

BOARD OF DIRECTORS (PUBLIC)

Date – 4 April 2023

Time – 13:00 – 13:30 public access

Venue – Board Room, Murray Building, James Cook University Hospital



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 4 APRIL 2023
AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING, JAMES COOK
UNIVERSITY HOSPITAL**

Members of the public to observe via Microsoft Teams

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
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 11 February 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.	Board Assurance Framework	Discussion	Head of Governance & Company Secretary	ENC 6
9.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 7
SAFE				
10.	Safe Staffing Report	Information	Chief Nurse	ENC 8
11.	Learning from deaths report	Information	Chief Medical Officer	ENC 9

	ITEM	PURPOSE	LEAD	FORMAT
EFFECTIVE				
12.	Consultant appointments	Information	Chief Executive	Verbal
EXPERIENCE				
13.	Patient Experience and involvement Report	Information	Chief Nurse	ENC 10
14.	Staff Survey	Information	Director of HR	ENC 11
WELL LED				
15.	Annual filings update	Approval	Head of Governance & Company Secretary	ENC 12
16.	Finance Report	Information	Chief Finance Officer	ENC 13
17.	Committee Reports	Information	Chairs	ENC 14
DATE OF NEXT MEETING				
The next meeting of Board of Directors will take place on Tuesday 6 June 2023				

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 FEBRUARY 2023			
Register of members interests			AGENDA ITEM: 3 ENC 1
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Derek Bell Chairman
Action Required	Approve <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)
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human Resources	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
Mark Graham	Director of Communications			Registered with IMAS (NHS interim management & support)
Moira Angel	Interim Director of Clinical Development	18 January 2021		Director of Moira Angel consulting Ltd - Company number 09529658 Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director			Board Member of the North East and North Cumbria Academic Health Science Network
David Redpath	Non-executive Director	1 January 2021	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
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
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
Alison Wilson	Non Executive Director	2016	Ongoing	Trustee/ Non Executive Director Ad Astra Academy Trust – Company number: 09308398
		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 7 FEBRUARY 2023 AT 14:00 IN THE BOARD ROOM,
MURRAY BUILDING AND ON MICROSOFT TEAMS**

Present

Professor D Bell	Chairman
Mr R Carter Ferris	Vice Chair / Non Executive Director
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

Associate Directors – non-voting

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

Directors – non-voting

Mrs J White	Head of Governance & Company Secretary
Mrs R Metcalf	Director of Human Resources
Mr M Graham	Director of Communications
Mr K Oxley	Director of Estates, Facilities & Capital Planning
Mr M Imiavan	Digital Director
Mr S Peate	Chief Operating Officer
Ms A Oxley	Deputy Chief Nurse

BoD/22/101 WELCOME AND INTRODUCTIONS

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

The Chairman welcomed Ms Ms A Oxley Deputy Chief Nurse who attended the meeting as she was shadowing Dr Lloyd.

BoD/22/102 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms S Page, CEO.

BoD/22/103 QUORUM

The meeting was quorate in line with the Constitution paragraph 4.39 “Quorum - No business shall be transacted at

a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present”.

BoD/22/104 DECLARATION OF INTEREST

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

BoD/22/105 MINUTES OF THE LAST MEETING

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

Mrs White

BoD/22/106 MATTERS ARISING

There were no matters arising to discuss with Board.

BoD/22/107 CHAIRMAN'S REPORT

The Chairman highlighted a number of areas within his report including the Chairs meeting with the ICB last week and the Bill Kirkup report on East Kent, the work on the group hospital model with North Tees & Hartlepool NHS Trust and the pressure on the local system with additional activity, covid, flu and other viral infections. Finally the Chairman highlighted that the planning guidance had been received and work was being undertaken on the required submissions.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/22/108 CHIEF EXECUTIVE'S REPORT

Mr Harrison on behalf of the Chief Executive referred to several areas within the Chief Executive's report including Maternity which was a positive report and good to acknowledge the work which is ongoing there. Mr Harrison thanked the mums who had responded to the report.

Mr Harrison also highlighted the Planning guidance and informed members that Mr Hand was due to take members through additional information in the next session.

With regard to the hospital group model, Mr Harrison confirmed that a programme group is being established which will look at some key enablers on development of the group model, including improving access to existing staff working across the sites, wifi, car parking etc.

Mr Harrison gave thanks to staff who have kept people safe during industrial action. He added that colleagues are doing

their best to minimise the impact to patients and support staff in all roles to make sure we focus on safety.

Finally Mr Harrison commented on the Friary hospital works – updating that an extensive piece of work was being undertaken on upgrading the site, teams have worked in the Friarage during this time and we are now in a position where we are looking to confirm start and end dates for the last few works required on the ground floor.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/22/109 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.

Mrs White updated that respiratory infections (flu and COVID) impact on areas across the Trust including performance as identified in the IPR and staffing as identified in the CEO and Chairs updates and IPR and safer staffing report.

Staffing remains a challenge due to long and short term sickness however there has been a decrease in turnover which is pleasing.

The Chairman asked regarding the gaps in assurance on threat 2.1 cyber and asked when these might get addressed. Mr Imiavan confirmed that the internal auditors PWC are undertaking a review of internal control systems which is integral to providing assurance on this gap and therefore assurance should be available around June 2023.

Ms Wilson noted that the patient experience strategy which is a gap has been delayed slight and asked if developing the strategy is inclusive and involving patients and whether there is an opportunity to capture the elements with North Tees & Hartlepool NHS Trust and collective patient groups. Dr Lloyd commented that the Trust is working with Healthwatch and the patient population and is expecting a very inclusive strategy as a result.

Ms Burns referred members to principal risk 5 - working more closely with local health and care partners does not fully deliver the required benefits and asked if a new threat needed to be added regarding accessing sufficient social care support. Mrs Angel commented that there is a lot of work currently being undertaken, the key aspect in terms of the threat is the workforce. She added that there are some good

agreements in place on apprenticeship schemes and a proposal to share this across Tees and North Yorkshire. Mrs Angel added that the work on the urgent community response team working with Ambulance Trust is going well and the new services are having an impact, however the big issue around home care is still a major challenge for social care and we continue to be a good partner on this.

Ms Wilson commented that there are a number of gaps which need addressing including names and timescales and Mrs White confirmed that work was underway with Director colleagues to address these.

RESOLUTION

The Board of Directors NOTED the BAF

BoD/22/110 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 System Oversight Framework the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. 4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system.

December saw a significant surge in flu and other respiratory infections putting pressure on the Trust non elective demand and the Trust recorded high levels of attendances in ED. This was impacted through Strep A paediatric attendance and high levels throughout month, high bed occupancy and discharges were difficult. Mr Peate added that the current month end unvalidated position is showing 10% higher ED performance than December performance.

Elective access (RTT 18-week standard) continues to improve, in contrast to the England trend.

The reduction in patients waiting more than 78 weeks for non-urgent elective treatment continues to be an area of focus in line with national requirements.

Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures.

Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve. We have delivered the highest level against 6 week standard since 2 years, at 74.9% with continued improvement in performance.

Mr Peate added that the Trust is just above the 78 week waits trajectory and plan is in place to ensure that no patients waiting beyond end of financial year and we will be a positive outlier as peer organisations.

Outpatient Performance position is 10k more appointments than pre covid. High levels of sickness in December in line with increased level of demand on non-elective.

The Trust has continued to maintain mandatory training above the threshold of 90% and SDR rates above 80% for around 3 months in a row. From a quality perspective, the work done across the Trust on the roll out of the EPMA tool continues to release time to care and positive step forward.

Ms Burns commented that she felt the narrative in support of the IPR feels right and that it is useful to comment in terms of benchmarking data. She added that when we are doing worse than the region we need to understand what is going on. In addition the SPC chart for ED is relentless in downward trend and we need to be clear how we take assurance.

Mr Graham commented that from a primary care access perspective, Middlesbrough is unique to other parts of Teesside in not having an urgent treatment centre option for patients and this means that out of hours there will be more footfall to James cook. The ICB are seeking to address this and are undertaking a period of engagement on developing an urgent treatment centre. With regard to challenges around social care, there are around 90 people waiting in the Trust at any one time for social care support to receive a discharge and this equates to 3 wards of patients and the average length of time is around 2-3 days. There is a lot of work being undertaken on this with social care colleagues. The third issue relates to the estate that the emergency department operates in as it requires a good footprint to ensure adequate flow. It was originally built for 60k people and is now seeing 110k people and this is the reason we have put a bid in for one of the additional hospitals to improve the estate.

Ms Burns thanked Mr Graham for the background information but advised that it doesn't explain the reason we are an outlier. Mr Harrison commented that Ms Burns raises a really important point. He advised that the position is not where we want to be and we are not a significant outlier. It has been exacerbated in December and we have not had waits in ED as others have across the country. We have seen a deterioration for a number of months, despite lots of input and support and different approaches we have taken. We have broadened this support including the future of urgent care services in Middlesbrough, working with local authority

colleagues and what can we do differently to support people home. We have been working on ambulance handovers and all of the work continues. There has been a lot of organisational development work undertaken with ED to rebuild confidence and understanding and it's about re-establishing routines and we know the operating framework next year, reintroduction of target and a targeted level of 76% and we will look to ensure our plans address this. We have been working on this a long time and up to December it wasn't going in the right direction, but January has been better and we continue to work on local solutions.

The Chairman commented that the Trust Board received a presentation from the Clinical Director in ED who was hoping we would see some light in Spring.

Ms Wilson commented that she is not clear where the narrative suggest an action to improve, whether that is making a difference and how long do we need to wait to see that change or do we need to put in additional actions Ms Wilson also added that with regard to the inequalities element we don't discuss this in the Board and it would appear that some patients in deprived areas may be waiting longer. It would be good to discuss this and focus of Board development.

Dr Stewart commented that some of this is workforce related, eg medicines reconciliation; 30 pharmacists are required to address the issue and pharmacy workforce is a national issue and we make the plans to build the workforce but we continue to struggle. Teesside University is developing a school of pharmacy and this is the type of measure to help address these issues but this is a longer term. Dr Stewart added that in terms of health inequalities he agreed adding that the Trust has established a group in October last year and have been pulling together interested parties and have suggested it would be good to have a board development session around inequalities and what measure we would like to have in the IPR.

Mrs White

The Chairman raised that when we get the new Public Health Consultant in place there might be a social economic issue we need to address with regard to breast feeding and this could be useful to have a discussion. Dr Stewart advised that the Trust is looking at alternative replacements as we didn't appointment to public health consultant, we do have public health registrar in place. Ms Davidson advised that the Trust has received notification to appoint a population health fellow.

RESOLUTION

The Board of Directors NOTED the update

BoD/22/111 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 decreased slightly to 95.2% as per Table 1 demonstrating continued good compliance with safer staffing.

Staffing has continued to be a challenge across the Trust with short notice unavailability associated with Covid isolation, Covid related absence and winter respiratory illness. Stretch staffing ratios in line with national guidance have been implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safe care meetings.

Nursing Turnover remains one of the lowest in the country.

Ms Burns asked regarding the response to some of the ward challenges with regard to the impact of sickness and questioned where did we get to with flu vaccination programme. Mrs Metcalf confirmed that for flu the vaccination rate was 54% and 45% for covid.

Dr Stewart commented that the low levels were replicated across the region.

Ms Burns asked if the Trust were aware of the reasons for the low uptake and Dr Stewart advised that it was due to a number of issues such as public exhaustion of vaccines and people unwell taking double vaccines. He added that there was key learning and lots of discussion on how to run programmes next year.

The Chairman asked regarding staff retention and Dr Lloyd advised it was the best figure for 12 months. She added that the Trust is lucky that it has a good university locally and a lot of the local population are working in our hospitals which helps with retention. Dr Lloyd also commented that we have good perception programme and once students join we give great support. She added that we have received funding to recruit legacy mentors who look after the next level of nurses up to 2 ½ years post qualified.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/22/112 LEARNING FROM DEATHS REPORT

Dr Stewart shared the learning from deaths report and highlighted that the number of deaths in 2022/2023 and advised that in terms of the learning the key theme continues to be around communication and documentation and issues where patients move through the hospital, wards and departments. He added that the learning is feeding into the digital programme as the solution will be recording key data.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/22/113 CONSULTANT APPOINTMENTS

Mr Harrison commented regarding the consultant appointments and updated members on the starters and leavers:

Starters

Constanze Kerin - Neurology
Lucy Walker – Palliative Care

Leavers

David Chadwick – Urology
Vinay Varadarajan – ENT
Munawar Mecci – Spinal Cord Injuries

Dr Stewart added that he was pleased to see the appointment of the Palliative Care consultant which was a positive step in addressing end of life gaps.

The Chairman commented that he was also pleased that the Trust had appointed two interventional radiologists which was reported at the last meeting.

BoD/22/114 WRES AND WDES

Mrs Metcalf presented the WRES annual report to the Board and highlighted that this year the Trust has been dealing with the legacy issues born out of the Covid pandemic, which has put in the spotlight the disadvantage experienced by staff with protected characteristics. She added that the Trust has seen an increased positively in most areas but that there has been a worsening of the experience of BME staff compared to white staff in some of the key domains.

Ms Burns commented that there was a lot of encouraging information in the report and was interested in the reciprocal mentorship programme and how long it will take to shift practice and policy. Mrs Metcalf commented that initially there was a feeling that it would take around 2 years to start to see the output of this work but more importantly the

general feeling now is that we should continue to work on the initiatives and will launch our second programme at the two year anniversary and collate the learning before we move into second phase.

Mr Harrison commented that the outcomes are feeding through the People Committee now including approach to recruitment, feedback and cultural survey work, and that he didn't think it's an end point but iterative and new ways of learning.

The Chairman asked if we on track in terms of the action plan, as it is a huge amount of work and Mrs Metcalf confirmed she was confident in terms of delivery.

Moving onto the WDES Mrs Metcalf advised that during 2022-23 the key issue highlighted was the overwhelming pressure on all individuals' physical, mental and in some cases financial wellbeing. It has increased the focus on the importance of supporting our disabled staff and staff with long term health conditions.

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

Mrs Gerner asked if the Trust give disabled people a guaranteed interview and Mrs Metcalf confirmed we do as long as they meet the criteria.

The Chairman asked regarding the VSM numbers and who was included; Mrs Metcalf advised that it included Board members (non executive) and will separate this out from the final report.

RESOLUTION

The Trust Board APPROVED the WRES and WDES

BoD/22/115 FINANCE REPORT

Mr Hand presented the month 9 finance report and updated that the Trust reported a deficit of £20.1m at a system control-total level. This is a £2.8m variance year-to-date, mainly relating to the cost of the national pay award above the level of additional funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.

Operating income from Patient Care Activities was £562.6m for Month 9 and was £0.9m behind plan. Other income received up to Month 9 totalled £35.4m and was behind plan by £0.4m and includes all non-direct patient care income.

The Trust's total expenditure on pay for Month 9 of 2022/23 was £363.1m and was underspent by £1.0m. The Trust's total expenditure on operating non-pay for Month 9 of 2022/23 was £241.7m.

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

The Trust's capital expenditure at the end of December amounted to £18.3m. The cash balance as at 31 December amounted to £32.5m.

The Chairman asked regarding Research and Development income which is ahead of plan by £0.8m year-to-date and is partially offset by additional R&D expenditure and if this would breakeven, Mr Hand confirmed it would.

Ms Burns asked regarding employee expenses and overspends in recruitment and if these costs include agency and locums and Mr Hand confirmed that agency spend was included.

Ms Wilson asked regarding the level of certainty in terms of ERF clawback and Hull ICB and Mr Hand advised that some of the pressures raised in the report are now going to be funded there are some areas where we need to pursue, ERF clawback is unlikely at this stage.

Mrs Gerner asked for further information on the CIP agency improved procurement; and Mr Hand confirmed that the Trust was focussing on a reduction in agency spend and in high spending areas. Mr Redpath commented that there was a discussion around undertaking a deep dive into these areas and a focus on CIP in the Resources Committee.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/22/116 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 commented that there were 3 Chairs logs for information. She thanked Deepika Meni for the work on CNST and pleased this was signed off. She added that at the last meeting we received the South Tees Green Plan and did suggest this was shared at full board.

Resources – Mr Redpath confirmed there were 2 Chairs logs for information. He advised of the CIP work and that the Board could take good assurance that we have good control and starting to see Collaboratives proactively coming to the table on this and filling gaps in terms of those areas outside of our control. The excellent work from procurement who are well above on savings, very small team and worth congratulating them in difficult situation with PPE, supply chain etc.

People – Mr Dias shared two Chairs logs. He advised that the Committee had discussed workforce planning and work on neonatal and nursing staffing and medical staffing in terms of planning a baseline for safer staffing. Healthcare support worker recruitment. Looking at Health and Wellbeing and recognition.

BoD/22/117 DATE AND TIME OF NEXT MEETING

The Board of Directors will meet on Tuesday 4 April 2023.

Finally, the Chairman commented that he wished to record his and the Board thanks to Mr Oxley, who was retiring at the end of March and this was his last public board meeting before leaves. He commented on his hard work over many years and helping out others. He was a great confidant to many and will be a great loss to the Trust. Mr Harrison added that Mr Oxley will be massively missed, he keeps us safe and in my time I saw his response to covid, which was calm management of the situation supporting colleagues and noted the work he has done in Tees Valley and beyond. Work on efficient and productivity is fantastic and will be extremely missed.

Ms Seward commented that on behalf of the Governors she wanted to give thanks to Mr Oxley who had been a great help to the governors and in her lead governor role.

Mr Oxley thanked everyone for their kind thoughts and commented that it had been a pleasure to work as part of the Board and support everyone.

Signed:

Date:

DRAFT

Date							
Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
07.02.23	BoD/22/110	IPR	Board development session on health inequalities	Mike Stewart	02.05.23	Draft programme being established	Open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 April 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 Industrial Action

Following recent industrial action by the Royal College of Nursing and Ambulance Service, Juniors Doctors undertook a 72-hour strike from Monday 13 March which concluded at 7am on Thursday 16 March. I visited ED and a number of ward areas during the strike in support of staff and would like to place on record thanks to all staff for their assistance during that period.

2.2 Joint Collaborative Working

Since the last report, the Joint Partnership Board has met twice; 15 February which took place at the University Hospital of Hartlepool and the Non-Executive Directors undertook a visit to Surgical Services and the Integrated Single Point of Access (iSPA); 22 March at James Cook University Hospital. The development of a Group model between the two organisations continues and arrangements have put in place to make it easier for staff to work across the sites of the two Trusts.

2.3 Joint Council of Governors

Following the joint development session with Council of Governors from North Tees and South Tees in January a number of other sessions and joint meetings are planned to take place in the coming months.

2.4 The Healthcare Safety Investigation Branch (HSIB) published in February their third interim bulletin on the national investigation into harm caused by delays in patient handover to emergency care. The ongoing national investigation is looking specifically at harm caused by ambulance handover delays, delays in discharging patients and associated delays across the whole urgent and emergency care pathway. This new interim update sets out emerging evidence on staff wellbeing in urgent and emergency care and the impact this has on patient safety. The Quality Assurance Committees recently received a presentation by ED colleagues to provide assurance on these issues. I have also asked the People Committee to explore the emerging evidence on staff wellbeing at a future meeting.

2.5 Council of Governors meeting

The Council of Governors meeting took place on 21 March which included a development session with briefings on maternity and estates and a public meeting with good discussions on finance, performance and the work of the quality committee, people committee and resources committee. I am also pleased to report that as part of the succession plan for the lead governor role, two deputy lead governors have been appointed. Finally, the Council of Governors currently have six vacancies across its staff and public constituencies. Details can be found

Online: www.cesvotes.com/southteesft23

Telephone: 020 8889 9203

Email: ftnominationenquiries@cesvotes.com

Text: Text 2FT ST and your name and address to **88802**

2.6 Routine meetings

I continue to meet with colleagues within the Trust and have recently met with Phil Sturdy, who has been appointed as Director of Estates, Facilities and Capital Planning and have recently met with the Freedom to Speak Up Guardians.

2.7 Board development session

We met on 7 March for a board development and seminar and received a number of updates including Infection Prevention and Control with a particularly focus on the Trusts CDIFF position and deep clean programme and how the Trust was implementing the Patient Safety Incident Response Framework (PSIRF). We also visited a number of clinical areas including Ward 8, 10 and 11, Neonates, Therapeutics, Critical Care Outreach team, Cath labs and cardio and had a catch up with the lead nurses over lunch time to hear the work that they had been progressing in the Trust in particularly the focus on nutrition and hydration.

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 – 4 April 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"/>	

Chief Executive Update

The high rates of community respiratory infections which peaked this winter have abated in recent months.

While the reduction in community respiratory infection rates has led to a positive impact, challenges in the social care sector remain and the trust continues to work closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, are able to access this as quickly as possible.

Despite these challenges, in the five-week period to 15 March surgical teams delivered more than 3,300 operations of which almost 2,700 were planned surgical procedures. At the same time, more than 79,000 outpatient appointments, and over 38,000 diagnostic scans, took place. In the same five-week period, over 17,400 people accessed urgent and emergency care services.

Alongside the enormous work taking place inside our hospitals, clinical colleagues are also delivering more care closer to home. For example, 1,200 people every month who are at risk of having to go into hospital unnecessarily are now being helped to receive the care they need in their own home.

Our urgent community response teams are helping older people and adults with complex health needs to quickly access a range of healthcare support where they live. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated.

Industrial action

The British Medical Association (BMA) gained a national mandate for industrial action by junior doctors which took place from Monday 13 March and concluded on the morning of Thursday 16 March.

As during previous industrial by nursing and other colleagues, 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.

Centre of excellence

Professor Enoch Akowuah, director of the South Tees Academic Cardiovascular Unit, presented leading-edge research findings at the 2023 World Congress of Cardiology.

The UK Mini Mitral Trial - the largest randomised trial of its kind – showed similar recovery rates for heart valve surgery patients whether they underwent minimally invasive or conventional surgery.

Professor Akowuah, who led the trial of 330 patients across ten UK centres including James Cook, presented the study's conclusions at the event which brings together cardiologists and cardiovascular specialists from around the world to share the newest discoveries in treatment and prevention.

Patients in the study had severe degenerative mitral valve regurgitation, which occurs when the mitral heart valve doesn't close completely, allowing blood to flow back into the left atrium of the heart, which can lead to serious complications such as blood clots, heart failure and stroke.

Conventional surgery to repair the mitral valve, via a sternotomy, involves opening the chest completely from the collarbone to the bottom of the breastbone. Recovery from conventional surgery generally takes about three months.

By contrast, the minimally invasive surgical procedure, known as a mini-thoracotomy, involves making an incision about two inches long in the chest to gain access to the heart and then using a camera and special instruments to repair the valve.

The study, funded by the National Institute of Health and Care Research, recorded changes in patients' physical ability using questionnaires and a Fitbit-like device called an accelerometer.

Recovery of physical function levels after 12 weeks compared to pre-surgery levels was similar in both groups. However, at six weeks, patients in the mini-thoracotomy group had recovered physical function compared to pre-surgery levels, whereas patients in the sternotomy group had not.

TAVI

Cardiology colleagues have doubled their use of a minimally invasive heart valve replacement procedure and are now helping other teams across the UK to streamline their programmes.

Cardiology teams in England looking to optimise transcatheter aortic valve implantation (TAVI) programmes can now access detailed guidance based on best practice from the Middlesbrough team who have more than doubled TAVI procedures over the last five years.

TAVI is an advanced procedure in which a team of specially trained consultants replace narrowed heart valves without the need for open heart surgery. It is a much less invasive treatment, where patients are fitted with new heart valves through a small cut in their groin or chest. The James Cook team have been carrying out TAVI procedures since November 2009 and have developed a clear understanding of patients who can benefit from the procedure and how best to manage their patient journey.

Currently, the team carry out four to five cases a day, using local anaesthetic in 99% of patients. This has resulted in shorter hospital stays, better recovery times and better clinical outcomes. In 2017-18, before the COVID-19 pandemic, the James Cook team performed 106 TAVI cases, last year this increased to 236.

Getting It Right First Time (GIRFT) worked with the team to produce the delivery guide so other clinicians can share their successes.

Revision knee replacements network

From 1 April the trust will be named as a major revision centre as part of a regional drive to standardise care and ensure all knee revision patients receive the right operation for their individual needs, from the right surgeon, in the right hospital.

A network of five revision centres are being created with the trust taking the lead for the southern part of the North East and Cumbria region.

Across the country there can be wide variation in the number of these procedures hospitals perform - some doing less than ten a year – and how decisions are made as to whether patients who are having problems with their knee replacements can undergo further surgery.

The new network, supported by additional funding from NHS England and regional specialist commissioning, will see then trust become the lead for revision knee replacements for the southern part of the North East and Cumbria region.

This will involve coordinating meetings with specialists from across the region to support decision making and ensure the best use of the area's leading surgeons.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 APRIL 2023			
Board Assurance Framework			AGENDA ITEM: 8, ENC 6
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>The Board have approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust. Following this the Board identified the principal risks to achieving the strategic objectives. These objectives and principal risks have been reaffirmed by the Board in July.</p> <p>The Board of Directors tasked the Board sub committees to review the BAF threats and update the BAF for 2022/23 whilst undertaking the scrutiny and assurance of the principal risk, controls and gaps.</p>		
Background	<p>The Board Assurance Framework is a strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives.</p> <p>A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management.</p> <p>A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.</p>		
Assessment	<p>The Board Sub Committees – People, Quality and Resources continue to review their BAF risks on a monthly basis. The BAF is a live document and therefore as part of the horizon scanning work, new threats can be added at any time. During February each of the Committees considered the level of assurance they had received against each of the threats and agreed an assurance rating.</p> <p>The Chair's logs from the Committees will demonstrate the Committee has tested the controls in place; received assurances (some positive and some negative); reviewed the gaps in controls or assurance and received assurances to mitigate some of these gaps.</p> <p>A number of assurance reports are being received today at Board.</p>		

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

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

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

2. BACKGROUND

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

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

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

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

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

3. DETAILS

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

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

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

Assurance ratings for each of the BAF threats have been considered by each of the Committees and added to the report.

3.1 Assurance reports Trust Board of Directors

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

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

- Integrated Performance Report
- Learning from deaths report
- Patient Experience Report

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

- Safe Staffing Report
- Integrated Performance Report
- Staff Survey

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

- Integrated Performance Report

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

- Finance Report
- Integrated Performance Report

4. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 APRIL 2023			
Integrated Performance Report			AGENDA ITEM:9 ENC 7
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>Changes to metrics for February IPR, are as follows:</p> <p>SAFE domain: Metric for 'Omitted Critical Doses' is now measured as a rate instead of an absolute number due to the introduction of the e-PMA system.</p> <p>EFFECTIVE domain: No change.</p> <p>CARING domain: No change.</p> <p>EQUITABLE domain: No change.</p> <p>RESPONSIVE domain: No change.</p>		

	<p>WELL LED domain: No change.</p> <p>Our key messages for February are:</p> <p>The Trust remains in segment 3, mandated support for significant concerns as reported previously.</p> <p>Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.</p> <p>A&E 4-hour standard and ambulance handover performance improved significantly in January, with the 4 hours standard rising above national average.</p> <p>Elective access (RTT 18-week standard) is stable and continues to perform above the national trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment in line with national requirements has received extra focus during January & February. Elective day case activity has driven COVID recovery as planned through the period of winter pressures.</p> <p>Diagnostic compliance with the 6-week standard returned to pre-Christmas levels within weeks of the holiday period. Cancer 62-day accumulation increased and remained higher for longer than anticipated post-Christmas due to pressures in some diagnostic pathways.</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 Public Trust Board of Directors are asked to receive the Integrated Performance Report for February 2023.</p>
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<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 (highlight which Trust Strategic objective this report aims to support)</p>	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input 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

February 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

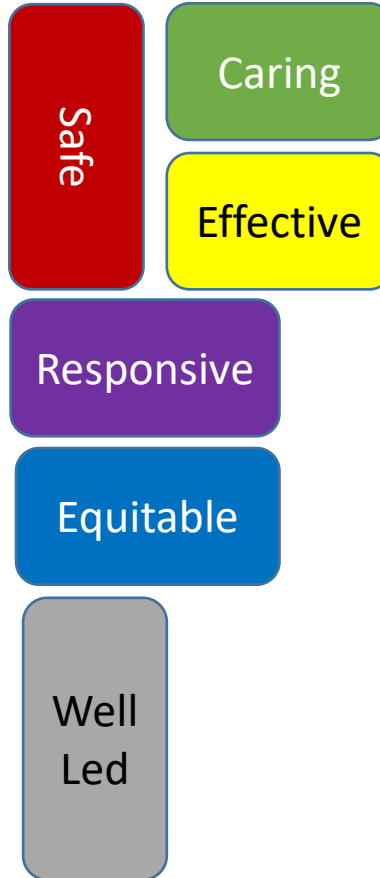
Dr Michael Stewart, Chief Medical Officer

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

SAFE domain:

Metric for 'Omitted Critical Doses' is now measured as a rate instead of an absolute number due to the introduction of the e-PMA system.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

NATIONAL CONTEXT

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

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

The Trust Improvement Plan (July 2022) sets out our plans to meet the national planning priorities, as well as our local objectives and safety and quality priorities for 2022/23. The Improvement Plan will be refreshed for 2023/24 aligned to the 23/24 planning priorities.

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary					Urgent & Emergency Care				Elective care						Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 22/23 v 19/20	1st OP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Jan-23	Jan-23	Jan-23	Jan-23	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Jan-23	Dec-22	Dec-22
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	<=75%	104%	104%	120%	<=1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT	73.2%	149	418	204	65.0%	1,420	75	0	48,730	96%	99%	101%	98%	26.7%	56.0%	205	255	72.1%
NENC ICS Provider level <i>(including IS providers)</i>	75.1%	1583	2,045	1,305	68.8%	9,144	1,103	27	382,821	98%	101%	94%	106%	20.7%	63.6%	1,222	1,609	77.8%
North East & Yorkshire	73.1%				64.7%									26.3%	62.2%			74.4%
National	72.4%				58.0%									31.3%	61.8%			70.7%

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 improved significantly in January, with the 4 hours standard rising above national average. Elective access (RTT 18-week standard) is stable and continues to perform above the national trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment in line with national requirements has received extra focus during January & February. Elective day case activity has driven COVID recovery as planned through the period of winter pressures. Diagnostic compliance with the 6-week standard returned to pre-Christmas levels within weeks of the holiday period. Cancer 62-day accumulation increased and remained higher for longer than anticipated post-Christmas due to pressures in some diagnostic pathways.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2452	2070	Feb 2023		
Serious Incidents	9	3	Feb 2023		
Never Events (YTD)	7	0	Feb 2023	N/A	N/A
Falls	177		Feb 2023		N/A
Falls Rate %	5.4	6.6	Feb 2023		
Falls With Harm	1		Feb 2023		N/A
Falls With Harm Rate %	0		Feb 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) are fully implemented. One NE recorded in February. The number of SIs remains within expected variation, , and learning continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners.

Falls

The rate of all falls and falls with harm is stable and remains within control limits, and the rate of falls with harm has reduced for the fourth consecutive month. The number of falls is higher than seen during the height of the COVID-19 pandemic due to reduced admission. The team, starting in March 2023, will begin a quality improvement project to map our systems and process, reporting mechanisms, to ensure continued effective, evidenced based and patient centred care. The team are also mapping our education offer, so that we can be confident our interventions are being received where they are needed most. We continue to monitor the data for all reported falls so that we remain proactive in targeting support to wards.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.4		Feb 2023		N/A
Category 2 Pressure Ulcers (Community)	53		Feb 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.5		Feb 2023		N/A
Category 3&4 Pressure Ulcers (Community)	41		Feb 2023		N/A
Medication Incidents	113		Feb 2023		N/A
Medications Reconciled Rate %	45.3%	80%	Feb 2023		
Omitted Critical Doses (%)	4.8%		Feb 2023		N/A
C-Difficile (YTD)	126	101	Feb 2023	N/A	N/A
MRSA (YTD)	3	0	Feb 2023	N/A	N/A
E-Coli (YTD)	120	127	Feb 2023	N/A	N/A
Klebsiella (YTD)	48	47	Feb 2023	N/A	N/A
Pseudomonas (YTD)	12	14	Feb 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 were introduced at FHN and JCUH hospital onto the digital platform, Patientrack in September 2022. Extensive education and training continues in the clinical areas. 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. PURPOSE T was implemented at Tocketts ward in February 2023. Discussions have taken place with the Head of Quality, ICB related to proportionate reporting and the early adoption of PSIRF. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. The team are currently reviewing how incidence of community pressure ulcers can be meaningfully reported.

Medications

Medication incidents reported in February remain within expected variation. Medicines reconciliation remain an area of focus – overtime is in place. Vacancies have been recruited to and colleagues will commence from September 23 for 5-day service. 7-day service business case to go to resource committee end of March. Restructure of management team has taken place to further increase number of clinical hours on wards to start from April 2023. New audit for omitted doses has started from EPMA which has more valuable data for targeting specific clinical areas. Implementation of our electronic prescribing system continues to be rolled out across the wards to further enhance processes.

Healthcare acquired infections

C difficile has clear tracking, reporting and governance in place with case reviews identifying lessons learnt providing assurance that all appropriate measures are in place. The ward decant programme for deep cleaning is continuing. Gram negative blood stream infections (GNBSI) continue to be monitored in line with work regarding line care and Aseptic Non-Touch Technique (ANTT) locally, regionally and nationally.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	329		Feb 2023	N/A	N/A
Breast feeding initiated (48 hrs)	65.7%	74.5%	Feb 2023		
Preterm birth rate <26+6 wks	0.3%	6%	Feb 2023		
Preterm birth rate 27 - 36+6 wks	7.7%	6%	Feb 2023		
Induction of Labour (%)	43.7%	44%	Feb 2023		
Number of 3rd/4th degree tear (%)	0.6%	3.5%	Feb 2023		
PPH > 1500ml (%)	1.77%	2%	Feb 2023		
Still Births (YTD)	0	17	Feb 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 and we are not an outlier. All pre-term births are reviewed by Consultant and midwife and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. There is a planned Baby Friendly reassessment in May 2023. An infant feeding strategy group is being set up to review all infant feeding statistics and actions.

















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

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. 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. Multi-disciplinary simulations occur on a regular basis to ensure staff are well prepared for any emergency situation which may occur. We have noted an upward trend and are reviewing all PPH October to December 2022 to determine any commonalities. We are also looking to undertake a clinical trial which is specifically focussing on PPH management.

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%		Dec 2022		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Jan 2023		
Sepsis - Blood cultures within 1hr	68.9%	95%	Jan 2023		
Sepsis - Empiric IV antibiotics within 1hr	72.3%	95%	Jan 2023		
Sepsis - Serum lactate within 1hr	74.5%	95%	Jan 2023		
Sepsis - IV fluid resuscitation within 1hr	71.7%	95%	Jan 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Jan 2023		
Summary Hospital-Level Mortality Indicator	107.2	100	Sep 2022		
Comorbidity Coding	4.5		Sep 2022		N/A

Readmission rates

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

Sepsis

100% compliance has been achieved for urine output monitoring and oxygen delivery to target saturations. Actions:

- Compliance targets to be set for acutely ill patient courses for all acute areas, including role specific mandatory training
- Go live for fluid balance module set for 28th March
- Educational screen savers are displayed, intranet banners to be added
- 'Think sepsis' stickers distributed for thermometers

Compliance to the sepsis care bundle within one hour requires consideration in the context of the Surviving Sepsis Campaign Guidance 2021.

Mortality

For the latest official reporting period, Nov 2021 to Oct 2022, SHMI is 'as expected' at 106. SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and had been returning to normal volumes. Currently 4.8% of spells in England are removed because they have a COVID code and spells included in SHMI are at 86% of pre-pandemic levels (both metrics similar to last month).

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

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with approximately 10% referred for further review. Learning from ME and mortality reviews included End of Life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	84.3%	78%	Feb 2023		
Inpatient Experience (%)	93.5%	94%	Feb 2023		
Maternity Experience (%)	84.9%	92%	Feb 2023		
Outpatient Experience (%)	95.9%	93%	Feb 2023		
Community Experience (%)	98.4%	94%	Feb 2023		
New Complaints	31		Feb 2023		N/A
Closed Within Target (%)	52.3%	80%	Feb 2023		

Patient experience

Emergency Department Friends & Family Test score remains above target for the second consecutive month. The Inpatient Friends & Family Test score will continue to be monitored. The Friends & Family Test score reported in Outpatients and Community services consistently performs above the national average.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group.

Closed within target

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

Learning from complaints

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

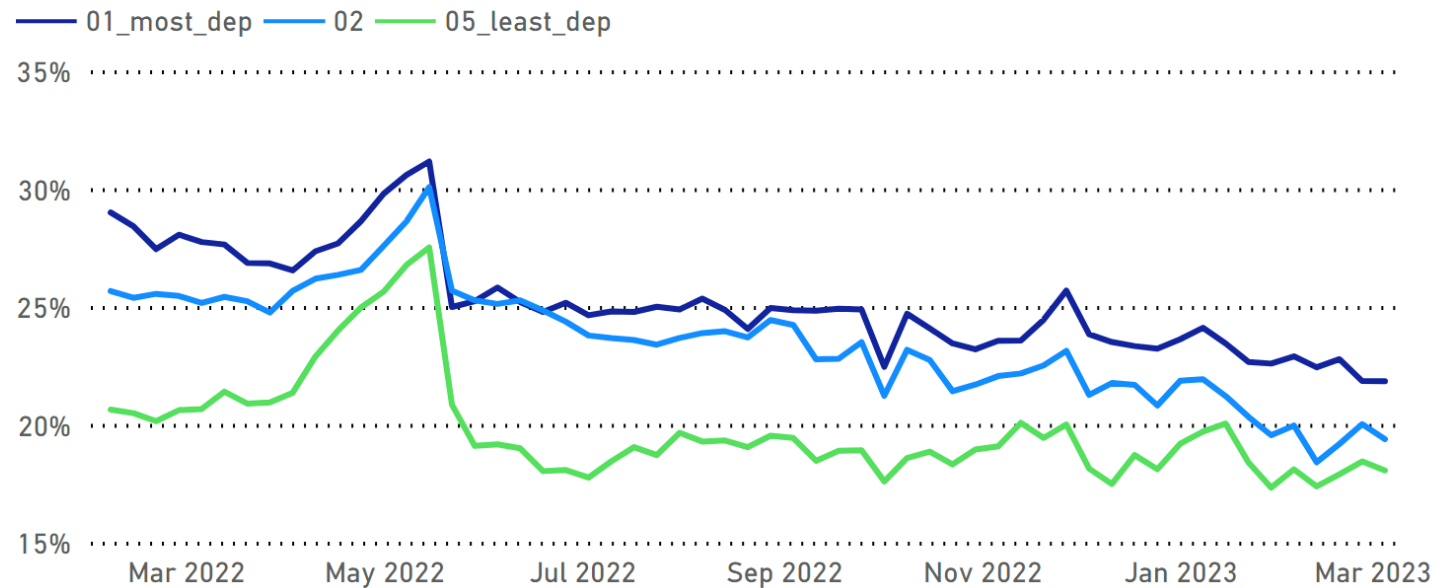
EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	33669	12613	27%	46282
02	19024	6613	26%	25637
03	21119	6046	22%	27165
04	29381	8287	22%	37668
05_least_dep	21891	5934	21%	27825
N/k	8341	2665	24%	11006
Total	133425	42158	24%	175583

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

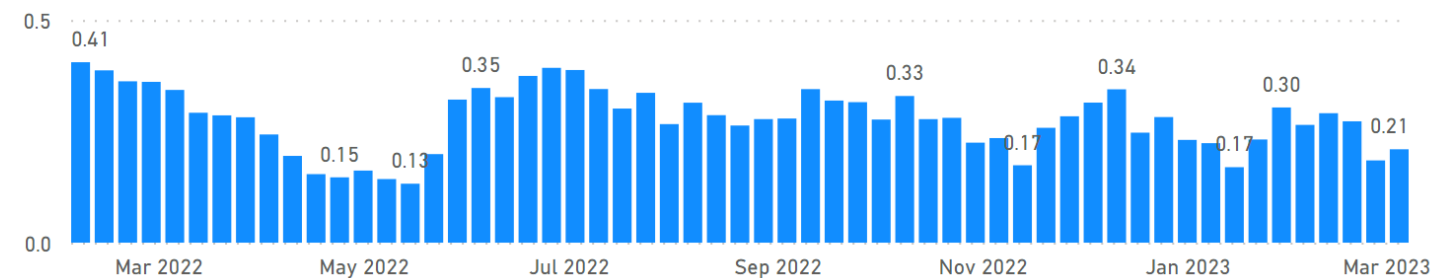
P3 > 3 months

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

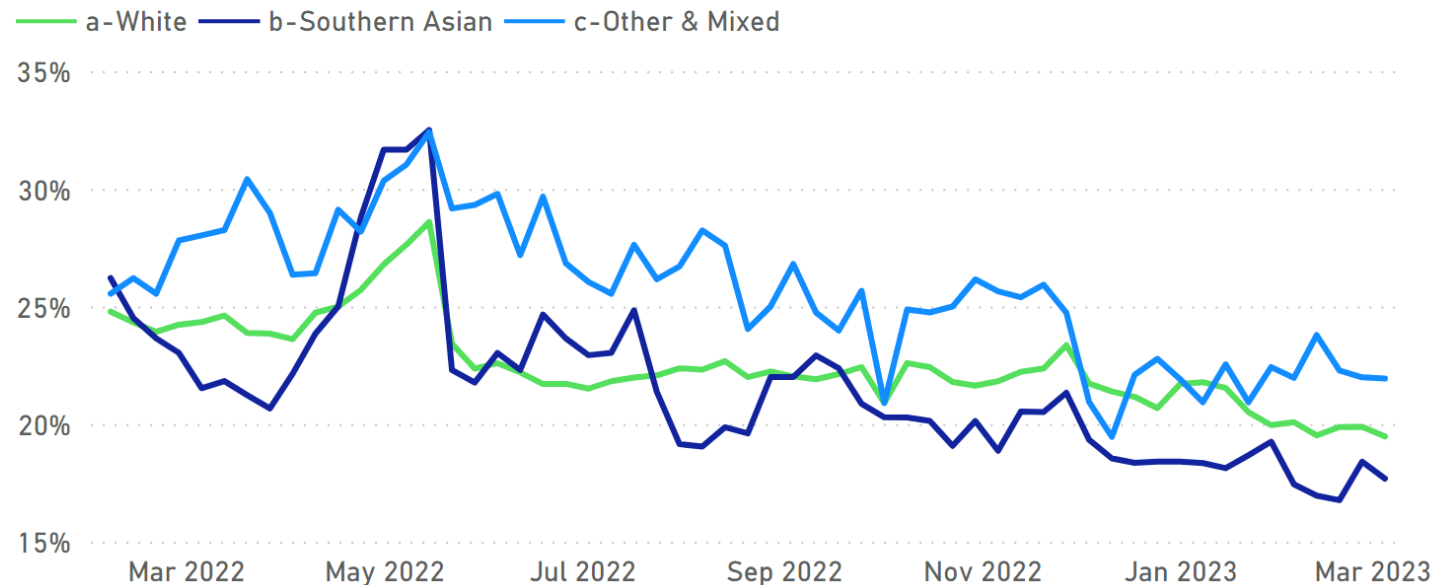
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	116099	36915	24%	153014
<input checked="" type="checkbox"/> b-Southern Asian	2215	713	24%	2928
<input type="checkbox"/> c-Other & Mixed	2619	1035	28%	3654
Black	596	309	34%	905
Mixed	604	250	29%	854
Other	1419	476	25%	1895
<input checked="" type="checkbox"/> N/k	12492	3495	22%	15987
Total	133425	42158	24%	175583

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

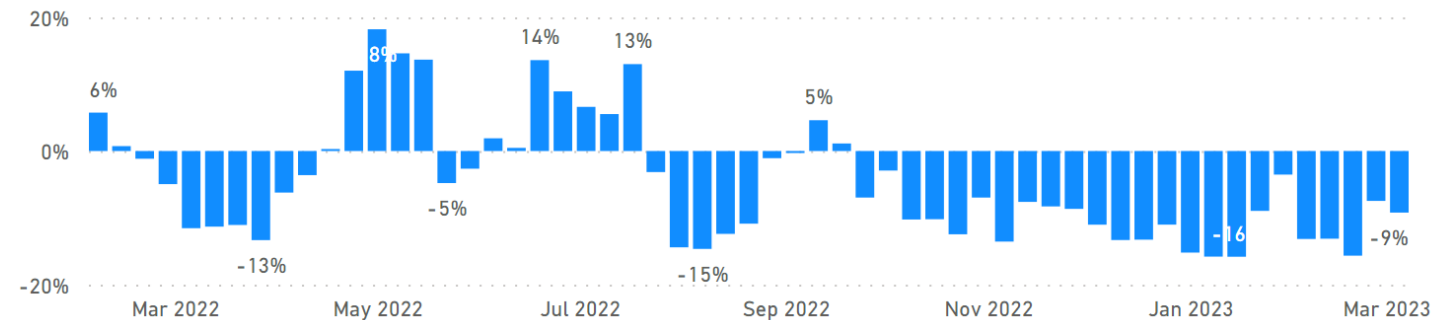
In Standard: All others

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
ED Attendances - Type 1 (vs 19/20)	9202	8529	Feb 2023		N/A
ED Attendances - Type 3 (vs 19/20)	4690	3931	Feb 2023		N/A
Handovers - Within 15 Mins (%)	44.3%	65%	Feb 2023		
Handovers - Within 30 Mins (%)	63.5%	95%	Feb 2023		
4-Hour A&E Standard	69.8%	95%	Feb 2023		
12-Hour Waits from Decision to Admit	133	0	Feb 2023		N/A
12-Hour A&E Breaches	398	0	Feb 2023		
RTT Incomplete Pathways (%)	66.2%	92%	Jan 2023		
RTT 52 week waiters	1310	927	Jan 2023	N/A	N/A
RTT 78 week waiters	57	33	Jan 2023	N/A	N/A
RTT Waiting List Size	49420	41677	Jan 2023		
Diagnostic 6 Weeks Standard (%)	72.6%	99%	Jan 2023		
Cancer 14 Day Standard (%)	73.1%	93%	Jan 2023		
Cancer 31 Day Standard (%)	87.9%	96%	Jan 2023		
Cancer 62 Day Standard (%)	50.4%	85%	Jan 2023		
Cancer >62 Day Backlog	162		Feb 2023	N/A	N/A
Cancer 62 Day Screening (%)	60%	90%	Jan 2023		
Cancer Faster Diagnosis Standard (%)	73.7%	75%	Jan 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	50	0	Feb 2023		
Cancelled Ops - Not Rebooked Within 28 days	15	0	Feb 2023		
Cancer Operations Cancelled On Day (YTD)	0	0	Feb 2023	N/A	N/A

Urgent and emergency care

The impact of challenges across the social care system continue to be observed. The Trust continues to work 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.

Type 1 ED attendances for February were at a similar level to January, while higher than same time last year. Improved performance for the 4-hour standard, and ambulance handovers continued from January. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% in 2023/24 and ensuring all Ambulance handovers take place within one hour. Observational work has commenced to drive out unnecessary processes that can delay patient handover, and liaison continues with local authorities around timely discharges to social care.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks is stable at 66%. The focus remains on the longest waits – maintaining a zero position with 104 week waits and treating all 78-week waiting patients by end of March 2023.

Compliance with the 6-week diagnostic access standard has steadily improved since October and performance rebounded quickly in January following the reduced working days at Christmas. Tests for waiting list patients are balanced against increasing volumes of urgent demand and surveillance (emergency care and cancer pathways). Additional capacity in endoscopy at both JCUH and FHN has contributed to recent improvements.

The 62 Day Cancer accumulation from January has significantly improved throughout February, reducing by 20%, with reductions in waits for specialised prostate diagnostics a major contributor.

Cancer 62-day standard compliance remains an area of focus, as longest waiting patients are treated. 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	16804	17724	Feb 2023		
Outpatient Follow Up Attendances	41480	39089	Feb 2023		
Day Case admissions	5848	6074	Feb 2023		
Ordinary Elective admissions	829	1052	Feb 2023		
NEL admissions with 0 LOS	1637	1824	Feb 2023		
NEL admissions with 1+ LOS	3336	3429	Feb 2023		
Length of Stay - Elective	4.1		Feb 2023		N/A
Length of Stay - Non-Elective	5		Feb 2023		N/A
Not Met Not Discharged	99	90	Feb 2023		
21 Day Stranded Patients (%)	13.8%	12%	Feb 2023		

Activity

Overall, outpatient attendances were 1% above plan for February despite industrial action for nurses and physiotherapists affecting some appointment availability. Within that, first attendances were 7% below planned as some specialties were addressing accumulations. Admitted elective activity was again lower for February, with some day case procedures subject to rescheduling during industrial action. Non-elective admissions continue to track lower than predicted in our annual planning, however because of wider social care system pressures, bed occupancy on assessment units and general medical wards was significantly above the 92% standard.

Length of Stay

Non-elective length of stay remains higher than the long-term average. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. This particularly impacts on patients awaiting a package of care in their own home. The Trust's winter plans, provided more capacity to care for patients when their acute medical needs have been met. A new therapy-led ward for patients who have completed their medically-led care is now established.

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

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

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£19.822m	-£19.822m	Feb 2023	N/A	N/A
Annual Appraisal (%)	80.4%	80%	Feb 2023		
Mandatory Training (%)	89.2%	90%	Feb 2023		
Sickness Absence (%)	5.5%	4%	Feb 2023		
Staff Turnover (%)	12.7%	10%	Feb 2023		

Finance and use of resources

The Trust plan is to deliver a £20.7m deficit for the 2022/23 financial year, as part of the ICS plan to deliver financial balance at a system level. At the end of Month 11, the Trust year-to-date financial position is breakeven against plan. Following regional and national discussions regarding the level of pay award funding allocated to the ICB for distribution to provider trusts to meet the full costs of the national pay award, the Trust has received confirmation of additional funding and is expecting to receive this in Month 11 & 12.

People

Sickness absence across the Trust was 5.46% for the month of February 2023 which is a reduction from January (6.04%) and HR teams are working with Collaboratives and Corporate areas to review their sickness improvement plans to achieve their new individual Collaborative targets. The Wellbeing and Attendance team are focusing on supporting managers in reducing long-term sickness. The review of the Trust's wellbeing policies continues, to further align to the Trust values and Restorative Just Culture.

Appraisal compliance continues to be above target and is 80.35% (February 23). Mandatory Training compliance has reduced slightly and is at 89.22% (February 23). HR teams discuss the trends in the data within the Collaboratives and Corporate areas through KPI clinics, directorate and Board meetings and any further action planning and monitoring required.



The Trust continues to see turnover below the national average. Turnover is monitored through Collaborative meetings, with a view to developing actions to support areas where required. The Trust staff survey 2022 results have now been published and the HR teams will work with their Collaboratives and Corporate areas to review themes and agree actions.

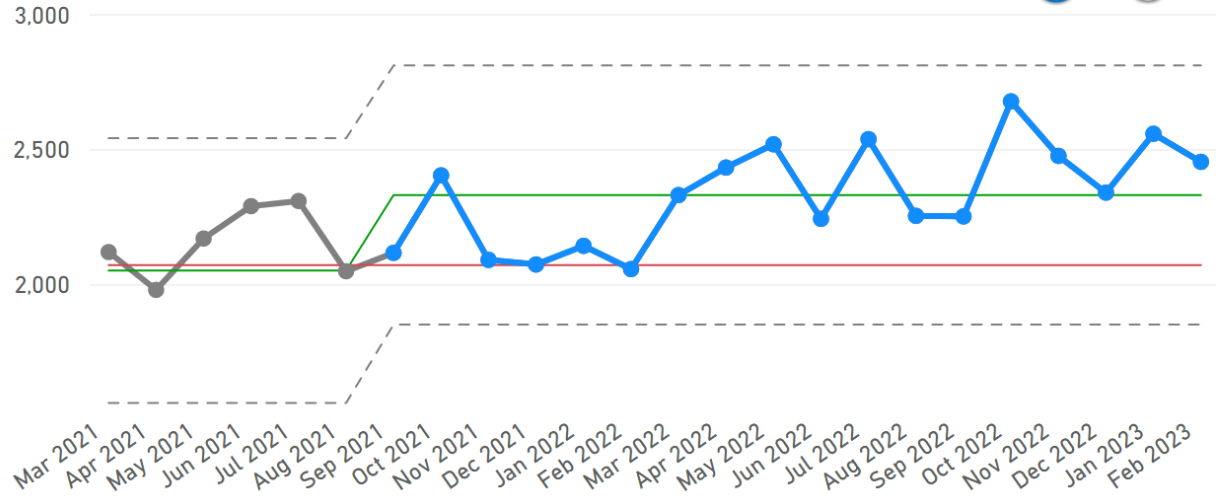
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

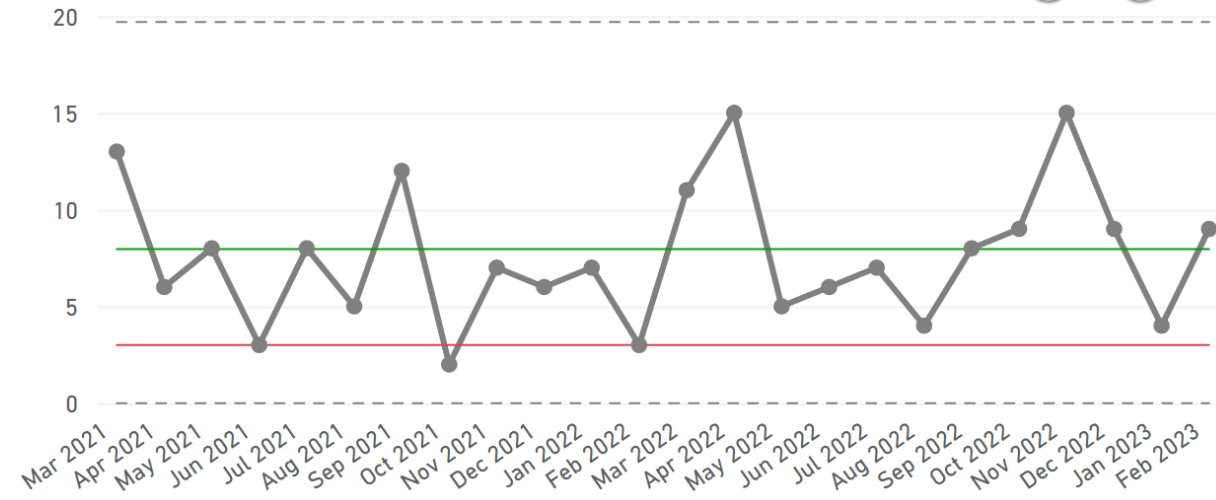
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Feb 2023	2452	2070		



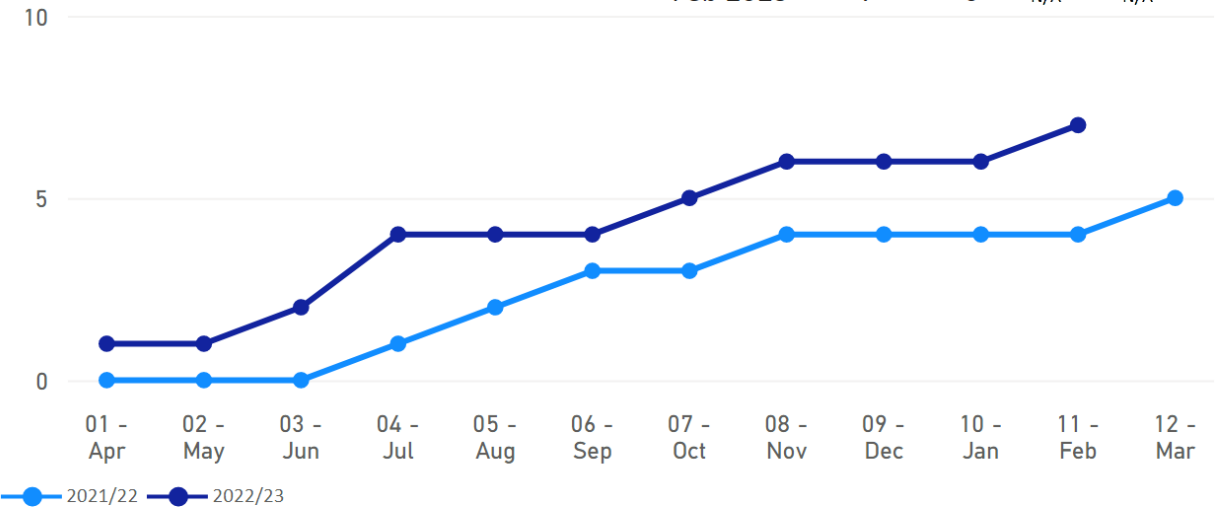
Serious Incidents

Month	Performance	Target	Trend	Assurance
Feb 2023	9	3		



Never Events (YTD)

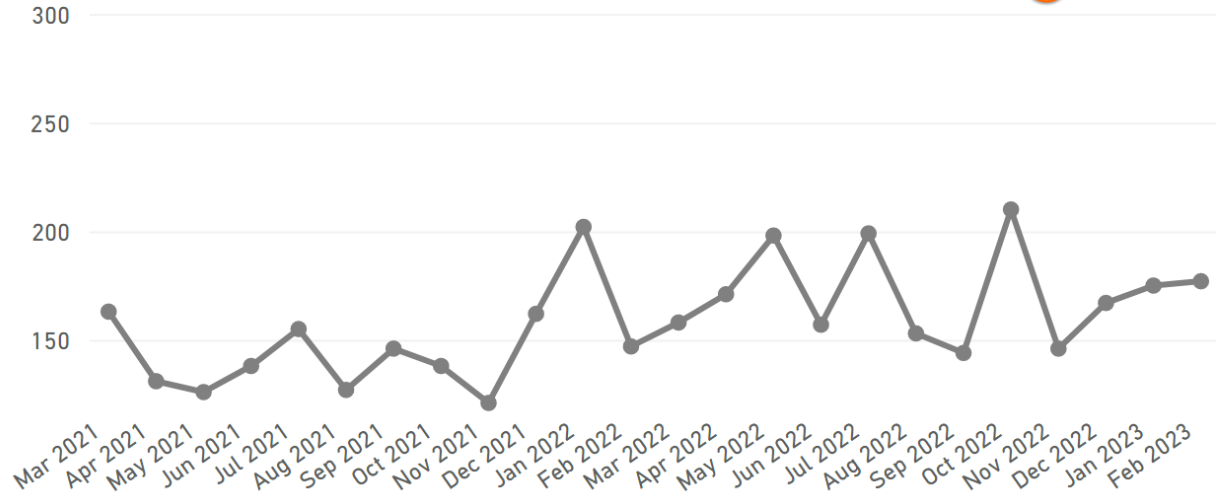
Month	Performance	Target	Trend	Assurance
Feb 2023	7	0	N/A	N/A




SAFE

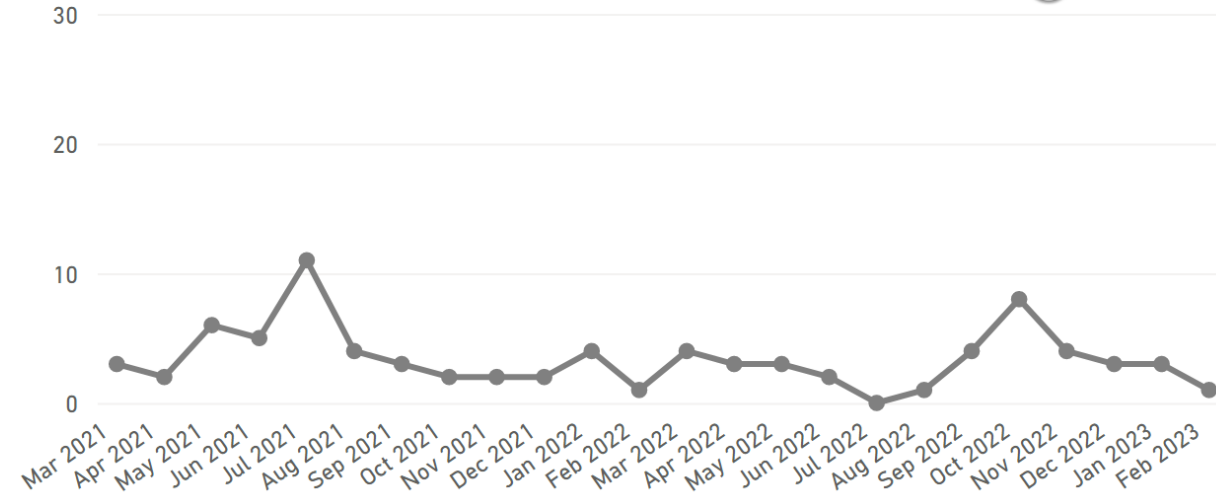
Falls

Month	Performance	Target	Trend	Assurance
Feb 2023	177			N/A





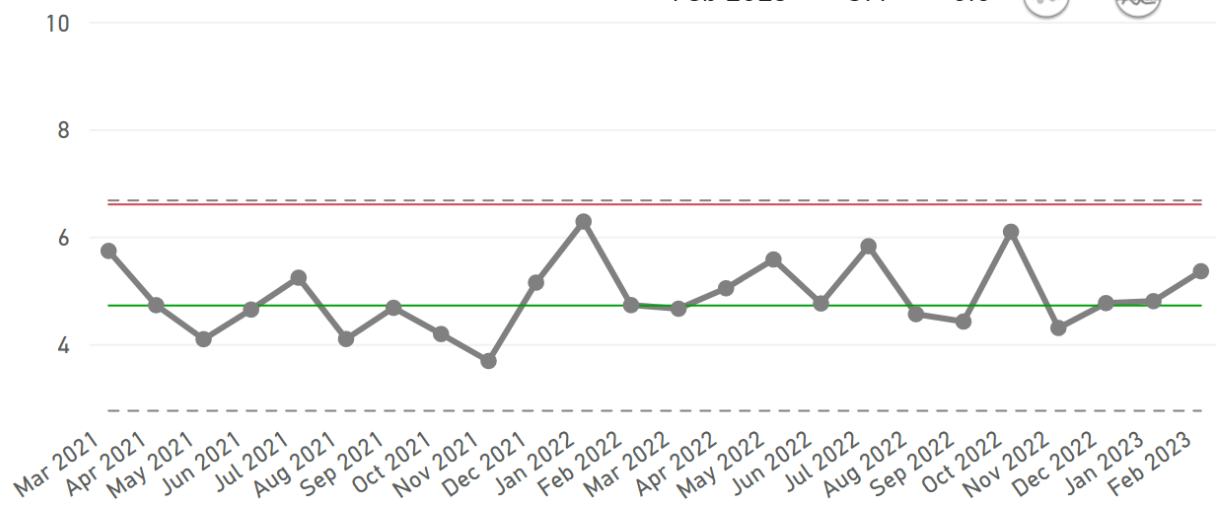
Falls With Harm

Month	Performance	Target	Trend	Assurance
Feb 2023	1			N/A




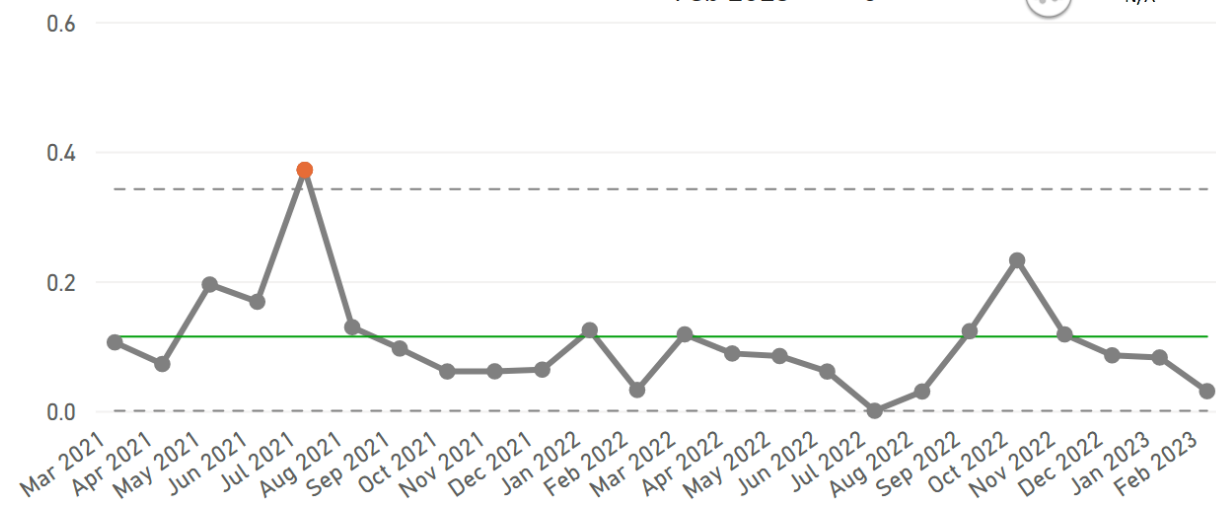
Falls Rate %

Month	Performance	Target	Trend	Assurance
Feb 2023	5.4	6.6		



Falls With Harm Rate %

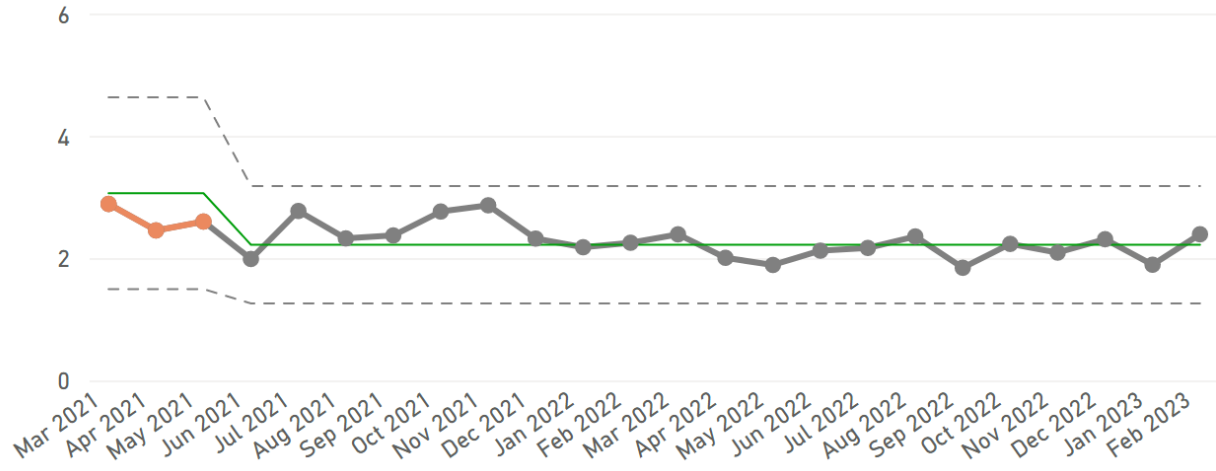
Month	Performance	Target	Trend	Assurance
Feb 2023	0			N/A



SAFE

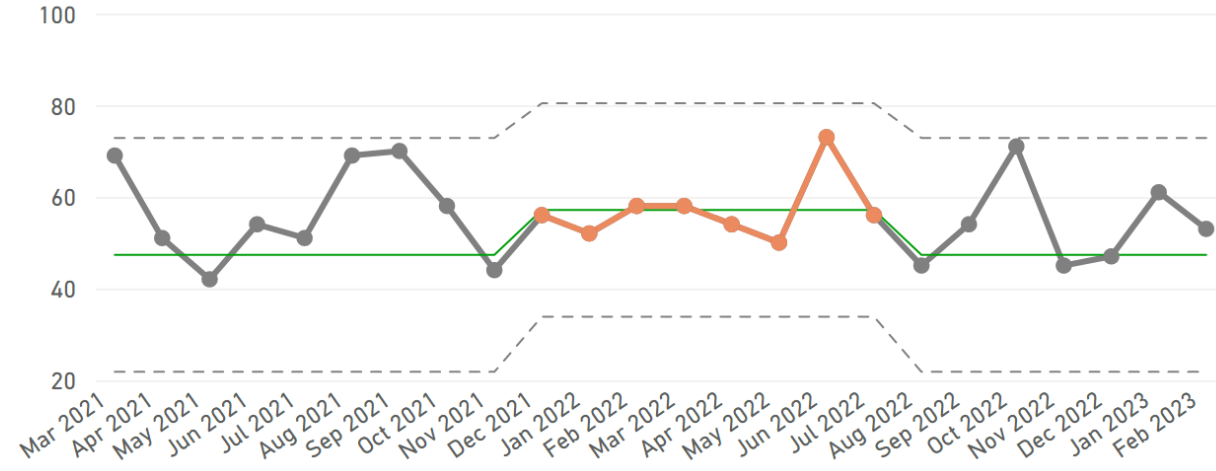
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2023	2.4			N/A



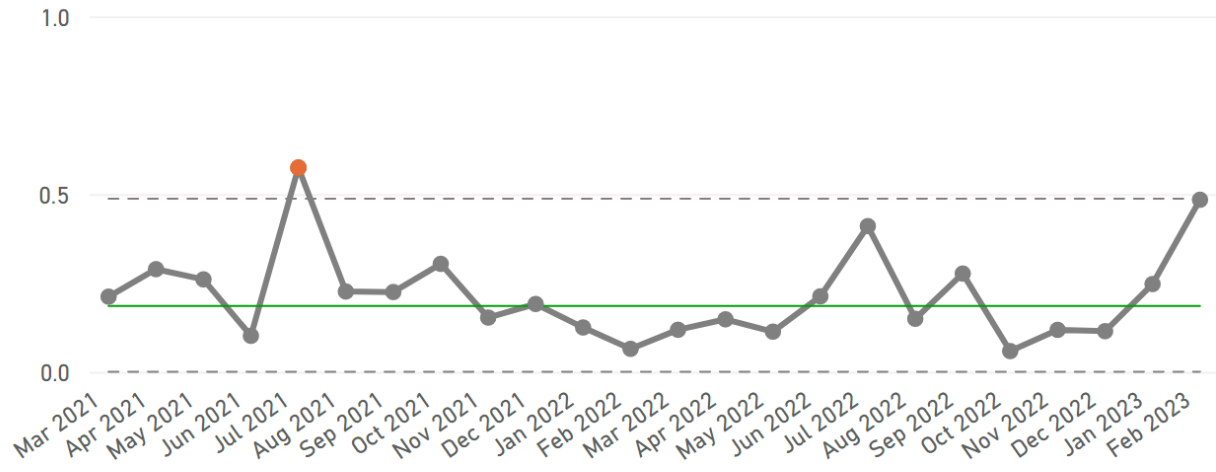
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Feb 2023	53			N/A



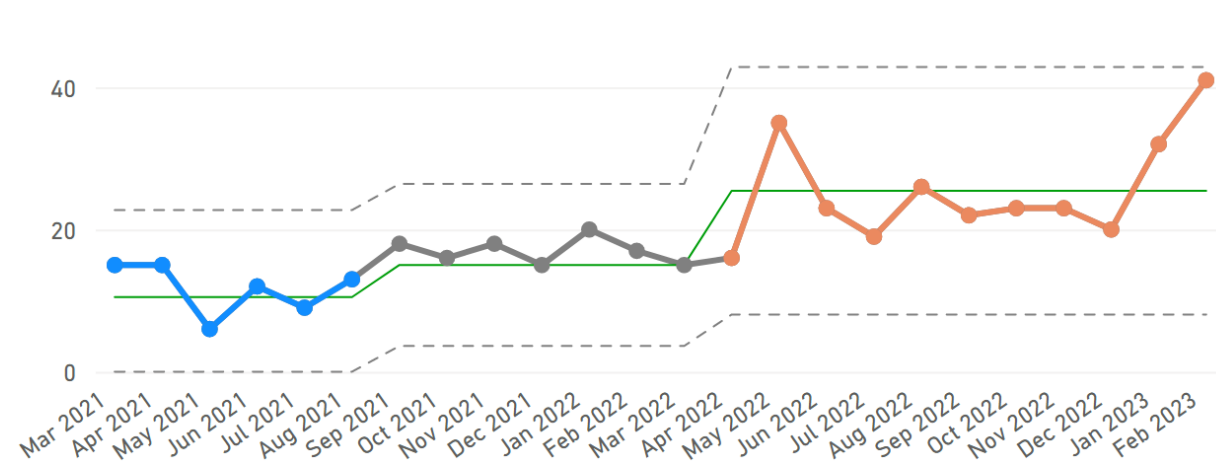
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2023	0.5			N/A




Category 3&4 Pressure Ulcers (Community)

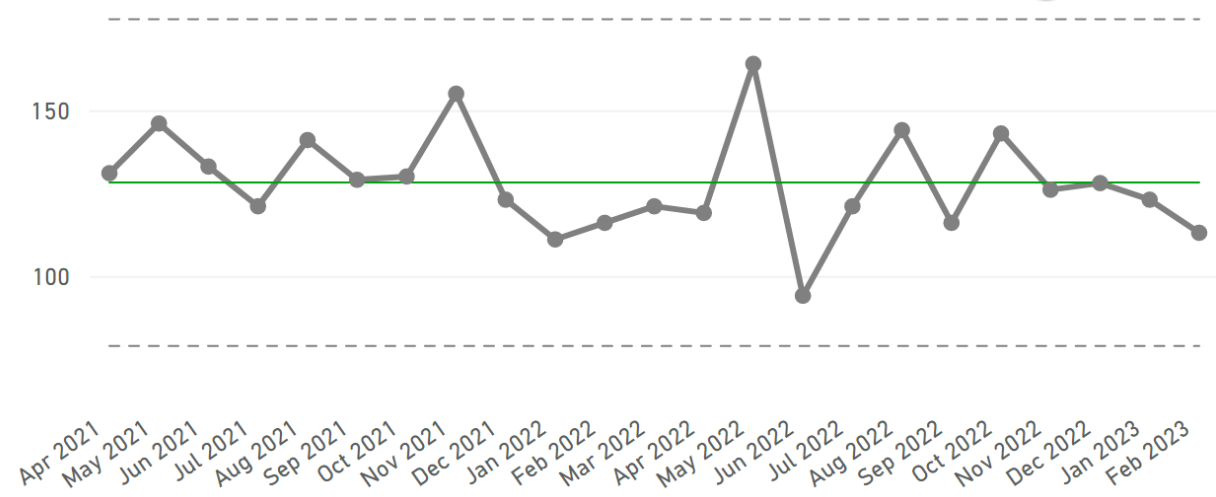
Month	Performance	Target	Trend	Assurance
Feb 2023	41			N/A





SAFE

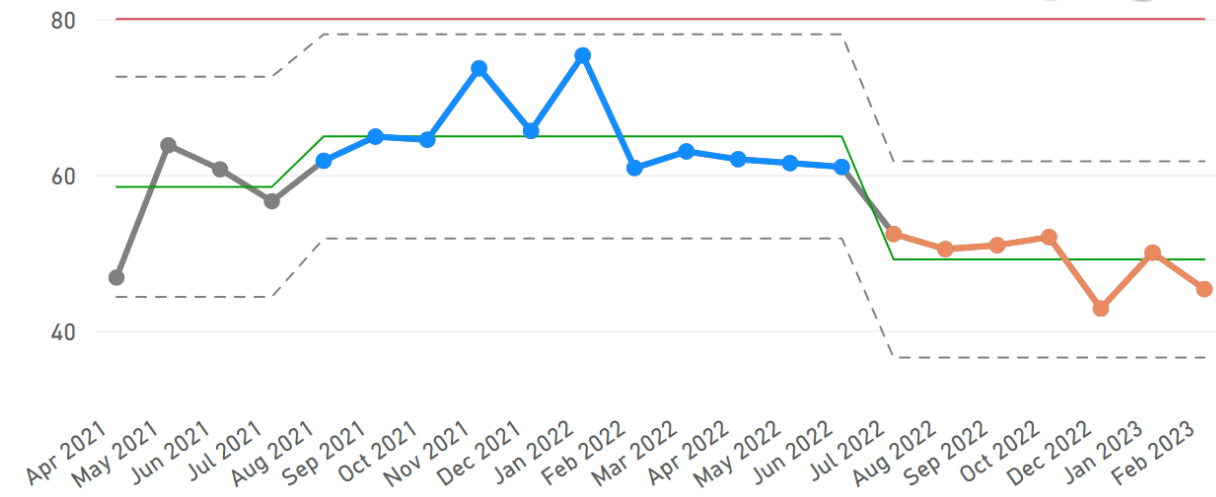
Medication Incidents

Month: Feb 2023
Performance: 113
Target: 
Assurance: N/A




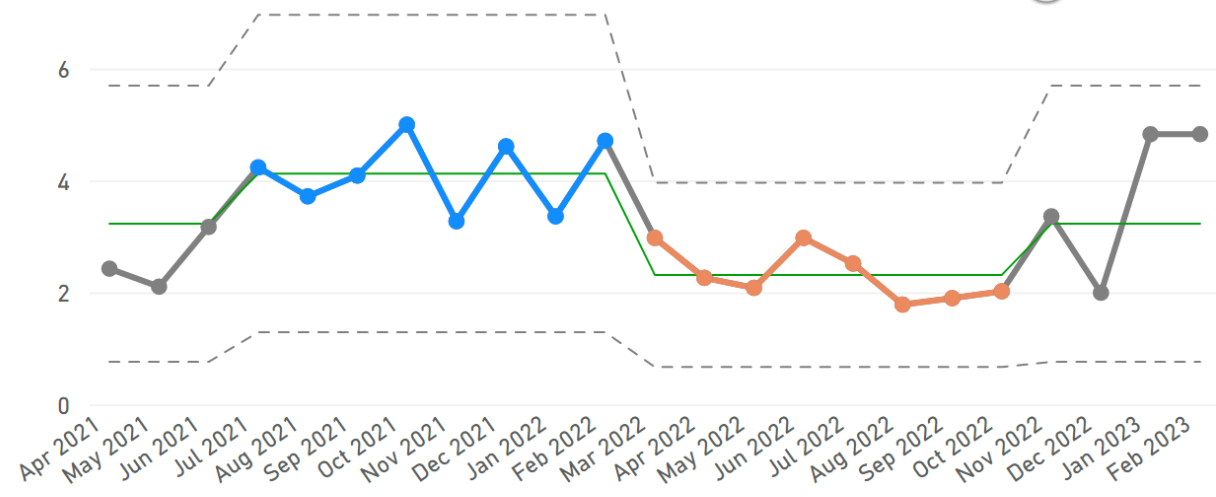
Medications Reconciled Rate %

Month: Feb 2023
Performance: 45.3%
Target: 80%
Trend: 
Assurance: 



Omitted Critical Doses (%)

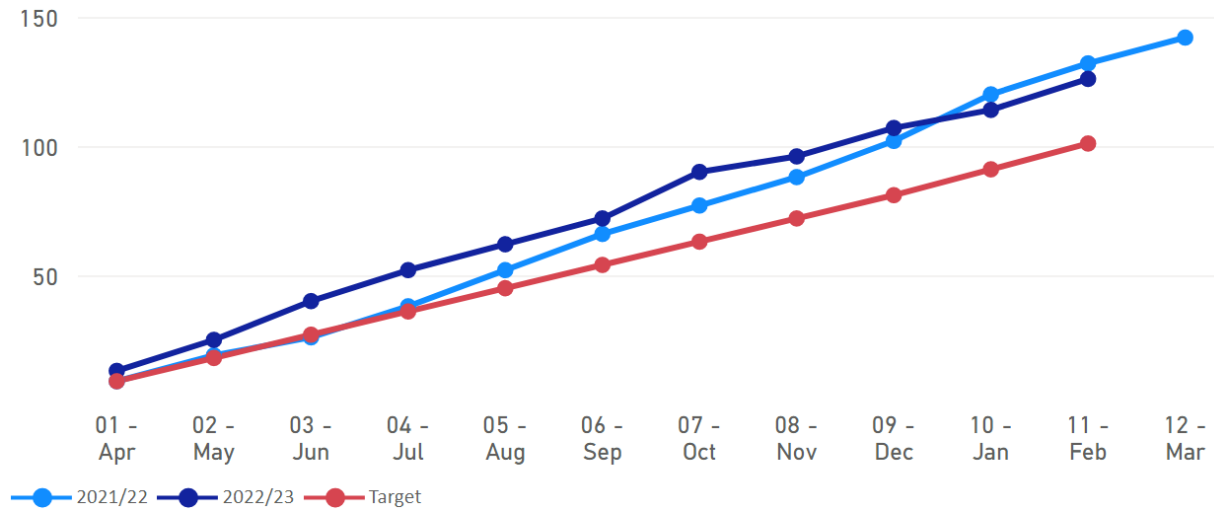
Month: Feb 2023
Performance: 4.8%
Target: 
Assurance: N/A



SAFE

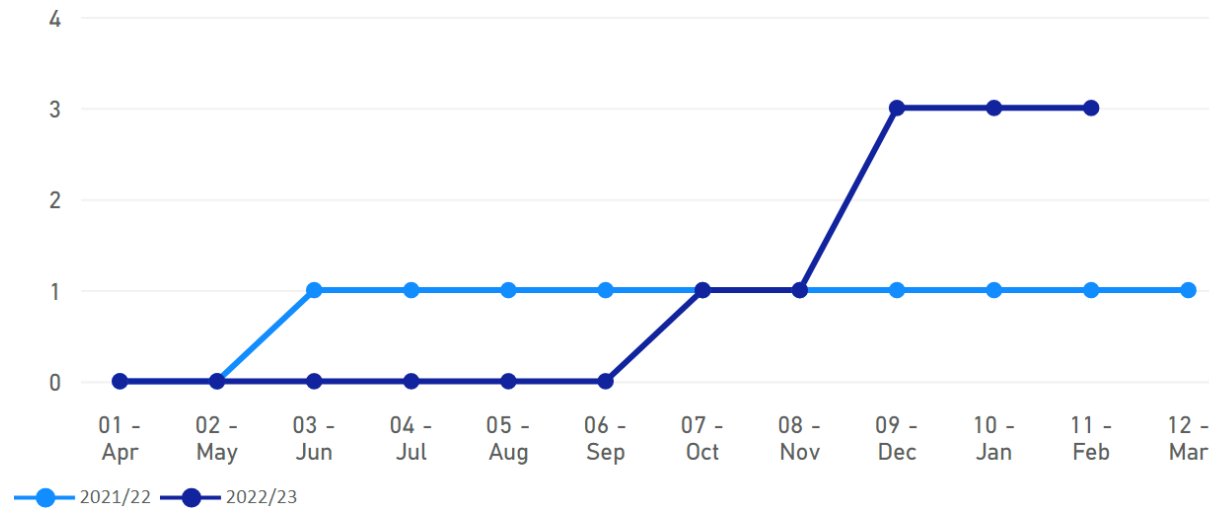
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2023	126	101	N/A	N/A



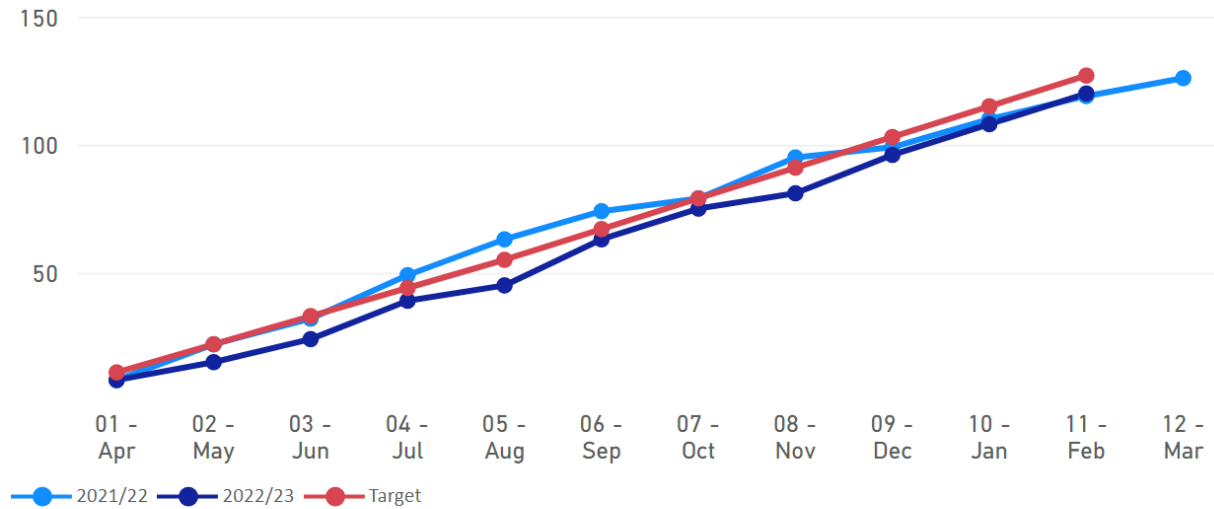
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2023	3	0	N/A	N/A



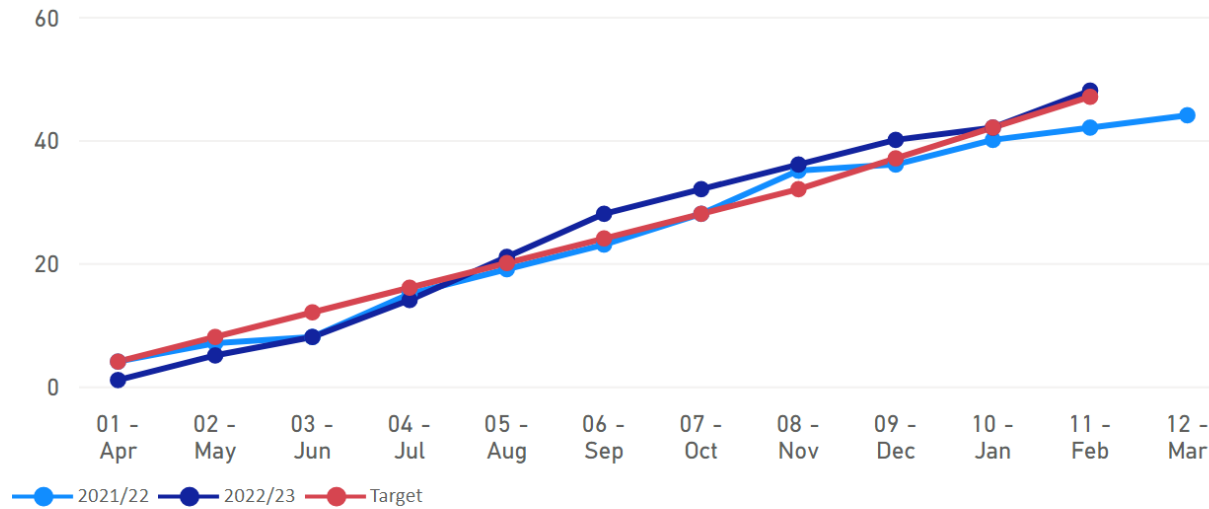
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2023	120	127	N/A	N/A



Klebsiella (YTD)

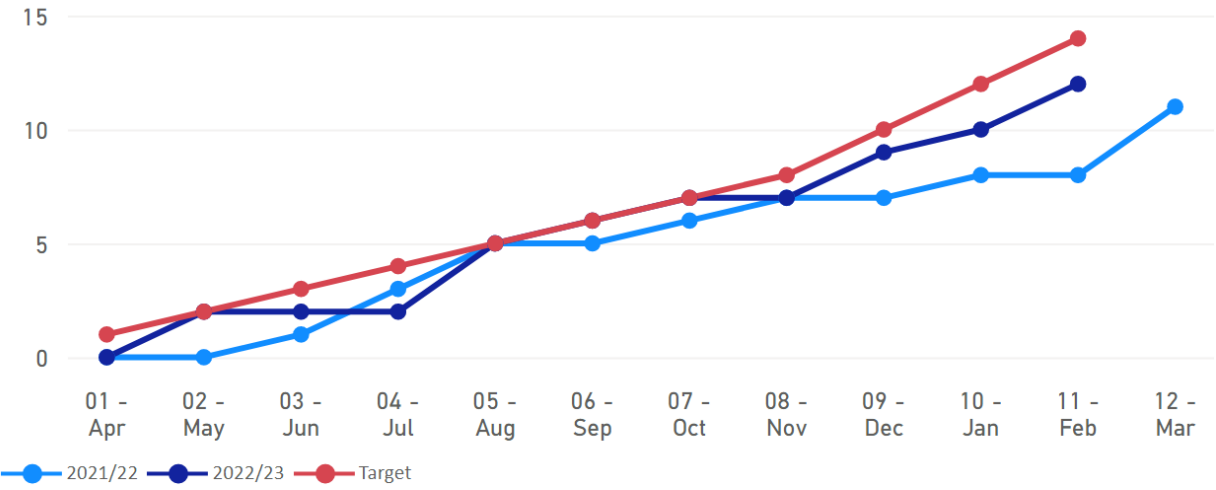
Month	Performance	Target	Trend	Assurance
Feb 2023	48	47	N/A	N/A



SAFE

Pseudomonas (YTD)

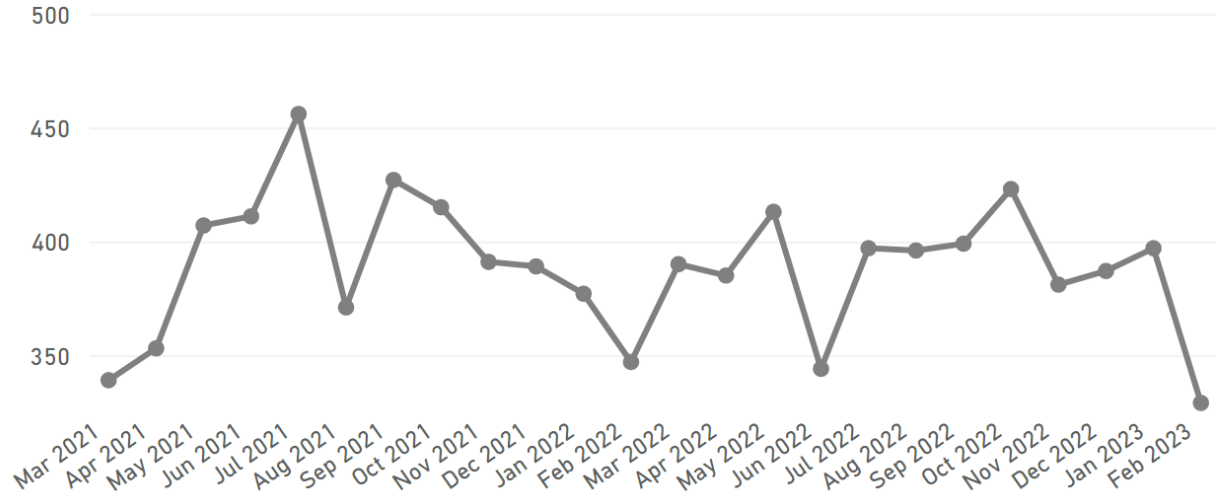
Month	Performance	Target	Trend	Assurance
Feb 2023	12	14	N/A	N/A



SAFE

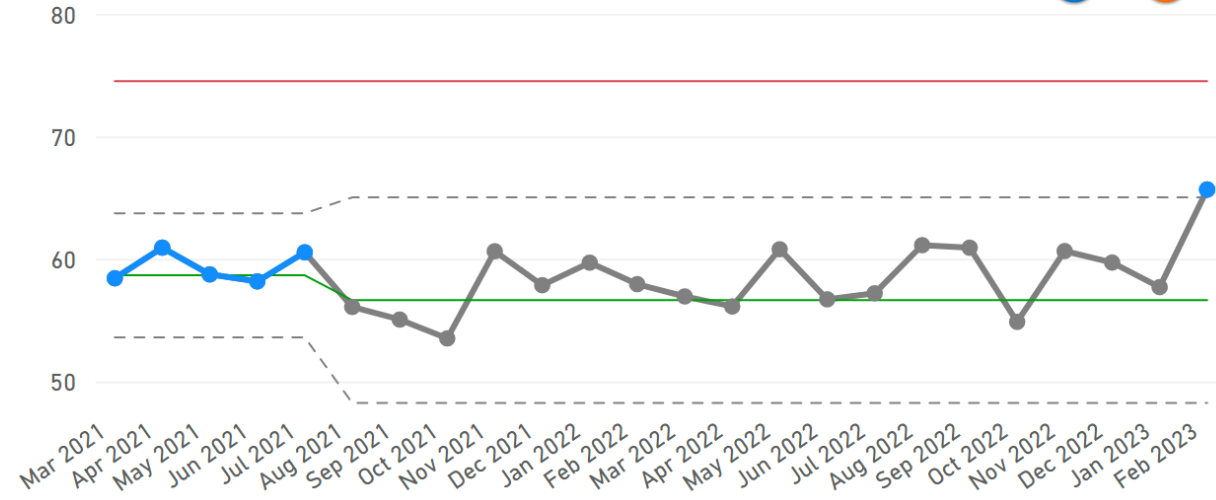
No. of babies born

Month	Performance	Target	Trend	Assurance
Feb 2023	329		N/A	N/A



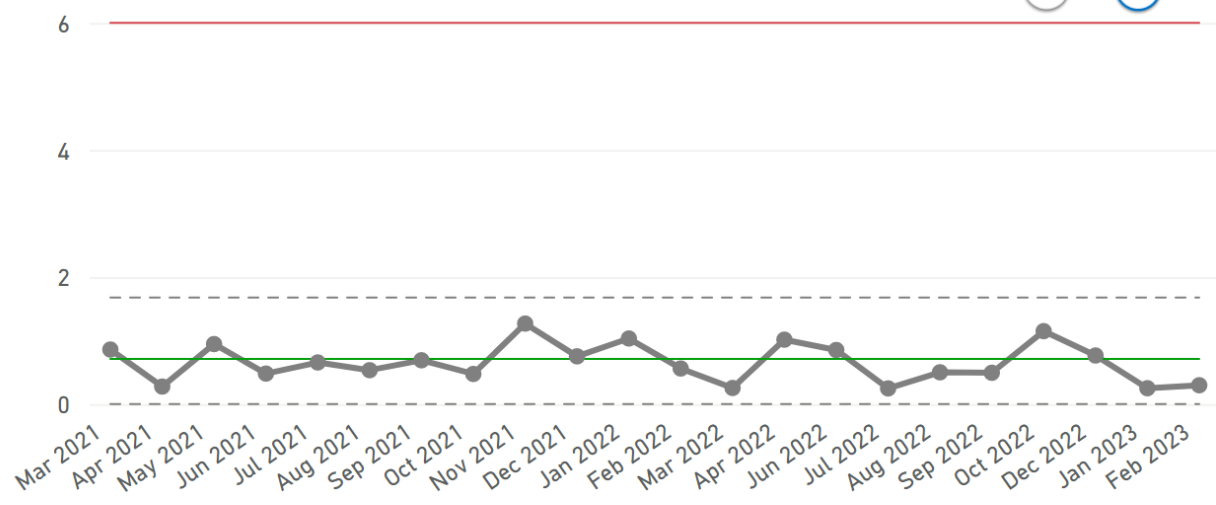
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Feb 2023	65.7%	74.5%		



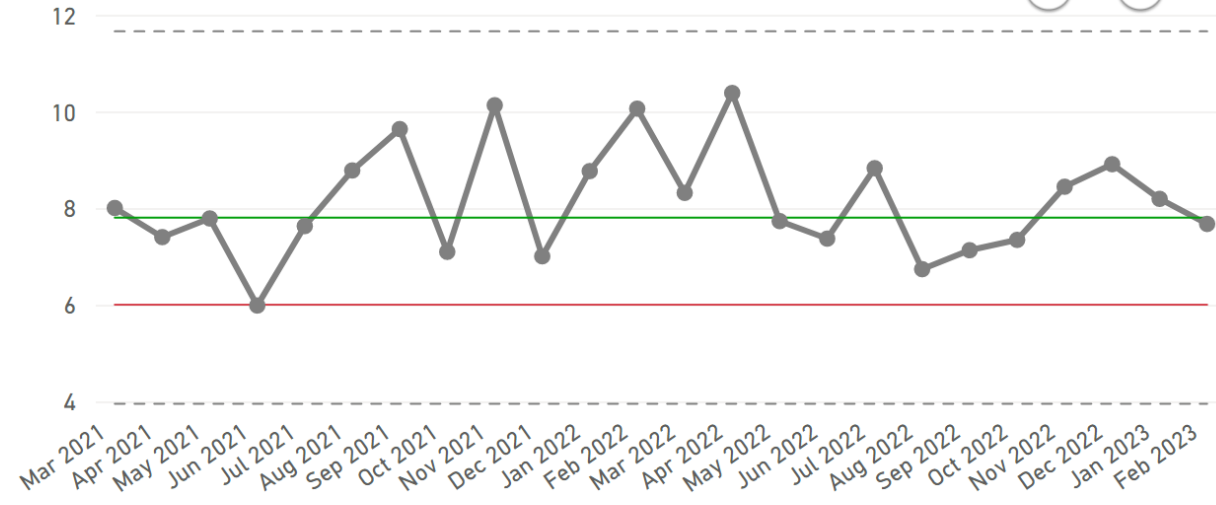
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Feb 2023	0.3%	6%		



Preterm birth rate 27 - 36+6 wks

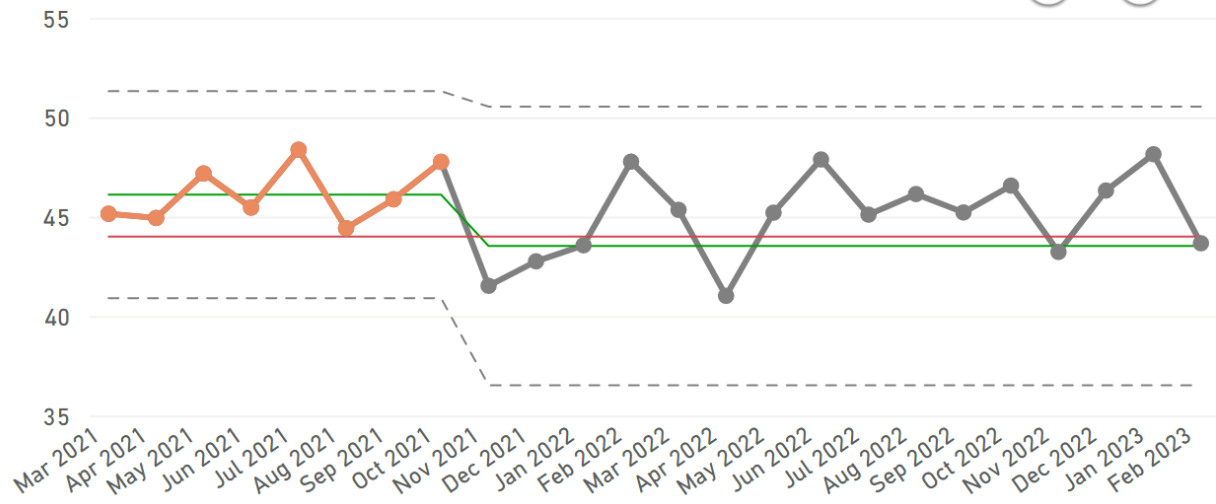
Month	Performance	Target	Trend	Assurance
Feb 2023	7.7%	6%		



SAFE

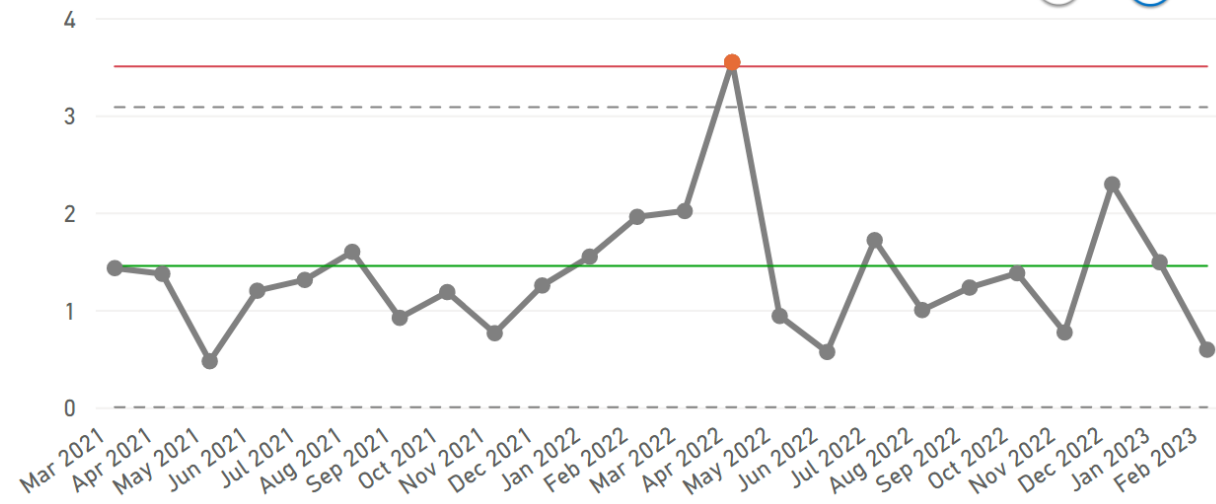
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	43.7%	44%		



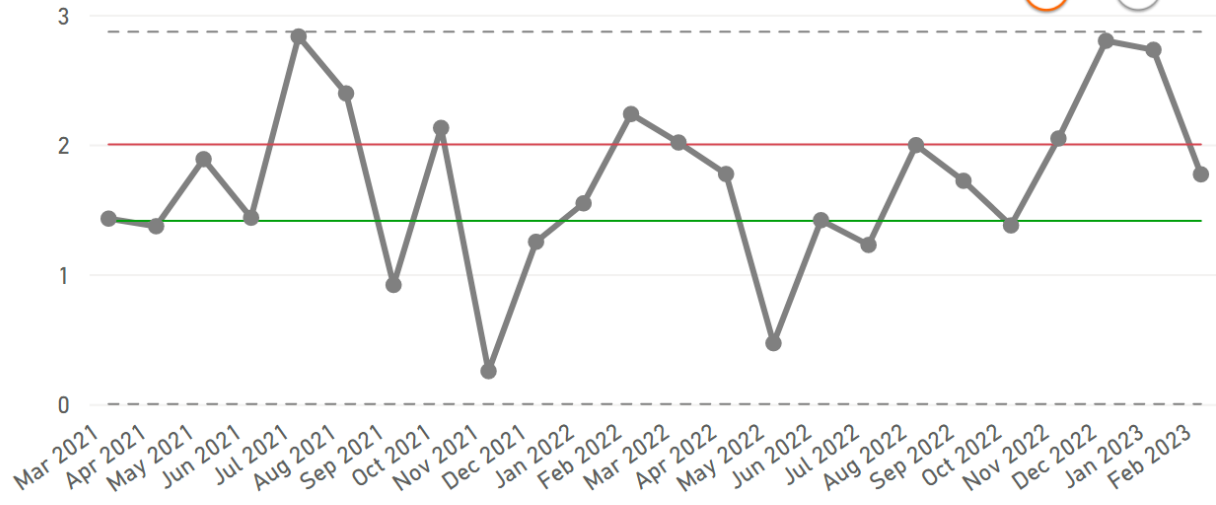
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	0.6%	3.5%		



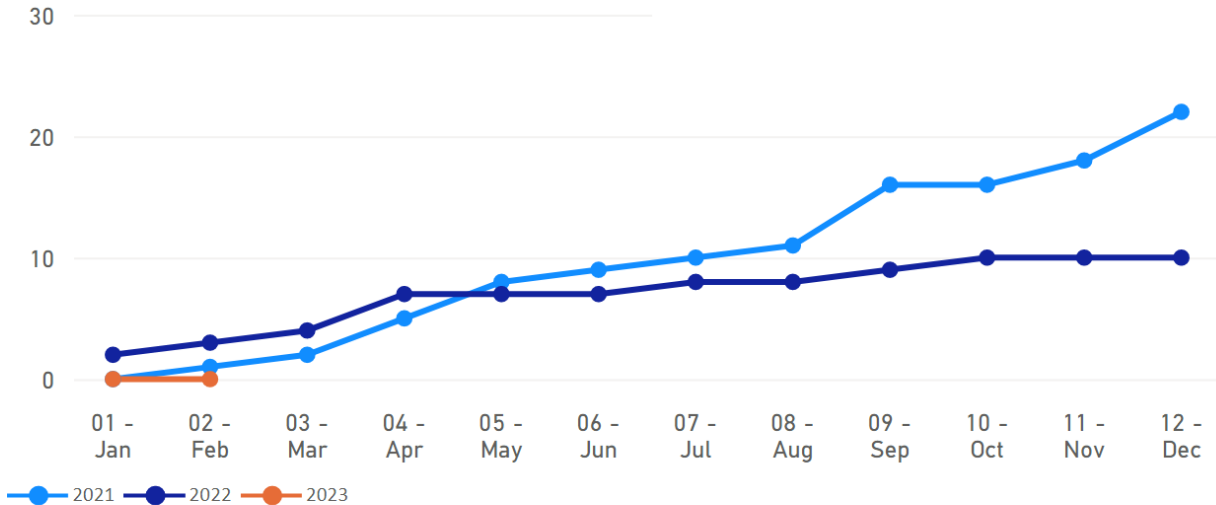
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	1.77%	2%		




Still Births (YTD)

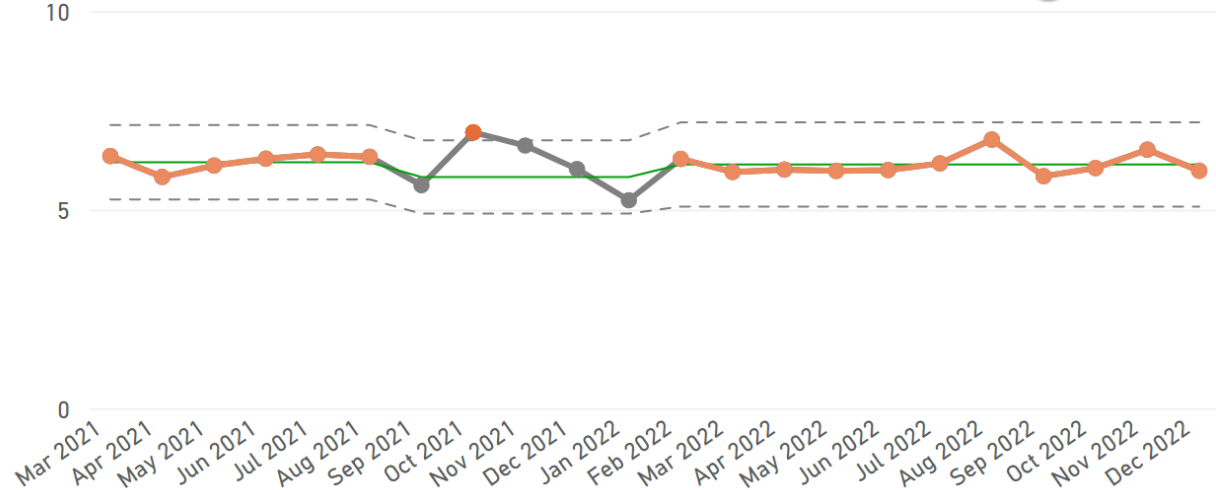
Month	Performance	Target	Trend	Assurance
Feb 2023	0	17	N/A	N/A



EFFECTIVE



Readmission Rate %

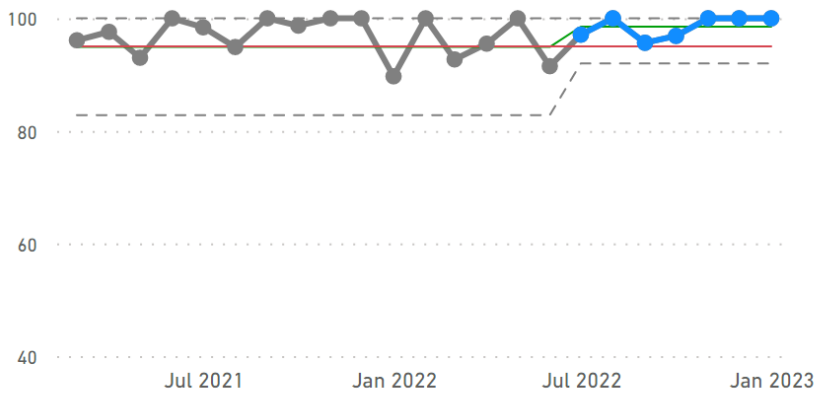
Month	Performance	Target	Trend	Assurance
Dec 2022	6%			N/A





EFFECTIVE

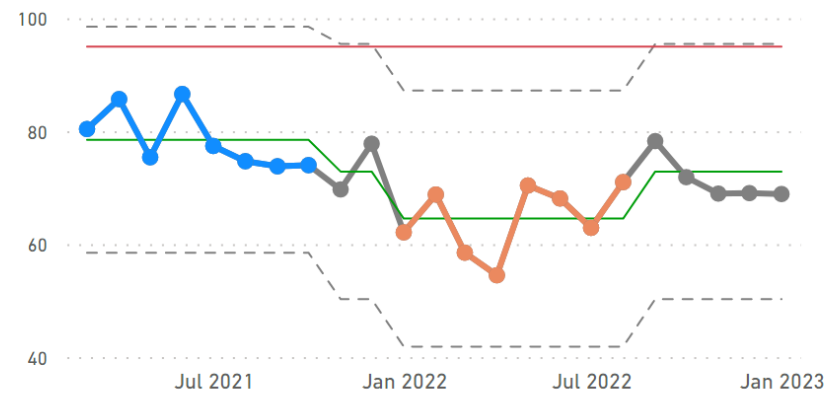
Sepsis - Oxygen within 1hr

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





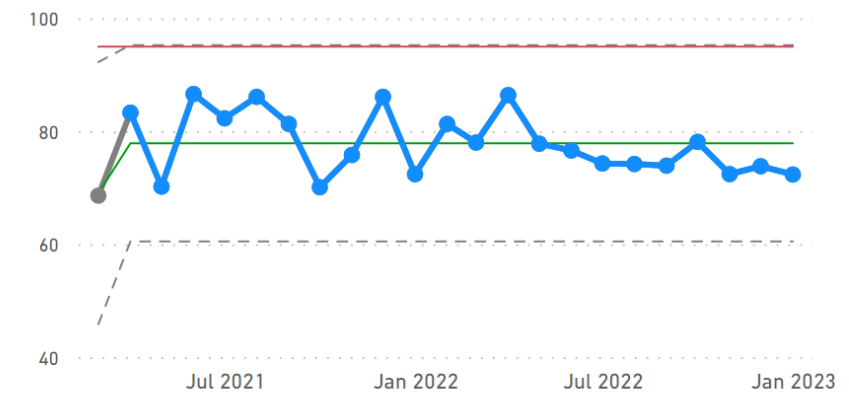
Sepsis - Blood cultures within 1hr

Month: Jan 2023
 Performance: 68.9%
 Target: 95%
 Trend: 
 Assurance: 





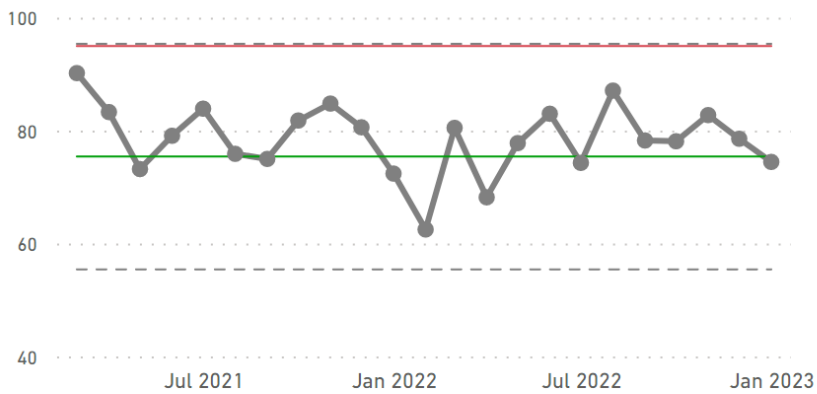
Sepsis - IV antibiotics within 1hr

Month: Jan 2023
 Performance: 72.3%
 Target: 95%
 Trend: 
 Assurance: 





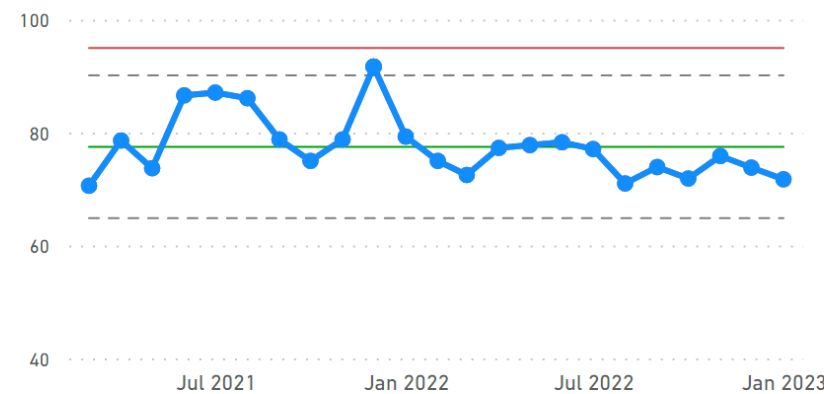
Sepsis - Serum lactate within 1hr

Month: Jan 2023
 Performance: 74.5%
 Target: 95%
 Trend: 
 Assurance: 





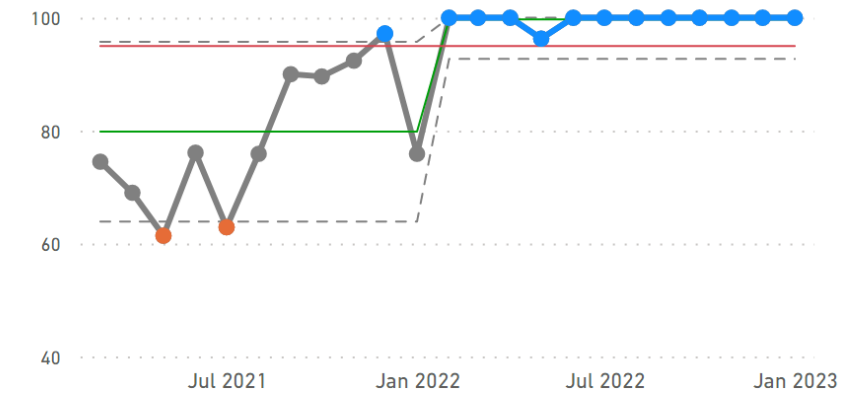
IV fluid resuscitation within 1hr

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

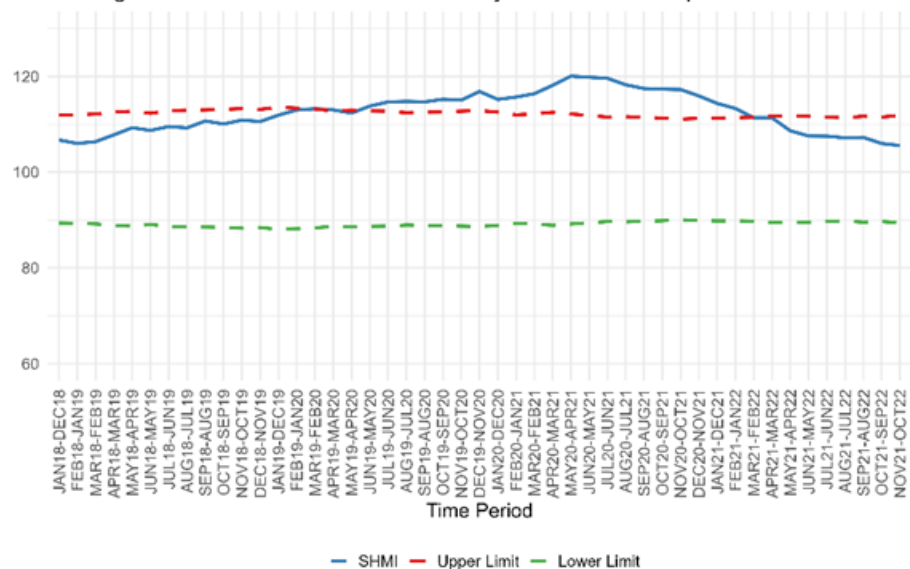


Sepsis - Urine measurement within 1hr

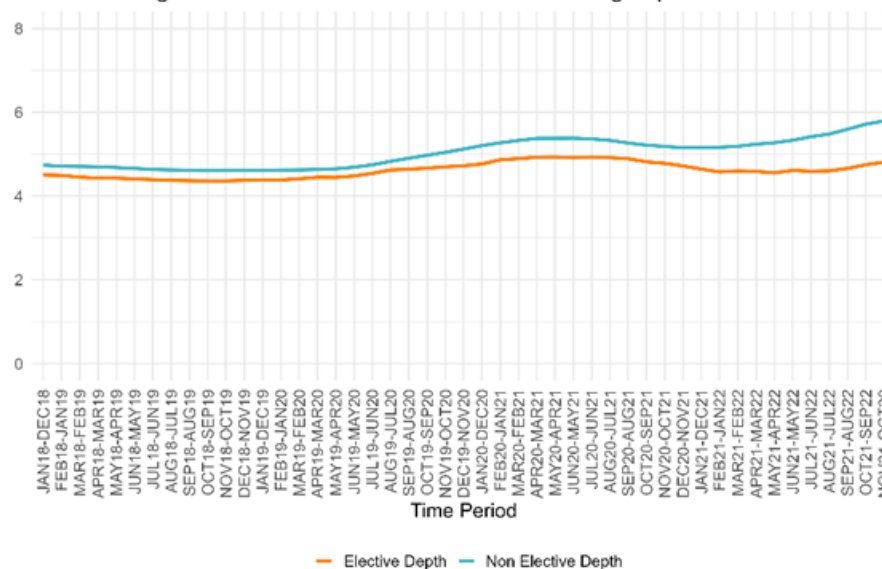
Month: Jan 2023
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 



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 = 105.6
(Nov 2021 – Oct 2022)

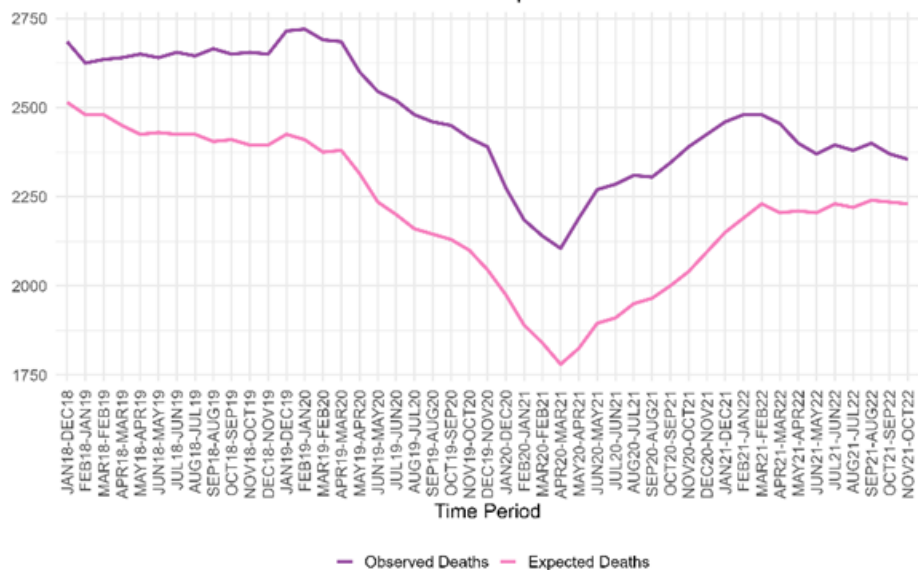
Observed deaths = 2355
Expected deaths = 2230

Coding depth (codes / spell)
Elective = 4.8
Non-Elective = 5.8

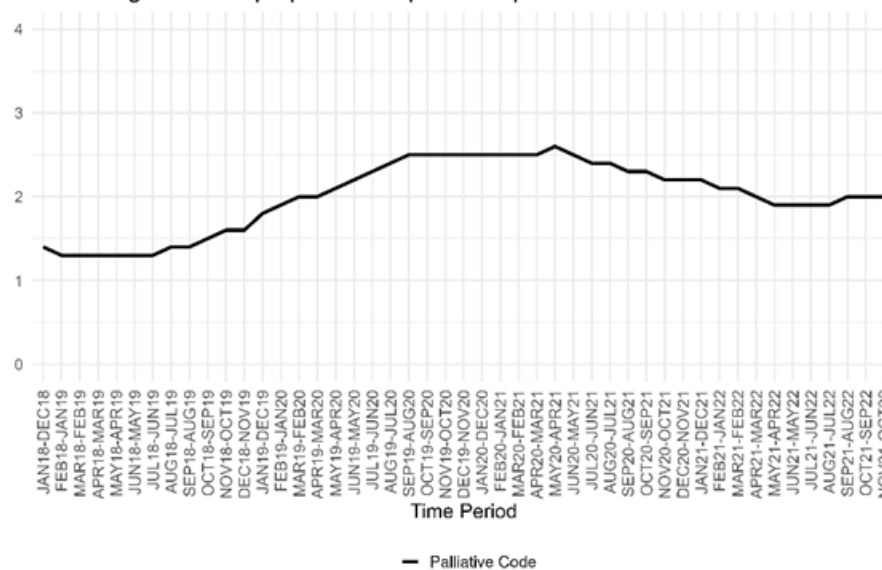
Palliative care (%) = 2.0

Latest SHMI is:
'as expected'

Count of SHMI Observed and Expected deaths - South Tees




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

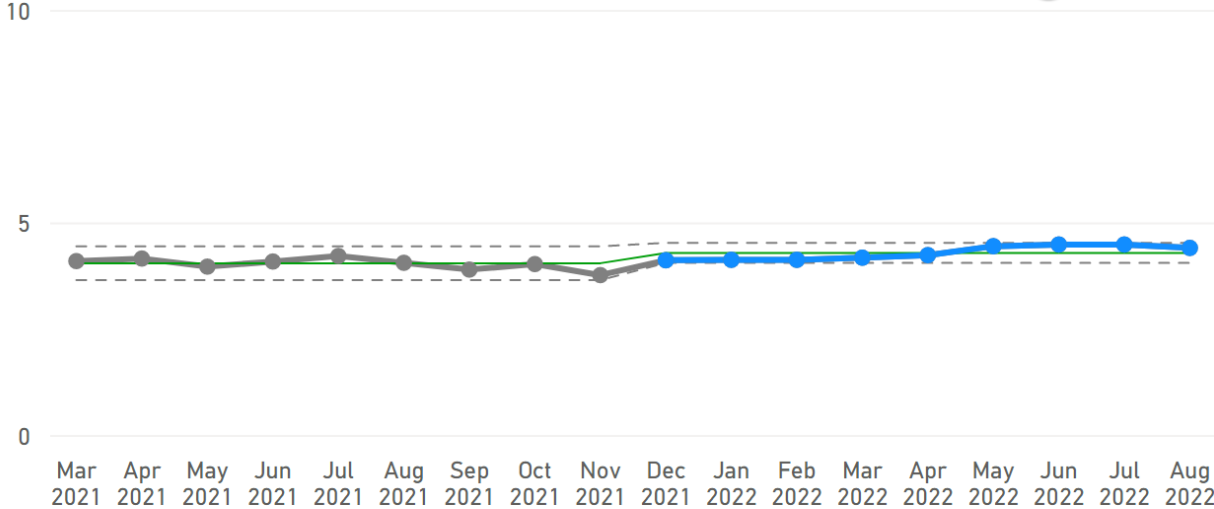


COVID-19 impact for England
Excluded spells = 4.8%
Spells as a % pre-pandemic
(2019 spells) = 86%

Data source: NHS Digital
Monthly SHMI publication

Comorbidity Coding

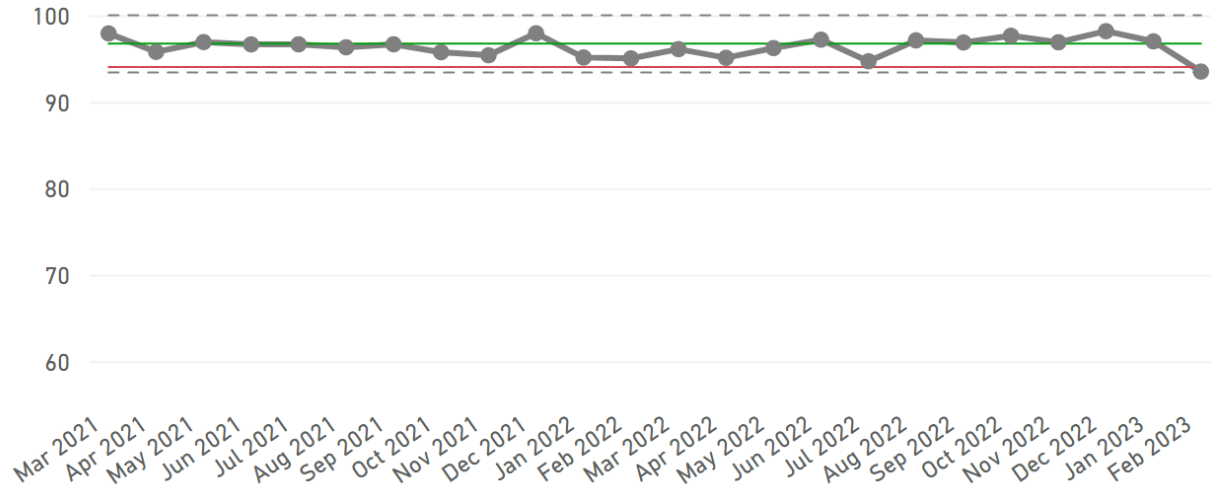
Month	Performance	Target	Trend	Assurance
Aug 2022	4.4			N/A



CARING

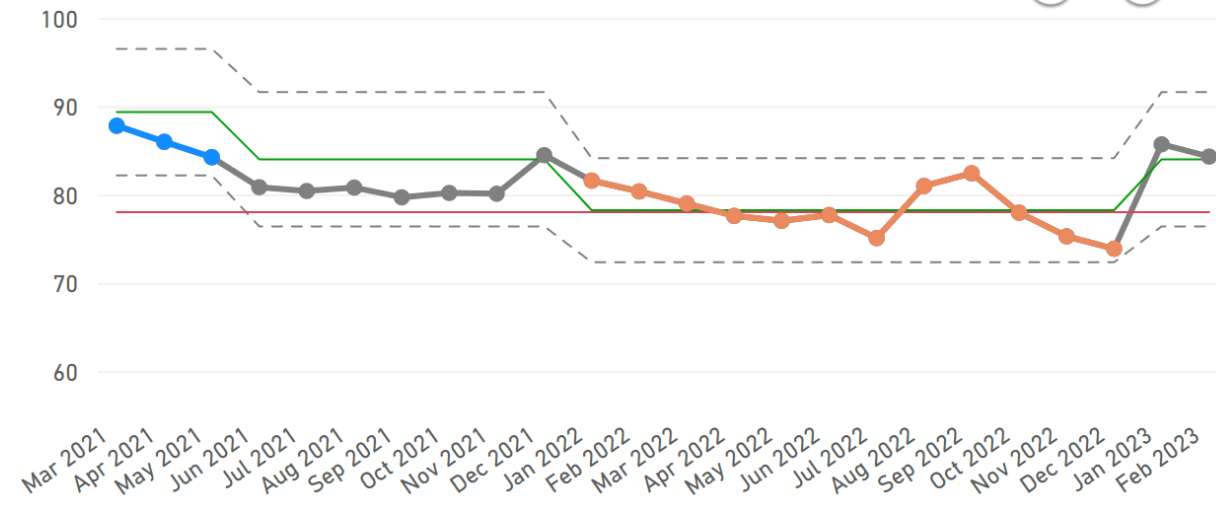
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	93.5%	94%		



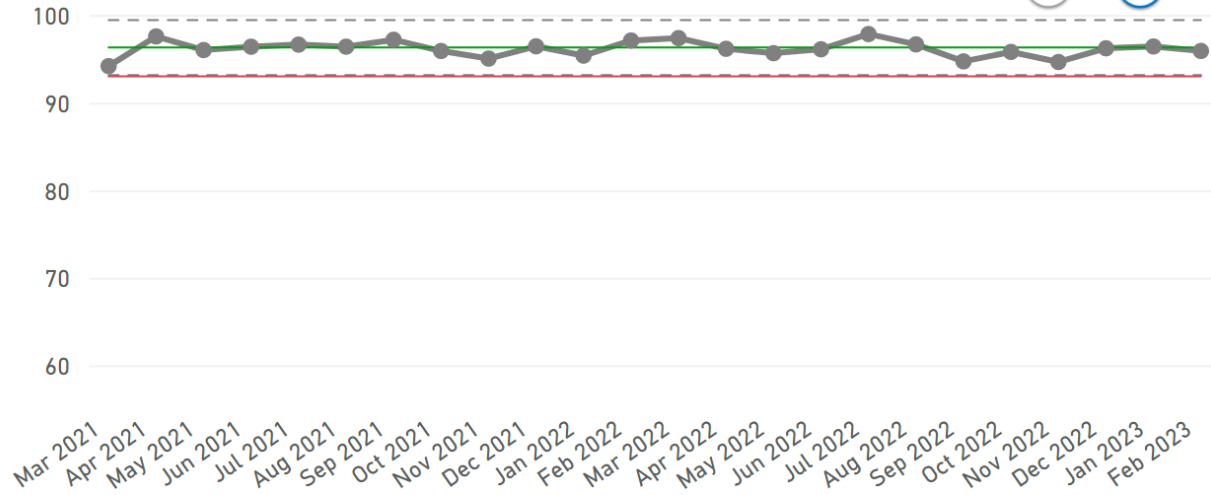
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	84.3%	78%		



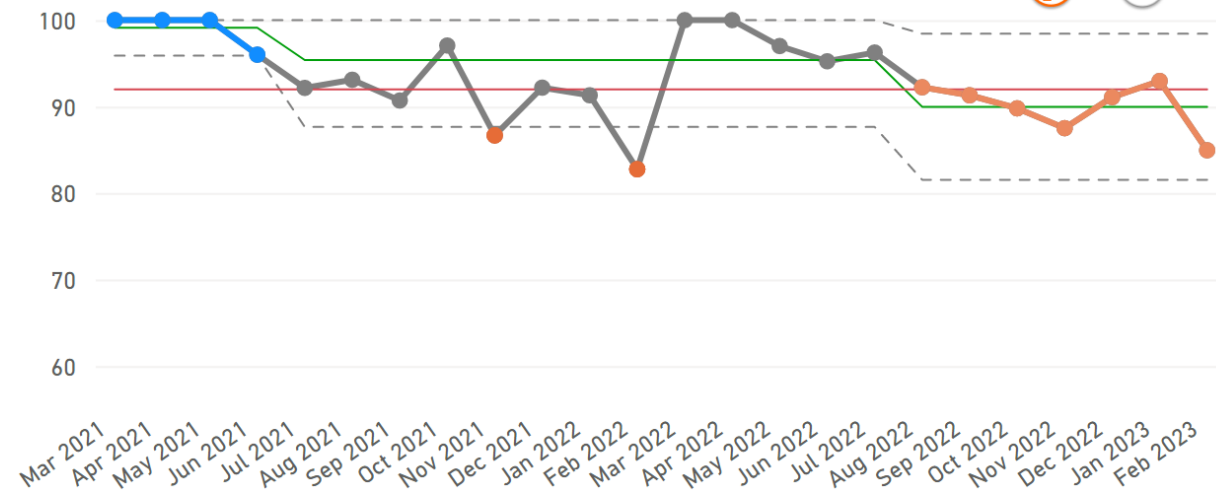
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	95.9%	93%		



Maternity Experience (%)

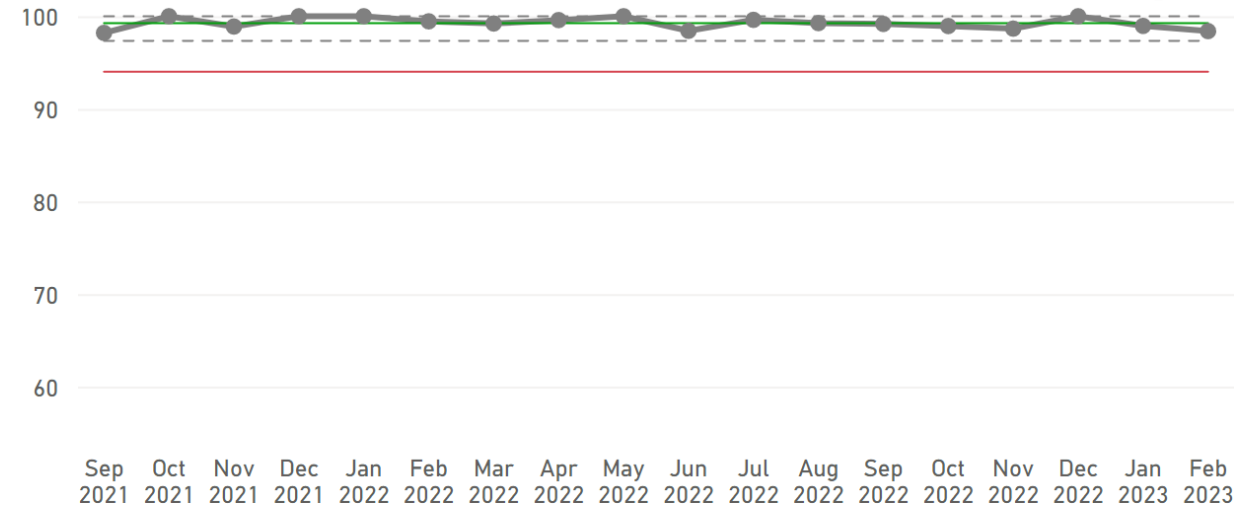
Month	Performance	Target	Trend	Assurance
Feb 2023	84.9%	92%		



CARING

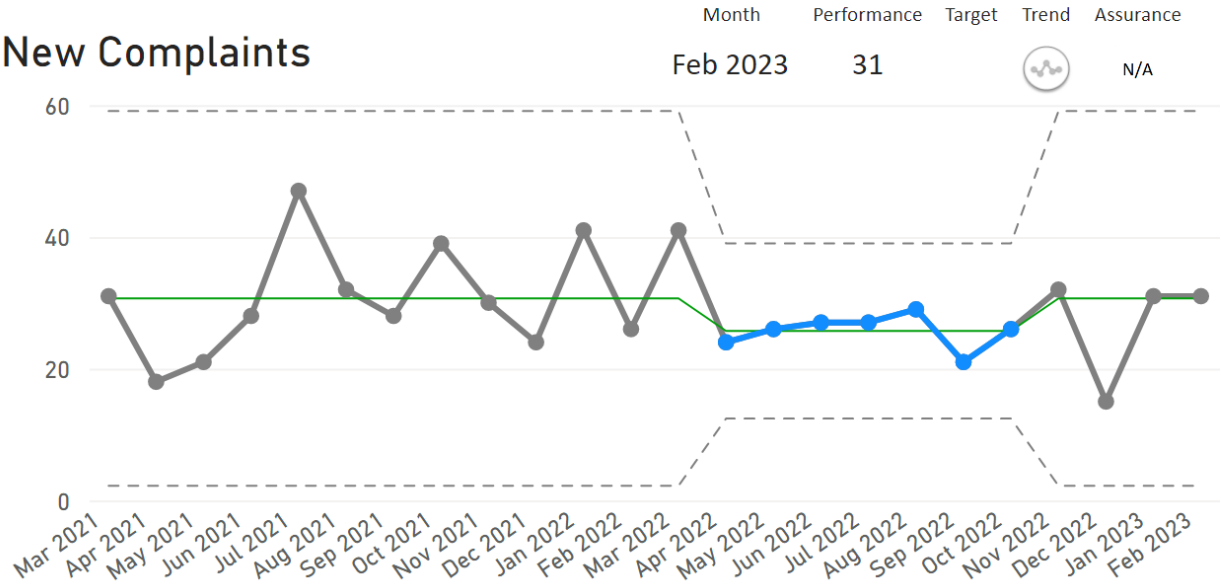
Community Experience (%)

Month Performance Target Trend Assurance
Feb 2023 98.4% 94%

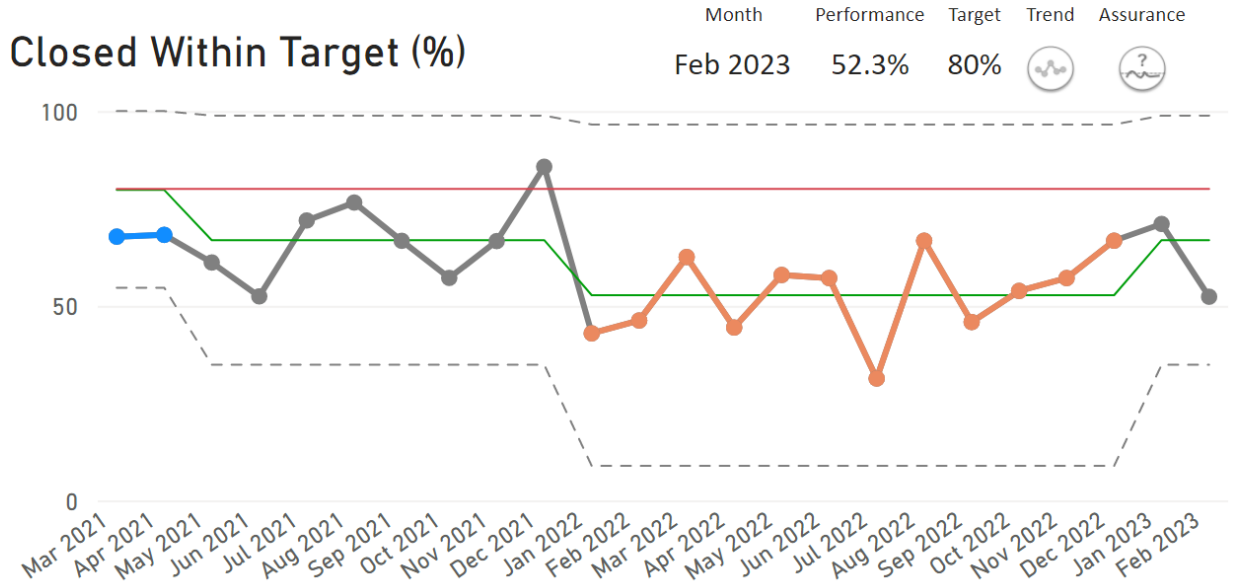


CARING

New Complaints



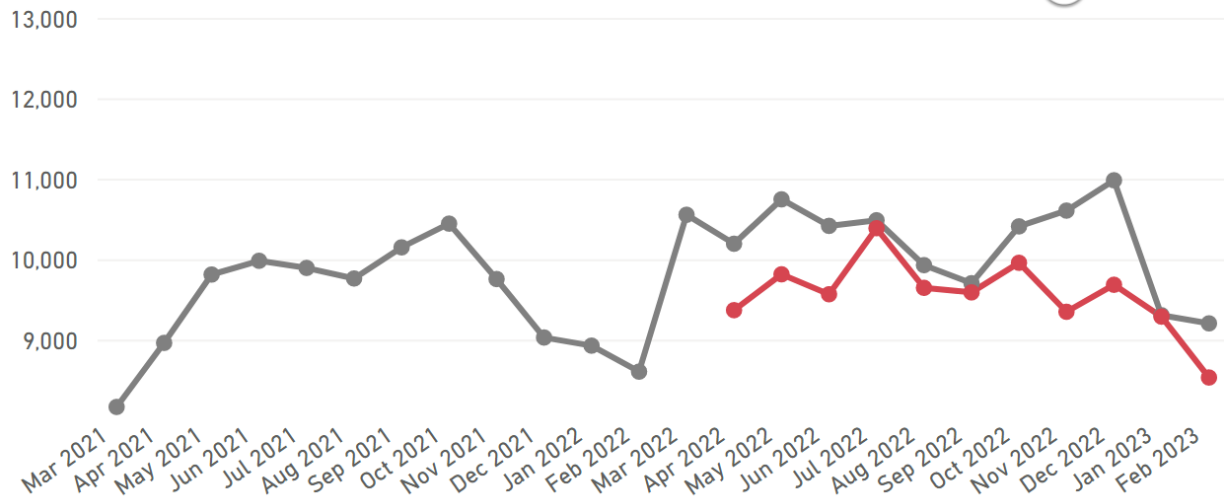
Closed Within Target (%)



RESPONSIVE

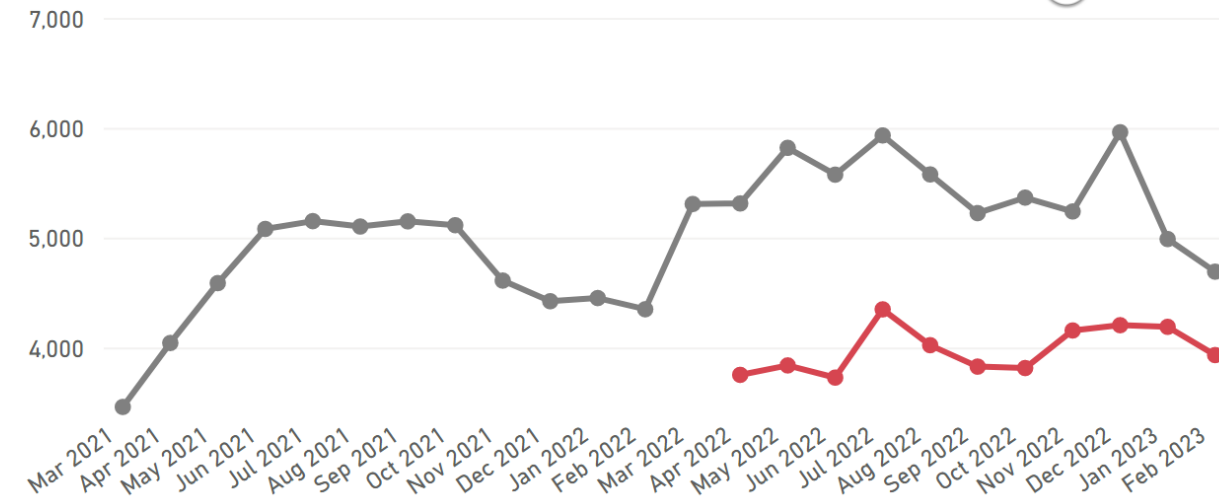
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Feb 2023	9202	8529		N/A



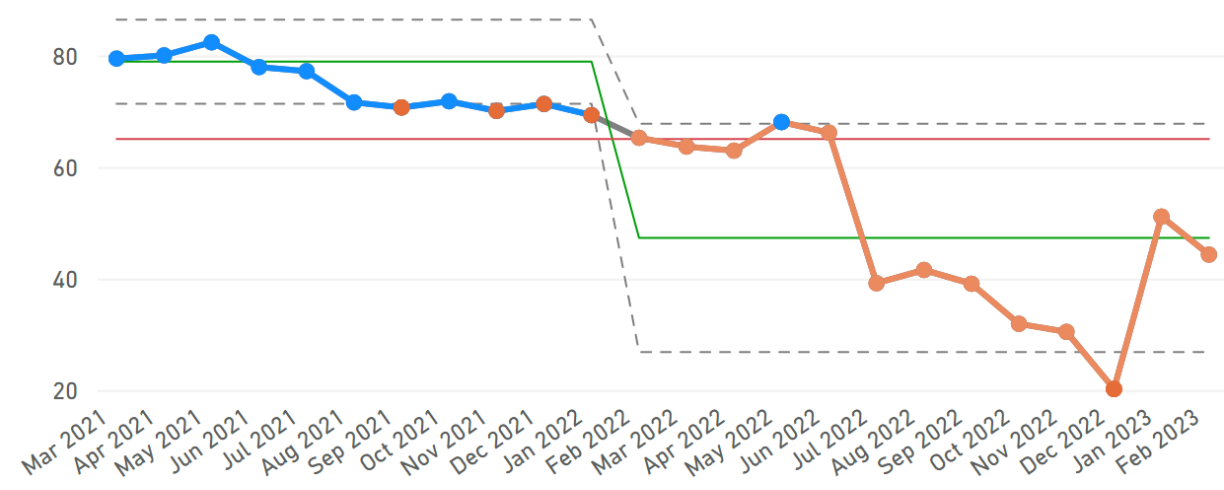
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Feb 2023	4690	3931		N/A



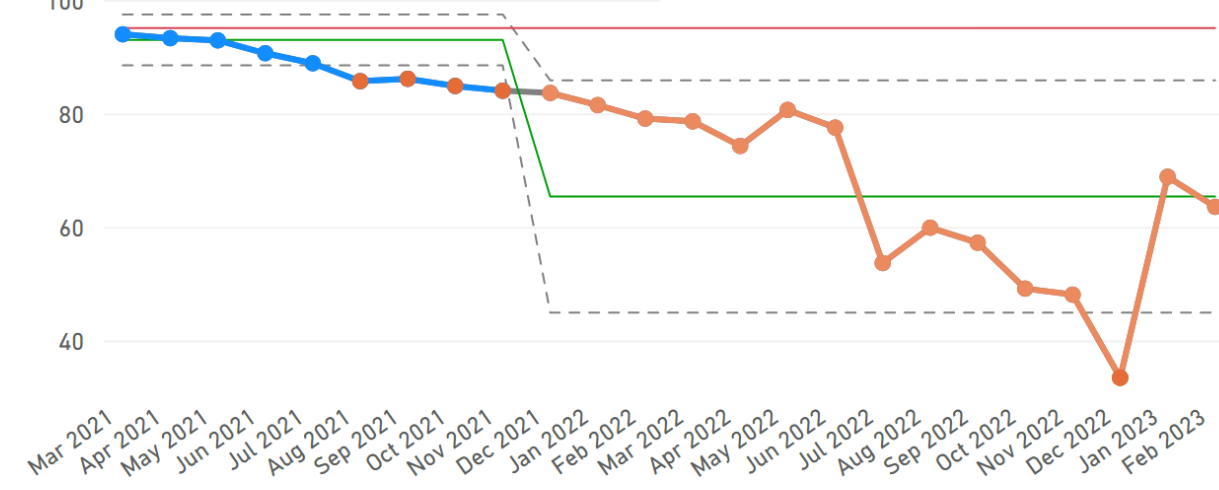
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	44.3%	65%		





Handovers - Within 30 Mins (%)

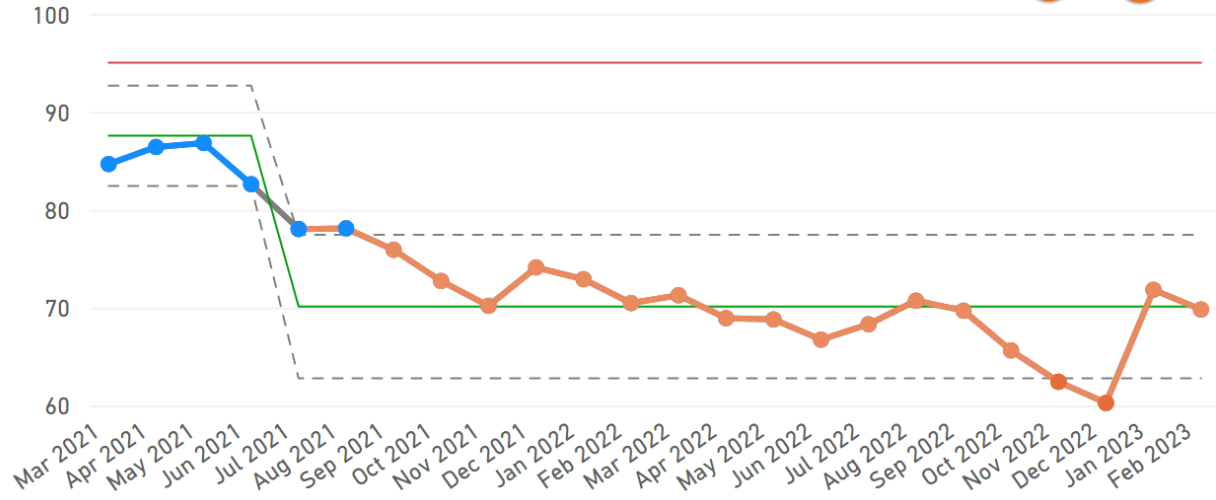
Month	Performance	Target	Trend	Assurance
Feb 2023	63.5%	95%		



RESPONSIVE

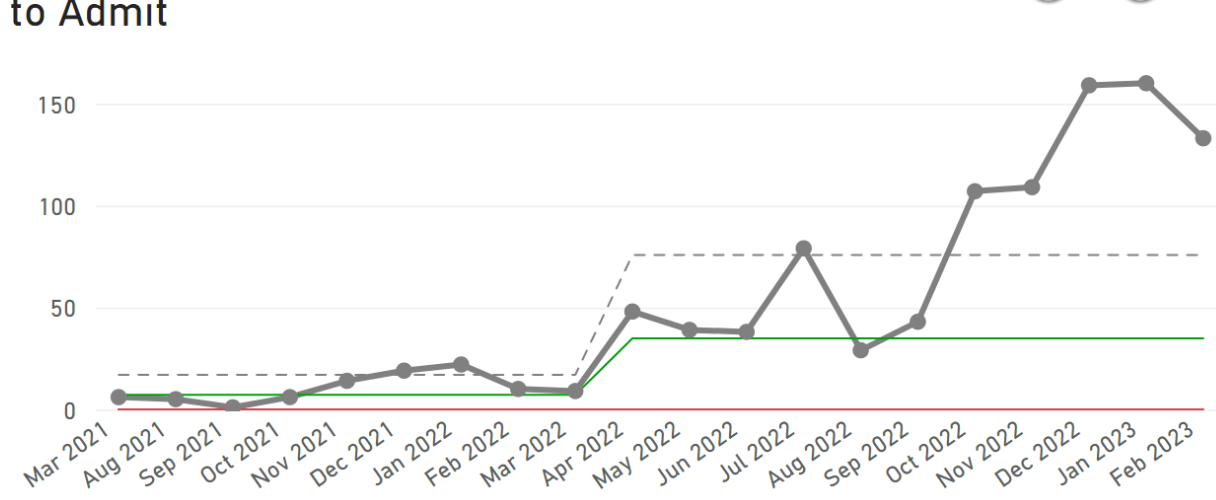
4-Hour A&E Standard

Month: Feb 2023
 Performance: 69.8%
 Target: 95%
 Trend: 
 Assurance: 




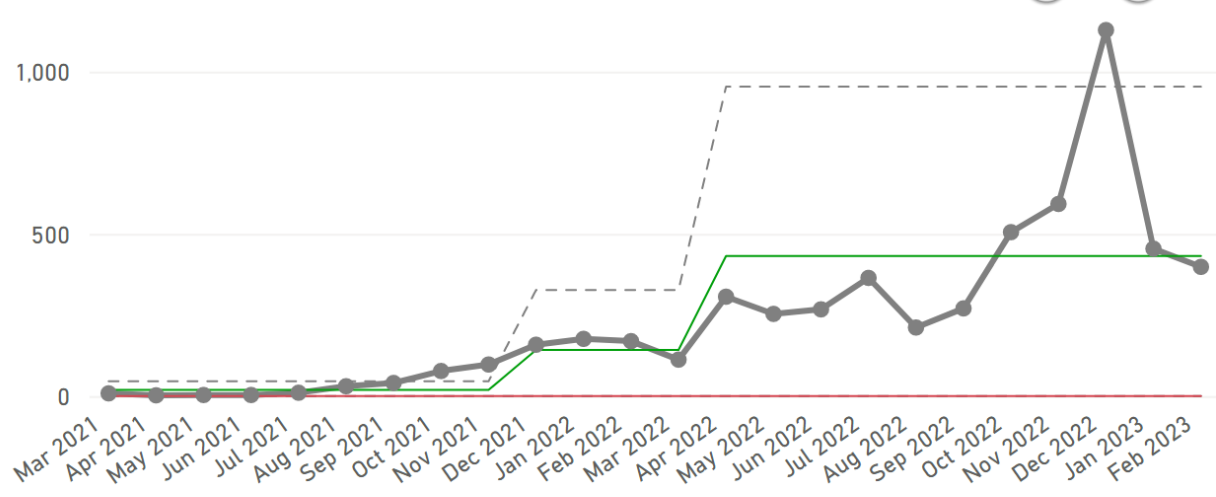
12-Hour Waits from Decision to Admit

Month: Feb 2023
 Performance: 133
 Target: 0
 Trend: 
 Assurance: 



12-Hour A&E Breaches

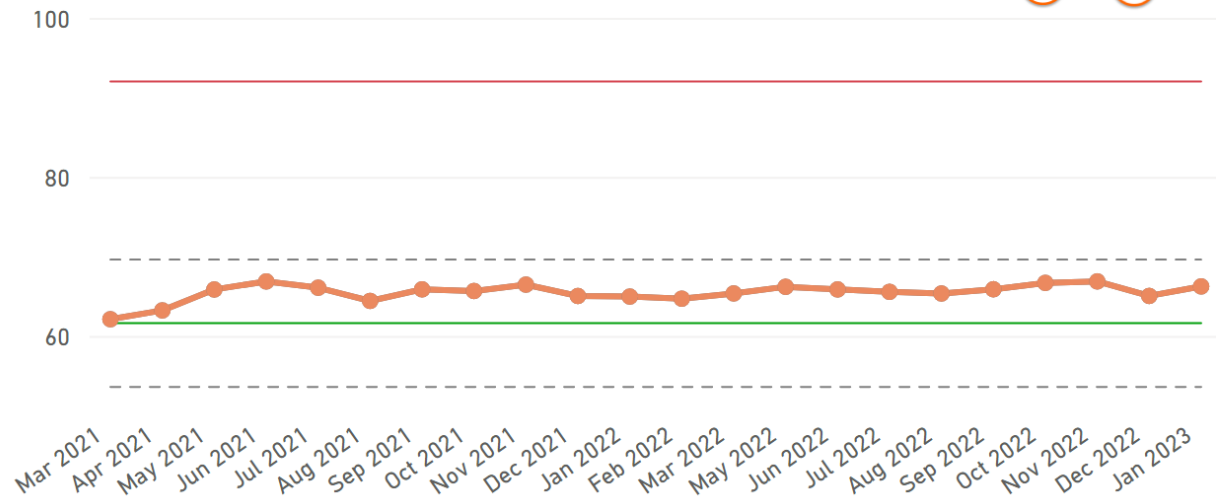
Month: Feb 2023
 Performance: 398
 Target: 0
 Trend: 
 Assurance: 



RESPONSIVE

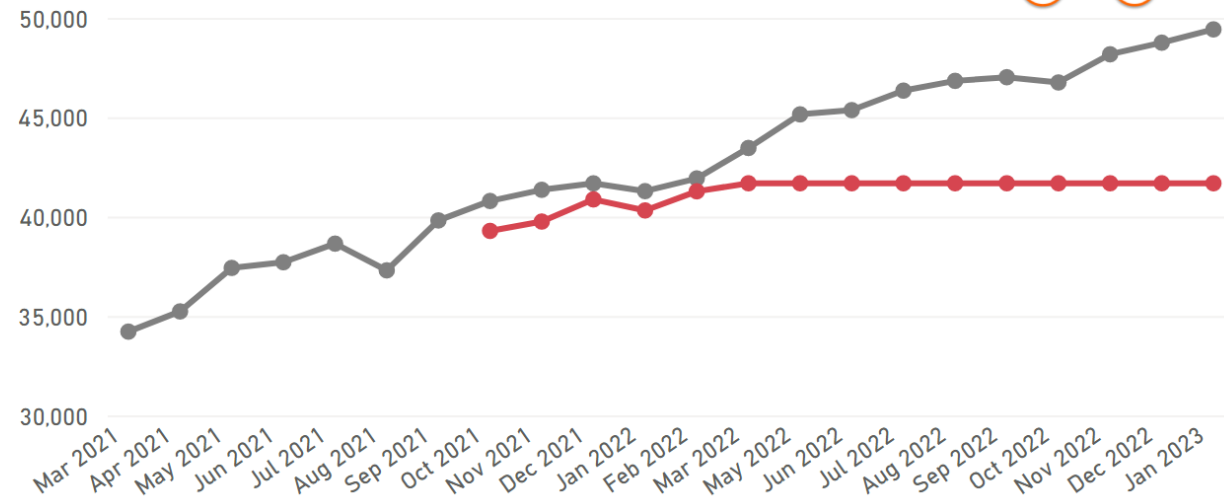
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jan 2023	66.2%	92%		



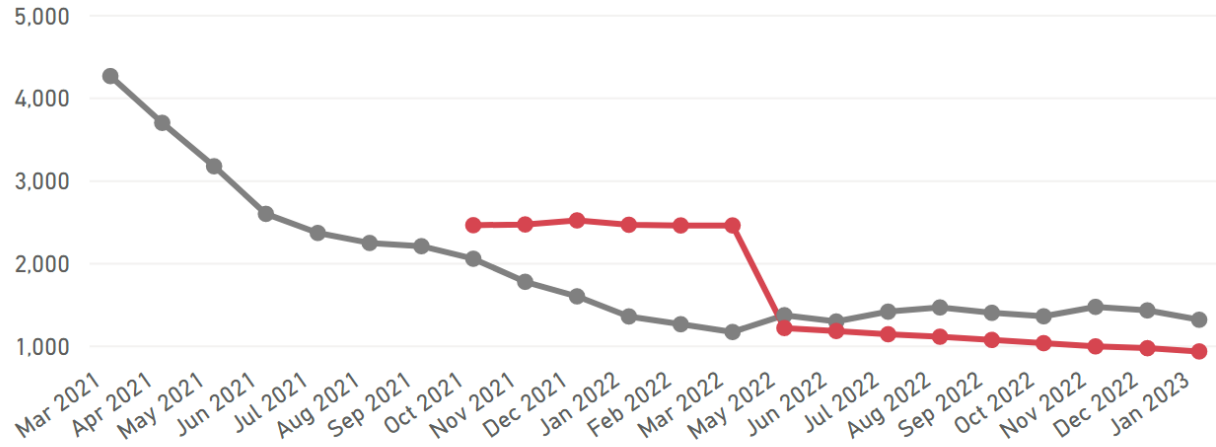
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jan 2023	49420	41677		



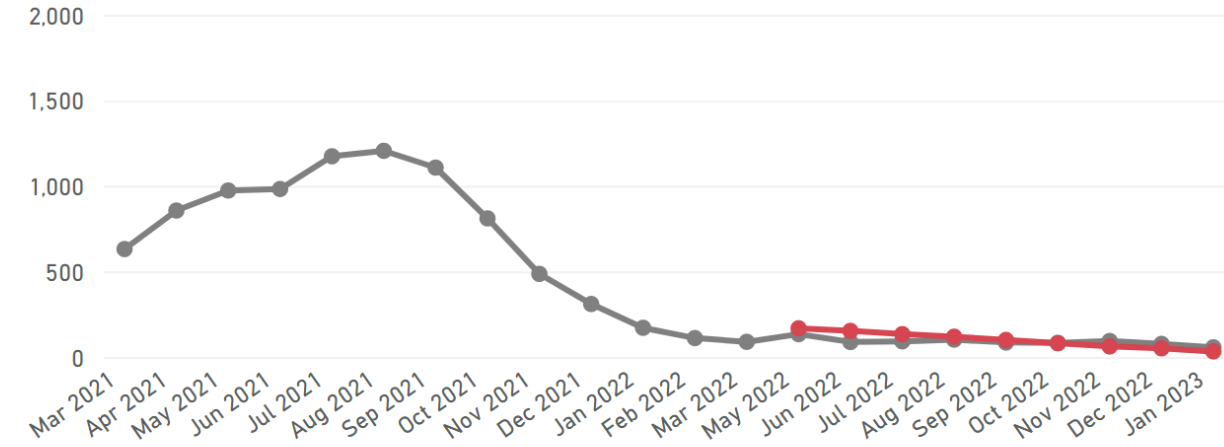
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Jan 2023	1310	927	N/A	N/A



RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Jan 2023	57	33	N/A	N/A



● Actual ● Plan

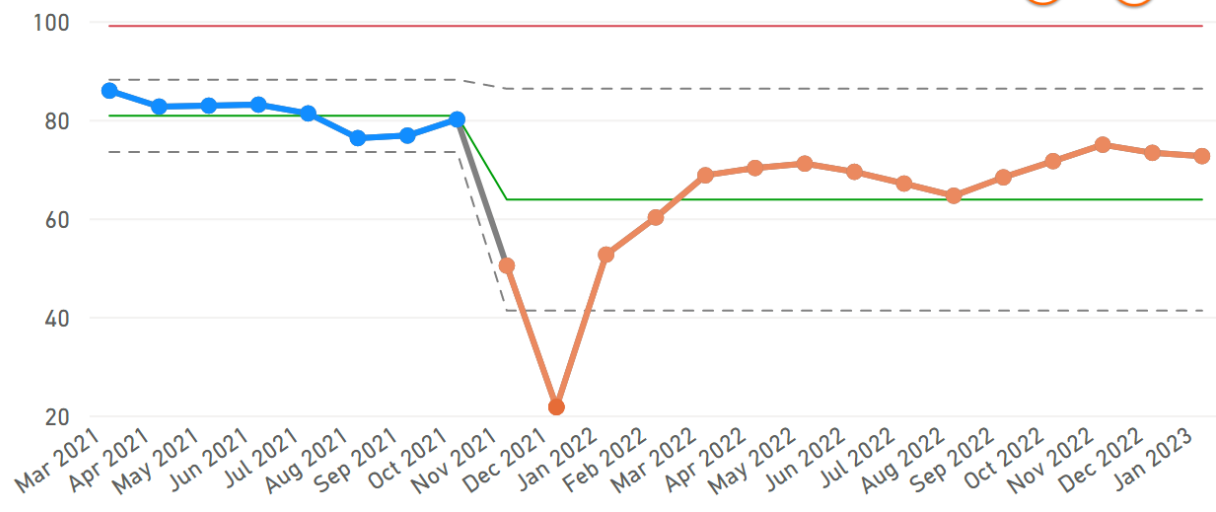
● Actual ● Plan

RESPONSIVE

Diagnostic 6 Weeks Standard (%)

Month Performance Target Trend Assurance

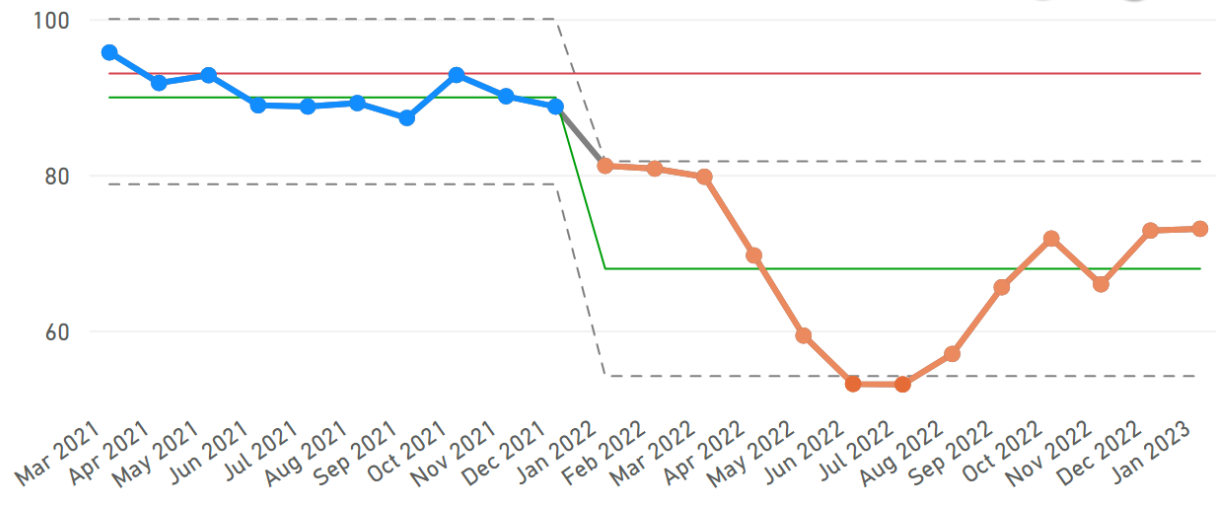
Jan 2023 72.6% 99%



RESPONSIVE

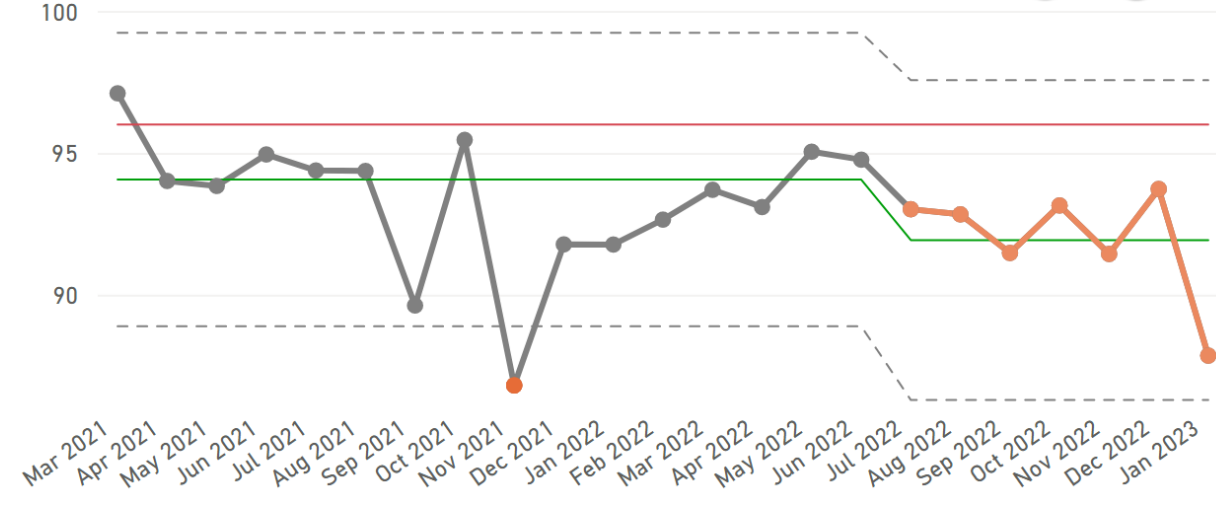
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	73.1%	93%		



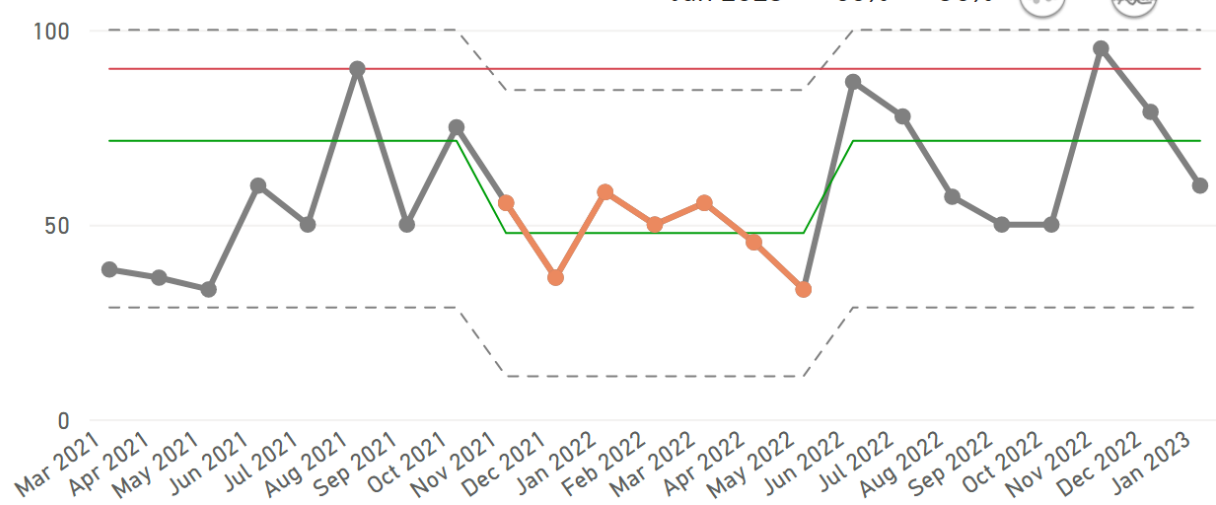
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	87.9%	96%		



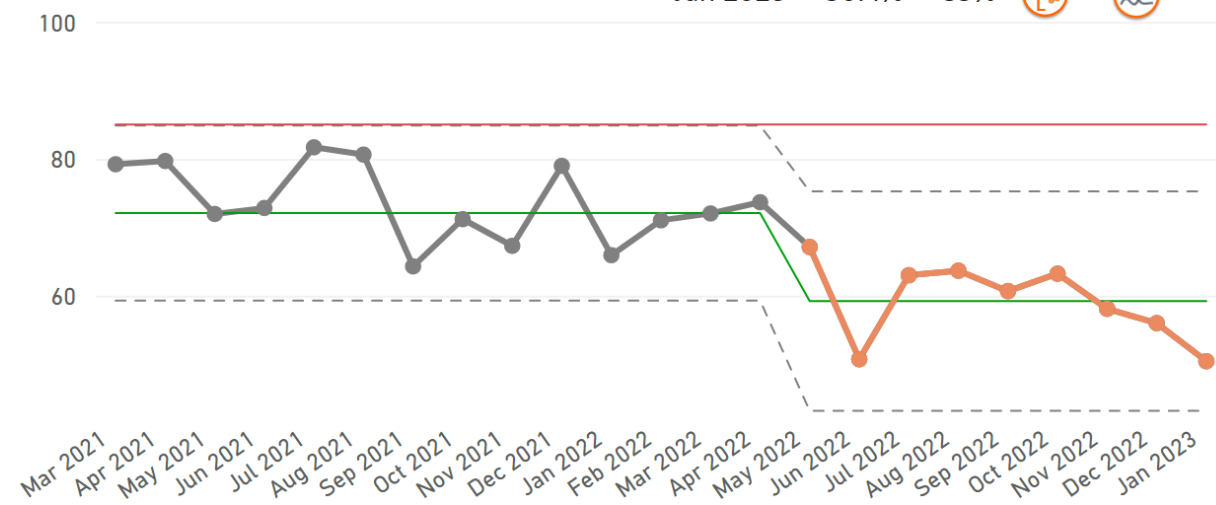
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	60%	90%		



Cancer 62 Day Standard (%)

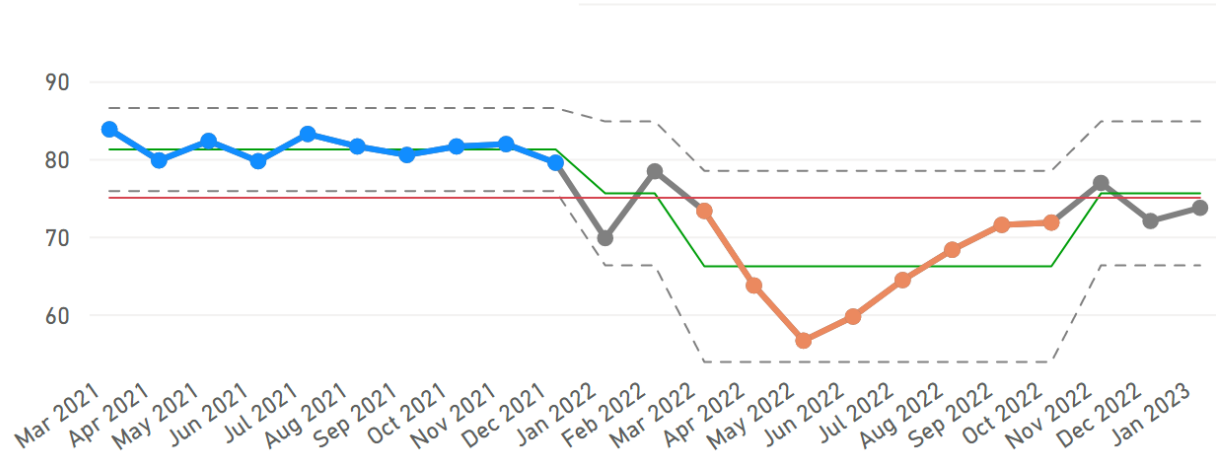
Month	Performance	Target	Trend	Assurance
Jan 2023	50.4%	85%		



RESPONSIVE

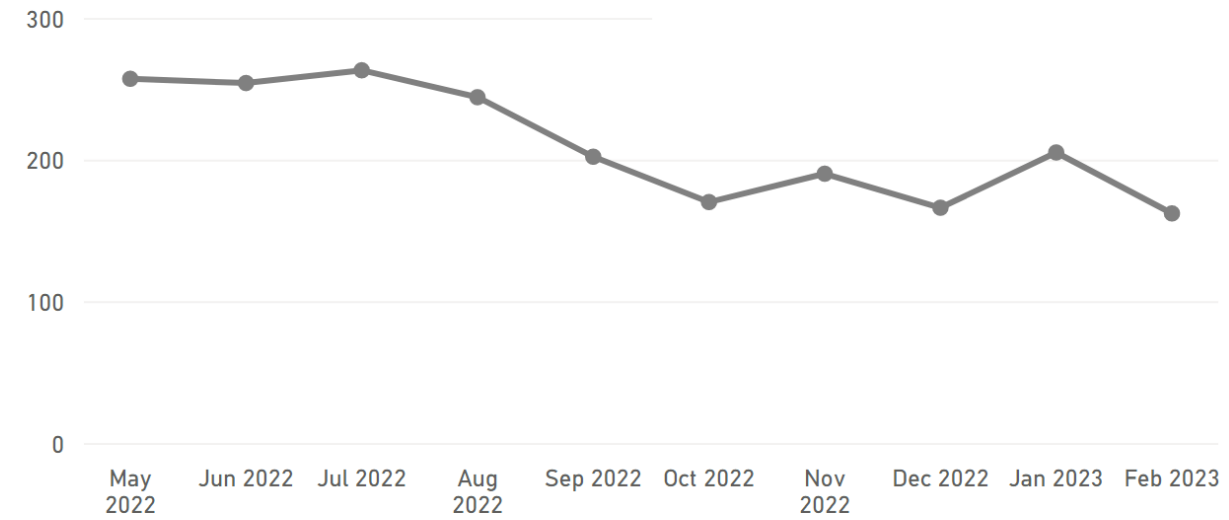
Cancer - Faster Diagnosis Standard (%)

Month Performance Target Trend Assurance
Jan 2023 73.7% 75%



Cancer > 62 Day Backlog

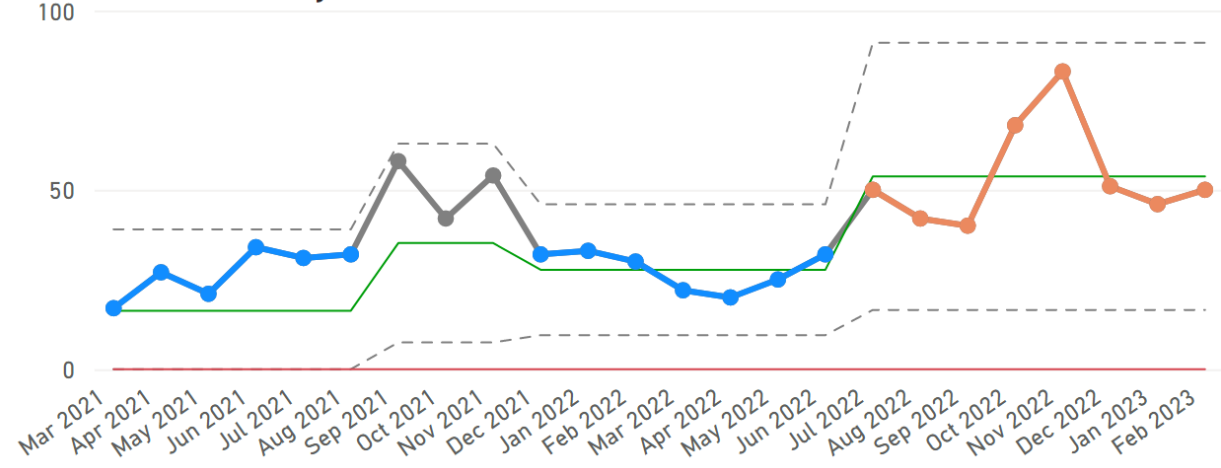
Month Performance Target Trend Assurance
Feb 2023 162 N/A N/A





RESPONSIVE

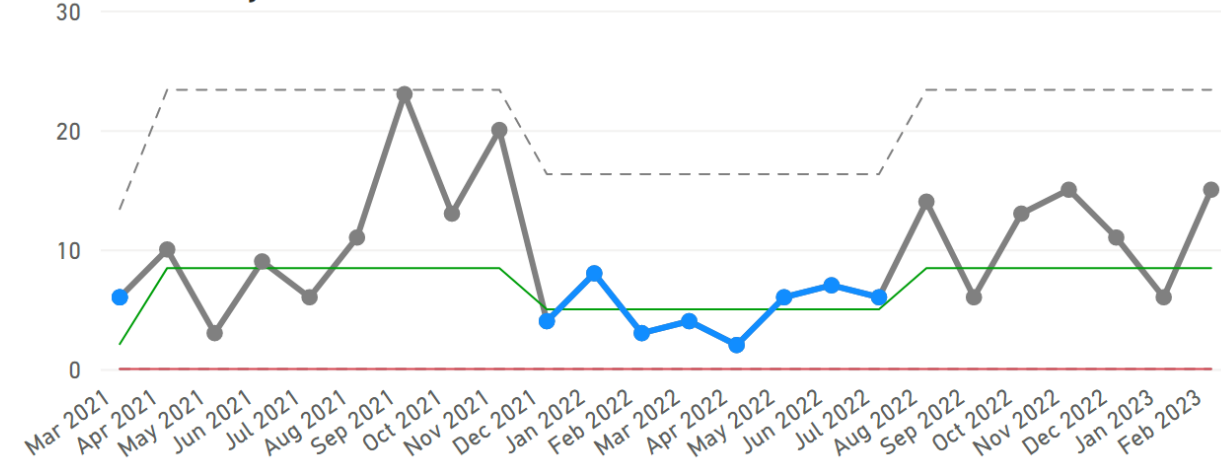
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Feb 2023	50	0		



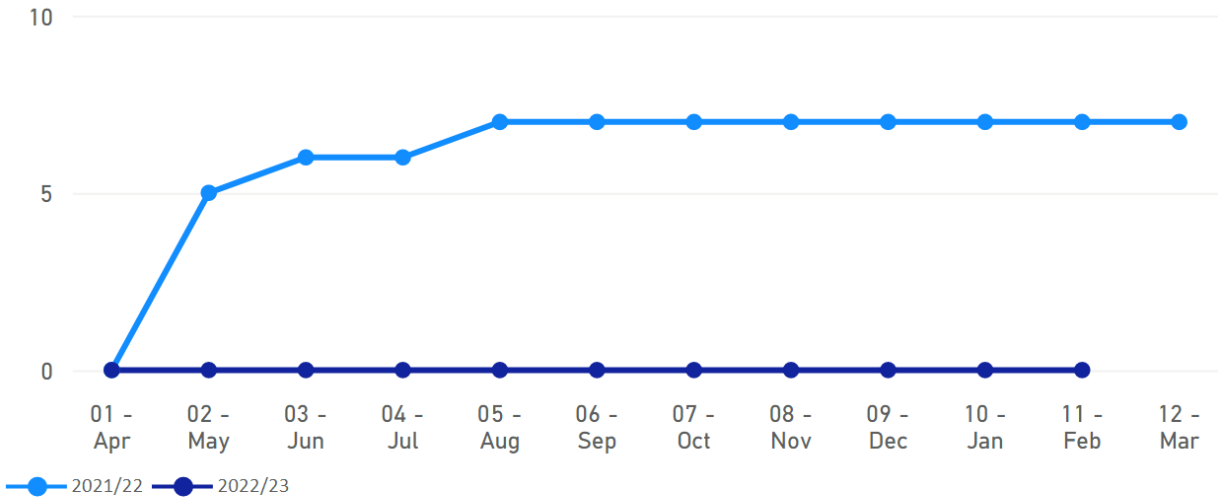
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Feb 2023	15	0		



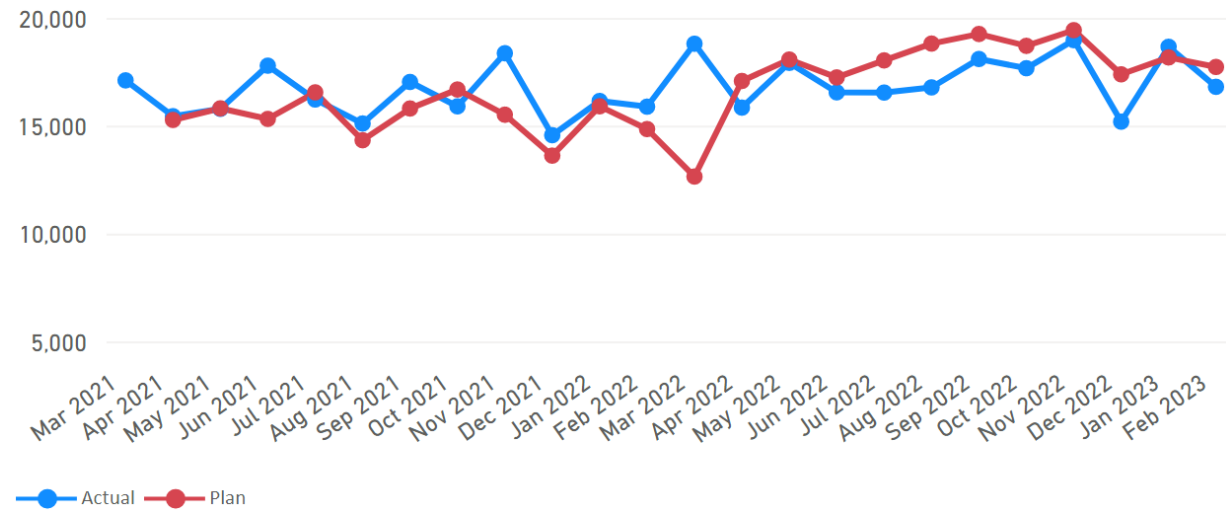
Cancer Operations Cancelled On Day (YTD)

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

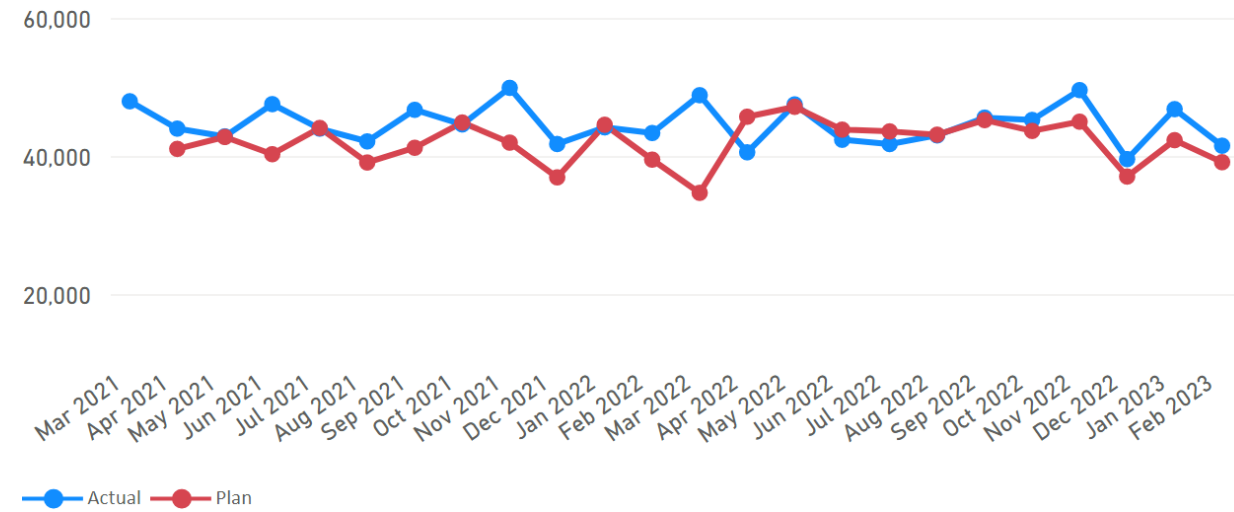


RESPONSIVE

Outpatient New Attendances

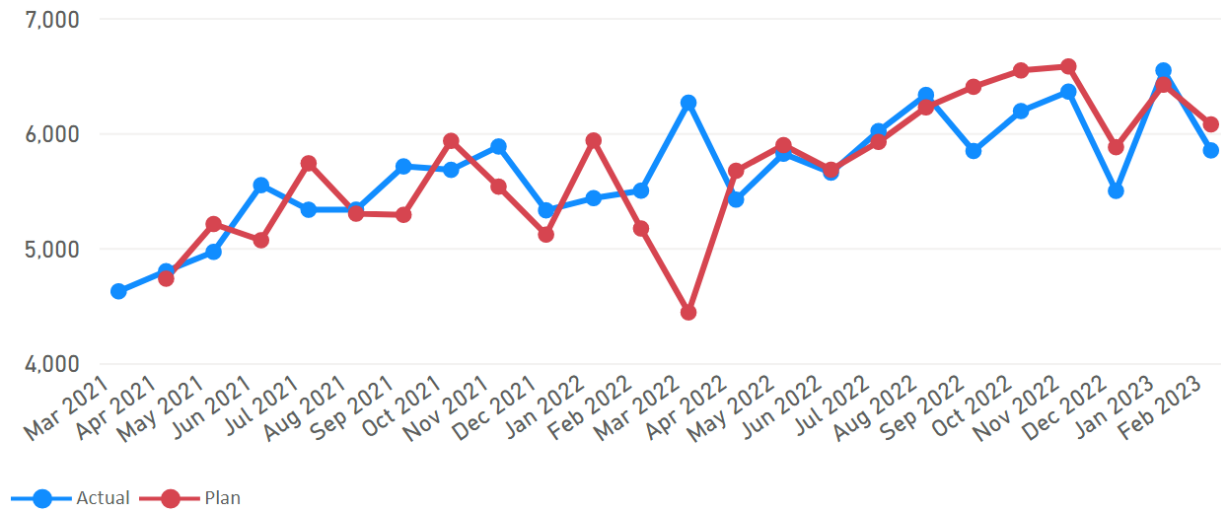


Outpatient Follow-Up Attendances

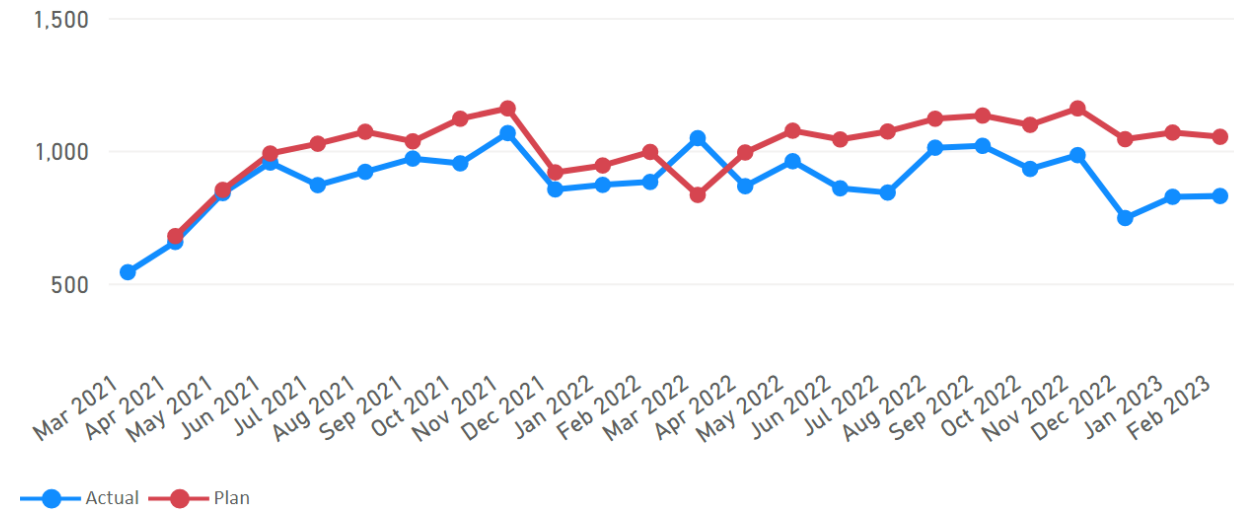


RESPONSIVE

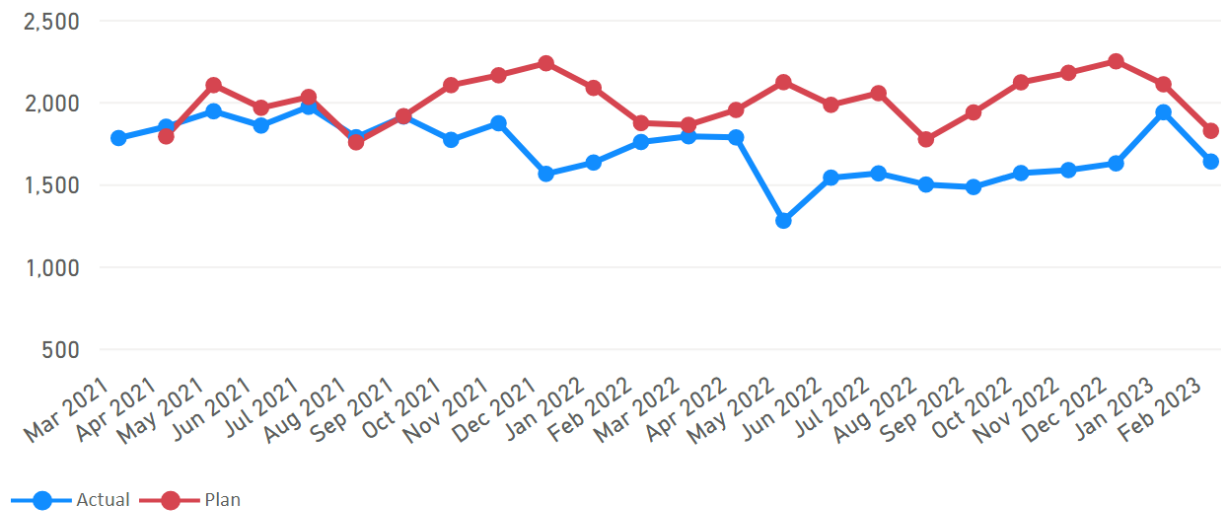
Day Case admissions



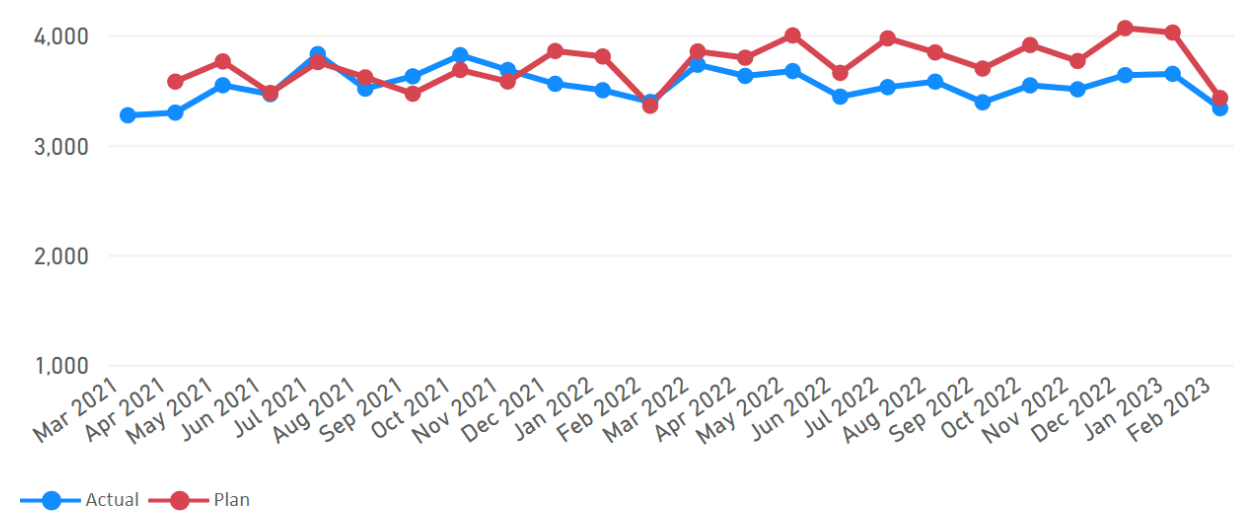
Ordinary Elective admissions



NEL admissions with 0 LOS



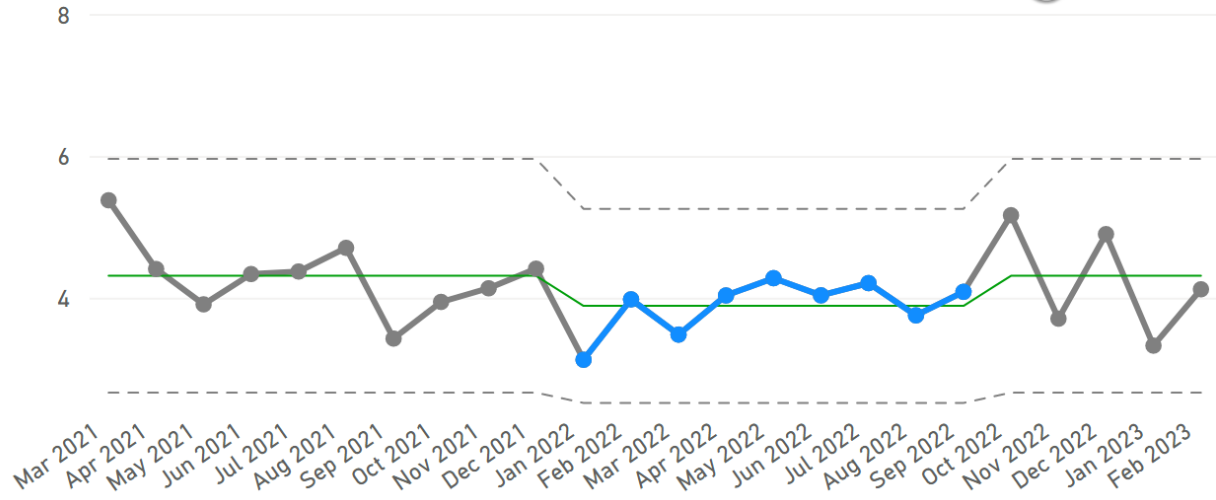
NEL admissions with 1+ LOS



RESPONSIVE

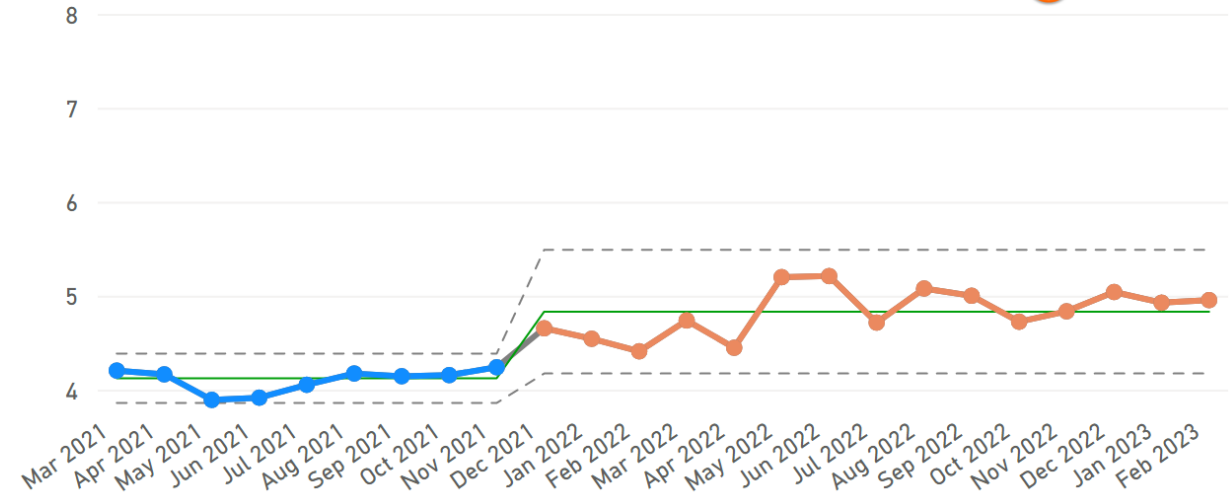
Month	Performance	Target	Trend	Assurance
Feb 2023	4.1			N/A

Length of Stay - Elective



Month	Performance	Target	Trend	Assurance
Feb 2023	5			N/A

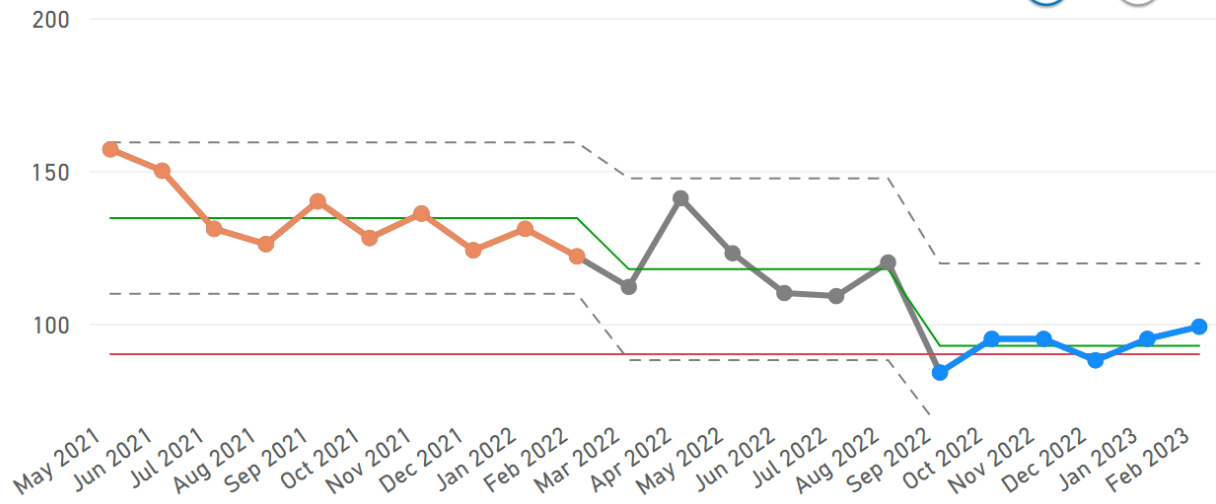
Length of Stay - Non-Elective





RESPONSIVE

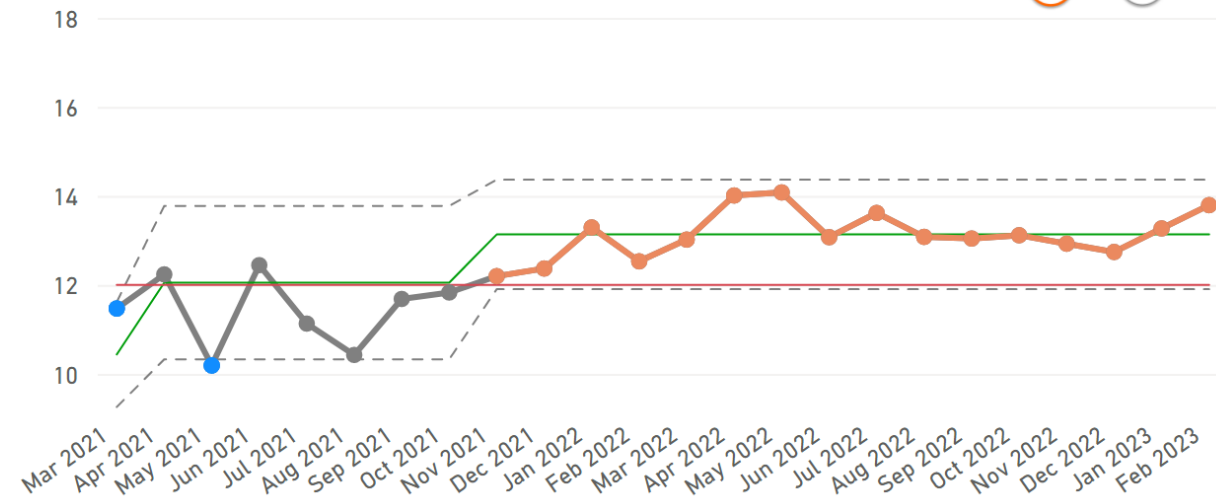
Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Feb 2023	99	90		



21 Day Stranded Patients (%)

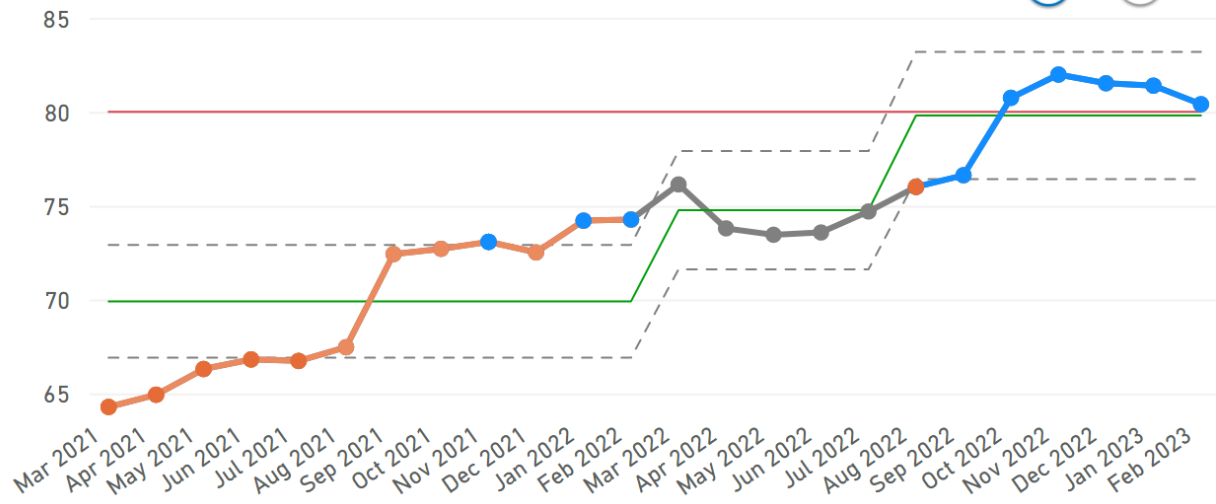
Month	Performance	Target	Trend	Assurance
Feb 2023	13.8%	12%		



WELL-LED

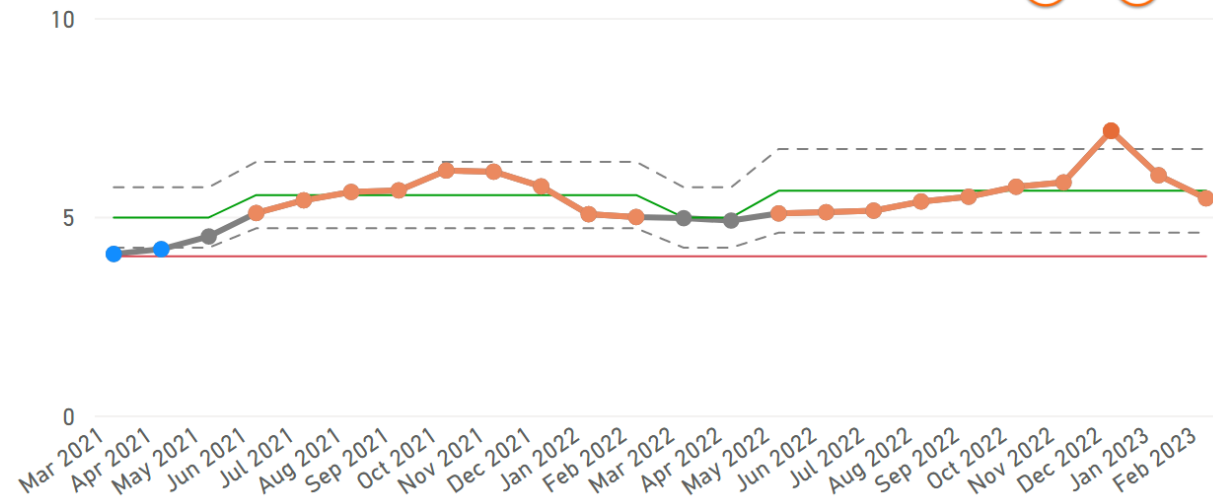
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	80.4%	80%		



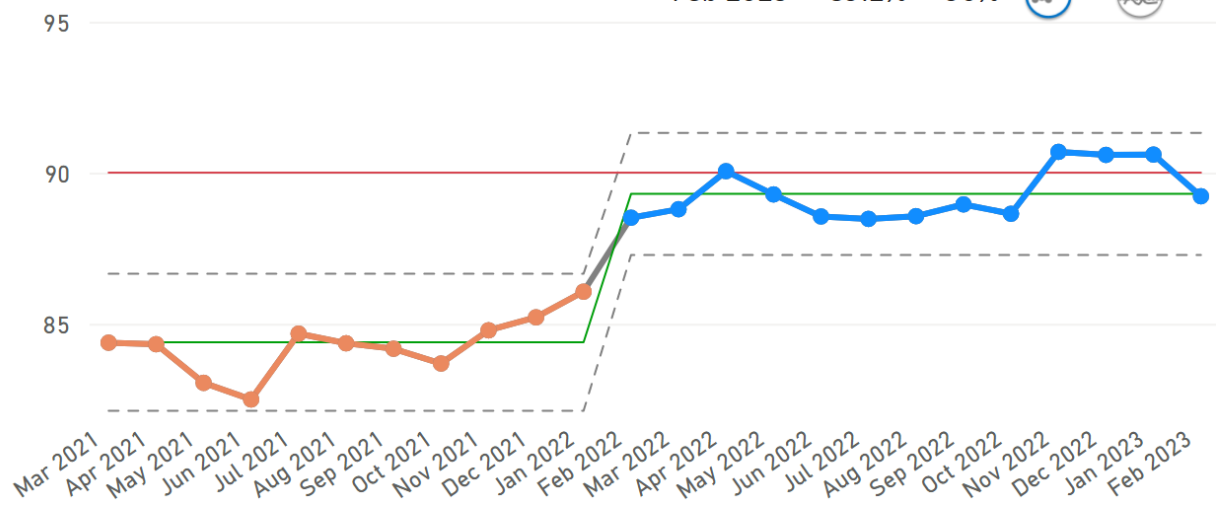
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	5.5%	4%		



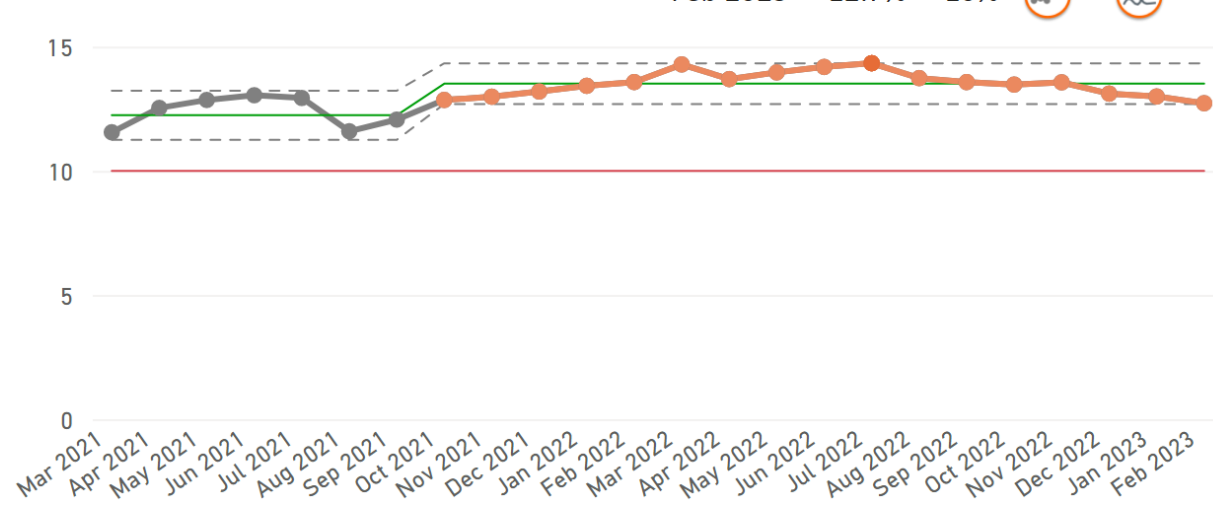
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	89.2%	90%		



Staff Turnover (%)

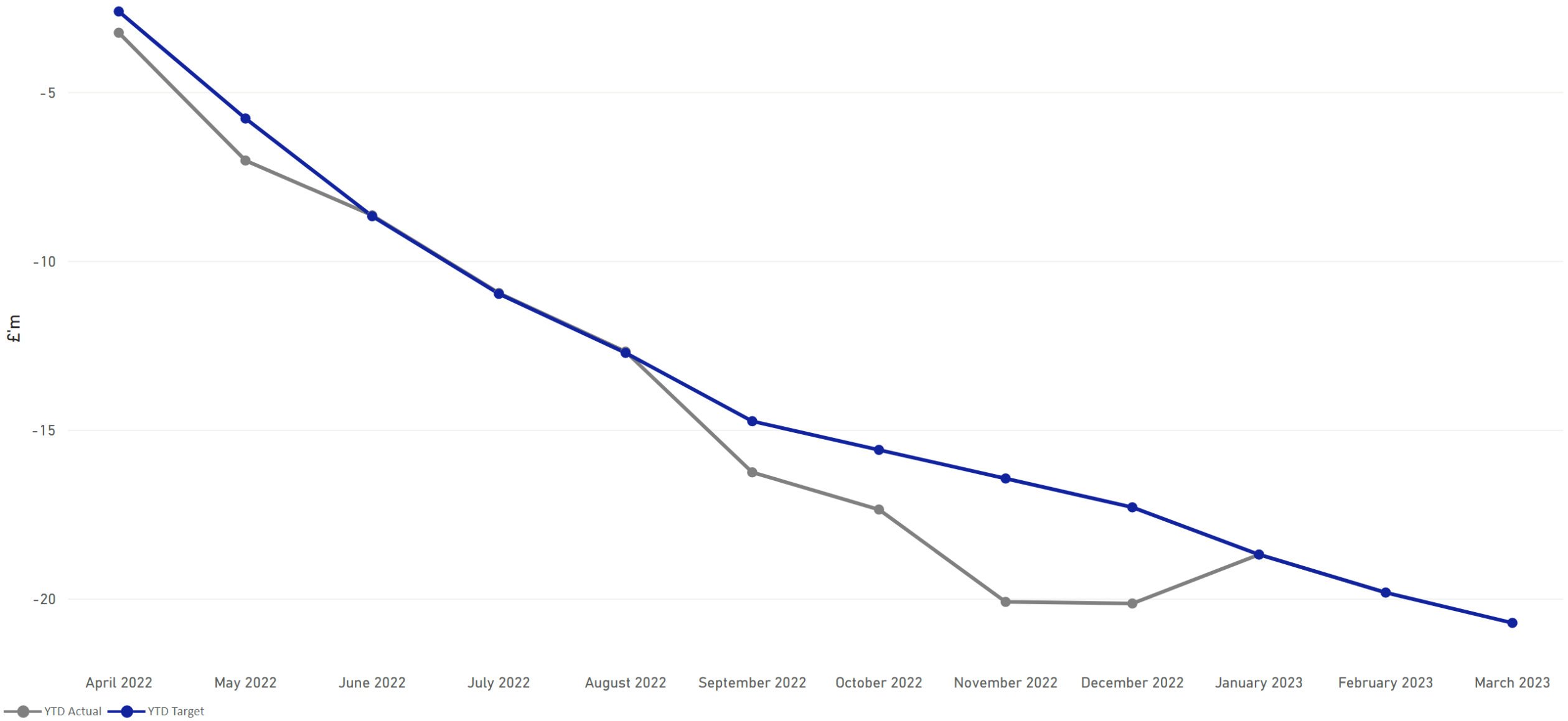
Month	Performance	Target	Trend	Assurance
Feb 2023	12.7%	10%		



WELL-LED

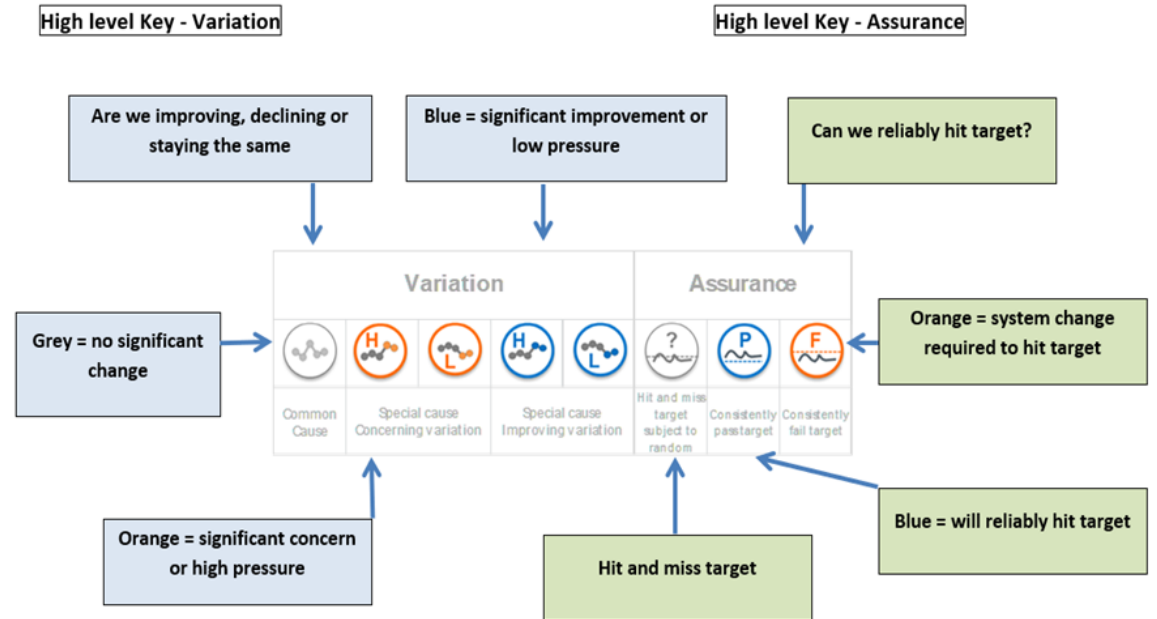
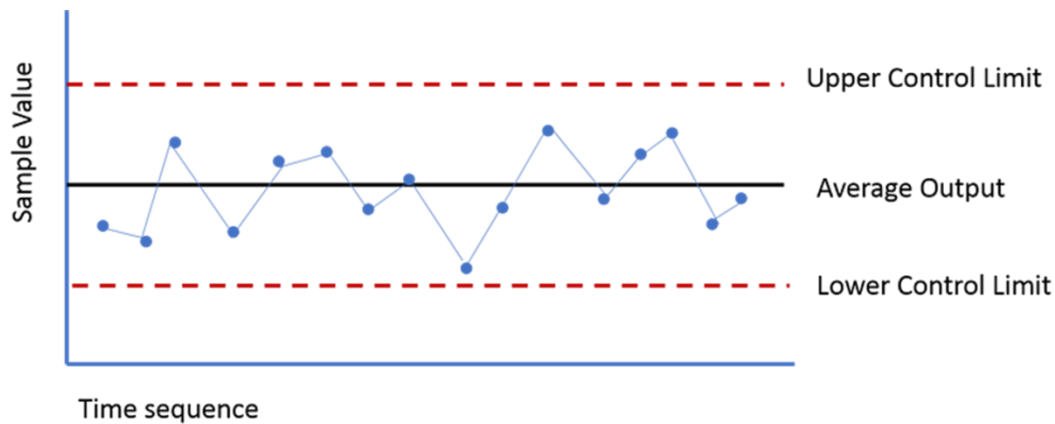
Month	Performance	Target
Feb 2023	-£19.822m	-£19.822m

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 – 4 APRIL 2023			
Safe Staffing Report for February 2023			AGENDA ITEM: 8 ENC 8
Report Author and Job Title:	Debi McKeown Interim NMAHP Workforce Lead	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing and midwifery staffing levels for February 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, as per Table 1, demonstrating continued good compliance with safer staffing.</p> <p>Staffing has improved across all collaboratives allowing for a reduction in all shift fill incentives via NHSp from 1st April 2023.</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 safe care meetings.</p> <p>Nursing turnover for February 23 has decreased to 7.53%. This 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	BAF risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.		

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

February 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

		Dec 22	Jan 23	Feb 23
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate – DAYS	78.1%	80.5%	80.1%
	HCA (%) Average fill rate – DAYS	96.5%	99.9%	96.1%
	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	84.1%	90.8%	89.2%
	HCA (%) Average fill rate – NIGHTS	102.9%	110.1%	103.2%
	NA (%) Average fill rate – NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate – NIGHTS	100.0%	100.0%	100.0%
	Total % of Overall planned hours	95.2%	97.7%	96.1%

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 296 total shifts (3015.17 hours) logged via SafeCare during February which was a decrease on January hours. Work is ongoing to reduce redeployment further as absence due to COVID and Flu reduces. In agreement with the clinical matrons and ward managers the twice daily SafeCare meetings are now chaired by a clinical matron with nurse manager representatives from every collaborative. The intention is to reduce staff redeployment to a minimum and within own collaborative (Zoning). There has been a decrease in redeployment and a significant reduction in out of collaborative moves.

Nursing turnover remains amongst the lowest in the country (**Appendix 4**). The nursing turnover report excludes employee external transfer and flexi-retirement these reasons however are included in the fortnightly workforce meetings as that is what is reported at Trust level.

2. Nurse Sensitive Indicators

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

3. Red Flags Raised through SafeCare Live

There has been a reduction in open red flags. 61 open red flags relating to workforce, with shortfall in RN time being the most common (52). For red flags for less than 2 RNs, the SafeCare log provides a documented resolution, therefore no shifts had less than 2 RNs throughout February. Reminders are sent to review and close red flags this will be further communicated to raise the priority of reviewing and closing solved red flags. As part of the revised KPI collaborative staffing meetings additional information has been provided regarding the appropriate use of red flags and the importance of closing red flags to provide correct data.

4. Datix Submissions

There were 64 datix submissions relating to staffing in February. The majority of datix were for staff shortages in Ward 33, Therapeutic Care and Ainderby at the Friarage. Redeployment decisions were made following safer staffing discussions with ward managers and matron agreement.

The Nursing Workforce Team continues to work closely with HR and the temporary staffing providers (NHSp) to improve fill rates and maintain safe staffing. Band 5 RN vacancies continue to be monitored closely as the most fluctuating and largest group within the nursing workforce. The reduction month on month of band 5 vacancies indicates stabilisation.

5. Vacancy & Turnover

Active recruitment of nursing staff continues. **Appendix 2** shows registered nursing and midwifery vacancy rate for February 23. **Appendix 3** shows healthcare assistant vacancy rate for February 23 which is a positive position. **Appendix 4** shows the nursing turnover for February 23.

To support retention and turnover successful appointments have been made into the legacy nurse posts. These roles will support registered nurses in the early years of their career to provide pastoral support. Expected start date May 2023.

International Nurse Recruitment: recruitment has continued, with the expectation that for a further 96 nurses within 2023. In addition, 4 displaced refugee nurses, all with critical care experience have been identified for the Trust with a planned arrival of May 2023. A pilot care support worker programme has been planned for spouses of our international nurses who are registered nurses in their own country. This programme will provide training for employability as HCAs then hopefully leading to NMC registration.

6. RECOMMENDATIONS

The Board is asked to:

- note the content of this report and the progress in relation to key nursing workforce issues.

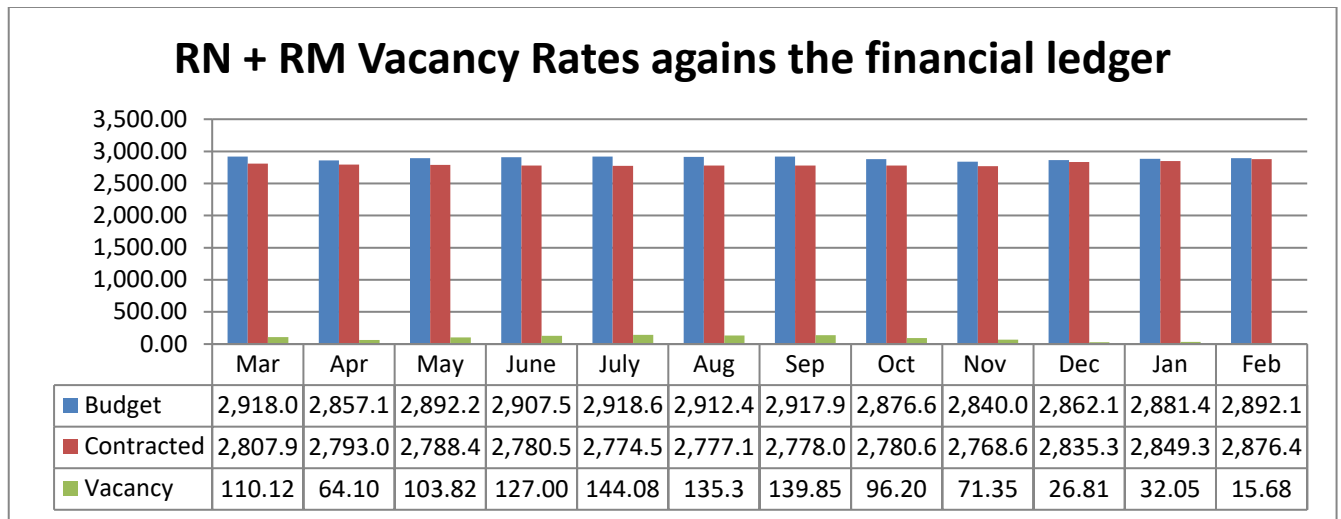
- be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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

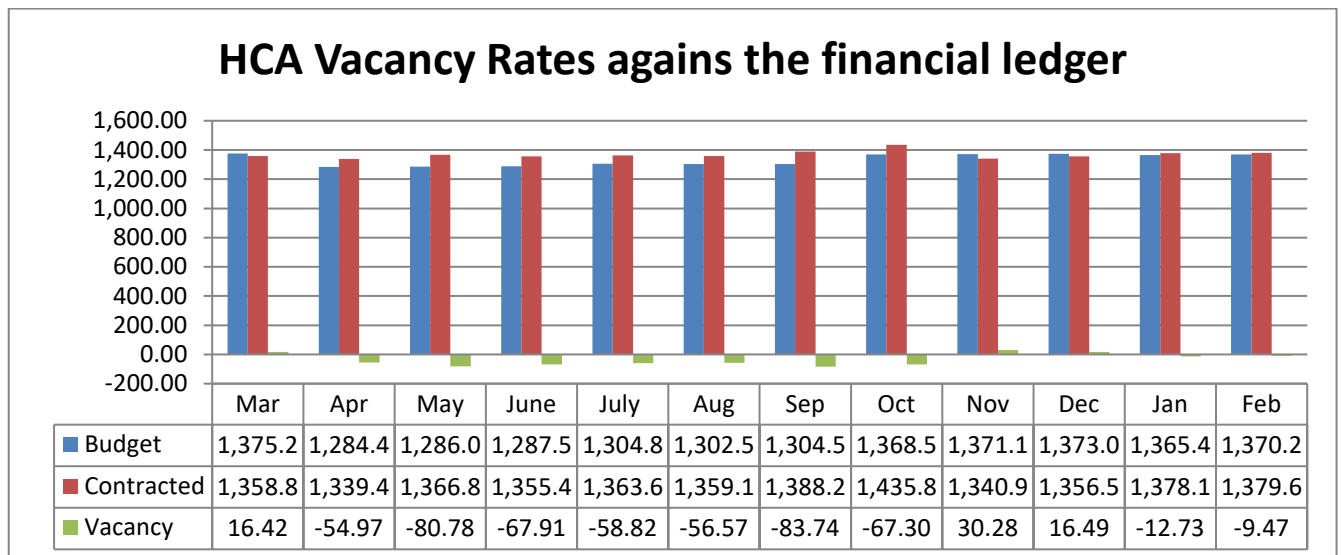
Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Feb 23 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate - Days NA (%)	Average fill rate - Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate - Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	30	30	744	27	73.7%	113.1%	-	100.0%	68.8%	89.5%	-	100.0%	Short term sickness
Ward 31 (2)	28	28	946	34	82.3%	96.1%	-	100.0%	72.0%	101.1%	-	-	Short term sickness
Ward 3	28	28	690	25	84.5%	113.7%	100.0%	100.0%	97.8%	121.1%	100.0%	100.0%	
Ward 4	23	23	634	23	88.0%	118.2%	-	-	82.5%	113.5%	-	-	
Ward 5	28	22	710	25	76.1%	95.0%	-	100.0%	76.2%	157.9%	-	-	RN vacancies
Ward 6	31	31	825	29	61.6%	103.4%	-	-	59.1%	108.8%	-	-	RN vacancies
Ward 7	32	32	762	27	71.9%	92.2%	100.0%	100.0%	80.4%	109.5%	-	-	RN vacancies
Ward 8	30	30	776	28	71.3%	101.4%	-	-	71.0%	123.5%	-	-	RN vacancies
Ward 9	32	28	828	30	78.0%	156.5%	-	-	84.5%	158.8%	-	-	RN vacancies
Ward 10	24	24	645	23	70.1%	73.9%	-	-	60.1%	125.6%	-	-	RN vacancies and short-term sickness
Ward 11	28	28	759	27	74.7%	103.4%	100.0%	100.0%	79.2%	141.5%	100.0%	100.0%	Short term sickness
Ward 12	26	26	743	27	88.9%	152.9%	-	-	78.7%	158.6%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	551	20	74.9%	96.2%	-	-	61.8%	155.8%	-	-	Reduced bed occupancy
Ward 24	23	23	615	22	95.4%	145.4%	-	-	92.9%	199.7%	-	-	
Ward 25	21	21	545	19	90.7%	127.8%	-	-	83.3%	150.0%	-	-	
Ward 26	18	19	517	18	89.8%	131.3%	-	-	92.9%	106.3%	-	-	
Ward 27	15	15	279	10	68.1%	65.6%	-	100.0%	100.0%	85.9%	-	-	Reduced bed occupancy
Ward 28	26	26	785	28	72.7%	83.8%	-	-	89.3%	83.1%	-	-	Short term sickness
Ward 29	27	27	733	26	98.2%	92.1%	-	100.0%	94.0%	107.4%	-	-	
Cardio MB	9	9	224	8	98.5%	100.0%	-	-	100.2%	96.3%	-	100.0%	
Ward 32	22	21	565	20	100.6%	110.1%	-	-	100.0%	108.9%	-	-	
Ward 33	21	21	573	20	79.3%	93.7%	-	-	92.7%	121.5%	-	-	Provided support to medicine

Ward 34	34	34	830	30	79.1%	125.2%	-	100.0%	89.3%	150.0%	-	-	RN vacancies
Ward 35	26	26	640	23	104.2%	102.2%	-	-	98.8%	96.4%	-	-	
Ward 36	34	34	874	31	95.4%	113.0%	100.0%	100.0%	80.3%	135.7%	100.0%	-	
Ward 37 - AMU	30	30	776	28	83.7%	106.8%	-	100.0%	80.6%	95.4%	-	-	
Spinal Injuries	24	24	620	22	91.2%	73.5%	-	-	198.2%	98.3%	-	-	
CCU	14	14	283	10	87.5%	132.1%	-	-	98.2%	-	-	-	
Critical Care	33	33	782	28	89.0%	91.9%	-	-	90.3%	66.4%	-	-	
CICU JCUH	12	10	207	7	81.5%	77.7%	-	-	80.8%	103.6%	-	-	
Cardio HDU	10	10	196	7	83.9%	92.0%	-	-	77.9%	100.0%	-	-	Mirrors elective programme
Ward 24 HDU	8	8	192	7	85.2%	130.3%	-	-	80.7%	142.3%	-	-	
Ainderby FHN	27	22	735	26	80.7%	88.5%	-	-	111.6%	93.5%	-	-	
Romanby FHN	26	22	660	24	58.0%	39.4%	-	-	87.6%	26.2%	-	-	RN vacancies - Reduced Beds
Gara FHN	21	16	182	7	77.3%	78.9%	-	-	87.6%	39.3%	-	-	RN vacancies
Rutson FHN	17	17	453	16	77.8%	116.7%	-	-	100.0%	109.0%	-	-	RN vacancies
Friary	18	18	-	-	-	-	-	-	-	-	-	-	Closed - Staff at FHN
Zetland Ward	31	29	839	30	74.5%	75.2%	-	100.0%	85.6%	83.9%	-	100.0%	Short term sickness
Tocketts Ward	30	26	710	25	80.4%	98.4%	-	-	77.7%	139.9%	-	-	Short term sickness
Ward 21	25	25	487	17	81.5%	77.4%	-	-	76.8%	98.2%	-	-	Short term sickness
Ward 22	17	17	211	8	72.5%	76.0%	-	-	77.0%	53.6%	-	-	Short term sickness
JCDS (Central Delivery Suite)	-	-	289	10	90.8%	53.3%	-	-	92.3%	69.0%	-	-	
Neonatal Unit (NNU)	35	35	604	22	76.0%	70.2%	-	-	78.7%	-	-	-	Low occupancy
Paediatric Intensive Care	6	6	76	3	80.5%	92.5%	-	-	82.9%	14.3%	-	-	
Ward 17	-	-	628	22	88.1%	73.6%	-	-	99.7%	66.4%	-	-	
Ward 19 Ante Natal	-	-	245	9	83.5%	94.9%	-	-	98.3%	-	-	-	
Maternity Centre FHN	-	-	3	0	56.7%	22.0%	-	-	77.0%	-	-	-	Low occupancy

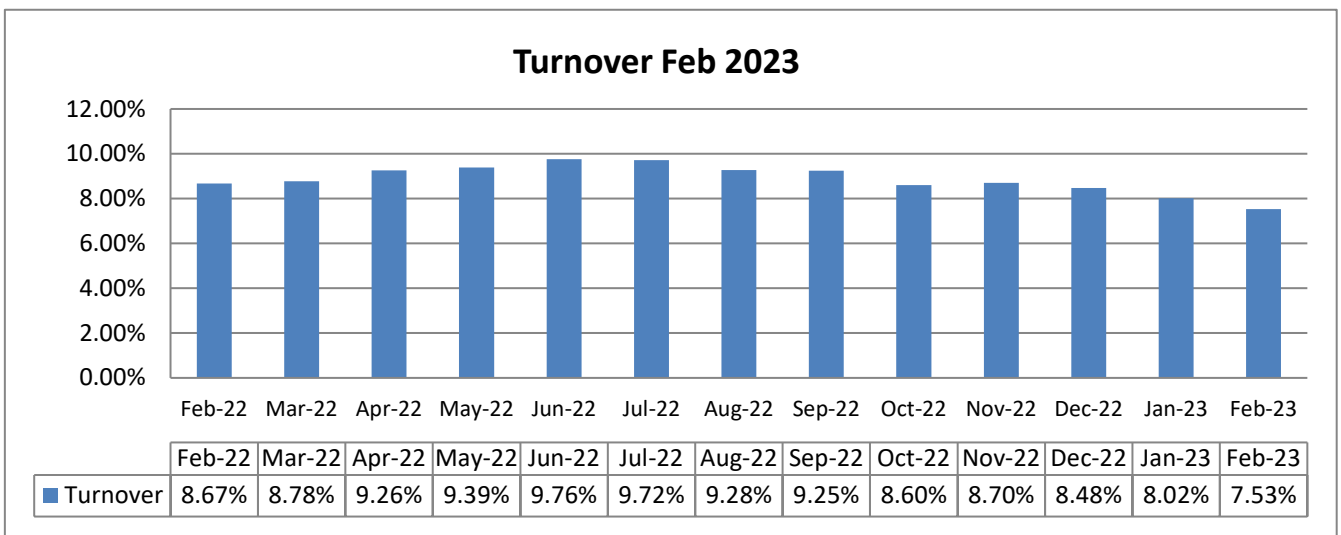
Appendix 2 - Registered Nursing Vacancy Rate Feb 2023



Appendix 3 - Health Care Assistant Vacancy Rate Feb 2023



Appendix 4 - Nursing Turnover Feb 2023



MEETING OF THE PUBLIC BOARD OF DIRECTORS – 4 APRIL 2023			
Learning from Deaths February 2023			AGENDA ITEM: 11 ENC 9
Report Author and Job Title:	Jo Raine, Data Analyst Mortality Surveillance and Tony Roberts, Deputy Director (Clinical Effectiveness)	Responsible Director:	Michael Stewart Chief Medical Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation and is an update on the report submitted to the Mortality and Morbidity Group in January 2023.		
Background	Overview of mortality within the Trust including that related to COVID-19, relevant mortality indicators and coverage of the Medical Examiner service and Mortality Surveillance activity including lessons learned.		
Assessment	<p>The number of deaths in 2022/2023 has largely returned to levels seen pre-pandemic, although the unadjusted mortality rate has not fully.</p> <p>SHMI at 106 is As Expected</p> <p>The Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths.</p> <p>Mortality Surveillance reviewers have been progressing with the waiting list of reviews: 38 reviews were completed in February 2023.</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 group are asked to: continue to monitor the Medical Examiner and mortality review processes and all the mortality indicators described in the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>	

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

Learning From Deaths February 2023

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

2.2. **Learning from Deaths:** The Trust *Responding to Deaths* policy (G163, published Sep 2018, updated Oct 2020 and Oct 2022) sets out how the trust responds to, and learns from, deaths of patients who die under its management and care². The approach is summarised below

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

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

3. MORTALITY INDICATORS & LEARNING FROM DEATHS

3.1. **Mortality Indicators:** The dashboard includes the count of deaths from April 2009 to January 2023 (Fig 1). 184 deaths were recorded in February 2023. The impact of COVID on deaths continues with 31 COVID+ deaths, compared to 18 in January. There were no influenza deaths in February. The unadjusted

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

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

mortality rate remains above pre-pandemic levels. Rolling 12-month average is 1.44 compared to 1.24 pre-pandemic.

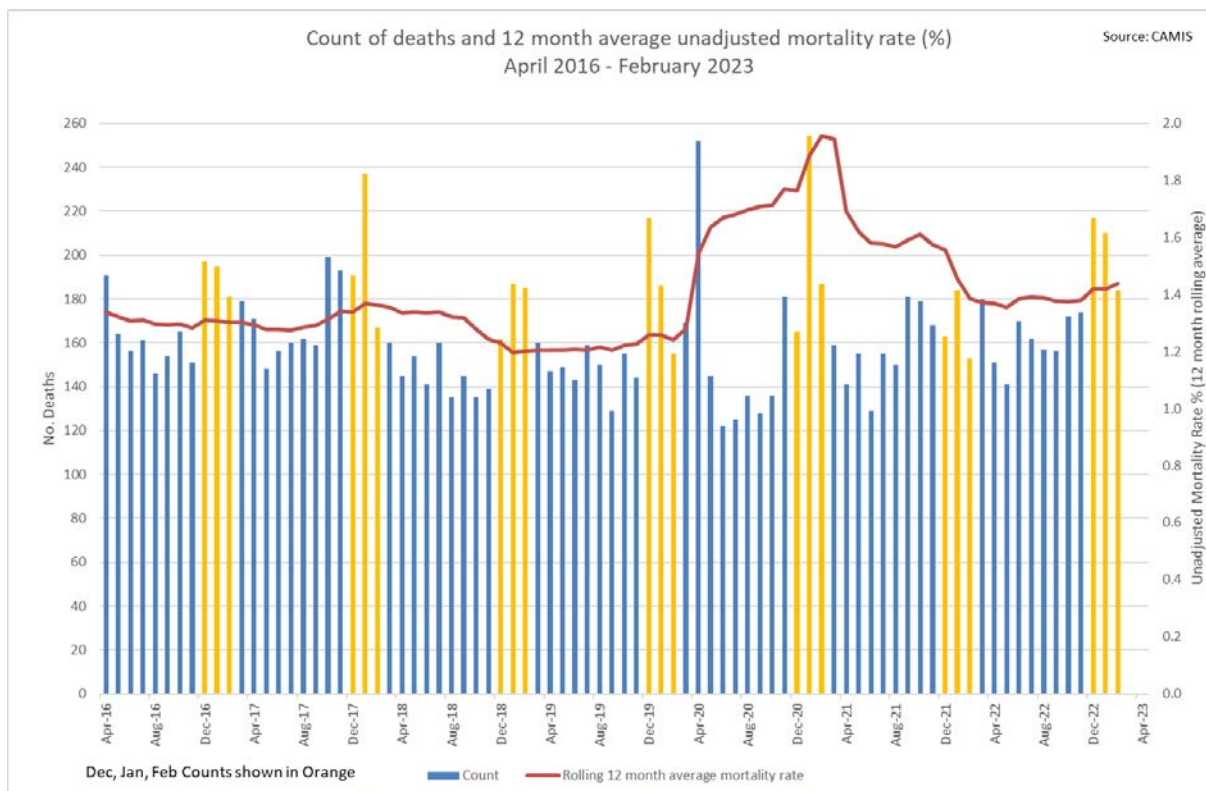


Fig 1. Count of deaths and Mortality Rate
Source: South Tees Hospitals NHS Foundation Trust



Fig 2. SHMI Trend Analysis Rolling 18 month trend analysis.
Source: NHS Digital/NEQOS

3.2. Summary Hospital-level Mortality Indicator, Comorbidity and Palliative

Care Coding: (Fig 2) includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis by NHS Digital and is an official government statistic. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). Latest SHMI 106 (October 2021 – September 2022) – As Expected. NHS Digital are removing any spell containing a COVID-19 Confirmed or Suspected code. In this release this amounts to 2,757 spells or 4.6% of spells. The indicator is also affected by the fall in activity during the outbreak. For the current period there is a total fall of 13% in the number of spells used to calculate SHMI. The comorbidity count matters because of its impact on the risk adjustment used in modelling mortality. Coding depth for elective spells is 4.7, for non-elective 5.7. 2.0% of spells had a palliative care code. Palliative care coding is provided as a key contextual indicator.

3.3. **COVID-19:** There have been 1114 COVID-19 positive deaths recorded (18.7% of all deaths) since the pandemic began in March 2020 (Fig 3).

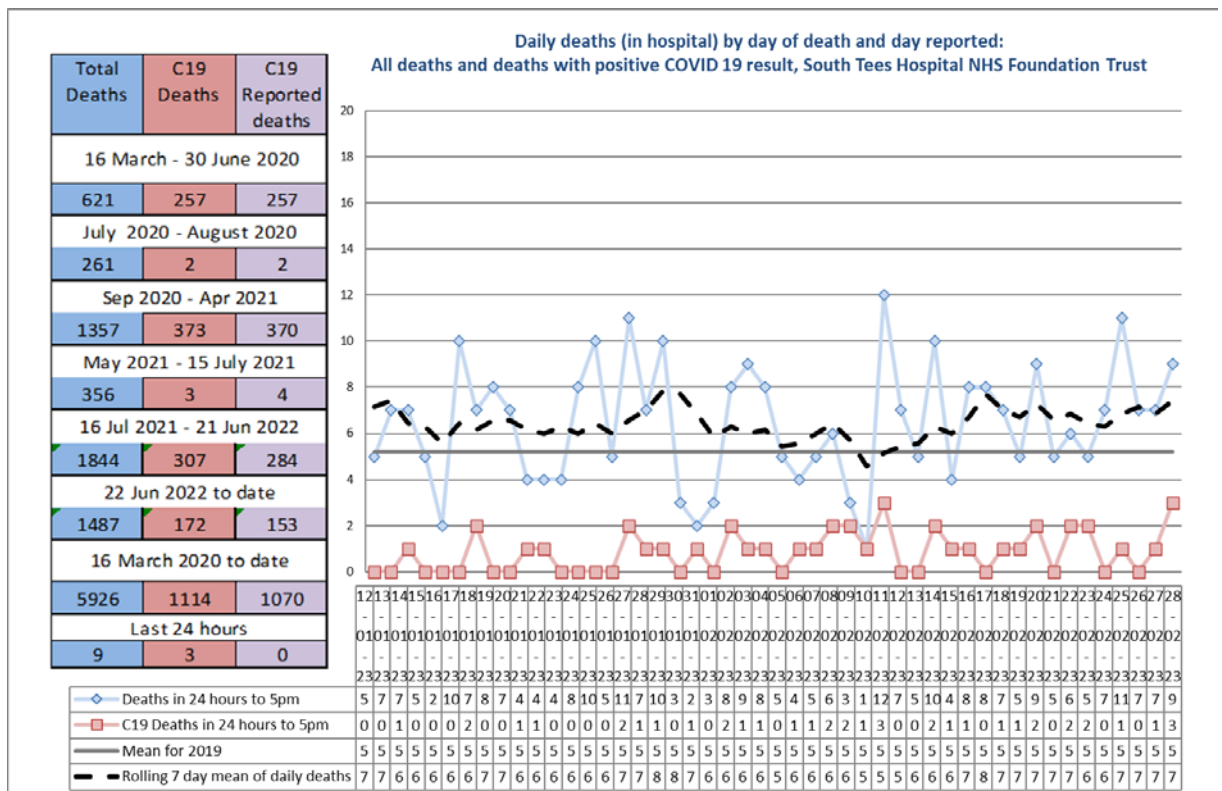


Fig 3. All Deaths and deaths with positive COVID 19 result.
Source: South Tees Hospitals NHS Foundation Trust.

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

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

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

3.5. **Medical Examiners:** Between April 2022 – January 2023, of the 1,952 deaths that occurred in hospital and in A&E or were very recent discharges from hospital and referred to the Medical Examiner (including 143 GP/Community deaths included in the Medical Examiner system since September 2021), 1,928 were reviewed by the Medical Examiner service – 98.8% of all such deaths. (Fig 5). Data for February 2023 is not yet available.

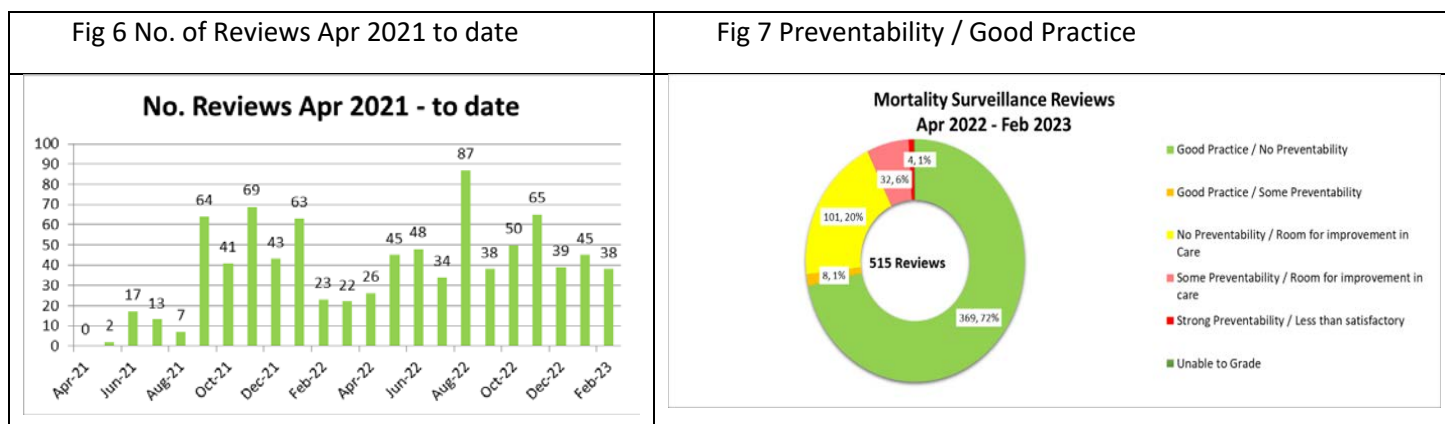
3.5.1. Of these 86.0% of deaths were judged to be definitely not preventable with 4.0% of cases judged to show some preventability. 86.8% of deaths were Expected, 10.7% of deaths Unexpected, the remainder ungraded. 161 were recommended for Trust Mortality Review, 15 reviews have so far been undertaken with the rest scheduled. Over 90% of the recommended reviews for 2021-2022 have been completed. The waiting list of cases (currently 165 cases) needing review by Mortality Surveillance from this and the previous year are currently being addressed.

Fig 5: Medical Examiner Service Statistics

Medical Examiner Service Statistics:	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	% Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Month of Death											
May 2018 - Mar 2019	1698	25	19	1432	82.2%	230	230	265	275	137	
Apr 2019 - Mar 2020	1902	92	46	1822	89.3%	192	192	393	381	296	
April 2020 - Mar 2021	1994	73	39	2041	96.9%	153	153	224	330	279	
April 2021 - March 2022	1936	109	40	2034	97.0%	174	166	103	297	333	
Medical Examiner Service Statistics:	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	In hospital % Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Month of Death Apr 2022 -Mar 2023											
Apr-22	151	9	7	166	99.4%	14	1	11	17	37	
May-22	141	7	12	155	96.9%	20	1	10	15	35	
Jun-22	170	8	14	189	98.4%	13	2	7	15	24	
Jul-22	162	8	14	180	97.8%	18	1	8	30	36	
Aug-22	157	7	6	171	100.6%	14	0	8	29	39	
Sep-22	156	11	14	177	97.8%	15	1	6	23	36	
Oct-22	172	8	12	192	100.0%	17	1	7	26	34	
Nov-22	174	12	12	191	96.5%	18	2	9	15	35	
Dec-22	217	15	26	257	99.6%	21	4	12	30	35	
Jan-23	210	14	26	250	100.0%	11	2	12	43	33	
	1710	99	143	1928	98.8%	161	15	90	243	344	
	7304	289	143	7223	92.1%	910	756	972	1229	1056	

3.6. **Mortality Surveillance Reviews:** The review team currently consists of four consultant reviewers. 515 reviews have been completed so far in 2022/23 (Figs 6 & 7).

3.6.1. 72% of case reviews were judged to show good practice with no preventability. 1% showed good practice with some preventability. 20% showed room for improvement in care but with no preventability, 6% showed both preventability and room for improvement in care and 1% (4 cases) showed strong preventability and/or less than satisfactory care.

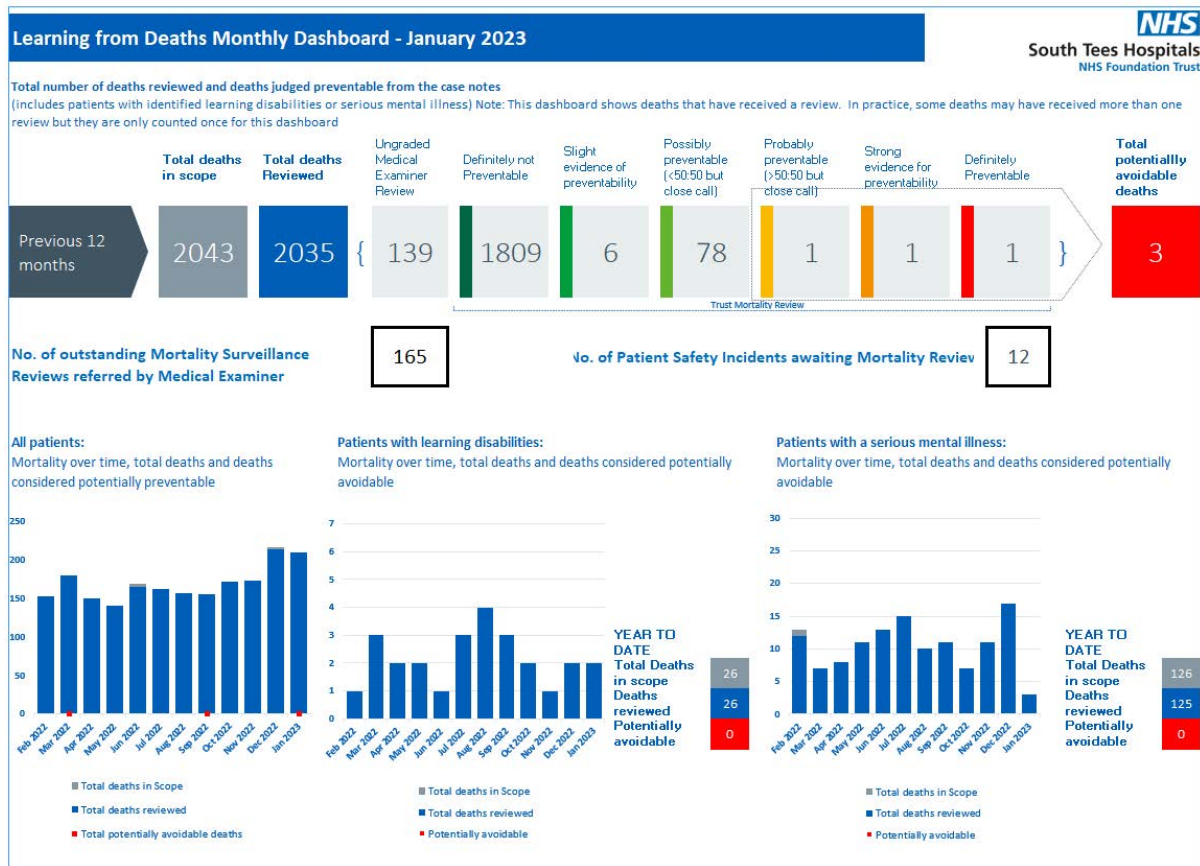


3.6.2. 88% of deaths were Expected, 9% Unexpected. Care in 82% of cases was graded Good-Excellent. In six cases, potential for improvements in care were identified and these were highlighted to the patient safety team for further review.

3.6.3. In the last month, 5 reviews mentioned lessons learned from good documentation, good communication with family, good coordination of clinical care and advanced decision making.

3.6.4. In the last month, 13 reviews mentioned lessons learned from problems in care, particularly poor quality documentation, lack of ownership/senior input/advanced decision making in care.

3.7. The **Learning From Deaths Dashboard** reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of January 2023 (February 2023 data not yet available), there were 2,043 deaths, of which 2,035 (99.6%) received a review or investigation and 3 deaths were considered to be potentially avoidable. In the same period 100% of deaths in patients with a learning disability and 99% of cases where the patient had a pre-existing serious mental health condition were reviewed with no deaths considered potentially avoidable.



4. MORTALITY INDICATORS & LEARNING FROM DEATHS

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

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

- Poor **coordination of care** between specialities. This is not easily identified in medical records as it relies on notes being made of conversations and telephone calls between colleagues. This will improve with implementation of Miya and is reported through the Miya Board. There have been recent discussions the at the Miya Clinical Working Group on developments in this field.
- **Transfer of patients from other hospitals.** This is less common but a known problem. Information about patients prior to, and at the time of, referral is currently in the medical record, usually in a summary form (it currently relies heavily on the doctor accepting referral to make this summary) and there is considerable debate about how to electronically enable this so that greater detail, including from the referrer, can be captured. The trust uses a solution called 'referapatient' in neurosurgery and there is a process currently on-going around procurement of a system across the region (led by Newcastle upon Tyne Hospitals NHS FT). The intention is to procure a single system for all Trusts in the North East and North Cumbria but there isn't currently a timescale for completion of procurement and implementation for cardiac, renal, vascular, orthopaedic and other specialty services, although the latest update suggest progress towards procurement this financial year is being made.

5. RECOMMENDATIONS

- The unprecedented pattern of deaths, unadjusted and risk adjusted mortality rates during the pandemic has made these measures difficult to interpret. The Trust should continue to monitor these statistics but accept that their use for assurance is diminished and thus the importance of non-statistical approaches to mortality are of greater importance than was the case before covid. The volume of spells used to calculate SHMI is gradually returning to pre-pandemic levels is currently at 87%.
- The Trust should continue to engage with national and regional efforts to understand hospital mortality within the wider context of mortality in all settings and particularly in relations to disparities (inequalities) in the populations served by the trust.
- SHMI at 106 remains 'as expected' and so the requirement for specific monitoring has reduced, although it is likely that the key reason for this is related to the improvement of recording of comorbidities and returning volume of spells, rather than quality of care. The trust should remain focused on this issue.
- The Medical Examiner team coverage of mortality continues to be in excess of 95% of all death. Scrutiny is being extended to out of hospital settings and the trust should continue to support the development of this service.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 APRIL 2023			
Patient Experience and Involvement Report Six Monthly Update 2022/23			AGENDA ITEM: 13 ENC 10
Report Author and Job Title:	Jen Little Patient Experience, Involvement and Bereavement Lead Ian Bennett Deputy Director of Quality	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	An overview of patient experience and involvement activity including complaints, Patient Advice and Liaison Service (PALS), Compliments, Friends and Family Test (FFT) and local/ National surveys received by the Trust for the previous six month period up to February 2022/23.		
Background	<p>The National Health Service Regulations clearly sets out how patient experience and involvement activity should be managed, including complaints process in an NHS Trust.</p> <p>This report provides a summary analysis of the Trusts position for patient experience and involvement activity, including the management of complaints, for the previous six-month period up to February 2022/23.</p>		
Assessment	<p>The Trust is above or equal to the National average in all services for the Friends and Family Test (FFT).</p> <p>The Trust achieved 99.30% compliance with the 3 working day acknowledgement of all complaints.</p> <p>The timeframe to respond to formal complaints remains below the trust 80% target. During the six-month period the timeframe to respond had improved over four consecutive months, however, reduced in February. This continues to be monitored weekly.</p> <p>The number of further contracts (re-opened complaints), following closure, has decreased slightly, from the previous six-months.</p> <p>The number of informal concerns to PALS has decreased.</p> <p>Parliamentary and Health Service Ombudsman requests have slightly increased. Three cases were closed at assessment, two final reports were received, one was not upheld, and one which was partially upheld.</p>		

	In partnership with Healthwatch, three workshops were held with service users throughout February to support the drafting of the patient experience and involvement strategy.	
Recommendation	The Board of Directors are asked to Receive the report and acknowledge the progress which has been made.	
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

Patient Experience Report February 2023

1. Purpose of report

The purpose of this report is to provide a six-month update of patient experience and involvement activity including feedback, complaints, concerns, compliments, Friends and Family Test data and National surveys received, up to the end of February 2023.

2. Background

The report reviews timeframes for acknowledgments within the legislated 3 working days and complaint response timeframes. It recognises the themes identified through complaint investigations, which informs learning and improvements for both the patients and our services.

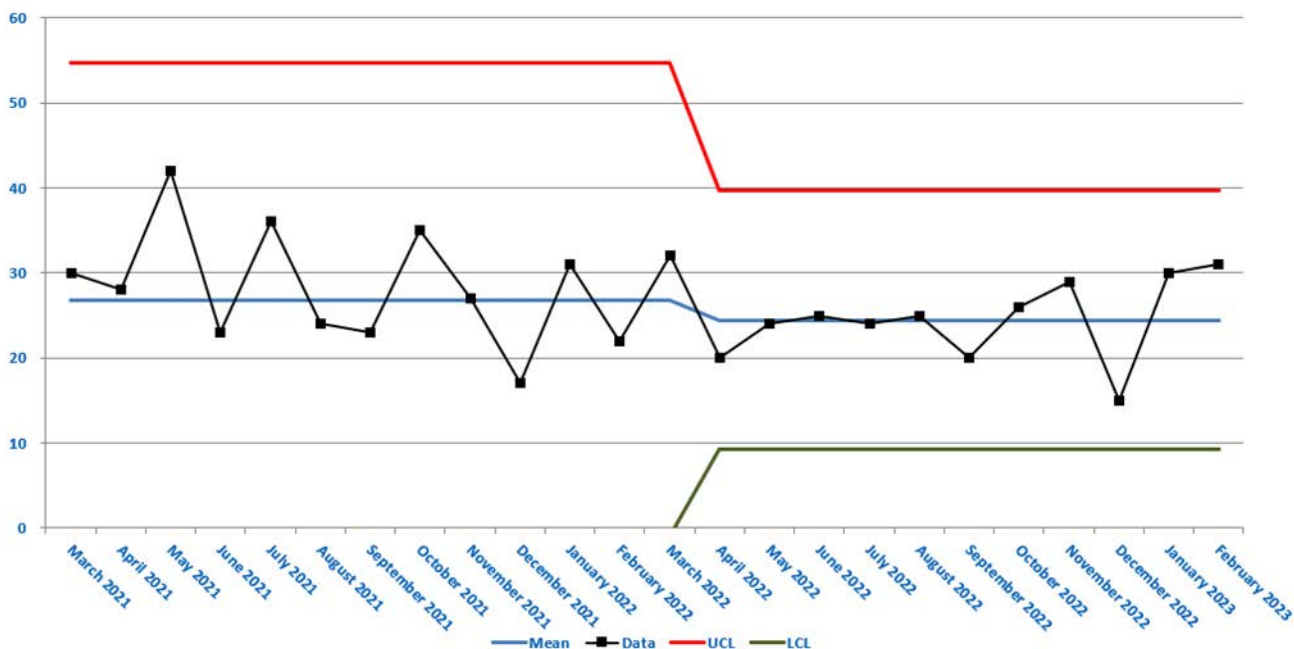
The report also includes an update of the informal advice, enquiries and concerns received through the Patient Advice and Liaison Service (PALS), final reports received from the Parliamentary and Health Service Ombudsman (PHSO) and compliments.

3. Complaints activity

The South Tees Hospital NHS Foundation Trust (STHFT) received 152 formal complaints during this period. This is in keeping with the previous six months when we received 150 (figure 1).

Figure 1 – Monthly formal complaints received by

Trust Received Complaints - Latest 24 Months



The majority of complaints were received by Medicine & Emergency Care Services and Digestive Diseases, Urology and General Surgery Services. Overall, aspects of clinical care and communication remain the most complained about subjects.

The majority of formal complaints were acknowledged within the 3 working day timeframe (Table 1). When the target has not been met, an investigation is undertaken to identify if adjustments are required to the process. There were no adjustments required during the six-month period.

Table 1 – Complaints acknowledged within 3 working days Q2 2022/23

	Previous 6 Months
Complaints Acknowledged Within 3 Days	99.30%

Complaint closure timeframe

Table 2 shows that whilst the 80% target has not been achieved, an increase in performance was noted. This was reduced in February due to clinical commitment, delays in receiving healthcare records and availability of staff. Weekly meetings continue with the Patient Experience and Safe and Effective Care Teams to ensure early escalation of complaints. The clinical/management teams in Collaboratives review and sign off complaint responses. Off target complaints are monitored by the Patient Experience Steering Group and at Directorate and Collaborative Boards.

Table 2 – Complaints closure timeframes by Collaborative – Last 12 Months

Collaborative	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023
Total	62.5%	44.4%	57.9%	57.1%	31.3%	66.7%	45.8%	53.8%	57.1%	66.7%	71.4%	50.0%

Re-opened complaints (further contact)

There was a decrease of 51% in reopened complaints compared to the previous six-month period. Table 3 provides a breakdown by month of reopened complaints, following receipt of the written response.

Themes from complaints, lessons learned, and actions taken.

Improvements and learning are a key aspect of complaint investigation outcomes. Table 3 summarises the themes for the six-month period.

Table 3 – Lessons learned and action taken from complaints

	Documentation	Environment	Equipment	Investigation	Other Type	Policy / Procedure	Reflective	Training	Total
Clinical Practice	2	1	2	0	2	0	6	3	16
Communication	3	1	2	4	5	2	13	4	34
Delivery of Care	3	0	1	2	1	2	2	1	12
Environment	0	1	0	0	0	0	1	1	3
Equipment/Resources	0	0	0	0	2	0	0	0	2
Patient Involvement	0	0	0	0	1	0	0	0	1
Staff Education/Knowledge/Training	3	0	0	2	3	2	3	4	17
Total	11	3	5	8	14	6	25	13	85

Parliamentary and Health Service Ombudsman (PHSO)

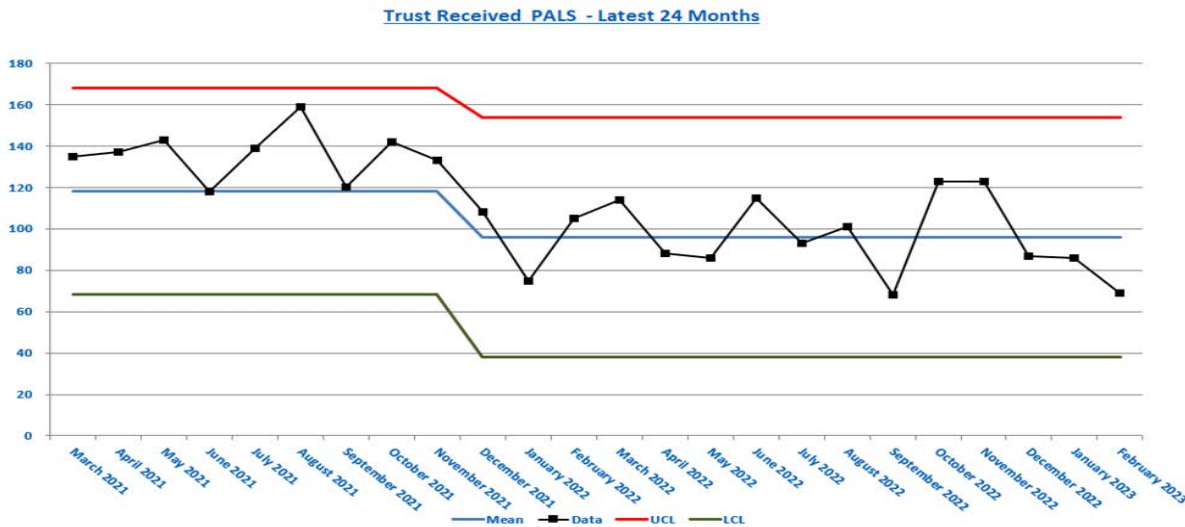
As per the NHS complaints process, those which are not resolved locally are signposted to the PHSO. In the six-month period there was three cases closed at the assessment stage, where no further action required by the Trust. There were two final reports received, one was not upheld, and one partly upheld. The recommendation from the report was to provide a letter of apology and

to produce an action plan based on the recommendations. Once completed the redacted report, and action plan should be shared with the CQC and NHSE.

4. Patient Advice and Liaison Service (PALS)

Enquiries and concerns decreased slightly by 6% from the previous six-months, with 550 concerns being logged, shown in figure 2. Many contacts to the service are concerns, relating to all aspects of clinical care and communication, which were logged to the appropriate ward or department to resolve within the 10-working day timeframe.

Figure 2 – Informal concerns (PALS) received in last 24 months



Activity in the patient experience department remains high and the team aim to resolve a large proportion of the concerns regarding appointments at the initial contact. This increase mirrors the national and regional picture across NHS organisations, as reported by the Parliamentary and Health Service Ombudsman (PHSO).

5. Compliments

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

6. Friends and Family Test (FFT)

The FFT question is currently included in all trust local surveys, this data is uploaded monthly to NHS England. Data for A&E/UTC, Inpatient, Outpatient, Community and Maternity is reported monthly in the IPR.

7. National Surveys

The National Maternity Survey was undertaken between 1 and 28 February 2022. At the Trust 321 women were included and 129 responded, giving a response rate of 40.31% The results were published by the CQC in January 2023.

The comparison is made against 120 NHS Trusts and the Trust did:

- ‘Much better than most trusts’ in one question

- 'Better than most trusts' in six questions
- 'Somewhat better than most trusts' in seven questions
- 'About the same as other trusts' in 37 questions

None of the questions scored worse than other trusts. The service scored in the top 20% of Trusts on 33 questions and in the bottom 20% on 1 question out of a total of 59 questions.

A detailed review of the report and the comments received has been undertaken by the Maternity Service and Patient Experience team. An action plan has been developed in the following areas:

- Telephones not always being answered when arranging a scan.
- A review of the birth reflections pathway regarding decisions where to have the baby.
- An induction working group has been set up to review information provided on inductions and involvement decision.

8. Patient Experience and Involvement Strategy

In partnership with Healthwatch, three workshops were held with service users throughout February to support the drafting of the patient experience and involvement strategy.

RECOMMENDATIONS

The Board of Directors are asked to receive the report.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 APRIL 2023			
NHS Staff Survey - 2022			AGENDA ITEM: 14, ENC 11
Report Author and Job Title:	Rachael Metcalf Director of HR	Responsible Director:	Rachael Metcalf Director of HR
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The NHS Annual Staff Survey results have been released along with the benchmarking data. South Tees has been benchmarked against Acute and Acute and Community Trusts of which there are 124.		
Background	Our Staff survey saw a return of 3334 questionnaire with an overall response rate of 35%. This is an improvement response rate in comparison to our 2021 results where we saw a return of a 31.3% with 2,877 surveys completed.		
Assessment	The NHS Staff Survey is now aligned to the seven NHS People Promises. The report shows the Trust's 2022 NHS Staff Survey results across the seven People Promises and two additional themes, benchmarked against the sector. Our 2022 staff survey results show we have in the main retained our position while overall national average scores have declined.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are recommended to note the results from the 2022 NHS Staff Survey and next-steps.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.		
Legal and Equality and Diversity implications	Positive action has been undertaken across a range of protective characteristics including ethnicity, disability and gender, due to the evidence that has emerged as to the significantly higher level of impact it has on people with whom identify within vulnerable groups identified.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of		

	England, North Yorkshire and beyond <input type="checkbox"/>	
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2022 NHS Staff Survey

1. PURPOSE OF REPORT

The purpose of the reports is to provide details of the 2022 NHS Staff Survey results and next step actions.

2. BACKGROUND

The 2022 NHS Staff Survey is now aligned to the NHS People Promise plus two additional themes:

People Promise

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

Additional themes

- Staff engagement
- Morale

The themes and words that make up The NHS People Promise have come from colleagues who work in the NHS. The alignment of the People Promise enables the NHS Staff Survey to be used as the principal way to measure progress develop future actions.

3. 2022 STAFF SURVEY

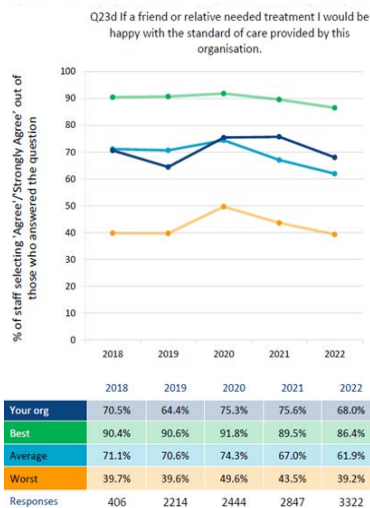
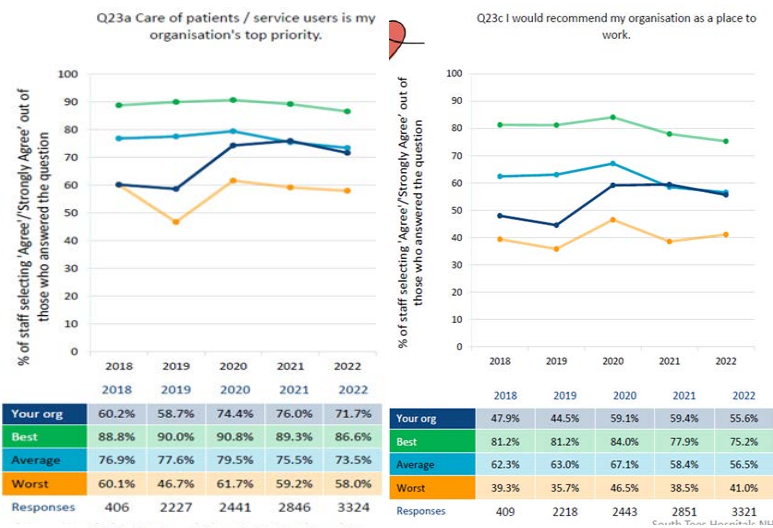
The 2022 NHS Staff Survey saw a return of a 35% with 3,334 surveys completed. This is an improvement response rate in comparison to our 2021 results where we saw a return of a 31.3% with 2,877 surveys completed.

Over all our results are largely comparable with our 2021 position and in line with the national responses.

On the core questions, the trust's 2022 NHS Staff Survey results are:

- Care of patients / service users is my organisation's top priority (South Tees 71.7% per cent, national average 73.5%)
- I would recommend my organisation as a place to work (South Tees 55.6% per cent, national average 56.6%)

- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (South Tees 68.0% per cent, national average 61.9%)



Staff Survey Results 2022

4. RESULTS

4.1 We are Compassionate and inclusive

Trust 2021	Trust 2022	Sector	Diff
7.3	7.26	7.16	+0.10 (Not sig.)

Key indicators in the section relate to compassionate culture, compassionate leadership, diversity and equality and inclusion.

Our results for compassionate leadership and inclusion are not significantly different to previous results. The theme of diversity and inclusion is comparable to 2021 however our results are significantly better than the national average.

4.2 We are recognised and rewarded

Trust 2021	Trust 2022	Sector	Diff
5.9	5.74	5.71	+0.02 (Not sig.)

This theme includes recognition for good work, feeling valued, satisfaction with level of pay and colleagues showing of appreciation to one another. Our results are largely comparable with last year however we have seen a reduction in the level of satisfaction with pay (35.4% in 2021 to 27.1% 2022), although we remain significantly better than the national position (24.8%). This is to be expected against the current industrial climate.

4.3 We each have a voice that counts

Trust 2021	Trust 2022	Sector	Diff
6.8	6.73	6.63	+0.10 (Not sig.)

This theme explores how colleagues feel about each having a voice that counts and raising concerns.

Our results are largely comparable with our 2021 results with 2 areas showing a reduction. *I am trusted to do my job* (92.1% in 2021 to 90.6% in 2022) however we remain above the national average of 90.4% and *I would feel secure raising concerns about unsafe clinical practice* (77.0% in 2021 to 74.2% in 2022) However we remain significantly better than the national average of 71.1%

In 5 of the question areas we are significantly better than the national average.

4.4 We are safe and healthy

Trust 2021	Trust 2022	Sector	Diff
5.9	5.84	5.87	+0.02 (Not sig.)

This theme covers a health and safety climate, burnout and negative experiences.

In all three sub themes there has been no significant change in comparison to our results from 2021.

4.5 We are always learning

Trust 2021	Trust 2022	Sector	Diff
5.1	5.28	5.38	-0.10 (Not sig.)

This theme focuses on development opportunities and appraisals.

We have improved on our 2021 position for opportunities for career development, develop potential and access to the right learning.

We have seen a significant improvement in colleagues having an appraisal in the last 12 months (80.5% in 2021 to 84.8% in 2022)

4.6 We work flexibly

Trust 2021	Trust 2022	Sector	Diff
5.8	5.77	5.98	-0.21 (Sig.)

This theme relating to home life balance and flexible working. Our responses have not significantly changed from our 2021 though we recognise that for both themes we need to pay particular focus to these areas to reach the national average.

4.7 We are a team

Trust 2021	Trust 2022	Sector	Diff
6.7	6.65	6.62	+0.03 (Not sig.)

This theme looks at team working and line management. Our results for 2022 are not significantly difference to our 2021 results and are in line with the national average.

4.8 Staff engagement

Trust 2021	Trust 2022	Sector	Diff
6.92	6.82	6.76	+0.06 (Not sig.)

This theme looks at motivation, involvement and advocacy. For the questions relating to motivation and involvement there is no significant difference in comparison to our staff survey results in 2021.

4.9 Morale

Trust 2021	Trust 2022	Sector	Diff
5.8	5.70	5.69	+0.01 (Not sig.)

The themes covered in this section are colleagues' thoughts on leaving the organisation, work pressures and stressors. For each of these themes there is no significant difference in comparison to our staff survey results in 2021.

5. NEXT STEPS

We will be setting up a working group focusing on health and wellbeing to carry out a review of activities and seek the views of staff on its effectiveness.

We have a good response rate for our appraisal uptake, and we now need to move our focus to improving the quality of appraisals.

We recognise that some of our staff do not report positively on flexible working opportunities. We will ensure opportunities for flexible working are available to staff and promote this where necessary.

6. RECOMMENDATIONS

Board is asked to note the content of this paper and the next steps actions to be undertaken. A specific Board Development session has been arranged for May to review in depth each theme in the staff survey.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 April 2023			
Annual Filings 2022-23			AGENDA ITEM: 15, ENC 12
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Chris Hand Chief Finance Officer Hilary Lloyd Chief Nurse
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
Situation	The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These include the Annual Report, Annual Accounts, Annual Governance Statement and Quality Report (Account).		
Background	Guidance has been received on production of the key documents and a small project group has been established to oversee this work on behalf of the Trust Board of Directors.		
Assessment	<p>At this stage there are no issues or risks highlighted with the production of the annual filings.</p> <p>In order to meet the drafting and final publication timetable the Board of Directors are requested to delegate approval to the Quality Assurance Committee and Audit & Risk Committee for ongoing monitoring and approval.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit & Risk Committee and Quality Assurance Committee.		
Does this report mitigate risk included in the BAF or Trust Risk	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 checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

Annual Filings 2022-23

1. PURPOSE OF REPORT

- The purpose of the report is to update members of the Trust Board on the preparation of the annual filings for 2022-23:
 - Quality Report (Account)
 - Annual Accounts
 - Annual Report
 - Annual Governance Statement
- and to ask for delegated authority to the Audit & Risk Committee and Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

2. BACKGROUND

The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. A programme management approach has been established to oversee this work. A task and finish group has been established and will meet every two weeks to review progress.

Changes to the requirements for 2021/22 are set out below:

- **Performance report:** joint forward plans and capital resource plans. The trust should disclose in the performance report how it has exercised its function with respect to joint forward plans and joint capital resource plans published by its system. This disclosure is required by paragraph 26(1A) of schedule 7 to the National Health Service Act 2006, as inserted by section 11 of the Health and Care Act 2022.
- **Performance report: health inequalities** - Information should be provided about the trust's activities to tackle health inequalities. This disclosure is required by paragraph 26(1B) of schedule 7 to the National Health Service Act 2006, as inserted by section 11 of the Health and Care Act 2022.
- **Fair Pay disclosures: prior year comparatives** - Prior year comparatives are now required for all ratios in this second year of the revised reporting arrangements.
- **Staff survey example disclosure** - Following changes to the format of the staff survey in 2021/22, this means that two years of information in the new format will be disclosed and one year in the old format (or more at the trust's discretion).
- **NHS Oversight Framework disclosure** - The example disclosure for the NHS Oversight Framework has been significantly revised following publication of the NHS Oversight Framework for 2022/23.

- **Remuneration report: part year pensions disclosures** - Guidance has been added regarding pension disclosures for senior managers in post for part of the year.
- **Fair Pay disclosures: 'employees'** - A footnote has been added to make reference to HM Treasury guidance on the definition of 'employees' in applying the Fair Pay disclosure requirements.
- **References to NHS England** - References to Monitor or NHS Improvement in the FT ARM have been updated to refer to NHS England. These changes are not shown in bold italics. They are shown in red for clarity in the model statement of accounting officer's responsibilities (annex 4 to chapter 2), the model annual governance statement (annex 5 to chapter 2) and the example certificate on the summarisation schedules (annex 2 to chapter 1) to help trusts update their disclosures. Documents issued by Monitor (or its operating name of NHS Improvement) are treated from 1 July 2022 as having been issued by NHS England.

3. DETAILS

3.1 Annual report and accounts

The Annual accounts timetable has been developed. External Audit are carrying out their checks. No risks to identify at this stage.

3.2 Quality Report (Account)

The content, leads and outline structure are all in place. Core indicator reports have been received and we are in the process of receiving statements of assurance and overviews of quality of care. On track no issues identified.

3.3 Annual Governance Statement

This is on track – no risks to identify at this stage.

4. TIMETABLE

Friday 27 April 2023 - (noon) NHS providers submit month 12 PFR form (including audited TACs) and audited accounts to NHS England

This submission is of:

- Month 12 PFR form (including unaudited TACs)
- Draft accounts

Friday 30 June 2023 – NHS providers submit month 12 PFR form (including audited TACs) and audited accounts to NHS Improvement including Annual report

TBC - Laying NHS foundation trust annual report and accounts before Parliament

4. RECOMMENDATIONS

The Board of Directors are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit & Risk Committee and Quality Assurance Committee.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 April 2023			
Finance Report			Agenda Item 16, ENC 13
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 11 of 2022/23.		
Background	<p>For 2022/23, the system-based approach to planning and delivery continues with all systems required to breakeven. The Trust's plan submitted to the NHSE regional team for the 2022/23 financial year is a deficit of £20.7m.</p> <p>The historic James Cook University Hospital PFI remains the largest single contributor to the Trust's structural deficit position.</p>		
Assessment	At Month 11 the Trust reported a deficit of £19.8m at a system control-total level. The Trust is on plan year-to-date. Following regional and national discussions regarding the level of pay award funding allocated to the Trust and ICB the Trust has received further funding to cover the cost of the national pay award.		
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 Resource Committee are asked to Note the financial position for Month 11 2022/23.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addressees BAF Principle risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>		

Month 11 2022/23 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Trust Board on the Trust's financial performance as at Month 11 of 2022/23.

2. BACKGROUND

For 2022/23, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICS system, and all systems have a breakeven requirement.

Trusts are still required to submit organisational plans and these plans must be consistent with their system plan submission. The Trust's plan for the 2022/23 financial year is a deficit of £20.7m, measured on a system financial performance basis.

The financial position in this report reflects the plan submitted in June 2022 and includes the additional inflation income agreed with NHSE. The plan was developed in conjunction with the NENC ICB, with internal review and oversight provided through the Resources Committee and meetings of the Trust Board.

The Trust is required to report on a group basis each month to NHSE, and so the reported financial position shows the consolidated group position including both the Trust and the Trust's subsidiary company, South Tees Healthcare Management.

3. DETAILS

Trust Position Month 11 2022/23

The Month 11 YTD and forecast position against the NHSE plan submitted in June 2022 is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD Plan £000	YTD Actual £000	YTD Variance £000	2022/23 Full Year Plan £000	Actual Forecast £000	Full year Forecast Variance £000
Operating income from patient care activities	667,895	692,582	24,687	728,662	762,261	33,599
Other operating income	46,765	50,179	3,414	51,022	54,104	3,082
Employee expenses	(432,672)	(446,820)	(14,148)	(471,565)	(489,796)	(18,231)
Operating expenses excluding employee expenses	(283,831)	(299,538)	(15,707)	(313,185)	(333,935)	(20,750)
OPERATING SURPLUS/(DEFICIT)	(1,843)	(3,597)	(1,754)	(5,066)	(7,366)	(2,300)
FINANCE COSTS						
Finance income	0	1,005	1,005	0	1,005	1,005
Finance expense	(15,862)	(15,357)	505	(17,330)	(16,760)	570
PDC dividends payable/refundable	(3,586)	(2,920)	666	(3,911)	(3,185)	726
NET FINANCE COSTS	(19,448)	(17,272)	2,176	(21,241)	(18,940)	2,301
Other gains/(losses) including disposal of assets	0	20	20	0	20	20
Corporation tax expense	(5)		5	(5)	0	5
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(21,296)	(20,849)	447	(26,312)	(26,286)	26
Add back all I&E impairments/(reversals)	0	0	0	3,974	3,974	0
Remove capital donations/grants/peppercorn lease I&E impact	1,474	1,027	(447)	1,618	1,592	(26)
Adjusted financial performance surplus/(deficit)	(19,822)	(19,822)	0	(20,720)	(20,720)	0
Less gains on disposal of assets	0	0	0	0	0	0
Adjusted financial performance for the purposes of system achievement	(19,822)	(19,822)	0	(20,720)	(20,720)	0

At Month 11 the Trust reported a cumulative deficit of £19.8m at a system control total level. The operating deficit at the end of Month was £3.6m and the overall cumulative deficit was £20.8m.

This year-to-date financial position is on plan. The YTD position has improved due to the Trust receiving additional funding relating to the cost of the national pay award. The costs of the pay award are above the level of additional funding that was provisionally allocated to the Trust by the ICB. However, following discussions regionally and nationally regarding the level of pay award funding the Trust has now received funding to meet the full costs of the national pay award.

The Trust plan for the 2022/23 financial year is to deliver a £20.7m deficit, as part of the ICS plan to deliver financial balance at a system level. At Month 11 the Trust's forecast outturn position was in line with plan for the 2022/23 financial year.

Operating Income from Patient Care Activities

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

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

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

INCOME FOR PATIENT CARE ACTIVITIES	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
NHS England	217,546	228,652	11,106	10,714	228,260	228,652	392
ICB/Clinical commissioning groups	447,604	461,786	14,182	14,098	461,702	461,786	84
Non-NHS: private patients	913	716	(197)	(83)	830	716	(114)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	6	164	158	0	6	164	158
Injury cost recovery scheme	1,777	1,234	(543)	0	1,777	1,234	(543)
Non-NHS: other	49	30	(19)	0	49	30	(19)
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	667,895	692,582	24,687	24,729	692,624	692,582	(42)

Operating income from Patient Care Activities was £692.6m for Month 11 and was on plan.

The operational plan adjustment mainly relates to the pay award funding received to date and contract variations relating to service developments.

The NHS England position is £0.4m ahead plan. The operational plan adjustment mainly relates to additional funding relating to the pay award and high-cost drugs and devices.

The ICB/CCG income is ahead of plan by £0.1m and this relates to additional contract variations that have not been adjusted for in the operational plan.

The ICB/CCG income position also assumes £3.5m year to date ERF funding and additional contract variations from Humber and North Yorkshire (HNY) ICB. All contract variations values have been agreed and paid.

The Month 11 position assumes full receipt of agreed ERF funding relating to the first eleven months of 2022/23, however, there is a potential risk of clawback of this funding later in the financial year, if actual activity delivery is below ICB planned levels.

Other Operating Income

Other income received up to Month 11 totalled £50.2m and was ahead of plan by £0.5m and includes all non-direct patient care income.

OTHER OPERATING INCOME	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Research & Development	4,248	6,839	2,591	2,458	6,706	6,839	133
Education and Training	20,552	21,247	695	904	21,456	21,247	(209)
Non Patient Care Income	2,588	2,015	(573)	(687)	1,901	2,015	114
Reimbursement & Top-Up funding	2,512	1,566	(946)	(946)	1,566	1,566	0
Employee benefits accounted on a gross basis	4,124	4,103	(21)	(50)	4,074	4,103	29
Other	12,741	14,409	1,668	1,279	14,020	14,409	389
TOTAL OTHER OPERATING INCOME	46,765	50,179	3,414	2,958	49,723	50,179	456

Research and Development income is ahead of plan by £0.1m year-to-date and is partially offset by additional R&D expenditure.

Reimbursement & Top-up funding mainly relates to additional COVID funding above the block income, in relation to reimbursable costs for vaccination and testing. The operational income and expenditure plan has been adjusted to reflect the actual income received and expenditure incurred year-to-date.

Other operating income is ahead of plan by £0.4m due to deferred income.

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 11 of 2022/23 was £446.8m and was underspent by £1.5m, a breakdown is included in the table below.

PAY	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(63,089)	(64,596)	(1,507)	(1,981)	(65,070)	(64,596)	474
Hca'S & Support Staff	(47,452)	(49,802)	(2,350)	(2,045)	(49,497)	(49,802)	(305)
Medical And Dental	(128,759)	(133,682)	(4,923)	(4,747)	(133,506)	(133,682)	(176)
Nhs Infrastructure Support	(59,041)	(64,836)	(5,795)	(6,452)	(65,493)	(64,836)	657
Nursing & Midwife Staff	(132,472)	(132,306)	166	(436)	(132,908)	(132,306)	602
Other Pay Costs	(1,859)	(1,598)	261	6	(1,853)	(1,598)	255
TOTAL PAY	(432,672)	(446,820)	(14,148)	(15,655)	(448,327)	(446,820)	1,507

After adjustments to the plan for pay award and contract variation the pay underspend relates to Allied Health Professions, Scientist, Technical, NHS infrastructure support staff and Nursing and midwifery which is offset by overspends on Medical.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 11 of 2022/23 was £299.5m and a breakdown is included in the table below. Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic.

NON PAY	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(15,114)	(13,320)	1,794	1,738	(13,376)	(13,320)	56
Clinical Supplies & Services	(83,811)	(91,948)	(8,137)	(6,433)	(90,244)	(91,948)	(1,704)
Drugs	(77,091)	(78,886)	(1,795)	(1,484)	(78,575)	(78,886)	(311)
External Staff & Consultancy	(302)	(1,329)	(1,027)	(1,000)	(1,302)	(1,329)	(27)
Establishment	(8,708)	(12,179)	(3,471)	(1,976)	(10,684)	(12,179)	(1,495)
Premises & Fixed Plant	(19,757)	(21,786)	(2,029)	(2,000)	(21,757)	(21,786)	(29)
Transport	(3,689)	(4,301)	(612)	(100)	(3,789)	(4,301)	(512)
Depreciation & Amortisation	(23,906)	(22,475)	1,431	1,510	(22,396)	(22,475)	(79)
Research Training & Education	(2,949)	(4,442)	(1,493)	(1,457)	(4,406)	(4,442)	(36)
PFI Unitary Payment	(29,243)	(30,179)	(936)	(1,001)	(30,244)	(30,179)	65
Other	(3,467)	(2,982)	485	189	(3,278)	(2,982)	296
Clinical Negligence	(15,794)	(15,711)	83	(23)	(15,817)	(15,711)	106
TOTAL NON PAY	(283,831)	(299,538)	(15,707)	(12,037)	(295,868)	(299,538)	(3,670)

The non-pay year to date position is £3.7m overspent.

Clinical supplies & services is overspent by £1.7M and relates to additional activity. The overspends relating to high-cost drugs and devices expenditure that remain outside of the block funding arrangements have been funded. Income targets and expenditure budgets have been established via the adjustment to the operational plan.

Establishment remains overspent by £1.5M and relates to IT, and printing & stationary costs being higher than anticipated.

The PFI Unitary Payment is underspent by £0.1m, this mainly relates to the credits received in relation to Soft FM (catering) services and the additional pay award funding relating the pay elements of the contract. However, the Soft FM benefit is offset by increased inflationary charges.

Financing Costs

Interest receivable is £1.0m ahead of plan, reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account.

The finance expenditure position is £0.5m underspent, related to the PFI interest charges from the PFI financial model. This part offsets the inflationary increases in operating PFI expenditure.

PDC Dividend payments are £0.7m underspent due to higher than planned cash balances.

Cost Improvement Programme (CIP)

Following the Financial Plan resubmission in June 2022, the Trust has an efficiency saving programme totalling £24.9m. Total delivery against the year-to-date plan stands at £22.0m (100%) at Month 11, as show in the table below.

Category	YTD Target £000	YTD Actual £000	YTD Variance £000	Target Total 2022/ 2023 £000	Total Act/FOT 2022/23 £000	FOT Variance £000
Pay	8,133	7,691	(442)	9,114	8,538	(576)
Non Pay	10,543	10,754	211	12,046	12,020	(26)
Income	3,363	3,594	231	3,730	4,333	603
Grand Total	22,039	22,039	0	24,890	24,890	(0)

The overall programme shows a balanced year to date and forecast outturn position. This in month improvement is driven by the increased delivery of non-recurrent schemes.

The work with the Clinical Collaboratives and Corporate Departments continues to focus on the delivery of in-year savings, with an increased focus on the identification of schemes for the 23/24 program.

Capital

The Trust's capital expenditure at the end of February amounted to £23.8m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	11,693	12,067	374	12,760	13,193	433
Site Reconfiguration	11,250	6,309	(4,941)	20,751	19,756	(995)
Replacement of Medical Equipment	3,650	2,656	(994)	10,482	10,482	0
Network Replacement and Clinical Noting	2,625	2,746	121	4,687	4,761	74
Total	29,218	23,778	(5,440)	48,680	48,192	(488)

The capital programme is based on a regionally approved programme of £48.2m that will require external support, in the form of Public Dividend Capital (PDC) of £20.0m. The PDC includes funding for the Friarage Theatre development (£4.4), Diagnostic Imaging equipment (£1.6m), Cancer Treatment (£3.5m), Discharge Lounge Surge Hub (£2.2m) and Community Diagnostic Centre enabling (£3.9m). The year-end forecast matches the agreed programme of £48.2m.

Internally generated funding will be utilised to fund the remainder of the capital programme. The Trust's ICS Capital Departmental Expenditure Limit (CDEL), included in the above, amounts to £15.0m

The full year forecast and variance include all new capital schemes approved in-year since the plan submitted in June 2022. The capital programme includes:

- PFI - £13.2m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£4.4m), PFI enhancement and Change in Law (£1.5m), Pathology (£1.2m), Critical Care (£1.7m), Modular Ward Discharge Lounge (£2.2m), Community Diagnostic Centre enabling (£3.9m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£0.8m), Digital Programmes started in 2021/22 (£0.8m), EPR system (£0.7m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m), Diagnostic Imaging (£1.6m), Cancer Treatment (£3.5m) and Group C equipment replacement (£1.0m).

Liquidity

The cash balance as at 28 February amounted to £49.2m.

As at the end of February the Trust has paid 83,489 invoices (total value £495.6m) with 80,580 invoices (total value £456.6m) paid within the 30-day target.

The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on invoices paid so far this year equates to:

- April 98.6%;
- May 98.2%;
- June 96.1%;
- July 96.2%;
- August 96.7%;
- September 96.4%;
- October 96.2%;
- November 96.2%;
- December 96.5%;
- January 96.4%; and
- February 96.6%.

Statement of Financial Position (SOFP)

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

	31 January 2023	28 February 2023	Movement between months
	£000	£000	£000
Property, Plant and Equipment	373,624	374,688	1,064
Long Term Receivables	2,098	2,012	(86)
Total Non-Current Assets	375,722	376,700	978
Currents Assets			
Inventories	14,948	14,953	5
Trade and other receivables (invoices outstanding)	11,947	9,022	(2,925)
Trade and other receivables (accruals)	18,525	14,666	(3,859)
Prepayments including PFI	15,339	8,969	(6,370)
Cash	35,616	49,176	13,560
Total Current Assets	96,375	96,786	411
Current and Non-Current Liabilities			
Borrowings	(187,510)	(186,926)	584
Trade and other payables	(126,464)	(129,645)	(3,181)
Provisions	(3,030)	(3,030)	0
Total Current and Non-Current Liabilities	(317,004)	(319,601)	(2,597)
Net Assets	155,093	153,885	(1,208)
Equity:			
Income and Expenditure Reserve	(278,257)	(279,465)	(1,208)
Revaluation Reserve	39,776	39,776	0
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,475	26,475	0
Total Equity	155,093	153,885	(1,208)

The significant movements between months relate to the following:

- Trade and other receivables – the decrease is mainly due to refunded VAT reclaims including VAT on the quarterly PFI payment from December (£4.1m) and a reduction in outstanding NHS receivables relating to NHS Humber and North Yorkshire ICB (£2.8m).
- Prepayments – the reduction mainly relates to the treatment of one month of the advanced prepayment following the quarterly PFI unitary charge payment in December (£4.7m).
- Trade and other payables – the increase is mainly due to higher outstanding NHS payables.

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 11 2022/23.

People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 08.03.2023
Highlights for: Board of Directors	Date of Meeting: 21.03.2023
Overview of key areas of work and matters for Board.	
<p>Board Assurance Framework - BAF reviewed and confirmed assessments on assurance ratings.</p> <p>Freedom to Speak Up- Committee reviewed progress since Sept 2022. Progress to align triangulation with HR processes (disciplinary/grievance) and staff survey. Focusing interventions and leadership engagement.</p> <p>Health & Wellbeing - Committee reviewed targets and measures to underpin improvement in Health & Wellbeing.</p> <p>North Tees & South Tees Collaboration discussed.</p> <p>Performance & Progress Reporting reviewed.</p> <p>Deep Dive – Staff Health & Wellbeing</p>	
Actions to be taken	Responsibility / timescale
<p>Deep Dive – Absence Management Absence remains above plan and trust is carrying and substantial direct (and indirect) cost. HRD is leading on actions to support employees. Four assurance areas identified in deep dive:</p> <ol style="list-style-type: none"> 1. Absence management 2. Quality audit of absence processes, e.g. timing and quality of I engagements. 3. SMART targets to be finalised by collaborative. 4. Financial impact assessment by collaborative <p>The committee reinforced the need to support employees and for decisions to be mindful of the ST values and just culture.</p> <p>Payroll Payroll functionality.</p>	

<p>Employee Relations Committee informed on actions supporting ongoing employee & industrial relations matters</p>	<p>JH: Head of HR to provided a written update to the committee for assurance and/or further assessment.</p> <p>Details to be shared with Chairs of Quality, Audit and Resources</p> <p>Head of HR to continue leading process assessment, improvements and leader/user education.</p>
<p>Board action</p>	<p>Responsibility / timescale</p>
<p>There were no matters for escalation to the board.</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>
<p>Three ongoing risks identified:</p> <ul style="list-style-type: none"> *Impact of higher than planned absence on planned services *Industrial action *Payroll functionality 	

Meeting: Quality Assurance Committee	Date of Meeting: 22/02/2023
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>The following Assurance reports were discussed:</p> <ul style="list-style-type: none"> • Board Assurance Framework... 7 reports at the February QAC meeting provided assurance against a number of principal risks. A new risk was identified referred to incidents (graded moderate or low), which has been added to the risk register is being addressed and will be further reported to QAC. <p>WELL LED</p> <ul style="list-style-type: none"> • Monthly Integrated Quality and Performance Report, provided moderate assurance . In this latest report complaints closed within target increased to 71 %, C-Difficile positive action continues and in terms of Patient Experience, the Friends and Family test scores are positive. • CQC Assurance report...described progress made for current and ongoing compliance with CQC standards and inspection frameworks . • Quality Priorities , Q3 Progress report , 8 quality priorities for 2022/2023 under the domains of patient safety, clinical effectiveness and patient experience. • Staff from Emergency Department delivered a presentation describing the arrangements in place to mitigate the impact of waiting times and the environment and facilities improvements for both patients and staff. <p>SAFE</p> <ul style="list-style-type: none"> • Maternity Services Update report, the reports provide the Board oversight that maternity and neonatal services are meeting safety standards and providing high quality care. QAC agreed the report provided a moderate level of assurance . • Patient Safety Incident Management report..the report has been considered at the Patient Safety Steering Group , QAC agreed the report provided moderate assurance . 	

- NICE Clinical Audit and Service Evaluation report... QAC noted the strengthened arrangements and improvements anticipating full compliance by end of Q4.

Chairs' Logs of Sub-Groups

- CQC Compliance Group ...no escalated actions, no risks identified.
- Safer Medication Practice Group... no report
- Health and Safety sub-group....no report
- Safe and Effective Care Strategic Groupa number of issues identified with actions and timescales in place.

Actions	Responsibility / timescale
<ul style="list-style-type: none"> • An update report on Community services CQC report requested • Consideration to what additional assurance can be provided around fragile and vulnerable services 	<p>Report for QAC , March 2023 , Ms M Angel</p> <p>Update for QAC , April 2023 , Ms J White</p>
<p>Escalated items</p>	
<p>Reflections about the meeting.... QAC agreed there were a number of particularly positive messages from the agenda including the improved C-Difficile rates, the levels of clinical audits , the improved metrics for patient experience in ED and the overall feedback of patient experience in the Family and Friends Tests.</p>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<p>No risks to add.</p>	

Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting 16.02.23
Highlights for: COG	Date of Meeting: 21.03.2023
Overview of key areas of work and matters for COG	
<p>Extra ordinary meeting to present the initial 2023/24 draft plan to members. Mr Hand set out the plan and deficit as measured on a system financial basis.</p> <p>Timescales for submission were confirmed and the risks discussed.</p> <p>The Committee agreed the plan and the governance set out in the presentation and report and were assured that there is a process in place.</p>	
Actions to be taken	Responsibility / timescale
Further sessions with the Board prior to sign off and a report to the March Resources Committee on the final submission	Chris Hand
Board action	Responsibility / timescale
Matters for escalation were discussed direct with the Board at a Board development session in March	
Risks (Include ID if currently on risk register)	Responsibility / timescale
Risks were discussed in the meeting with regard to income, ERF, inflation, COVID, high cost drugs and reserves.	

<p>Meeting: Audit & Risk Committee</p>	<p>Date of Meeting: 22 November 2022</p>
<p>Key topics discussed in the meeting</p>	
<p>Counter Fraud - 21/22 Report - Significant Assurance; 22/23 Plan - Moderate Assurance; 2 NHS Counter Fraud Authority reports received - actions to be built into 22/3 work plan</p> <p>Internal Audit - Moderate Assurance; Outpatient Pharmacy – Critical Risk; Research Governance - Moderate Risk; Internal Audit action plans agreed with management. Progress will be tracked by the Committee</p> <p>External Audit - Moderate Assurance - Trust audit at planning stage; South Tees Learning, Research and Innovation LLP accounts approved; Charities and Associated Funds accounts reviewed; South Tees Healthcare Management Ltd audit progress reviewed. Limited scope audit qualification</p> <p>HFMA Financial Sustainability Self-Assessment - Significant Assurance</p> <p>Reviewed by internal audit and submitted to NHSE. Five ratings (1 worst, 5 best). 72 areas. Action plan to cover weaker areas to be completed by 31 January 2023</p> <p>Risk Management – Moderate Assurance - Updated BAF and corporate risk register reviewed. More detailed review of risk system scheduled for February meeting.</p> <p>Emergency Preparedness Resilience and Response – Significant Assurance - All NHS Trusts are required to present the public Board with an annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the NHS EPRR core standards.</p> <p>The EPRR core standards assessment provides assurance that the Trust is fully compliant with 52 out of 64 standards, allowing us to declare partial compliance for 2022/23.</p>	
<p>Actions</p>	<p>Responsibility / timescale</p>
<p>Delegated authority given to Chair of Audit & Risk Committee and Chief Finance Officer to sign off any adjustments on the accounts</p>	<p>Ken Readshaw / Chris Hand</p>

Escalated items

None at this stage

Risks

Responsibility / timescale

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Meeting: Audit & Risk Committee	Date of Meeting: 23 February 2023
Key topics discussed in the meeting	
<p>Counter Fraud - Good progress with 22/23 plan; Benchmarking data reviewed – Audit One days low</p> <p>Internal Audit - Medication audit deferred to 23/24; Historic outstanding actions to be scrutinised and processed; IT disaster recovery audit – Still High Risk; Procurement and Contract management – Medium Risk (improved since last time); Charitable Funds – Medium Risk</p> <p>External Audit - Moderate Assurance - Accounts timetable discussed. Additional disclosures around leases.</p> <p>Registers - An improving picture but further work needed on gifts and hospitality</p> <p>BAF - Full review of assurance and gaps. BAF to form part of Internal Audit planning for 23/24</p> <p>Risk Management - Discussion around Risk management strategy. Focus going forward on completeness of risk system, granularity of risks, risk heat mapping and training needs.</p>	
Actions	Responsibility / timescale
Trajectory for outstanding internal audit actions	Jackie White – next meeting
Risk Management improvement plan to be developed	Jackie White – next meeting
Escalated items	
None at this stage	
Risks	Responsibility / timescale