade existing hospital facilities in the Tees Valley and North Yorkshire.



From Good to Outstanding: Our Improvement Plan

Digital enablers and business intelligence

Support

Bespoke support

Cellular Pathology
Emergency Medicine
Ear Nose & Throat
Obstetrics
Ophthalmology
Pain Management
Theatres & Pre-assessment
Urology

Trust wide priorities

Service Reviews will be rolled out to help clinical services develop their team vision and improve against priorities and work towards their aspirations

Trust-wide improvement workstreams integrating digital enablers

- **Clinical workforce** planning and recruitment challenges
- **Urgent and emergency care** pathways for right care, right time, right place
- **Outpatient services** transformation
- Improving performance and developing services in **surgical, cancer, diagnostics**

Leadership development • Continuous improvement • Fundamentals of care • Patient voice

Develop

Specialist services

Service reviews, strategy and plans for **sustainability** and **excellence** in specialist care
e.g. Academic Centres
Regional networks

Care closer to home

Develop community services and partnerships to provide **alternatives to hospital** focusing on reducing **length of stay, discharge** and **frailty**

Growing the Friarage

Develop the Surgical Hub to implement best practice in **high volume elective surgery** across all elective short stay specialties

Connect

Identify and deliver on the opportunities to improve services that are enabled by working collaboratively across the NHS in the Tees Valley and beyond. Deepen our partnerships with our communities, local authorities, universities, research partners and others. Our guiding health outcomes:

- **Quality:** good access to sustainable specialty care
- **Workforce:** stronger and more resilient teams
- **Sustainable:** a firm footing for the long term
- **Health inequalities:** evidence-based measures and interventions

Connect to sustain vulnerable services

Gynae oncology
Oral Maxillofacial surgery / Head & Neck

Connect to develop

Pathology network
Spinal / Paediatric spinal and Neurosurgery
Cardiac and Thoracic services
Stroke services

Our people, and best use of financial resources

Safety and quality movement

Estates and equipment

Triennial service review cycle



CQC Improvement Plan

Our improvement plan is focussed on delivering outstanding care to our patients alongside ensuring that we meet the CQC Fundamental Standards. We will demonstrate the progress we are making with our continuous improvement journey. Work is already under way to achieve the improvements identified in the May 2023 CQC inspection report.

Ratings for a combined trust

	Caring		Responsive		Well-led		Overall	
Acute locations	Good	Good	Good	Good	Good	Good	Good	Good
Community	Good	Good	Good	Good	Good	Good	Good	Good
Overall trust	Good ↑ May 2023	Good ↑ May 2023	Good ↔ May 2023	Good ↔ May 2023	Good ↑ May 2023	Good ↑ May 2023	Good ↑ May 2023	Good ↑ May 2023

Outstanding care is:



Treat everyone with dignity, show compassion



Responsible for judgements and actions



Safe care, managing risk



Patient centred care



Heart of communication



Knowledge and skills



Team working, coordinated care



Lead by example

We will focus on:

- Improving compliance with mandatory training for all staff
- Ensuring 'substances hazardous to health' are always stored securely
- Recording all Mental Capacity Act and Deprivation of Liberty Safeguards assessments and decision making
- Completion, compliance and audit of care records
- Monitoring nurse staffing levels
- Supporting Maternity services: Maternity services are preparing for a CQC inspection, which we anticipate will be during the current financial year.



National priorities and standards

The Trust Improvement Plan supports delivery of the NHS 2023/24 priorities and operational planning guidance.

Emergency care

- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours, by March 2024.
- Minimise ambulance handover delays to improve Category 2 ambulance response times to 30 minutes.
- Reduce adult general and acute bed occupancy to 92%.

Community health services

- Consistently meet or exceed the 70% urgent community response (UCR) standard.

Elective care

- Deliver our share of the system activity target: 109% of 2019/20 activity by value.
- Eliminate waits of 65 weeks by March 2024.

Cancer pathways

- Reduce the number of patients waiting over 62 days.
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
- Increase the percentage of cancers diagnosed at stages 1 and 2 by 2028.

Diagnostics

- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.

Maternity

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury.
- Increase fill rates against funded establishment for maternity staff.

Workforce

- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.

Health inequalities

- Continue to address health inequalities and deliver on the Core20PLUS5 approach.

System sustainability

- Deliver a balanced net system financial position for 2023/24.





**Our clinical
strategy priorities**

Clinical Strategy Overview

While our services continue to recover from the impact of the pandemic, our strategy is increasingly focused on taking our hospital services from good to outstanding. All our elective services are seeing an improvement in waiting times, but growth in waiting list size as referrals increase. Urgent and emergency care pathways remain under considerable pressure due to challenges across the wider health and care system. Our focus now moves from supporting services with initial recovery to developing services to take forward their strategic plans.

The **Support** phase offer is being extended with a rolling programme of deep dive service reviews to help clinical services develop their immediate and medium to long term clinical priorities and plans. A program of leadership development and continuous improvement in safety and quality continues.

Alongside this we will **Develop** those workstreams which have been integral to our clinical strategy to date – enabling our specialist services to strive for clinical excellence through regional networking and academic developments. Driving forward our cancer strategy is a core element of this. The care closer to home workstream will continue to grow the hospital@home model, focusing on admission avoidance and supporting earlier discharge. Work to develop the surgical hub at the Friarage Hospital will continue to focus on maximising our day case rates in line with best practice.

The **Connect** phase will enable our clinical teams to increase their collaborative working with partners across the NHS, social services, local authorities and academic partners. We will focus on joint working partnerships with North Tees and Hartlepool NHSFT colleagues as a Group structure, with a focus on strategic development and greater standardisation of care. Our specialist services will work with partners across the ICB on developing pathways of care to ensure we have the maximum range of specialist care delivered locally.

We have set four patient-centred outcomes against which closer working can be measured:

Quality: good access to sustainable specialty care

Workforce: stronger and more resilient teams

Sustainability: a firm footing for the long term

Health inequalities: evidence-based measures and interventions to empower and improve population health

Underpinning each phase of our plan is our social movement to continue putting safety and quality first.



Clinical Workforce Planning - Medical

Medical workforce pressures are a theme across services for priority support, locally and regionally. Pressures arise from national workforce shortages in some professions, gaps in local training, and an aging workforce profile. Innovative service models will be needed to optimise and develop the available workforce according to service needs, incorporating the use of clinical nurse and allied health professions (AHP) specialists, physicians' assistants and advanced clinical practitioners (ACPs).

Achievements:

- Job Planning Assurance Group established, reviewing medical workforce, principles and policy published
- E-rostering rollout for consultant annual leave
- New rotas for acute medicine, rota for surgical trainees in development
- Refreshed, digitally enabled recruitment campaigns
- Support from Armed Forces personnel / programmes
- New models to facilitate increased activity and productivity by optimising job plans
- Increased training and recruitment into non-medical roles such as Physician Associates

Plans and key deliverables:

- Sustainable options for resourcing and remunerating additional clinical activity
- Clinical productivity review – demand and capacity linked to job plans with initial work in anaesthetics, critical care and emergency medicine
- Joint work across professions on workforce innovation and rostering

Key milestones:

- All Collaboratives have Workforce Plans by end Q2
- Electronic roster roll out throughout 2023
- New surgical junior rotas by August 2023
- Job plan review complete by end Q2 and all consultant job plans updated by end Q3
- Transition to new platform for job planning by end Q1

Outcome measures:

- Vacancies by profession and specialty
- Roster and job plan compliance with Working Time Regulations and Royal College standards

Connecting programmes:

- Elective pathway
- Outpatient transformation
- Emergency care pathways

Digital enablers:

- E-rostering software
- E-job planning software



Clinical Workforce Planning – Nursing

Growing the nursing workforce will require a multi-faceted approach. We want to overhaul recruitment and retention within South Tees to ensure a resilient and motivated workforce. To provide safe, effective and compassionate care to our patients we aim to increase workforce supply utilising many different and innovative pipelines. A focus on the retention of existing staff is essential, therefore providing a platform for staff to give feedback to form new opportunities for development and career planning. A robust action plan must be created to improve staff experience and support sustainability in their roles.

Achievements:

- Increased the number of student placements by 20
- Increased nurse degree apprenticeships; nursing associate top up apprenticeships
- Improved onboarding of newly qualified nurses
- Introduction of Mobile Health Care Support Workers
- Successful implementation of allocate-on-arrival critical shift support
- Monthly decrease of nurse turnover
- Inaugural international nurse retention event
- Review of policy on use of temporary workers and management of staff shortages in nursing and midwifery
- SafeCare process refreshed and implemented
- Volunteer to career outcomes recognised with national award
- Promotional materials South Tees 'yes please'

Plans and key deliverables:

- September 2023 Professional Nurse Conference
- “Who cares wins”
- Refresh, rebuild and rise
- Centralised recruitment process for Health Care Support Workers, and new blended roles in Community
- Implementation of transfer guidance
- Impact of legacy mentors on retention
- Monthly Safe and Effective staffing report for board
- Bi-annual Safer Nursing Care Toolkit Nurse Staffing Annual Capacity and Capability report

Outcome measures:

- Accurate live vacancy information from HealthRoster

Digital enablers:

- E-rostering and E job planning for nursing
- Nursing specific KPI reports monthly



Clinical Workforce Planning – AHPs

AHP workforce pressures arise from national shortages in some professions, lack of local training and development pathways and an aging workforce profile.

Achievements:

- Increased training and recruitment into non-medical roles such as ACPs, first contact practitioners and research roles
- Introduction of degree apprenticeships for Occupational Therapy, Physiotherapy and Therapeutic Radiography
- AHP workforce review supported by Health Education England funding
- AHP electronic staff record data cleansing
- Increased assistant practitioner apprenticeship and adoption of support worker framework across AHP professions

Plans and key deliverables:

- Improve recruitment and retention of staff in professions that are difficult to recruit into including Dietetics and Speech and Language Therapy, Orthoptists
- Capacity and demand modelling for AHPs

Key milestones:

- All Collaboratives have Workforce Plans by end Q2
- AHP workforce strategy and report
- Biannual AHP staffing report and monitoring and mitigation of risk

Outcome measures:

- Vacancies by profession and speciality
- Turnover rates and recruitment into apprenticeship programmes
- Establish unmet need for all AHP services
- Electronic job planning levels of attainment

Connecting programmes:

- Elective recovery
- Care closer to home

Digital enablers:

- E-rostering and E-job planning for AHPs
- AHP specific KPI dashboard
- Electronic patient record platforms



Emergency Care, Flow and Discharge

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Our vision is to safely respond to non-elective demand, with patients treated in the right place, right time, with resilient services year round, meeting national standards and improving patient experience.

Achievements:

- £10m investment secured for new Urgent Treatment Centre (UTC) at JCUH
- Symphony digital system upgrade
- Medical and Surgical Same Day Emergency Care unit open 24/7 at times of peak demand
- Clinical site management strengthened
- Multidisciplinary team reviews for long stay patients
- Transfer of Care Hub fully recruited
- Frailty pilot successful, now funded substantively
- Alcohol Care Team in place
- New discharge suite

Plans and key deliverables:

- Implement bed model for medical wards
- Continuation of Emergency Department action plan
- Complete reviews of transfer of care and discharge
- Review of discharge suite processes, escalation framework and Directory of Service
- Development of new UTC

Key milestones:

- UTC new build due for completion March 2024

Outcome measures:

- 4-hour standard met for at least 76% patients by March 2024
- Ambulance handover metrics
- Length of stay metrics e.g. patients in hospital over 21 days, delayed step down from critical care
- Clinical metrics (acuity, frailty, patients in hospital who do not meet criteria to reside, outliers)
- Community 2-hour crisis response
- Increased discharge to assess

Connecting programmes:

- Care closer to home

Digital enablers:

- Alcidion Miya patient flow and command centre modules



Outpatients Transformation

The key driver for outpatient transformation is to improve patient experience from referral to discharge. This will be achieved by delivering care closer to home, increasing use of technology, improving administrative processes and functions including communications with primary care, and stakeholder engagement.

Achievements:

- Introduction of self-check in kiosks
- Increased use of patient initiated follow up
- Reduction in open episodes
- Improved accuracy in patient communication with the introduction of new Clinic appointment letters.
- Improved accuracy in data recording
- Improved waiting times for patients calling the central booking team
- Improved staff induction training plan
- Continued roll out of digital dictation following clinic.

Plans and key deliverables:

- Improved patient and staff experience
- Complete roll out of kiosks
- Outpatient reception models
- Waiting list management including outcome codes, validation, clinical prioritization
- Advice & Guidance activity and reporting
- Maximising use of community locations
- Introduction of a clinical dashboard for outpatients
- Providing patients access to their appointment letters via an online platform

Outcome measures:

- Outpatient patient experience and satisfaction
- Digitally live recording of patient outcomes
- Reduced paper-based systems
- Activity versus plan – supporting services to deliver their plan
- Deliver on improved outpatient experience for patients and staff
- slots used, 'did not attends', new to follow-up ratio
- Open episodes and other key data quality metrics
- Increased adoption of digital dictation systems

Connecting programmes:

- Elective recovery including Diagnostics recovery
- Growing the Friarage
- Estates Plan

Digital enablers:

- Clinic booking and clinic workflow
- Waiting list management interface (CCS)
- Voice recognition, typing work flow and document management
- Patient Engagement Portal



Elective Pathways

Elective demand has now returned to pre-COVID-19 levels. Elective capacity has been affected by the recent industrial action, the effect of respiratory infections and nursing workforce on bed base over the winter months, reduced theatre estate due to building works, and reduced anaesthetic and nursing workforce. Clinical teams must ensure that patients are seen in clinical priority and date order, and clear surveillance as well as first-treatment accumulations to meet waiting time standards. To achieve this, we must get back to, and then exceed, pre-COVID-19 activity levels

Achievements:

- No patients will wait over 78 weeks
- Waiting list validation and clinical prioritisation
- Restoration of all elective surgery, protecting bed base through continued challenges of winter pressures
- Maintaining cancer services and reducing number of patients waiting over 62 days for treatment
- Improvement of waiting times in all surgical specialties
- Theatres '6-4-2' booking project now embedded
- Implementation of needs and clinically led theatre schedule
- Implementation of new theatre management system
- Implementation of waiting list management platform

Plans and key deliverables:

- Deliver activity to trajectories to 109% of 19/20
- Improve waiting times for paediatric surgery
- Streamline surgical pathways to pre-assessment and theatre, focusing on High Volume Low Complexity (HVLC)
- Improve theatre utilisation and efficiency across all sites
- Analysis of the impact of activity trajectories and demand scenarios on patient waiting times and sustainable list size
- Waiting list validation and clinical prioritisation – inpatients and diagnostics including patients waiting for surveillance

Key milestones:

- Eliminate 65-week wait RTT by March 2024, and 52-week wait by March 2025
- 95% of patients have diagnostic tests within 6 weeks by March 2025

Outcome measures:

- Constitutional standards and waiting times
- Theatre efficiency metrics, booking metrics, cancelled operations, day case surgery, benchmarks

Connecting programmes:

- Growing the Friarage – Surgical Hub
- Clinical workforce review - anaesthetics
- Clinical Coding Strategy
- Digital transformation programme

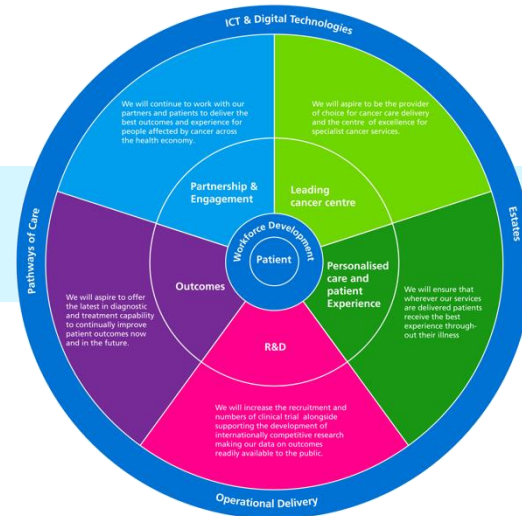
Digital enablers:

- Further integration of new theatre system to create end to end patient pathway from referral to discharge
- Integration of surgical coding into digital systems



Cancer Pathways

To provide excellence in cancer care, improving outcomes for the people we serve by investing in our staff and working with others to deliver world class patient care, excellent education and world-class research.



Achievements:

- Target lung health check pathways implemented
- Improved Oncology waiting times by supporting changes in the Chemotherapy Day unit.
- Completed Process Reviews in 5 pathways – Head & Neck, Breast, Urology, Colorectal and Gynae
- Implemented photography clinic for Skin referrals

Plans and key deliverables:

- Review and refresh the Cancer Strategy
- Conduct process reviews in skin, oncology, pathology, Endoscopy and radiology
- Review of the Cancer MDTs
- Agree the model for Rapid Diagnostic Centre delivery

Key milestones:

- Patient Stratified Follow Up in place
- Compliance with Best Practice Timed Pathways in Prostate, Lung, Colorectal, and oesophago- gastric cancer pathways

Outcome measures:

- Improved compliance Cancer Waiting Time standards: 14-day referral standard, 28-day faster diagnosis standard, 31-day and 62-day treatment standards
- Reduction in backlog in line with plan
- Clinical outcomes – increase in the number of patients diagnosed early

Connecting programmes:

- Elective care pathways and diagnostics
- Estates Plan
- Implementation of Community Diagnostic Hubs

Digital enablers:

- Waiting list management platform
- Cancer pathway management (Infoflex)
- Implementation of the Tees Valley Shared waiting list
- Implementation of Blue Prism digital workers to support cancer tracking.



Specialist Services

Our specialist services include Neurosurgery, Spinal Cord Injuries, Stroke, Cardiovascular Services, James Cook Cancer Institute, Surgical Oncology, Critical Care, Major Trauma Centre, Head, Neck and Reconstructive Surgery, Cochlear Implant Service, Renal Services, Upper Gastro-intestinal Services and Neonatology. Our vision is to develop the range of procedures we offer so that we are able to deliver the most up to date care possible using the least invasive interventions. We will work in partnership across the region to ensure our specialist services are sustainable and support equity of access.

Achievements:

- Offering capacity in spinal surgery and cardiac surgery to patients from out of area to reduce waiting times
- Clinical Networks across multiple specialist areas to improve access, outcomes and sustainability
- Interventional radiology suite fully operational
- Cardio Vascular Academic Unit opened
- Successful Major Trauma Centre peer review

Plans and key deliverables:

- Prioritised service reviews for regionally vulnerable services – non-surgical oncology, gynae oncology and neurorehabilitation
- Sustainability plan for Oral Maxillofacial Services essential to Major Trauma Centre and Head & Neck cancer pathways
- Assessments of sustainability and potential for growth across cancer pathways
- Cardiothoracic Intensive Care Unit refurbishment
- Regional patient transfer and repatriation policies

Outcome measures:

- Specialised services quality dashboard
- Compliance with national service specifications
- Managed clinical networks delivering standardized care
- Regional collaboration on cardiothoracic and spinal surgery
- Recruitment to vulnerable specialties
- Ensuring our Trust contributions to Innovation, Research & Development and Education are recognised nationally

Connecting programmes:

- Research Strategy
- Academic Programmes
- Estates Plan

Digital enablers:

- New digital system for critical care
- Upgraded digital systems for neonatology



Care Closer to Home

Our vision for Care Closer to Home is developing integrated Community Services locally and across the system. We are aligning with Primary Care Networks, developing Hospital@Home (Virtual Wards), focusing on frailty and enhancing our 2-hour urgent community response (UCR). We aim to reduce admissions and reach into our hospitals to support timely discharge, as we know that for many patients, particularly frail elderly, their own home is the best place to receive their care.

Achievements:

- Hospital@Home (Virtual Wards) established for frailty and respiratory conditions, Tees and North Yorkshire
- Developed Urgent Community Response (UCR) services across Tees and Yorkshire
- Care Closer to Home conference June 2023

Plans and key deliverables:

- Improve pathways between Urgent Care Services, Primary Care Hospitals and Community Services
- Implement Frailty Strategy

Key milestones:

- Integrate the Transfer of Care Hub and Single Point of Access
- Hospital@Home expansion, Home First and Reablement service developments

Outcome measures:

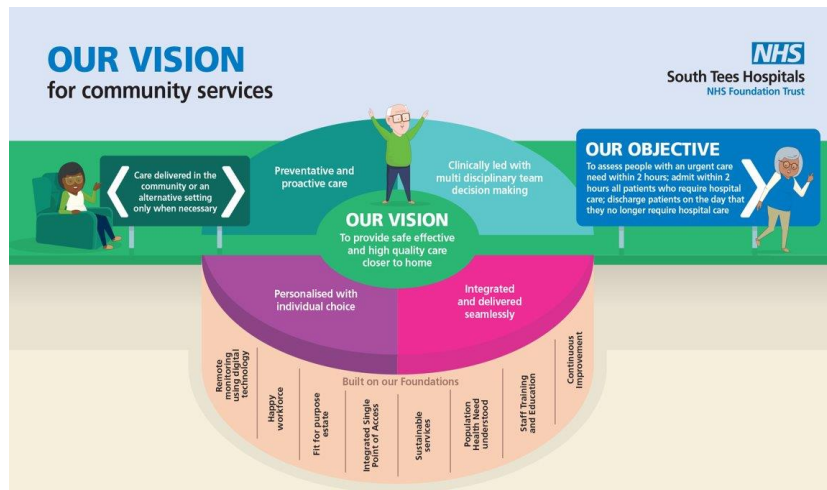
- Urgent community response >80% within 2 hours
- Reduce hospital admissions and readmissions
- Reduce length of stay

Connecting programmes:

- Emergency care pathways, flow and discharge

Digital enablers:

- SystemOne community services information system



Growing the Friarage

Our The Friarage Hospital is a key point of delivery for patients from a wide geographic area across North Yorkshire and the South of Tees. The Growing the Friarage work programme focuses on maximising elective services and diagnostics whilst sustaining local acute care.

Achievements:

- Secured NHSE capital funding for new theatres and surgical admissions / day unit
- Site clearance work completed and theatres build commenced.
- Elective capacity has continued to be protected, using a temporary Surgical Admissions Unit, and case mix at Friarage has increased
- New Endoscopy and Urology Investigations Unit opened October 2023

Plans and key deliverables:

- Maximise elective activity at the Friarage Hospital across orthopaedics, ophthalmology, ENT, OMFS, plastics, urology, gynaecology, pain and spinal surgery.
- Community Diagnostic Centre: maximise the use of the new endoscopy and urology investigations unit, including seven-day working, to increase capacity and improve care pathways
- Further expansion in the availability of eye services and procedures

Key milestones:

- Community diagnostic centre – second CT scanner opens Q3 2023
- Theatre build programme to Q4 2024/25

Outcome measures:

- Theatre utilisation and efficiency KPIs
- Outpatient, surgical and diagnostic activity
- Day case rates versus benchmarks

Connecting programmes:

- Elective, surgical and diagnostic pathways
- Care closer to home

Digital enablers:

- SystmOne and Symphony GP Connect for connection between community services, acute trust and primary care
- New theatre system GE Opera



Connect across boundaries

Our clinicians will take a lead role in collaborative working that will drive joined-up and sustainable care that ensures quality by providing good access to sustainable specialty care through stronger and more resilient teams, a firm footing for the long-term and supports evidence-based measures and interventions to empower and improve population health. This includes our new Group structure with North Tees and Hartlepool NHSFT but also a wide range of other partnerships, networks and collaborations.

We have been working closely with our colleagues and partner organisations to bring about patient benefits in:

- North East & North Cumbria Integrated Care System
- Humber Coast and Vale Integrated Care System

Our performance, health outcomes and financial sustainability are measured and managed as a system to deliver for our populations.

Collaborative Improvement Plans include examples of work streams with partner organisations which will improve connectivity and sustainability of both local and specialist clinical services.

We are connecting to protect and sustain services that are 'vulnerable' such as gynae-oncology and OMFS. We are also connecting to further develop excellence and partnership working in specialist services such as cardiac surgery, thoracic surgery, neurosurgery and spinal surgery, and in research programmes.

The Trust is fully engaged in regional Networks for Pathology, Cancer, Maternity & Neonates and many other examples.



Health inequalities

Health inequalities are **unfair** and **avoidable** differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age, and result in poor health being experienced from a younger age, at a higher intensity for a greater proportion of life and ultimately in premature death. Our population experiences significant and increasing inequalities, which creates specific and wide-ranging challenges to providing the best care.

Our approach:

- Identify leaders
- Establish governance and reporting
- Work in partnership
- Strengthen patient and public involvement
- Make tackling health inequalities everyone's business



Health Inequalities Group with multi-agency representation and Board endorsement

Achievements:

- Working groups on
 - Fairer access
 - Ill health prevention
 - Our role as an anchor institution
 - Military personnel and veterans
- Veteran Aware Silver accreditation
- Alcohol Care Team in place
- Tobacco dependency programme in place

Plans and key deliverables:

- Actions mapped to Core20PLUS5 frameworks
- Delivery of Waiting Well interventions
- Roll out of Making Every Contact Count
- Joint working with Public Health intelligence to increase capacity and insight
- Joint working with Cleveland Violence Reduction Unit (CURV), sharing data and providing a navigator service
- Key workers for vulnerable patients in post

Outcome measures:

- Programme specific measures
- Trust specific measures: DNA, waiting list trends
- Qualitative patient feedback
- Joint Strategic Needs Assessment outcome framework

Digital enablers:

- 'Fairer access' dashboard analysis of 'did not attend' and 'was not brought' to highlight trends
- Patient engagement portal





**Clinical
collaborative plans**

Neurosciences & Spinal Care Services

PURPOSE

To deliver excellence in tertiary care and outcomes for the population within the Tees Valley and northern region of England.

MISSION 2022-23

- To work across Trust borders to ensure we right size and develop workforce and resource through collaboration utilizing both clinical leadership and technology to drive improvements and reduce inequalities in healthcare access.

AMBITION 2023-24

- Proactive in Tees Valley Managed Clinical networks for Spinal Surgery and Stroke Service
- Work with Commissioners to highlight lack of regional community rehabilitation capacity, active participation in ICB review of neurorehabilitation services
- Continue to work with Newcastle with the '2 organisation, 1 service' model especially in Low Volume High Complexity procedures
- Develop Northern Clinical Network for spinal cord injury centres; Working with NHSE to revise national phrenic nerve pacing policy; aspiring to be an implant centre (with cardiology)
- Develop a sustainable workforce model

KEY RESULTS 2022-23

- Achieved STAQC for Ward 26 (Diamond award), Ward 24, Neuro HDU & Spinal Injuries (Gold)
- Eliminated 78 week waits by Achieved 103% against target for Cost Improvement Programme
- Continued to be pro-active in supporting the Spinal Surgery & Stroke Tees Valley Managed Clinical Network
- Created the Neurology & Stroke Acute Unit (NASU)
- Secured transformation funding for AHP within the Spinal Cord Injuries specialty
- Introduced cutting edge technology in neurosurgical theatres
- Achieved a sustained B rating within the Stroke Sentinel National Audit Programme
- Hosted a Peer review within Spinal Injuries receiving extremely positive feedback
- Hosted a Neurosurgery network visit with positive feedback – also offered mutual aid for long wait patients to neighboring trusts

KEY DELIVERABLES 2023-24

- Improved RTT position in all directorates
- Eliminate 65-week waiters within Neurosurgery and Spinal Surgery by April 2024
- Deliver a significant improvement in 6-week diagnostic (DM01) performance for Sleep, Neurophysiology & Neuroradiology
- Ensure Mandatory Training and SDR KPI's achieve agreed targets
- Secure a sustainable location for the Neurology day unit and re-establish the walking training facility to full capacity
- Deliver the agreed Cost Improvement Programme
- Ensure elective and outpatient activity exceeds 2019/20 levels
- Improvement in responsiveness to patient experience enquiries
- Improvement in patient safety KPIs
- Achieve STAQC accreditation for NASU and Neurosciences outpatient department

DRIVERS AND ENABLERS

New location from the Neurology day unit.

Access to Theatre capacity

Access to ward beds to support elective and diagnostic activity

Support from corporate teams to facilitate workforce and service development

Support representation on key clinical networks



Cardiothoracic and Vascular Care Services

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PURPOSE

To deliver a safe, evidence based and clinically effective service for patients with all aspects of cardiothoracic and vascular disease; to work collaboratively to ensure our service is equitably available to all patients in our region.

MISSION 2022-23

- Timely access to specialist services for regional patients
- Maximise programme productivity through building resilience in cath labs, theatres and CITU and increasing list utilization in vascular
- Address workforce shortage areas – recruitment and retention
- Review diagnostic pathways and workforce in order to reduce waiting times
- Offer mutual aid in cardiac surgery to income generate and enhance reputation of unit
- Commitment to replacement of critical collaborative capital estate infrastructure
- Right size and improve vascular ward environment including diabetic foot unit
- Focus on quality improvement and safety
- Expansion of research/academic capabilities and income generation

AMBITION 2023-24

- Maximize productivity, improve RTT compliance and achieve activity targets including:
- Gain agreement to strategic expansion of thoracic surgery services
- Expansion of vascular surgical and interventional radiology to reduce time to procedure
- Expand TAVI and mitralclip capacity to reduce waits
- Reduce diagnostic waits
- Achieve financial balance and CIP
- Recruit and improve resilience in specialist teams and support workforce development and succession planning
- Continued quality improvement
- Investment in estate improvement

KEY RESULTS 2022-23

- Some incremental improvement of waiting times to treatment for patients accessing urgent tertiary care and small reduction in inequality of access
- Increased cath lab utilization and worked jointly with N Tees on diagnostic angio lists and combined CMR waiting list; returned to 19/20 cardiac activity levels; exceeded 19/20 vascular activity levels and established scan and plan clinics (for fistula service)
- Gained agreement to HF and TAVI business cases and recruited to 3 SpN posts; recruited to 2 substantive Cardiac Anaesthetic consultant posts and two locums to stabilize capacity, 2 cardiac surgeons, 1 cardiologist and 1 locum Cardiologist
- Detailed validation of echo waiting list and planned list reducing overall size and improved compliance with 6 week diagnostic wait target, achievement of CDC activity target
- Delivered mutual aid to Hull cardiac patients and brought in £365k income
- Agreement to refurbishment of 2 x cath labs, extended life x2 cath labs, refurb of CITU
- Move of vascular ward to ward 28 incorporating DFU beds
- 5 wards/departments accredited with STACQ
- Establishment of ACU – first operational posts and clinical lecturer posts

KEY DELIVERABLES 2023-24

- Delivery of improved RTT, no over 65 week waiters, elective activity targets met
- Expansion of TLHC programme, reduction of time to surgery and introduction of navigational bronchoscopy
- Establishment of second national Pectus site
- Delivery of CDC activity target and support to plans for new CDC in Stockton inc workforce plan, improved compliance with 6 week wait target for diagnostics
- Reduction in time to surgery for urgent AAA and carotid patients, ACS transfers and IHU patients
- Re-establishment of DOSA programme
- Recruit to residual substantive cardio anaesthesia consultant posts, 8th Vascular surgeon, TAVI and interventional cardiology posts, CCL and cardio theatres vacancies
- Financial balance and control of premium spend
- Workforce, sickness reduction and staff survey plans
- Residual departments receive STACQ accreditation
- Formal build of ACU
- Replacement of x2 labs, commencement of CITU refurb/decant of CITU, redevelopment of COPD at FHN
- Work with primary care to develop leg ulcer pathway
- Deliver cardiac rehab and HF bids to enhance capacity

DRIVERS AND ENABLERS

HR workforce and staff survey plans

Financial plans and CIP

Capital investment in facility refurb

IT system updates and support

Collaboration Cardiovascular network and with NT&H

Research



PURPOSE

The James Cook Cancer Institute and Speciality Medicine Collaborative strives to provide safe, efficient, excellent quality services to our patients.

MISSION 2022-23

- Readiness for CQC inspection
- New Linear Accelerator operational
- Macmillan Quality Environment Mark accreditation Ward 14
- Recover waiting time performance in bone densitometry service
- Increase home dialysis capacity

AMBITION 2023-24

- Further improvements to cancer waiting times compliance
- Grow capacity to meet increasing demand
- Develop skill mix
- Develop improved models of care – same day emergency care pathways

KEY RESULTS 2022-23

- Home haemodialysis training room
- FHN Renal Unit
- Funded 3rd RN for Home Haemodialysis
- Four additional NMP in renal services
- Trainee Vascular Access ACP
- RN completed chemo course in renal services
- Supporting the overseas nurse programme within the renal unit and ward 4
- Nursing associate roles in renal unit
- Ward 4 Diamond Accreditation STAQC
- Completion of Renal Advanced Nurse Practitioner training
- Ward 33 MQEM accreditation
- Several RNs completed the chemo course in haematology
- Haematology gained Myeloma accreditation
- Secured Myeloma ACP post
- Development of the FHN Haematology service - additional RN in the team
- 2 additional NMP in haematology services
- Clinical sisters post in Haematology day unit
- Full time manager now at Robert Ogden unit
- Development of Nurse specialist role in Rheumatology
- 2 additional NMP in rheumatology
- Several RNs across all of Oncology have completed the chemo course
- Opening of the CIAB
- Reduction in chemo waiting times
- 2 NMP now in coagulation services
- All areas have omnicell installed

KEY DELIVERABLES 2023-24

- Service growth and improvement
- Capital Investment planning
- Improve workplace and clinical environments
- Support recruitment & retention
- Improve quality indicators (falls etc)
- Provide emotional and other support for staff in the "post pandemic" workplace
- Reduce use of locum staff

DRIVERS AND ENABLERS

Investment in capital equipment and maintenance

Investment in ACP roles

Investment in staffing as services expand

Ongoing staff development

Estates



Head, Neck, Trauma and Reconstructive Services

PURPOSE

To deliver excellence in patient care and outcomes across all pathways of care.

MISSION 2022-23

- CQC priority
- Develop workforce plans
- Review nursing competencies
- Improve RTT recovery
- No 78 week waits
- Improve audiology compliance
- Tackling backlogs:
 - ENT
 - Audiology
- Improve key KPI's across the collaborative.
- Embed 6-4-2 process
- Right size hip fracture unit/elective ortho units

AMBITION 2023-24

- Secure Head & Neck workforce
- Improve cancer pathway delivery
- Improved HVLC pathways
- Achieve 85% day case
- Fulfill activity plans
- Improve coding and activity data
- Improve compliance with PIFU and reduce review appointments
- Ensure all nursing competencies achieved.
- Paediatric surgery
- Establish SDEC
- Musculoskeletal service review

KEY RESULTS 2022-23

- 8 areas received STACQ accreditation
- 3 Gold
- -5 Diamond
- Rightsized hip fracture and ortho elective bed base.
- 4 Nightingale Award winners from our ward areas
- 1st HVLC list in ENT for paaediatric tonsillectomy
- Received National Joint Registry quality award
- Embraced the recording of outcomes electronically, most services at 90%
- Introduced MAKO robot for elective orthopaedic surgery

KEY DELIVERABLES 2023-24

- Achieve annual activity plan for Collaborative
- CIP plans
- 85% day case
- Reduce patient-days on cancer pathway
- No 65 week waits by March 2024
- Continue to focus on GIRFT priorities

DRIVERS AND ENABLERS

Outpatient transformation

Waiting list management

Service reviews

Digital theatre system

Patient access targets



Women's and Children's Services

PURPOSE

The service is committed to delivering safe, high quality, compassionate and effective care. We put our patients at the centre of their care and decision making, ensuring that our services are inclusive and accessible to all, whilst being tailored to each individual. Striving to be leaders and advocates in the pursuit of excellence in the health of women, children and young people. To provide safe, effective and responsive Midwifery care in partnership with women and their families.

MISSION 2022-23

- Focus on patient quality and safety.
- Reflections/sharing of lessons learnt from incidents and complaints.
- Sustaining specialist services and re-start of regional paediatric neurology service.
- Achievement of National Standards, audit and access targets.
- Enhancement of research activities.

AMBITION 2023-24

- Positive CQC assessment.
- Colposcopy centre of excellence.
- Stage 2 UNICEF Baby Friendly accreditation.
- Improve mental health care for children and young people.
- Fully implement and realise benefits of new maternity digital system (BadgerNet).
- Workforce action plan, responding to staff survey.
- Explore possibility of Children's Hospital for south of region.

KEY RESULTS 2022-23

- Nightingale award for UNICEF Baby Friendly Initiative.
- Greenshoots award to Gynae. Presentations at national/international research conferences.
- Maternity and Neonatal BadgerNet live.
- 32/40 week neonates pathway in place in response to increased activity.
- Neonates mortality rate reduced in MBRRACE report.
- Outstanding paediatric epilepsy care recognised in National Epilepsy 12 Audit.
- PICANet positive outlier for second year.
- Collaborative leading use of electronic patient check-in kiosks. E-RTT ahead of overall Trust position in most areas.
- Positive feedback in Paediatric major trauma review.
- Paediatric LTV service commenced – hub and spoke service with Newcastle.
- Maternity Incentive Scheme safety actions achieved and compliance with training requirements.
- New maternity governance structure and process embedded, incorporating monthly safety and quality meetings and clear process for escalation.
- Maternity Safety Champions walkabout monthly by Non-Executive Director and Chief Nurse.
- Senior maternity staff trained as Family Liaison Officers.
- Cultural Action Plan implemented which includes team building work and behaviours framework. I
- mplementation of British Society of Obstetric Surgeons Triage standards.
- All baby deaths reviewed using National Perinatal Mortality Review Tool with external peer review.

KEY DELIVERABLES 2023-24

- Perinatal Mortality Review Tool use for Child Death Reviews.
- Action plan for exceptions on National Neonatal Audit Programme.
- Identify neonates solution for electronic prescribing
- Assessment for stage 2 UNICEF Baby Friendly Initiative.
- Collaborate with mental health services to improve care and experience of CYP presenting with mental health problems.
- Continue to develop Long Term Ventilation service.
- Paediatric long covid unit – renewal of funding to 2024.
- OPD review - capacity and demand, PIFU, increase number of new patients seen in clinics.
- Gynae nurse-led review clinics.
- Continue to fully implement BadgerNet.
- BSOTS action plan in place to build on audit. Development of 24-hour telephone triage service. Working with LMNS to develop collaborative approach to implementation of 3-year single delivery plan. Year 5 of Maternity Incentive Scheme. Maternity cultural programme. Decisions re estates - Ward 19 and reconfiguration.
- Cultural action plan.

DRIVERS AND ENABLERS

Outpatient transformation

Waiting list management

Capital equipment review

Digital systems

Regional partnership working



Growing the Friarage & Community Services

PURPOSE

Maximising elective services at the Friarage and care closer to home across North Yorkshire and South Tees.

MISSION 2022-23

- Maximise and expand the range of elective services provided at the Friarage including the Surgical Hub, increasing diagnostic services and improving outpatient services.
- Integrate community services with PCNs and reablement services, to support stronger hospital in-reach and timely discharge.

AMBITION 2023-24

- Working towards CQC Outstanding
- Developing the Surgical Hub
- Expanding SDEC pathways and integration with Hospital at Home (UTC and Virtual Ward)
- Further integrate urgent community response services with partners to provide alternatives to acute hospital admissions.

KEY RESULTS 2022-23

- STAQC accreditations
- Collaborative specific workforce plan in progress and monitored through the Workforce Steering Group.
- Hospital at home (virtual ward) services established.
- Same Day Emergency Care pathways developed.
- Full business case approval and work commenced on Surgical Hub.

KEY DELIVERABLES 2023-24

- STAQC accreditations.
- CQC self assessments in place to work towards excellent standard.
- Localised recruitment, careers fairs, integrated recruitment solutions, partnership/joint recruitment across health and social care. Increasing work experience and volunteering opportunities.
- Create Advanced Care Practitioner roles to strengthen services and expand frailty specific roles.
- SystemOne developments to drive more efficient use of resources.
- Embed Hospital at Home (UTC and Virtual Ward) with enhanced directory of service and the integration of UTC and Primary Care Out of Hours service.
- Review community services to ensure sustainability and that they meet the needs of the population.

DRIVERS AND ENABLERS

Partnership working across agencies

Surgical collaboration on Hub model

Use of digital technology

Develop community workforce

Urgent care pathways



Digestive Diseases, Urology & General Surgery

43

PURPOSE

To place our patients at the heart of our services across outpatient, diagnostic and treatment pathways **Objectives:** Consultant led care delivered by a motivated and highly performing team of staff, assessed and regularly revalidated with documented and measured standards.

MISSION 2022-23

- Stabilise and reduce diagnostic waiting times for Endoscopy.
- Permanent increase to Endoscopy capacity to meet demand.
- FHN investigations unit for Endoscopy and Urology.
- Improve elective processes and benchmarks in theatre and endoscopy schedules including in-list utilisation.
- Review the booking process, perioperative pathways and outpatient efficiency.
- High Volume, Low Complexity benchmarking.
- Increase theatre utilization
- Achieve 108% of 19/20 figures
- SDEC expansion of activity and home-first models of care.
- protocols for non-medical triage/vetting, follow-up and criteria-led discharge
- Enhance non- medical workforce.

AMBITION 2023-24

- Increased recruitment into ward and departments with increased retention.
- Delivery of £1.52m CIP.
- Offer a seven-day Gastro service.
- Appropriate access to surgical facilities, including Urology services.
- Reconfiguration of the split between emergency and elective surgery.
- Improved access to the surgical bed base, including defined access to 72-hour short-stay surgical ward.
- Improved cancer pathway adherence.
- Offering a Tees Valley service.
- Establish and upscale Capsule Endoscopy and Cytosponge.
- Work with group structure partners to improve patient care across the Tees region

KEY RESULTS 2022-23

- STAQC accreditation on wards 7 and 8.
- Endoscopy waiting times reduced 90% of patients now seen within 6 weeks vs 40% in April 2022.
- 2WW waiting times reduced to 14-day target.
- Specialist Nurse review job plans.
- The breast pathway review is complete, and compliance is at 100% for April.
- Breast surgeons have come off the on-call Rota, allowing for increased clinic capacity for 2ww patients.
- Improved nurturing of talent within the collaborative.
- Sustained improvement in theatre utilization
- Recruitment to key aspects of services across the collaborative assuring delivery of care
- Seminal role in the trusts return to 'good' CQC rating
- General Surgery recovered services post COVID to 112%
- Eliminated 78 week waiting as mandated nationally
- Largest reduction in waiting list across the trust
- Implementation of PIFU.
- Opened UIU.

KEY DELIVERABLES 2023-24

- SDEC pathway development for the Tees Valley
- Elective and Non-Elective pathway development
- Aiming to eliminate long waiters over 65 weeks by March 2024 as per elective care priorities 2023/24 NHSE letter
- Improvement in patient safety
- Work towards achieving 62 day standard
- Work towards achieving 18 week RTT standard
- Maintain and develop cross trust collaboration with North Tees and Darlington Trusts
- JAG Accreditation 2024 (Endoscopy)
- Endoscopy expansion into RPCH.
- Sustained reduction on cost of services
- Job plan review and completion increase clinical patient facing capacity
- Further elevate well-led, caring, and compassionate lead services across the collaborative and Trust.

DRIVERS AND ENABLERS

Admin, surgical and SCP resources

Bed base and theatre time

Tees Valley Collaboration

Clinical developments



Medicine and Emergency Care Services

PURPOSE

To deliver excellent clinically led safe and effective care in line with Trust values.

MISSION 2022-23

- National access targets
- Admission avoidance
- Deliver care closer to home where clinically appropriate
- Provide high quality and timely access to non-elective care
- Incorporate technological aids to deliver improve standards of care
- Contribute to high quality research
- To support development of future workforce inclusive of excellent education, training and development
- Collaborate across the wider Tees Valley and ICS to develop innovative ways of providing health care

AMBITION 2023-24

- Reduce Length of Stay
- Create a strong workforce strategy
- Financial Control
- Increase Virtual Ward Capacity
- Improve links with Community
- UTC bid has been successful - £10m new build for separate UTC at JCUH
- Integrated Out of Hours GP Service – tender finishes on 6 June. GP OOH will be based on JCUH site and in Redcar UTC
- Redcar UTC

KEY RESULTS 2022-23

- Radiology Deep Dive and actions
- SDEC Deep Dive and actions
- STACQ accreditation
- SWM- Diamond
- Ward 11- Diamond
- Ward 3 – Diamond
- Ward 37 – Gold
- Ward 1 – Silver
- Ward 10 –TBC
- Ward 9 – Gold
- Ward 12 – Gold
- Ward 31 – Gold
- ICB confirmed funding for SWMS expansion under the obesity agenda. £1m over 2 years.

KEY DELIVERABLES 2023-24

- Improve Medical Mandatory Training
- Reduce NHSP Spend
- Achieve CIP
- CQC Action Plan
- Meet national access targets
- Top percentile for reduced LOS
- Recruit to establishment
- Right size medicine bed base - Patients in medicine managed in medicine
- Quality harm free care, compliance with quality indicators
- Collaborative of choice – recruitment, retention, culture
- Outpatient transformation priorities – PIFU, LTC, VW
- Estate – ED, outpatient
- Social care discharge priorities
- CIP schemes and improvement work – Achieved £16k surplus in 22/2
- Developing PIFU
- Expansion of the Specialist Weight Management Service
- Tees wide OPAT service
- Frailty CQUIN
- Review of Marton Day Unit capacity and usage

DRIVERS AND ENABLERS

Diagnostic Services

Specialist support to ED

Accurate and Timely Data

HR Support

Support from all Emergency Care Pathways

Peri-Operative & Critical Care Medicine

PURPOSE

Our Collaborative will put patient safety at the centre of our services within the Critical Care and Peri-Operative areas. We aim to deliver excellent outcomes for all our patients and be leaders in operational performance. Our values and behaviours are at the heart of everything we do. Together they set out how we will put our vision into practice by guiding and influencing how we behave.

MISSION 2022-23

- Support staff and service recovery after COVID pandemic.
- New theatre system introduced – GE OPERA.
- Critical care rehabilitation service established.

AMBITION 2023-24

- Maintain patient safety focus
- Digital transformation – implementation of new systems on theatres and critical care
- Workforce reviews
- Continued improvement work on booking systems
- Friarage Hospital Surgical Hub build
- Implement Surgical Hub operational model

KEY RESULTS 2022-23

- Theatres: Patient Safety days, World Health Organisation check list audits, Serious learning events follow up and sharing across the Trust, Anaesthesia Clinical Services Accreditation, GIRFT being updated, training team changes.
- 6-4-2 booking process implemented.
- Critical Care: workforce planning, recruitment increase including outreach, Staff development work with involvement of STRIVE. Black Asian Minority Ethnic (BAME) staff support group
- Critical care – good patient outcomes, demonstrated through Intensive Care National Audit & Research Centre audit programme.

KEY DELIVERABLES 2023-24

- Critical Care - reviewing allied health profession e.g. dietetics, OT and physiotherapy provision, STAQC accreditation
- Theatres – Patient safety actions continue.
- 6-4-2 booking process work ongoing.
- Surgical Improvement Group lead on theatre allocation, optimising use of theatres at FHN, RPCH and One Life Centre.
- Pre-assessment – review current pathways to enable efficiencies
- Critical Care: workforce planning, recruitment increase including outreach, Staff development work with involvement of STRIVE. Black Asian Minority Ethnic (BAME) staff support group
- Planning for introduction of EPR – CHA-CC
- Peri-Operative – Standards and Behaviours work to be reviewed in theatre and mirrored in CC, development of standards from staff. Aim to reduce agency spend and recruitment drives for theatre staff. Ongoing recruitment within anaesthesia,
- Pre-assessment – Staffing review to 'right size' nursing and administration teams.

DRIVERS AND ENABLERS

Workforce planning and recruitment

Digital systems in theatres and critical care

Business intelligence to improve productivity

Partnership working (Managed Clinical Network for Critical Care)

Critical care estates



Clinical Support Services

PURPOSE

To provide clinical and scientific support to all services within South Tees; To offer excellent front line clinical patient care; To improve patient outcomes through innovation and application of physics and engineering.

MISSION 2022-23

- Maintain accreditation and high standards at inspections
- To secure funding for mould room refurbishment
- Recruit into all vacant posts, using apprenticeships where appropriate
- Succession planning Business case for SPECT/CT Gamma camera
- Implement EPMA
- Fridge Temperature monitoring solution implemented trust wide
- Secure Omnicell funding
- Commence advance therapy medicinal products
- Hybrid Installation to complete and recruit for
- Collaborate with Teesside University to increase student training numbers and deliver training differently
- Implement Pathology collaboration management structure
- Microbiology lab services relocated from North Tees to James Cook
- Deliver cost improvement programme

AMBITION 2023-24

- 7 day Pharmacy Service
- Collaboration with Primary care Pharmacy services
- Omnicell Year 1 rollout
- Increased utilisation of EPMA
- Collaborative recruitment for CDC with North Tees
- New scanners installed at RPCH and FHN
- Deliver cost improvement programme
- Improve waiting list by operating 2 gamma cameras
- Radiopharmacy redesign
- Maintain accreditation and high standards at inspections
- Expand cellular pathology services and introduce new roles including advanced dissectors
- Progression of Pathology collaboration

KEY RESULTS 2022-23

- EPMA live in most inpatient areas
- Digital pathology work progressing
- Microbiology HSST/STP successful appointments
- Pathology collaboration- senior team in place
- Microbiology lab services relocated from North Tees to James Cook
- UKAS Accreditation blood sciences and microbiology
- SPECT/CT funding confirmed
- International representation of South Tees at ESTRO conference on CEID dose tolerance
- Innovation in 3D Printing with digital skills lab
- Workforce successes in medical physics- HEENE funded roles
- CDC progressing
- Omnicell funding secured
- Hybrid theatre fully operational
- Full rota for interventional radiologists
- Diamond STAQC –MRI
- Gold STAQC- Plain film
- Gold STAQC- CT
- Radiology- new equipment: USS kits, home reporting stations, resus mobile replacement
- Radiology- team of the year award northern region
- Radiographer of the year award northern region
- Group C Equipment for Radiopharmacy funding approved
- Additional linac now in routine clinical use
- Fridge Temperature monitoring solution implemented trust wide

KEY DELIVERABLES 2023-24

- Improvement in Medicines Reconciliation
- Improvement in 2WW performance
- Reduction in Omitted doses/maintain within target
- Cellular pathology- improved turnaround times
- Improve staff satisfaction by improving work environment (all)
- Replacement LIMS as part of regional solution
- Improve mortuary replacement/environment
- Completion of SPECT/CT and fully operational- leading to reduced waiting lists
- Omnicell roll out –year 1
- Improve patient experience by improving the environment: Mould room refurbishment and Outpatient Pharmacy
- Improve retention rates and recruit into vacant posts
- Improve Radiology capacity with new scanners in RPCH and FHN , reduction in 2WW

DRIVERS AND ENABLERS

Informatics

Estates

Capital Replacement Programme

Business intelligence

Workforce plan



Enabling
strategies
and plans

Enabling strategies and plans

Our strategy is underpinned by nine enabling strategies and plans.

Clinical strategy

Our clinical strategy will be designed around our clinical collaboratives and our mission to put safety and quality first, drawing on the strengths of our hospital group, underpinned by our Integrated Care Boards' emerging clinical strategies.

Safety and quality strategy

Our safety & quality strategy builds on our patient safety plan and the work of our Leadership Improvement and Safety Academy to ensure that our clinicians continue to be equipped and supported to put safety and quality first, and ensure the patient and service user voice and is at the heart of everything we do.

People plan

Our people plan, will be designed around the principle of being a great place to work and drawing on the benefits of our hospital group. It does so through encompassing workforce sustainability, equality & diversity, staff experience and transformation. In doing so, it connects with our schools, colleges, universities industries and communities to forge greater opportunities for the places we serve.

Estates plan

Our estates plan will be a key enabler to the delivery of our clinical strategy, and how we respond to planned and anticipated changes, new models of care and new ways of working. In doing so, it will also support our principle of being a great place to work and draw on the opportunities of our hospital group.

Digital plan

Our digital plan supports our ambition to use digitally-supported healthcare to put safety and quality first. Continuing to improve our digital maturity will support greater connectivity across our hospital group to provide more seamless care for our patients and service users, and seamless working for our colleagues.



Enabling strategies and plans continued

Financial strategy

Our financial strategy will set out a sustainable future which protects safety and quality while seeking solutions to the unsustainable burden presented by the historic Private Finance Initiative (PFI) scheme on The James Cook University Hospital site and the distance from NHS fair shares funding for healthcare services in the Tees Valley.

STRIVE strategy

Our South Tees Research, Innovation and Learning (STRIVE) Strategy builds on our existing good practice as the largest research contributor in the Tees Valley, and a leading training and education provider.

Nursing & midwifery strategy

Our nursing and midwifery strategy has the patient and service user at the centre, with safety and quality at its heart. It does so by focusing on clinical care, patient experience, patient safety and our workforce.

Communications & engagement strategy

Our communications & engagement strategy describes how we will effectively communicate with our populations and audiences at each phase in our journey – building and maintaining relationships with stakeholders and organisations, supporting the trust's clinically-led priorities through insights-led strategic communications and engagement, and enabling the effective operation of our services in the interests of the people we serve.





**Leadership and
education**

Leadership and Safety Academy

Underpinning all our strategies and plans is supporting our people through a Leadership Development Programme delivered through our Leadership Improvement and Safety Academy. We want to deliver a culture of safety, collaboration and continuous improvement where we all behave with respect, support and care. This started three years ago and will continually develop in response to feedback into a sustainable programme of education and practical support to create effective leaders at all levels using Leadership development,

Quality Improvement and Organisational Development methodologies.

Input	Output	Outtake	Outcome	Organisational impact
Cohort leadership development	Provide monthly bespoke support to teams across the Trust	Teams receive regular leadership support	Teams benefit from a sustained leadership approach	Developing the organisation for safety
Leadership and Improvement training	Provide sustainable education and training	Whole Trust access to leadership, improvement training	Whole Trust benefits from strategic education around leadership and improvement	Consistent co-ordinated leadership development
Service review	Provide 3 year service review model to speciality teams	Teams access one day of bespoke service review planning	Service benefits from dedicated aims and objectives for long term service planning	Development of service improvement culture
Organisational Development support for teams	Dedicated team input	Areas receive intense bespoke support	Increased ability to speak up and seek support	Safer, open discursive culture
Understanding the effect of your behaviour on others (colleagues and patients)	Provide sustainable simulation, human factors and civility education. Implement transition to Restorative Justice for all.	Access to training on real time safety issues as well as evidence based culture training	Awareness of the negative effect on patient care of our behaviour towards our colleagues, and creating a more understanding approach to problems	Development of a Generative Safety Culture that improves patient and staff experiences.



STRIVE Academic Programmes

Alongside our Leadership Programme, South Tees Institute of Research Innovation and Education (STRIVE) provide a series of academic and training programmes demonstrating our commitment to our staff for their education and training. Delivery of these programmes will ensure that we are a centre point for training for the community.

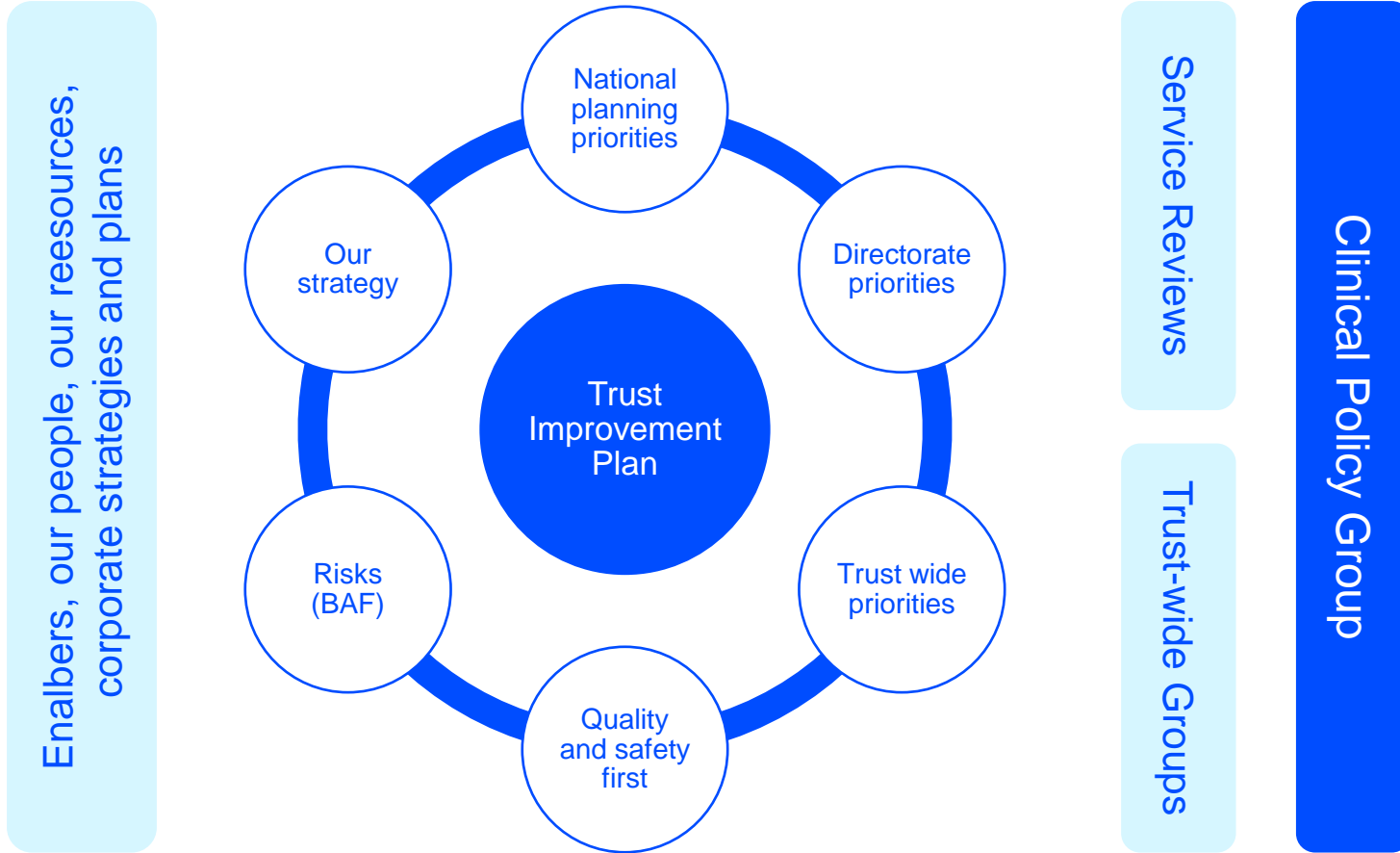
Input	Output	Outtake	Outcome	Organisational Impact
Careers, social mobility, prospect, step into health and kick-start programme	Clear routes into NHS careers	Support to our partners in education and combined authority for job pathway	Fill of posts via a range of workstreams at a range of grades	Employer of choice for healthcare careers
Medical School Partnerships	Provision of medical education	STHFT is an NHS Teaching Trust	Fill of posts from foundation level onwards by our students	Talent pipeline, employment of local population
Apprenticeships	Bespoke sourcing of apprenticeships across all STHFT careers	Learning organisation, areas receive training for for their purpose	Improved knowledge and skills and so improved outcomes in work undertaken	Fit and proper workforce
Work based learning	Provision of on-the-job education, bespoke to the needs of our departments and systems	Correct training provided in real time appropriate to Trust strategy and direction	Approved level of training required for posts leading to core skill set in key roles	Safer work-based culture
Medical Courses and Conferences	Trust provides leading education for the country	Our employees can access locally, highly accredited training	Attraction of speakers and staff to the Trust	Reputation for high quality medical education
Library services	First class library services across 2 sites	Access to support for learners of all levels	More Trust staff are successful with higher level education and research	Employer of choice due to research and education reputation
Human Factors, Simulation and Civility training	Dedicated, bespoke team training	Awareness of our impact on our colleagues and patients	Improved team working	Safety and quality culture



A photograph of two healthcare workers in a clinical setting. The worker on the left is wearing dark blue scrubs, glasses, and a white surgical mask. She is pointing at a computer monitor. The worker on the right is wearing light blue scrubs, a white surgical mask, and has a rainbow lanyard around her neck. She is looking at the monitor. The background shows a hospital room with a door, a yellow biohazard bin, and medical equipment.

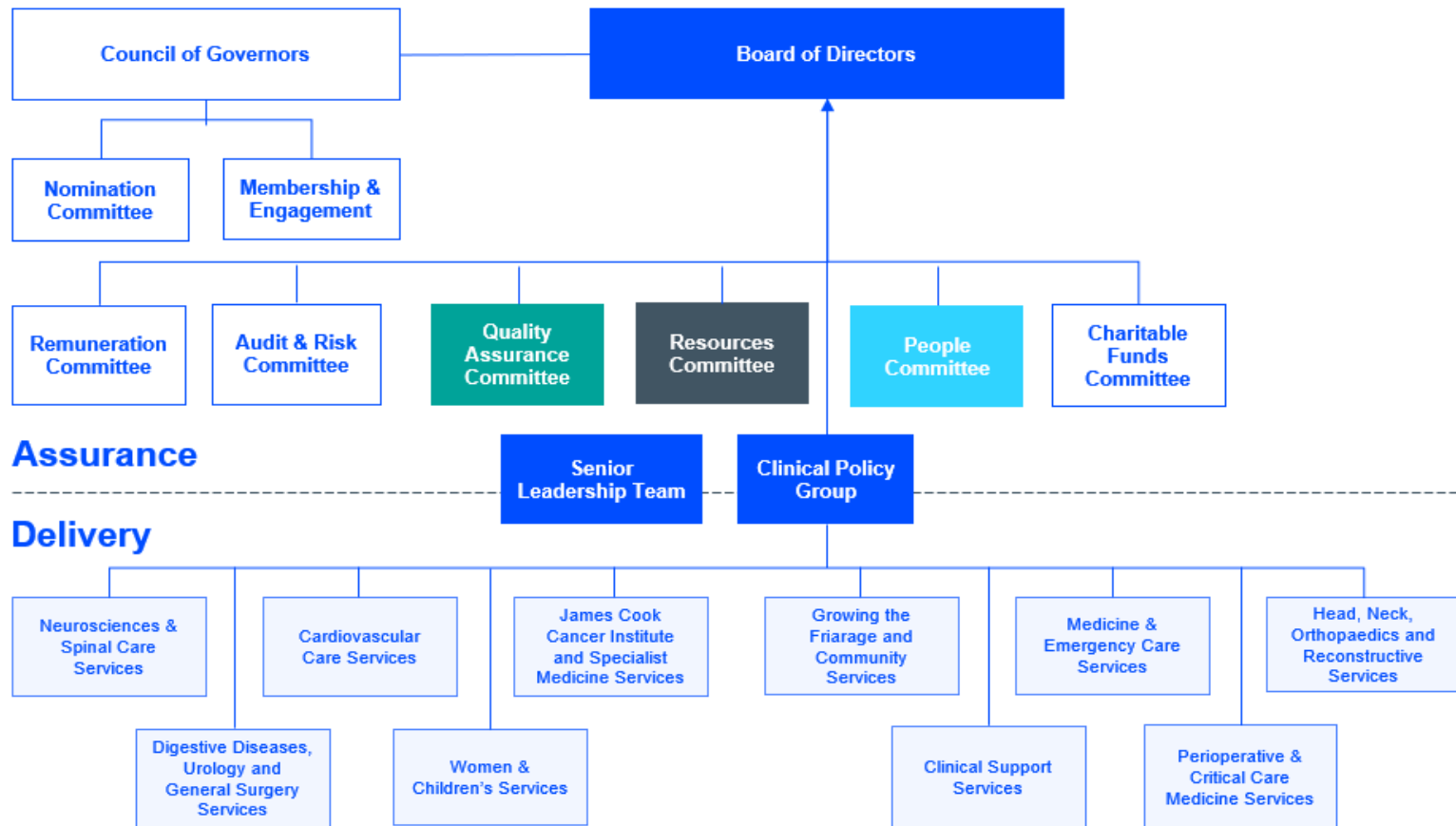
**How we work:
assurance
framework**

Developing and delivering the Plan



Board assurance and governance

Board assurance is an approach for ensuring that boards get the right information, which is accurate and relevant, at the right time and with a level of assurance. This is delivered through the Board Sub Committees which have authority, power, and responsibilities, and each committee operates under its own terms of reference. The board retains ultimate responsibility for any actions made by the committee. This structure has been in place since 1 April 2021.



Clinical Policy Group constitution

Strategic Objectives



We will ensure safe clinically effective care and experience for our patients and service users optimising clinical outcomes and reducing health inequalities.



We will ensure our Trust is a great place to work



We will deliver care without boundaries in collaboration with our health and social care partners



We will learn and share together as a centre of excellence for core and specialist services, research, digitally supported healthcare, education and innovation



We will make best use of our resources

What we do, why and how we do it

We are the main decision-making body of South Tees Hospitals NHS Foundation Trust holding SLT to account for the delivery of strategic objectives. In this role we are responsible for taking the decisions around how we allocate our resources and deliver care to ensure safety and quality.

In doing so:

- We will use best practice, learning and resources to provide **opportunity** for our colleagues to create and deliver modern, safe, quality care
- We will inspire **responsibility** by supporting and modelling the highest standards of excellence and professionalism
- We will work together as a diverse **community** of collaboratives, specialities, services and people.

We will do this by drawing on the wealth of experience and professional knowledge that exists within our executive, operational, estates, human resources and other administrative and support teams.

Our clinical collaboratives - natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients – inform and carry out the decisions taken by the CPG.

We operate on the principle of subsidiarity by only authorising and overseeing those decisions which cannot be decided at a single collaborative or speciality level including:

- Safety and quality
- Improvement
- Leadership and development
- Education and training
- Research and innovation
- Health inequalities and population health
- Annual planning
 - Improvement planning and priorities
 - Capital planning and equipment
 - Consultant appointments and job-planning
 - Budget setting
 - Winter plan
 - Cross-cutting decisions that affect more than one collaborative (eg: safety and quality learning)
 - Digital plan
 - Effective use of resources
 - Oversight of annual risk.
- Two to five year planning
 - Strategic planning and priorities
 - Capital planning and equipment
 - Cross-cutting decisions that affect more than one collaborative (eg: safety and quality learning)
 - Digital plan
 - Effective use of resources
 - Oversight of strategic risks.

In discharging our role as the Trust's main decision-making body, we are accountable to our patients, service users, colleagues, communities, regulators and our Board.

Assurance framework

The Assurance Framework provides clarity on Directorate and Collaborative responsibilities. It supports Collaborative teams to manage business and improvement plans and to escalate when required to mitigate risk. The framework joins up the governance of quality, performance, finance, workforce and enables the delivery of CQC Fundamental Standards.

Key meeting	Purpose
Directorate meetings	The forum that brings together service managers and clinicians to plan and deliver safe, effective, caring, responsive and well-led services. Directorates also manage risk across all their services and where necessary escalate to the Clinical Collaborative Board, reporting via a monthly Chairs Log.
Collaborative Boards	The Collaborative Board creates a single line of accountability for delivery of Clinical Strategy and operational delivery including safety, quality, activity performance, finance and the workforce relating to the clinical services within the Collaborative. The Collaborative Board produces a monthly Chairs Log for Senior Leadership meeting, and report to Collaborative Performance meetings.
Senior Leadership Team	All clinical collaborative chairs come together, with Trust Directors, to discuss issues from their collaborative with their peers and to provide strategic leadership direction.
Clinical Policy Group (CPG)	CPG is the main decision-making body of STHFT. CPG takes decisions on how we allocate our resources and deliver care to ensure safety and quality. CPG attendance includes the Senior Leadership Team, Clinical Directors, Chief and Lead Nurses, Lead Allied Health Professionals.
Governance sub committees	Collaborative Boards forward specific information and/or escalate through the formal subgroups of the Trust Board, e.g. patient experience, patient safety. This joins governance of clinical services with Trust-wide groups and oversight.



South Tees Accreditation for Quality of Care

South Tees Accreditation for Quality of Care (STAQC) is a comprehensive assessment of an area and the quality of care delivered within it. It drives continuous improvement in patient outcomes and increases patient satisfaction and staff experience.

4 Key Components

- Culture of Compassionate Care
- Well Led
- Avoidable Harm
- Effective Care



Process

- STEP 1:** Engagement
- STEP 2:** The Journey
- STEP 3:** Develop your accreditation frameworks
- STEP 4:** Testing & validation
- STEP 5:** Preparation
- STEP 6:** 'On the day'
- STEP 7:** The award
- STEP 8:** Ongoing review
- STEP 9:** Sharing learning

What does an accredited area look like?

- Evidence of shared learning and networking outside of immediate areas
- Building relationships outside of immediate area
- Medical leadership and 'buy in'
- Authentic multidisciplinary responsibility for the patient and care delivery
- Clear vision owned by the team
- Patient centered
- Empowered staff



Accreditations

DIAMOND

34

- UTC Redcar
- Ward 26
- Ward 32
- Gara Ward FHN
- Paediatric Hub FHN
- UTC FHN
- Chemotherapy Day Unit
- Community Paediatrics FHN
- CHD Nurses
- Podiatry Community
- Ward 3
- Ward11
- Elective Orthopaedics
- CCU
- Ophthalmology outpatients FHN
- Main Outpatients
- SAU JCUH
- Specialist Weight Management
- SAU and POSDU FHN
- Rehab department
- Redcar Coastal District Nurses
- Physio Outpatient Community
- Middlesbrough Therapies PCN
- OMFS & Orthodontics OPD
- MRI
- SDEC
- CHDU
- Redcar Therapies PCN
- Holgate District nursing team
- Centre for Clinical Infection
- Neonates
- Falls and Fracture liaison
- Greater Middlesbrough PCN
- Ward 4

GOLD

41

- Ward 33
- Tocketts Ward
- EC & Guisborough DN team
- Spinal Injuries Unit & HDU
- Community Physio at Tees
- Ward 21
- Cardio Out Patients
- ENT Out Patients
- Community Stoma
- Post Operative Surgical Day Unit FHN
- Bedale PCN
- PCCU
- SDEC FHN
- Endoscopy
- Ward 14
- Radiology CT and Plain Film
- Richmond DN's
- Ophthalmology outpatients JCUH
- Eston District Nurses
- Ward 37
- Ward 2
- Post Anaesthetic Care Unit
- Diabetes Care Centre
- Falls & Fracture Liaison Service
- Ward 36
- Central Middlesbrough District Nurses
- East Cleveland & Guisborough (Hillside) District Nurses
- Ward 9
- Ward 12
- Ward 5
- Ward 24 and HDU
- Specialist palliative care
- MSK
- Ward 25
- CDU FHN



Accreditations

SILVER

11

- Ward 1
- Ward 6
- Ward 29
- General Critical Care (ITU2)
- General Critical Care (GHDU)
- Ainderby Ward
- Ward 4
- Ward 19
- FHN Maternity centre
- FHN Maternity assessment unit
- FHN Maternity antenatal clinic

BASELINE

13

- Ward 25
- Ward 28
- Rutson Ward
- Ward 34
- Ward 35
- ITU 3
- Romanby Ward
- Ward 34
- Central delivery suite
- Ward 17
- Community JCUH Midwives
- Maternity Triage
- Antenatal clinic
- Early pregnancy
- Obstetrics Ultrasound Service



Risk management

The Improvement Plan continues to present an ambitious programme of work and the organisation will need to mitigate and manage the risks to delivery. The Board Assurance Framework (BAF) documents the principle risks (PR) to the Trust's strategic objectives. The Improvement Plan with Enabling Strategies and Plans is mitigation to all areas of the BAF.

Principle Risk

- BAF PR1: Inability to achieve standards of safety and quality of care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes.
- BAF PR2: Critical infrastructure failure... compromises ability to deliver high quality care
- BAF PR3: Failure to recruit to full establishment, retain and engage our workforce
- BAF PR4: Failure to deliver as a centre of excellence resulting in a lack of priority and recognition from commissioners and other stakeholders
- BAF PR5: Working more closely with local health and care partners does not fully deliver the required benefits
- BAF PR6: Failure to agree with the system and achieve the Trust's financial strategy resulting in regulatory action and inability to deliver strategic objectives
- BAF PR7: Failure to deliver Trust's financial recovery plan

Improvement Plan assurance and mitigation

- Clinical Strategy, Assurance Framework, Leadership & Safety Academy, Nursing & Midwifery Strategy, Safety & Quality Strategy, Digital Plan, Estates Plan, People Plan, Emergency Preparedness, Resilience & Response
- Estates Plan, Digital Plan
- People Plan, Communications & Engagement Strategy
- Clinical Strategy, Nursing & Midwifery Strategy, Safety & Quality Strategy, Research & Development Strategy, Leadership & Safety Academy, Estates Plan, People Plan, Communications & Engagement Strategy
- Clinical Strategy
- Financial Plan
- Financial Plan



Improvement markers

We use a range of markers and methods to know that we are improving. Quantitative (activity, waiting lists and key metrics) and qualitative information (staff survey, patient feedback, clinical intelligence) will be used. Benchmarking with comparator Trusts helps identify where we can improve and we will seek, adapt and adopt good practice from elsewhere.



Abbreviations

Acronym	Meaning
ACP	Advanced Clinical Practitioner
AHP	Allied Health Professional
BAF	Board Assurance Framework
CIP	Cost Improvement Plan
CPG	Clinical Policy Group
CQC	Care Quality Commission
FHN	Friarage Hospital Northallerton
GIRFT	Getting it Right First Time
HVLC	High volume, low complexity
ICS	Integrated Care System
JCUH	James Cook University Hospital
KPI	Key Performance Indicator

Acronym	Meaning
PR	Principle Risk
RTT	Referral to Treatment (NHS Constitutional Standard)
SCP	Surgical Care Practitioner
SDEC	Same Day Emergency Care
SDR	Staff Development Review
STAQC	South Tees Accreditation for Quality of Care
STRIVE	South Tees Research Innovation & Education
UCR	Urgent Community Response
UTC	Urgent Treatment Centre



Meeting: Quality Assurance Committee	Date of Meeting: 28 th June 2023
Connecting to: Board of Directors	Chair of Committee – Miriam Davidson
Key topics discussed in the meeting	
<p>Key reports provided assurance to the QAC across the domains of SAFE, CARING AND EFFECTIVE .. with a focus on the following ...</p> <ul style="list-style-type: none"> • Integrated Maternity and Neonatal Services Report covering operational, quality and patient safety issues. A CQC Maternity assessment is expected. The Maternity team is working closely with the STACQ Team towards STACQ assessment across 10 areas. QAC was informed the Trust has received confirmation from NHS Resolution of our full compliance with CNST (Clinical Negligence Scheme for Trust) year 4. Breastfeeding initiation rates have improved in Q4 and the Trust has achieved the UNICEF Baby Friendly accreditation. • Prevention and Control (IPC) , IPC Annual Report 2022/2023 , the Q4 IPC report summarising surveillance information, actions to address infections , actions relating to antimicrobial stewardship , environmental cleaning and progress on the overall IPC Assurance Framework. Members of QAC were also asked to note the receipt of the NHS Standard Contract 2023/2024, providing a report which summarised the contract. The IPC team will continue to provide a monthly update through the IPR and bring a quarterly report to QAC. • Annual Health and Safety Report incorporating a Health and Safety Workplan for 2023 /2024 . A number of actions were agreed and progress on specific areas, eg Sharps Reduction Strategy, will be included in future quarterly reports for QAC. QAC noted, via the Health and Safety Strategic Group Chair's Log, the importance of attendance by all relevant teams at the above Strategic Group. <p>QAC received and discussed aspects of the regular reports, ie Board Assurance Framework, Integrated Quality and Performance report, Learning from Deaths and the Patient Safety Incident Management report. In relation to the Patient Safety report an ICB representative commented positively on the progress the Trust has made to develop our Patient Safety Incident ResponsePlan (PSIRP)</p>	

Actions	Responsibility / timescale
<p>A number of actions were added to the QAC Action Log in relation to the Health and Safety report</p> <p>QAC had discussed at the May 2023 meeting an approach to addressing “overlapping areas” that Board sub-committees have identified .</p>	<p>Mr P Sturdy / Health and Safety team , leads.</p> <p>Updates via quarterly Health and Safety reports</p> <p>Agreed to have a Board development session in September 2023 to clarify overlapping areas and understand how the updated Improvement Plan would address them. Ms J White , Sept 2023</p>
Escalated items	
Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add.	

June Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting: 29/06/2023
Connecting to: Main Board	Chair of committee – David Redpath
Key topics discussed in the meeting	
<p>Financial position for Month 2</p> <p>The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £50.0m deficit at a system level. The Trust's operating deficit for the Month 2 of 2023/24 was £0.3m and the overall deficit for month 2 was £3.9m. The adjusted financial position for the purpose of system performance was a deficit of £4.2m.</p> <p>The finance team have started to report against collaboratives and will continue to develop this in the coming months.</p> <p>The finance team continue to monitor the impact on industrial action on the budget and will keep the committee updated monthly.</p> <p>Kingsgate</p> <p>The committee received a report outlining the work completed by Kingsgate and the handover activities that had been completed to give the trust full ownership of the Cost improvement work going forward. The committee noted thanks to Kingsgate for the work completed and to the finance team for the excellent work done to ensure a smooth handover.</p> <p>Elective Care Priorities Letter</p> <p>Good progress is being made against the elective care priorities for 23/24 and in general the board can be offered assurance that most elective actions are progressing. It is evident that significant work has been undertaken on long waiters, cancer pathway redesign, perioperative care and health inequalities to name but a few. There are also areas that are receiving further focus .</p> <p>Digital</p> <p>Good progress continued in regards to the delivery of the digital programme, concern still exists around reporting and the financial implications. As such we have agreed some additional steps will be taken to assure the committee, An updated digital report that will be used going forward including risks and issues management.</p> <p>Procurement strategy</p> <p>Following first presentation in May the procurement team attended committee to present the updated strategy with all comments included, this was approved by the committee and thanks noted to the team for updating as per discussion.</p>	

Actions				Responsibility / timescale		
Date of Meeting	Item	Action	Lead	Due Date	Progress	Status (open, completed, to note)
27/4/2023	RC23/007	IPR – Benefits realization paper for med recs	Mr Peate	July 2023		Open
27/4/2023	RC23/013	Green Plan – updated green plan and decarbonisation strategy.	Mr Sturdy	October 2023		Open

Escalated items

Key Issues/ Concerns for escalation:

- Reporting / financial requirements of the digital programme –actions have been agreed and are now in progress.

Risks (Include ID if currently on risk register)	Responsibility / timescale
No Additional Risk Identified	

People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 28.06.2023
Highlights for: Board of Directors	Chair of committee – Mark Dias
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> • Board Assurance Framework • People Strategy <ul style="list-style-type: none"> ○ Establishment Plan – AHP Roles ○ People Plan – Engagement ○ People Plan – Workforce Planning • Culture & Values <ul style="list-style-type: none"> ○ Freedom to Speak Up • Deep Dive <ul style="list-style-type: none"> ○ Payroll 	
Actions to be taken	Responsibility / timescale
<p>Establishment Plan – AHP Roles</p> <p>Allan Brownrigg (Chief AHP) provided his initial assessment on AHP priorities. He detailed the organisational areas of focus and the associated strategy & tactics.</p>	People Committee to be updated on progress
<p>Creating a Sense of Belonging</p> <p>People committee briefed on:</p> <ul style="list-style-type: none"> - staff survey learning and focus for improvement. - Staf engagement network - Restorative Just Culture - ESR Development Plan - Total Rewards 	People Committee to be updated on progress
<p>Workforce Planning</p> <p>Review of methodology and process to align (clinically led) service requirements with the organisational talent pipeline.</p>	Reviewed in October deep dive alongside recently announced NHS Workforce Plan
<p>Freedom to Speak Up</p> <p>Committee updated on status, learnings and trends. Employee engagement indicates a confidence in FTSU process and guardians.</p>	People Committee to be updated on progress
<p>Payroll (Deep Dive)</p> <p>Root cause analysis undertaken. Committee recognise the work required to rectify systems and</p>	People Committee to be updated on progress

compliance. Assurance received the issue is understood.	
O Board action	Responsibility / timescale
There were no matters for escalation to the board.	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<p>Three ongoing risks identified:</p> <ul style="list-style-type: none"> *Cultural change challenges in attaining a restorative justice culture. *Sharing organizational change learning from collaborative work *Payroll 	



Audit & Risk Committee Chair's Log

Meeting: Audit & Risk Committee	Date of Meeting: 27 June 2023, 18 July 2023 and 25 July
Highlights for: Board of Directors	Chair of committee – Ken Readshaw
Overview of key areas of work and matters for Board.	
<p>These were year-end closing meetings to review and sign off the accounts and annual report</p> <p>internal Audit - Identity Access Management</p> <p>External Audit - Progress on year end audit discussed – delay to final accounts caused by external valuation requirements of IRS16 (accounting for leases)</p>	
Actions to be taken	Responsibility / timescale
Issues to escalate to Board	
<p>Improvement in Internal Audit Opinion to Reasonable Assurance / Moderate Assurance</p> <p>Annual report and accounts submitted with unqualified external audit opinion</p> <p>Value for money opinion – weakness in relation to financial sustainability remains due to excess PFI costs and fair shares</p> <p>External audit - HR records recommendation made</p> <p>Internal audits in Digital areas risk levels</p> <p>IFRS 16 external valuations have shown that several rents paid to NHS Property Services exceed the market level resulting in an impairment charge of £61.7m. This is a technical adjustment but any value for money implications should be reviewed</p> <p>Many thanks to all involved with the preparation and submission of the Annual report and accounts</p>	
Risks (Include ID if currently on risk register)	Responsibility / timescale