

***Council of Governors – Public Meeting***

***19 September 2023, 10.00 – 12.00pm***

***Stockton Town Football Club, Bishopton Road West, Stockton, TS19 0QD***

**Agenda**

<b>ITEM</b>	<b>PURPOSE</b>	<b>LEAD</b>	<b>FORMAT</b>	<b>TIMING</b>	
<b>CHAIRS BUSINESS</b>					
1.	Welcome and Introductions	Information	Chair	Verbal	<b>10.00am</b>
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1	
4.	Minutes of Previous Meeting held on 18 July 2023	Approval	Chair	ENC 2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
6.	Chairman’s Report	Information	Chair	ENC 4	<b>10.05am</b>
7.	Lead Governor Report	Information	Lead Governor	Verbal	<b>10.15am</b>
8.	Managing Director Report	Information	Managing Director	ENC 5	<b>10.30am</b>
9.	Integrated Performance Report	Information	Chief Operating Officer	ENC 6	<b>10.45am</b>
<b>SAFE</b>					
10.	Quality Assurance Committee Chair update	Information	Miriam Davidson	ENC 7	<b>11.00am</b>
<b>EFFECTIVE</b>					
11.	Resource Committee Chair update	Information	David Redpath	ENC 8	<b>11.15am</b>
<b>EXPERIENCE</b>					
12.	People Committee Chair update	Information	Mark Dias	ENC 9	<b>11.30am</b>
<b>WELL LED</b>					
13.	Audit & Risk Committee Chair log and Annual Accounts	Information	Ken Readshaw	ENC 10	<b>11.45am</b>

**GOVERNANCE**

14.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
15.	Reflections on Meeting	Discussion	Chair	Verbal	
16.	Any Other Business	Information	Chair / All	Verbal	
17.	Date of Next Meeting: 21 November 2023 – FRIARAGE HOSPITAL	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company Sel clinical advisor for SDEC
Noel Beal	Governor	NIL
Rachel Booth-Gardiner	Governor	Brother employed by South Tees NHS Trust as an apprentice dietician Employed by Tees Esk and Wear Valleys NHS Trust as a Lead Occupational Therapist Treasurer of the Northern and Yorkshire regional group of the Royal College of occupational therapist (voluntary role)
Lisa Bosomworth	Governor – Healthwatch South Tees	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital Member of UK Royal Voluntary Service – Home (telephone message service) Manager – Providing voluntary weekly craft sessions for local elderly community Member of Prostate Cancer Support Group – Providing support to members – Middlesbrough Teaching Support – Providing teaching support for NHS medical students – James Cook University Hospital
Cllr David Coupe	Governor	Ward Cllr Middlesbrough Council
Janet Crampton	Governor & Deputy Lead Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Trustee of Abbeyfield, Northallerton
Cllr Ursula Earl	Governor	NIL

Dr Sarah Essex	Governor	Member of staff – South Tees
Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough Member of James Cook Hospital P.L.A.C.E team Therapeutic care volunteer Age uk Digital Champion volunteer
Dr John Fordham	Governor	Wife is Trustee for Pioneering Care Pathway
Rebecca Hodgson	Governor	NIL
Carlie Johnston-Blyth	Governor	NIL
Prof Steve Jones	Governor	Role in quality assurance for the GMC in relation to medical education
Graham Lane	Governor	Chair - North Yorkshire Haematology Support Group Partner is Project Manager at NECS
Zahida Mian	Governor & Deputy Lead Governor	NIL
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	Carers Together are Commissioned by RCBC & MBC to provide carer support services within JCUH, Redcar Primary Care and Brotton Hospitals No funding is received from the Trust
Dr Isaac Oluwatowoju	Governor	NIL
Prof Shaun Pattinson	Governor	NIL declarations but other professional roles include: Fellowships/memberships of various professional organisations (Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars) Membership of various academic journal editorial boards (Journal of Bioethical Inquiry and The Biologist)



Angela Seward	Governor	<p>Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham</p> <p>Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD)</p> <p>Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD)</p> <p>Member of local PCN (Primary Care Network) PRG, which meets quarterly</p>
Cllr Steve Watson	Governor	NIL
Julian Wenman	Staff Governor	NIL
Brian White	Governor	Plumbing and Heating
Jon Winn	Governor	NIL
Sue Young	Governor	<p>Member of Patient Participation Group at Quakers Lane Surgery, Richmond</p> <p>Ambassador for Sarcoma UK</p>

**Unconfirmed minutes of the Council of Governors of Governors Meeting held in PUBLIC  
on 18 July 2023 at 10.00am  
in the Board Room James Cook University Hospital & via Microsoft Teams**

**Present:**

Mr Derek Bell	Joint Chair, North Tees & Hartlepool Hospitals & South Tees Hospitals
Ms Rachel Booth-Gardiner	Elected governor, Middlesbrough
Ms Lisa Bosomworth	Representative of Appointed governor, Healthwatch
Ms Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Ursula Earl	Appointed governor, Redcar & Cleveland Borough Council
Dr Sarah Essex	Elected governor, Staff
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Dr Isaac Oluwatowoju	Elected governor, Staff
Prof Shaun Pattinson	Appointed governor, Durham University
Mrs Angela Seward	Elected governor, Rest of England
Cllr Steve Watson	Appointed governor, North Yorkshire Council
Mr Brian White	Elected governor, Redcar & Cleveland

**In attendance:**

Prof Rudy Bilous	Associate Non-executive Director
Mr Richard Carter-Ferris	Non-executive Director
Ms Miriam Davidson	Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Rob Harrison	Managing Director
Mr Sam Peate	Chief Operating Officer
Mr Ken Readshaw	Non-executive Director
Mrs Angela Warnes	North Tees
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Non-executive Director
Mr B Simpson	Head of Financial Governance

**CoG/23/022 CHAIR'S BUSINESS**

**Welcome and Introductions**

Prof Bell welcomed all members present and in attendance to the meeting. Prof Bell acknowledged the new members of the governors and introductions were made around the table.

## CoG/23/023 Apologies for Absence

Apologies for absence were received from Governors:

Cllr David Coupe	Appointed governor, Middlesbrough
Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Paul Fogarty	Appointed governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Julian Wenman	Elected governor, Staff
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

Apologies for absence were received from Non-Executive Directors:

Mrs Ada Burns	Non-executive Director
Ms Alyson Gerner	Associate Non-executive Director
Mr David Redpath	Non-executive Director

## CoG/23/024 Declarations of Interest

Mrs White confirmed that the meeting was quorate.

There were no other new interests declared and no interests declared in relation to the agenda.

## CoG/23/025 Minutes of Previous Meeting

**Resolved:** i) the minutes of the previous meeting were accepted as an accurate record with the following amendments.

Mrs Seward brought attention to a number of minor errors consisting of names being spelled incorrectly and requested for these to be amended.

Page 1, apologies – remove Mr Alan Jackson

Ms Wilson brought attention to the error on page 4, Council of Governor of Governors, which also appears on page 9 and 13 and requested for these to be amended.

Title for Hilary Lloyd to be standardised to Dr Hilary Lloyd to be reflected in the minutes.

Page 6, final paragraph, replace Mr Fordham with Prof Rudy Bilous.

Page 10 – Mr Dias attended the North Tees People Committee with his counterpart Mrs Anne Baxter not Susy Cook.

### Matters Arising and Action Sheet

The matters arising were reviewed and updated in the meeting.

Sepsis Results – Due to Dr Stewart being on leave, it was agreed that Sepsis will be on the next development session for Council of Governors.

Nutrition & Hydration will also be on the next development session.

Both actions can be closed.

## CoG/23/026 Chairman's Report

Prof Bell ran through his update which was included in the papers with key issues including:

- NHS EDI Improvement Plan  
Prof Bell informed the meeting that the NHS had published its first EDI improvement plan on 8<sup>th</sup> June 2023. He emphasised that EDI is a really important agenda for the NHS. The plan prioritises six high impact actions to address widely known intersectional impacts of discrimination. Prof Bell expressed his thanks to Mrs Rachael Metcalf, Director of HR, for the significant amount of work that she and her team are doing in this area, making sure that the Organisation is adhering the objectives of the plan.

Mr Mark Dias, who is supporting this work, provided a quick update of the work that is currently being undertaken within the Trust and jointly with North Tees.

One of the initiatives that is being progressed is the executive development opportunities with NHS England and the Seacole Group.

- Joint Collaborative Working  
Prof Bell provided an update on the Joint Collaborative work. He reported that the ICB are pleased with the progress being made in terms of the group structure and the work that is ongoing.

He stressed the importance of the role of the Council of Governors to hold the Board to account, in particular, the non-executive directors, and to feel assured about the journey the organisation is taking on.

Prof Bell also informed the meeting that it is the intention for the Joint Partnership Board to try and hold a meeting in public, at some stage later in the year. Once a date has been confirmed the Governors will be invited.

**Mrs  
White**

Prof Bell commented that Mr Rob Harrison (South Tees), and Mr Neil Atkinson (North Tees), are leading the work on the group model, with support from Medical and Chief Nurse colleagues and Dame Alwen Williams.

Prof Bell spoke about the need to ensure that communication regarding the Group Structure is readily available to both organisation and that the content needs to be relevant and delivered in a timely manner to ensure that everyone is kept up-to-date with progress.

Prof Bell was pleased to be able to inform the governors that productive meetings have been held with Teesside University in connection with workforce for the future. Colleagues from both organisations had been on a site visit to the university to look at the facilities and a discussion was held on how the university and the two organisations can work together to come up with suitable work plan.

- Joint Chief Executive Recruitment

Ms Wilson reported on the ongoing work in connection with the recruitment for the Joint Chief Executive. She reported that following a competitive process Hunter Healthcare had been chosen as the recruitment agency to support the organisations in recruiting to this crucial role.

Hunter Healthcare, since being appointed, have had meetings with some key individuals such as lead governors, Prof Bell, ICB Colleagues and also clinicians from both organisations.

A microsite is being put together which will have all the relevant key information on both trusts, CQC Reports, etc, and this will become part of the recruitment pack.

Ms Wilson reported that various methods of assessment will be held as part of the recruitment process, but it has not yet been decided what these will be. There will be opportunities for shortlisted candidates to visit each Trust and to meet with colleagues.

Finally, Ms Wilson reported that herself, Ms Ada Burns and Prof Bell have had meetings with clinicians at South Tees and answer their questions and to listen to some of their perspectives regarding the recruitment of the Joint CEO, and it was felt that a meeting with North Tees Clinicians also be held to hear their voice.

Mrs Seward questioned the Chair to ensure that governors will have an input at some stage in the recruitment process, and Prof Bell assured Mrs Seward and the meeting, that governors, across both organisations, will definitely be approached during the process.

**Resolved:** i) Prof Bell concluded his report.

**CoG/23/027 Lead Governor Report**

Mrs Seward thanked everyone present for attending the meeting. She welcomed Mrs Angela Warnes, Lead Governor for North Tees and Hartlepool NHS Foundation Trusts, who was attending her first meeting of the South Tees Hospitals NHS Foundation Trust Council of Governors. She also reported that two new members had been appointed to the Council of Governors, Mr Brian White, elected member for Redcar & Cleveland and Mr Julian Wenman, elected staff governor.

Mrs Seward informed the meeting that two newly elected governors have been appointed for Hambleton and Richmondshire, who are currently waiting for their DBS checks. Mrs Seward also reminded the Governors that retrospective DBS checks will be required for all current members.

Mrs Seward provided information on the joint membership and engagement committee meeting that had been held between the two Trusts on the 7<sup>th</sup> June. Some of the items discussed at this meeting were around improving engagement with our members, and the Constitution. There is a feeling that a joint constitution should be explored.

Mrs Seward reported that Dr John Fordham had attended the North Tees membership and engagement event held by North Tees & Hartlepool Hospital on the 17<sup>th</sup> June. He reported that the event was excellent and had an interesting agenda. Unfortunately the event was not well attended, and it comes back to how do we engage with our members?

Mrs Seward had also attended a Joint Chair, Vice Chairs and Lead Governors meeting on the 7<sup>th</sup> June. The meeting focused on the group model and how it moves forward.

Mrs Seward commented that she, Angela Warnes and Dame Alwen Williams, who is supporting both Trusts in the development of the group model had met. She provided some background information on the career of Dame Williams. They talked about the clinical strategy policy and the partnership agreement.

Mrs Seward reported that the CQC report has been shared with governors, and commented on what a fantastic achievement it was for the Trust to get a rating of 'Good' across the board. Prof Derek Bell has provided information on the recruitment of a Joint CEO and how this will proceed, and Mrs Seward stressed that the Organisations will remain as two separate statutory organisations.

Mrs Seward reported that she, along with the CEO, Sue Page, are meeting with colleagues from Healthwatch, North Yorkshire to discuss better working relations.

Mrs Seward provided a breakdown of the internal Trust correspondence which has been sent to all governors and expressed her thanks to Tracey Evans, Executive PA for Rob Harrison, for her continuous support in ensuring that governors are provided with relevant information.

Some of the highlights from the correspondence included:

- Discharge lounge and the number of patients who have been through it. Mrs Seward asked if it would be possible for the governors to have a tour sometime in the future.
- NHS 75<sup>th</sup> Birthday notice from Alison Pritchard
- Laser treatment transforms Friarage urology services
- Nightingale awards
- Lung screening service
- Snowdrop suite & Dotty's room

**Mrs White**

Finally, Mrs Seward informed the meeting that this will be her last meeting as lead governor, and Mrs Janet Crampton will be picking up the reins, with Zahida Mian as deputy. She thanked everyone for supporting her in her role over the numerous years she has been on the committee and wished the Trust all the best in its future endeavours.

Mrs Crampton, on behalf of everyone, thanked Angela for her brilliant and humours leadership of the council of governors over the years.

**Resolved:** i) Prof Bell thanked Mrs Seward for her report, delivered with such enthusiasm. He also personally thanked Mrs Seward for the personal support she has given to him over the eighteen months he has been in post. He went on thank her for all the work she has undertook on behalf of the Organisation over the years.

## CoG/23/028 Managing Director Report

Mr Harrison began his report by informing the Council of Governors that funding for the Urgent Treatment Centre has been announced with the investment of around £9m, which will see the unit being built next to the emergency department at The James Cook University Hospital.

This will enable the Trust to delivery urgent treatment on this site, replicating what currently happens at North Tees and our team have been working closely with the Emergency Lead at North Tees to learn from they experience in running such a service.

Mr Harrison also commented that the ICB will be recommissioning the service, which means they will be integrating a GP out of hours into the service and it be a GP led UTC, so that will bring the location of the GP out of hours services, minor injuries and minor illness onto this site.

Mr Harrison reported that it is hoped that the UTC will be up and running by April 2024, with construction starting in October 2023.

Mr Harrison went on to explain that due to this new development, the second phase of improvement will the allow the organisation to improve the Emergency Department, with the first priority to replace the existing resuscitation department and to have a fully fit for purpose space.

Mr Harrison provided an update on the industrial action, which has been a really difficult period for the NHS. Mr Harrison reported that the Organisation is seeing the same level of activity on industrial action days than not, and the teams continue to step up to cover colleagues. This, in turn, is having an impact on services, elective services and in particular people morale.

Mr Harrison reported that the organisation is about to face two days of further industrial action from the consultants and about third of our consultants are in the BMA, the organisation is expecting to see some disruption, but not to the extent that services won't be safe. The Consultant are providing emergency cover, nationally a level of delegation had been agreed.

Mr Harrison confirmed that pay and remuneration for colleagues who are striking is negotiated at Government level and not locally driven.

Mr Harrison moved on to provide information on TAVI (heart valve replacement). Last week the Organisation performed ten specialist heart valve procedures in one day, with seven patients returning home the same day and two the next morning. This is a remarkable journey for the patients and a wonderful job by our colleagues.

Mr Harrison provided information on the community diagnostic hubs with developments opening at Hartlepool, Redcar Primary Care Hospital, and Friarage, which will see additional scanners coming online over the next few months. In addition to these hubs, there will be a bespoke new build opening in Stockton, which will bring an additional shared resource across the Tees Valley.

Mr Harrison spoke about the ongoing work in connection with the group development with the focus now on developing a partnership agreement between the two trusts, setting out the vision, strategy and the clinical strategy.

He reported that good clinical sessions have been held, with the Chief Medical Officers and Chief Nurses from both Trust leading on. The next stage will be engagement sessions, with a joint council of governors being held in September.

Mrs Seward commented that it is really heartening to hear all the work that is being done on the group development, and was really pleased to hear that things are moving at pace. She and the governors looked forward to hearing and consulting with them about developments over the coming months.

**Resolved:** i) Prof Bell thanked Mr Harrison for his report.

## **CoG/23/029 Integrated Performance Report**

Mr Sam Peate, Chief Operating Officer presented the most recent performance figures for the Trust. Mr Peate informed the Council of Governors that the Trust had experienced an increase in the number of attendances to the Emergency Department across the organisation have increased in May, in comparison to previous months.

Mr Peate informed the governors that progress work is ongoing internally across three areas: Outpatient transformation and improvement, surgical improvement and scheduled care. He also reported that due to the industrial action, the organisation has seen a slight increase in the number of patients waiting beyond 52 weeks for treatment.

Mr Peate reported that there is one service that the organisation is in some difficulty with regards to really long waiters which is pain management, the Trust and commissioners are working together to find a solution.

Mr Peate also provided information on the diagnostic performance, which is relatively static at this point in time, but the report does not reflect that a number of our diagnostic tests are improving and are on course to reach compliance, with the exception of MRI, which is seeing a demand in requests.

Mr Peate also highlighted the following metrics as positive improvements

- Month on month reduction in non-elective length of stay across the organisation.
- Elective access continues to outperform the national trend.
- The Trust achieved the national target for Cancer 28 day faster diagnosis standard, and delivered a high number of cancer treatments.
- Mandatory training compliance is at the highest rate on record at this point in time

Mr Peate reported that the appraisal rates are not yet compliant, and commented that HR Business Partner continue to work with Collaboratives to improve compliance.

A governor commented that they were pleased to hear about the increased number of patients who are being discharged from the hospital, and questioned whether this was due to availability within the community or support back at home. Mr Peate reported that it was due to a number of factors, one being gaining external funding into the Trust to enable the establishment of a Transfer of Care Hub, and this has massively helped in regards to co-ordination and standardised ways of working. The Trust has



also created a System Lead post, who liaises with local authorities to support integration of working.

Mr Peate was also questioned about staff recruitment. It was highlighted that the Organisation has recently changed its notice period for internal staff transfers to 5 weeks, which is really good for the area the staff member is moving too, but it has also introduced an extra step on Trac (the recruitment system), whereby Mr Peate has to approve the vacancy before anyone can be recruited to it. This means that, sometimes, there is a gap between staff leaving an area, and new staff arriving.

Mr Peate explained that due to tightening financial control, the Finance Director, along with Senior Leadership Team, had agreed that where there are new posts, or posts that are not being replaced on a like-for-like basis, these would be reviewed at a vacancy control panel before being approved. He explained these are held weekly.

**Resolved:** i) Prof Bell thanked Mr Peate for his report and reminded governors that this document is a public document and is available on the trust website.

#### **CoG/23/030 Quality Assurance Committee Chair update**

Ms Davidson, Chair of the Quality Assurance Committee, provided an update from the Quality Assurance Committee meetings.

Firstly she reported that the committee had received the annual Health and Safety report which incorporated a Health and Safety workplan for 2023/24. The committee have requested that a sharp reduction action plan be developed and reported through to QAC via the Health and Safety Chairs log.

Secondly Ms Davidson provided information on the Infection Prevention and Control reports, which included their annual report. She commented that external affirmation on the organisation's approach to Infection Prevention and Control has also taken place.

Lastly, the committee received a report on the maternity and neonatal services. In preparation for the CQC inspection, the maternity services are completing internal peer reviews, and preparedness for the inspection.

Ms Davidson also reported that the Trust has achieved the UNICEF Baby Friendly accreditation.

**Resolved:** i) Prof Bell thanked Ms Davidson for her report.

#### **CoG/23/031 Resource Committee Chair Update**

Ms Wilson, reporting on behalf of Mr Redpath, provided highlights from two resource committee meetings. She commented that the Trust is on track in terms of the planned deficit.

Ms Wilson reported that the Trust has been monitoring the agency spend for a while now, making sure that the Organisation doesn't spend money, without compromising patient safety. In April, an update to the agency rules came into effect and it was discussed and agreed that ownership, adherence to the rules

and process for control should now sit with each Collaborative, and this will be reported through to the People Committee in terms of workforce planning.

Next, Ms Wilson reported that the Trust has been developing a new Private Patient Strategy and to support this work, a new post has been approved to work in this area.

Ms Wilson provided a quick update in relation to energy purchasing, impact on industrial action on finances, the work undertaken by Kingsgate, which is now being picked up by the Trust.

Finally, Ms Wilson informed the committee that the digital programme is moving at pace, there are concerns around the reporting and financial implications, therefore it has been agreed some additional steps will be taken to assure the committee. An updated digital report will include risks and issues management.

**Resolved:** i) Prof Bell thanked Ms Wilson for providing this report.

## **CoG/23/032 Finance Report**

Mr Simpson provided the Council of Governors with an overview of the financial situation for the Organisation. He reported that for month 2, the planned deficit was £4.2m and we were on plan for that. The full year plan is a deficit of £31.8m and that feeds in to the North East and North Cumbria ICP, which will see a system deficit of £49.9m.

Mr Simpson reported that our CIP delivery for month 2 was slightly behind plan, but the Organisation continues to put plans in place to deliver the total efficiency savings for this financial year, but also commented that it is going to be difficult, certainly more this year, than in previous years.

Capital spend is currently at £4.8m and the plan for the year is around £40.6m. The Trust will be receiving £15m of external support, which is mainly for theatres at Friarage, and the Organisation will continue to look to develop and generate as much as possible in additional funding.

The cash position of the Organisation currently stands at about £40m, and Mr Simpson reported that he will be developing a 13 week cash flow plan to determine exactly what is needed, this will also be in preparation of applying for funding support if required.

Finally Mr Simpson reported that we are hitting our target for paying invoices within 30 days, standing at 96%.

Ms Wilson asked if Mr Simpson was able to provide information on staff pay. Mr Simpson replied that the backdated bonus for all staff was paid in the June payslips and the Trust received £17.1m for that in funding, and the Trust is currently evaluating the impact of the 2023/24 pay awards.

Mr Harrison commented that part of the work for the Joint Partnership Board will be to develop a robust financial strategy, and will include the PFI as this currently is a real issue for the Trust.

Prof Bell commented that the cost improvement program that's being asked of the NHS as a whole is the largest, most improvement percentage

programme that's ever been asked within the history of the NHS. It is significantly higher and put significant strain on Organisations to deliver it.

**Resolved:** i) Prof Bell thanked Mr Simpson for his report.

### **CoG/23/033 People Committee Chairs update**

Mr Mark Dias, Chair of the People Committee highlighted key points of discussion from the People Committee for the Council of Governors of Governors to be aware of.

Mr Dias reported that a deep dive into staff attendance and staff absence management was held in quarter one and from this he was pleased to report that impressive improvements have been taking place, with the Director of HR and her team, along with collaborative colleagues have brought absence management down. The collaboratives have each been set their own individual targets instead of it being the same for all.

The committee have started to look at the staff survey and review trends and data. This is a lots of information, and will take time to process and develop plans from. Mr Dias reported that the Organisation is moving towards a Restorative Justice culture and the steps being taken to achieve this.

An update on the joint pathology services was provided to the committee, which highlighted the difficulties experienced in getting the services together, but how these were overcome to get the shared services working. Further work is needed for a fully integrated services, and these are being actioned.

Mr Dias reported that the committee had been made aware of a number of payroll errors concerning staff. This has caused some concern and therefore the committee has decided to hold a deep dive into payroll. The deep dive identified that there is significant problems with our internal processes, and actions have been developed to mitigate these. Mr Dias reported that the People Committee will keep this under review to ensure that all actions have been completed and issues resolved.

A governor questioned if the Trust is also looking a underpayments, and Mr Dias confirmed that the committee is looking and both overpayments and underpayments.

Mr Dias to provide information at the next meeting regarding the cost of underpayment and overpayments. **Mr Dias**

**Resolved:** i) Prof Bell thanked Mr Dias for his report.

### **CoG/23/034 Audit and Risk Committee Chairs Log**

Mr Readshaw reported that committee had spent most of its time to review the annual report and the annual governance statement. These have huge documents which take an enormous amount of work to produce and the deadline to approve them is very short.

He reported that due to a new account standard being issued prior to the sign off which required the Organisation to change the way we value some of our lease assets and the need to get external valuation support, the sign off was

delayed. Unfortunately he is unable to provide the year end position at this meeting, this will be delivered at the next Council of Governors.

Mrs White informed the meeting that the annual members and general meetings will be re-arranged as it is unlikely that the annual report and annual accounts will be through Parliament before the summer recess due to this delay.

**Resolved:** i) Prof Bell thanked Mr Readshaw for his report.

#### **CoG/23/035 Patient Experience subgroup update**

Prof Bell informed the meeting that unfortunately Sue Young was unable to attend the meeting today due to illness.

Mrs Seward reported that she has received an email for Mr John Fordham, who was unable to attend the meeting due to being on holiday. In the email he explained that he had attended a Patient Experience Steering Group and highlighted some of the work being undertaken which included:

- Group has been set up to provide more information on patient metrics
- A new development to provide a 5 day service for patients receiving chemotherapy or attending the oncology outpatients department for rapid assessment, thus potentially reducing attendances at A&E
- A major concern is the Trust's response to complaints, which has been acknowledged and placed on the Trust's risk register. An external expert has been approached to review the current process.
- The patient experience strategy which extends over 3 years is to be shared across the community
- Concern about the frequency of the meetings raised and the lack of senior medical staff attending.

Prof Bell acknowledged the points raised and commented that the frequency of the meetings should be reviewed along with the lack of clinical presence. Prof Bell asked for the patient experience subgroup to be an agenda item for the next meeting.

**Mrs White**

#### **CoG/23/036 Board Walkrounds**

Mr Carter-Ferris reported that he and Prof Bilous had completed a walkabout in the discharge suite and seen some really good work. He has also gone to the oncology department.

Prof Bilous went to the opening of the Snowdrop suite, which was very well attended by colleagues and bereaved patients. He had also completed a walkabout on ward 7, which is one of the refurbished wards.

#### **CoG/23/037 Health and Wellbeing Champion Update**

Ms Wilson reported that she, along with Mrs Ada Burns, had visited with the Redcar and Cleveland Community and district nurses, who, she is sad to report, were very demoralised. Very hard working, taking work home with to complete patient's notes etc, but part of the issue was that the team had been without a permanent manager for some time and were delighted that they had been visited by Ms Wilson and Mrs Burns.

There were actually very good at supporting one another and had some great ideas about how things could be better for them.

Ms Wilson commented that following this visit, they had fed back into the system and someone has now been appointed to manage then and hopefully they will see an improvement.

Ms Wilson, Mr Dias and Mrs Burns had also attended a Health and Wellbeing Co-ordinators event. Following some negative comments in connection with pathology, Mr Dias and Mrs Burns visited the area to ascertain what the issues were. It became apparent that there are some areas where teams need support to develop good working partnerships.

Finally Ms Wilson reported on the visit to ward 11, who have just had a new digital system put in place and all the staff were very positive about this system.

Following a discussion in connection with Pathology, Prof Bell asked if the Council of Governors could be provided with information on the joint venue and also an update on how the venue is progressing.

**Mrs White**

**CoG/23/038 Matters to bring to the attention of the Board**

Mrs Seward raised that the Nomination Committee had met on 8 June 2023 to receive a recommendation for the appointment of the Vice Chair who would be replacing Mr Carter Ferris on 1 September 2023. Mrs Seward confirmed that Ms Wilson had been recommended as Vice Chair which the Nomination Committee had approved and recommended to the Council of Governors which was agreed.

**Resolved:** i) Ms Wilson to be appointed as Vice Chair with effect from 1 September 2023

**CoG/23/039 Reflections on the meeting**

Prof Bell requested governors contact Mrs White if they believed there was a topic that should be considered for discussion during Council of Governors or to raise any concerns.

**CoG/23/040 Any other business**

A governor raised a request by staff in connection with the discharge lounge. It has taken up some of the disabled car parking spaces, and staff are asking if the organisation was planning to put in more disabled parking elsewhere because at the moment they're finding it difficult to find spaces. Prof Bell replied that this will need to be raised with the Estates Department and feedback at the next meeting.

**Mrs White**

**CoG/23/041 Date and time of next meeting**

The date and time of the next meeting is Tuesday 19th September 2023 VTBC at 9.30am.

**Council of Governors Action Log (meeting held in Public)**

<b>Date of Meeting</b>	<b>Minute no</b>	<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comments</b>	<b>Status (Open or Completed)</b>
15.11.2022	CoG/22/069	<b>Performance Report</b>	Ms Lucy Tulloch to ask Ms Lindsay Garcia to provide an answer to Governors regarding sepsis results	Lucy Tulloch	17.01.2023	To be added to next Development session and Dr Stewart to be invited to attend	Closed
16.05.2023	CoG/23	<b>Patient Experience update</b>	Mrs Jackie White to organise for a session on nutrition and hydration	Jackie White	September	To be added to next Development session	Closed
18.07.2023	CoG/23/026	<b>Joint Collaborative working</b>	Mrs Jackie White to invite Governors to public meeting for Joint Partnership Board	Jackie White		as soon as date agreed	open
18.07.2023	CoG/23/27	<b>Lead Governor Report</b>	Mrs Jackie White to organise for Governors to have tour of discharge lounge	Jackie White			open
18.07.2023	CoG/23/33	<b>People Committee Chairs update</b>	Mr Mark Dias to provide information to Governors regarding the cost of underpayment and overpayments	Mark Dias	19.09.2023		open
18.07.2023	CoG/23/35	<b>Patient Experience Subgroup update</b>	Mrs Jackie White to raise the issue of the frequency of meetings and lack of senior medical staff attending	Jackie White		Raised and Kate Jones has reviewed	Closed

MEETING OF THE COUNCIL OF GOVERNORS – 19 SEPTEMBER 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"/>		

## **Meeting of the Council of Governors**

**19 September 2023**

### **Report of the Joint Chair**

#### **1. Introduction**

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

#### **2. Key Issues and Planned Actions**

##### **2.1 Teesside University**

Along with the Managing Director, Chief Medical Officer and Chief Nurse from South Tees and Managing Director and Chief People Officer from North Tees, I am meeting with Teesside University to explore working together more closely and development of the future workforce. A number of visits to the University have been undertaken by colleagues and we are excited about the work and progress to date.

##### **2.2 Group and Joint Working**

Since the last Council of Governors meeting, the Joint Partnership Board has met on 21 June and 19 July, and Group development continues to gather momentum. A more detailed update is being provided at the joint session with both Council of Governors.

##### **2.3 NHS Confederation Report**

The NHS Confederation recently published a report: [Creating better health value: understanding the economic impact of NHS spending by care setting: Creating better health value | NHS Confederation](#)

The report suggests a statistically significant association between NHS spending increases and Gross Value Added (GVA) growth. Headline findings include changes in primary, community and acute spend are associated with significant growth in economic GVA. Areas that increase NHS spend by the most experience higher GVA growth compared with those that increase spend the least.

If all attained the highest level of increased spend then for every additional £1 spent on primary or community care could have potentially increased economic output by £14. Higher increases in acute care had lower but significant impact, with every additional £1 spent potentially increasing GVA by an extra £11. These figures are particularly relevant to our population and support increased funding based on need. It is also suggested that mental health spend will have a similarly high return on investment, but lacks reliable data to draw the same GVA comparisons.



## **2.4 Regional Chairs Meeting**

The North East North Cumbria Integrated Care System (NENC ICS) Foundation Trust Chairs Meeting is now a regular occurrence and consists of an all Chairs meeting followed by a meeting with the ICB Chief Executive and Chair. It has been agreed Vice Chairs will attend some meetings as part of development and common understanding.

At the meeting in August there was a briefing by Ken Bremner as current Chair of the Provider Collaborative which consists of the eleven provider trusts across the NENC ICS and responsibility for leading and overseeing the Trusts' collaborative approach to the Key Delivery Priorities and working in accordance with the Collaborative Principles. Finances remain a challenge regionally and Deloitte have been commissioned to review regional and organisational plans beginning with baseline and testing data before making recommendations. I have requested that Deloitte meet with all trusts together so there is a collective understanding prior to work commencing.

Richard Barker, Regional Director, NHS England for North East and Yorkshire, attended the ICB meeting and highlighted the key government priorities; performance and delivery (Urgent and Emergency Care, elective recovery and cancer), wider health determinants (access, patient experience and outcomes) and ensuring organisations are well led including finances and quality. The latter is pertinent given the recent Lucy Letby case. We discussed strengthening current mechanisms including a focus on Freedom to Speak up Guardians and ensure compliance with the new Fit and Proper Person Framework, which is currently being introduced nationally setting out new and more comprehensive requirements around board appointments and the annual review process. There is currently no specific guidance in relation to Governors.

## **2.5 HSJ awards**

I am pleased to report that the Trust, has been shortlisted for NHS Trust of the Year at the Health Service Journal (HSJ) Awards, recognising an outstanding contribution to healthcare.

A 'record-breaking' 1,456 entries have been received for this year's HSJ Awards, with 223 projects and individuals reaching the final shortlist, making it the biggest awards programme in the award's 43-year history.

The high volume – and exceptional quality – of applications once again mirrors the impressive levels of innovation and care continually being developed within the UK's healthcare networks.

Following the thorough judging process, the trust was shortlisted, ahead of the official awards ceremony to be held later this year (Thursday 16 November), with its clinically-led improvement journey standing out as a real 'success story' worthy of a prized place on the panel's shortlist.

### **3. Recommendation**

The Council of Governors are asked to note the content of this report.

**Professor Derek Bell**  
**Joint Chair**

MEETING OF THE COUNCIL OF GOVERNORS – 19 SEPTEMBER 2023			
Managing Director update			AGENDA ITEM: 8 ENC 5
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Rob Harrison Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
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 Council of Governors 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"/>		

## **Managing Director Update**

### **Maternity CQC visit**

CQC colleagues visited our maternity services at James Cook and the Friarage on Monday 21 August and Tuesday 22 August.

All our maternity colleagues have worked fantastically hard throughout the pandemic and beyond to help keep mums and babies safe and the CQC recognised that staff were passionate about the care they delivered.

### **Inpatient survey**

The Trust has received excellent feedback from the Care Quality Commission (CQC) 2022 Adult Inpatient Survey, performing notably better than average in 14 areas.

The CQC benchmark results compare 133 NHS acute trusts across England. South Tees was rated “much better”, “better” or “somewhat better” than most hospital trusts in 14 questions.

The trust, was ranked much better than other trusts for offering food that met any dietary needs and requirements, scoring 9.2 out of 10 and was rated better than others for nine questions .

A total of 507 South Tees patients completed the survey which had a response rate of 43%.

Patients scored their overall experience of staying in hospital as 8.4 out of 10 (a slight increase from the previous year’s 8.3).

### **Board to Board meeting with NHS England and the Integrated Care System**

As part of the ongoing regulatory oversight of the Trust, a meeting was held with NHS England and the ICS on 4 September 2023. Three key areas on quality, performance and finance were discussed. There was a recognition of the work that had been progressed on financial sustainability, the impact of industrial action on performance and the significant improvement in quality with the new Good rating.

### **Group development**

We continue to build on the work of both Trusts in developing the group model. The focus over the summer has been on developing the partnership agreement between the two Trusts setting out the vision and strategy and the clinical strategy. Discussions have been scheduled with stakeholders including today’s Joint Council of Governors.

## 2. RECOMMENDATIONS

The Council of Governors is asked to note the contents of this report.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 19 SEPTEMBER 2023			
Integrated Performance Report			<b>AGENDA ITEM: 9</b> <b>ENC 6</b>
<b>Report Author and Job Title:</b>	Anna Easby Information Officer Business Intelligence Unit	<b>Responsible Director:</b>	Sam Peate Chief Operating Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	To provide the Council of Governors 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.		
<b>Background</b>	<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>		
<b>Assessment</b>	<p>Changes to metrics for July IPR, are as follows:</p> <p>National context reflects 2023/24 NHS Operational Planning Guidance.</p> <p><b>SAFE</b> domain: No change.</p> <p><b>EFFECTIVE</b> domain: No change.</p> <p><b>CARING</b> domain: No change.</p> <p><b>EQUITABLE</b> domain: No change.</p> <p><b>RESPONSIVE</b> domain: Non elective (NEL) admissions and length of stay metrics for zero and 1+ days excluding maternity admissions have been added to</p>		

	<p>retain 'like for like' comparisons following maternity pathway recording changes in 23/24.</p> <p><b>WELL LED</b> domain: No change.</p> <p><b>Our key messages for July are:</b></p> <p>The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led.</p> <p>Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. A&amp;E 4-hour standard performance is stable and representative of the national picture.</p> <p>Clear reductions in 12 hour waits and delays following a decision to admit are evidenced since the beginning of 2023.</p> <p>Ambulance handovers within 60 minutes shows an improving trend too. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.</p> <p>Elective access (RTT 18-week standard) is maintained and continues to outperform the national trend.</p> <p>Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements.</p> <p>Total elective growth at the end of May was on plan and higher than 19/20 levels. Ordinary elective admissions show promising year on year growth.</p> <p>Performance against the 6 week diagnostic standard remains ahead of the national average.</p> <p>The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard in June and July and the Cancer 62-day accumulation has improved over the same period, returning to the planned recovery trajectory at July end.</p>
<p><b>Level of Assurance</b></p>	<p>Level of Assurance:            Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>

<b>Recommendation</b>	Members of the Public Council of Governors are asked to receive the Integrated Performance Report for July 2023.	
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	All BAF risks	
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality and diversity implications associated with this paper.	
<b>Strategic Objectives</b>	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

# INTEGRATED PERFORMANCE REPORT

July 2023

# OVERSIGHT

## RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

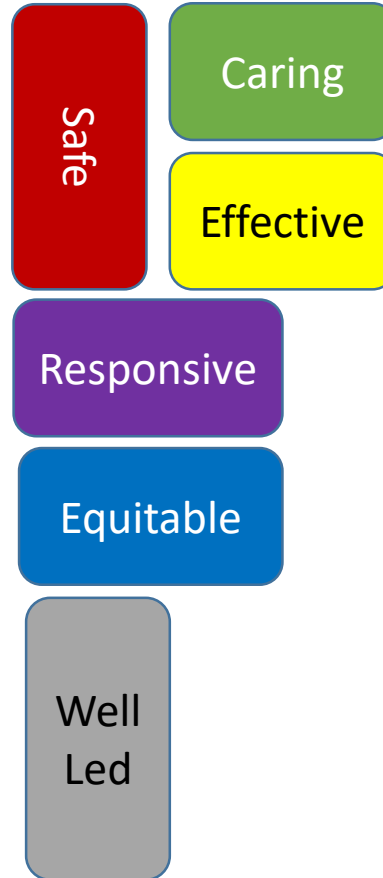
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



## BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

# CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

No change.

**CARING** domain:

No change.

**EQUITABLE** domain:

No change.

**RESPONSIVE** domain:

Non elective (NEL) admissions and length of stay metrics for zero and 1+ days excluding maternity admissions have been added to retain 'like for like' comparisons following maternity pathway recording changes in 23/24.

**WELL LED** domain:

No change.

# NATIONAL CONTEXT

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

## **Recovering our core services and productivity**

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

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

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










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

The Trust Improvement Plan has been updated for 23/24 to reflect the progress we have made and summarises our strategic priorities, the ambition of our clinically-led Collaboratives and the actions we will be focusing on this year.

# SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary	Urgent & Emergency Care					Elective care								Cancer						
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 23/24 v 19/20	1st OP - YTD growth 23/24 v 19/20	Total elective - YTD growth 23/24 v 19/20	Diagnostic activity 23/24 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	May-23	Jun-23	May-23	May-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	69.7%	40	2.1%	387	223	65.4%	1,820	344	11	0	52,085	105%	106%	109%	85%	24.9%	59.3%	176	275	77.7%
NENC ICS Provider level (including IS providers)	77.4%	270	3.3%	1,798	547	70.2%	9,573	1,715	187	18	396,635	104%	101%	110%	109%	17.6%	61.5%	1,064	1,779	77.8%
North East & Yorkshire	74.6%		4.5%			66.2%										22.0%	60.5%			75.0%
National	73.3%		8.0%			59.5%										25.9%	58.7%			71.3%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. A&E 4-hour standard performance is stable and representative of the national picture. Clear reductions in 12 hour waits and delays following a decision to admit are evidenced since the beginning of 2023. Ambulance handovers within 60 mins shows an improving trend too. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. Elective access (RTT 18-week standard) is maintained and continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements. Total elective growth at the end of May was on plan and higher than 19/20 levels. Ordinary elective admissions show promising year on year growth. Performance against the 6 week diagnostic standard remains ahead of the national average. The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard in June and July and the Cancer 62-day accumulation has improved over the same period, returning to the planned recovery trajectory at July end.









Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2359	2070	Jul 2023		
Serious Incidents	4	7	Jul 2023		
Never Events (YTD)	1	0	Jul 2023	N/A	N/A
Falls	143		Jul 2023		N/A
Falls Rate %	4.2	6.6	Jul 2023		
Falls With Harm	6		Jul 2023		N/A
Falls With Harm Rate %	0.2		Jul 2023		N/A

### Incidents

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

### Falls

The rate of all falls and falls with harm is stable and remains within control limits. All falls information submitted via Datix is reviewed daily. The falls team has commenced a quality improvement project, mapping systems, processes and reporting mechanisms to ensure effective, evidenced-based and patient-centred care. We have identified opportunities to improve systems so we better understand and learn from the patients' experiences. The continuing quality improvement project has also highlighted the importance of reviewing procedures and documentation with a clear narrative and robust recording system to evidence our responses and care provided. The outcome of this work will be reported to the quality assurance committee, with recommendations for enhanced work in this area.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.2		Jul 2023		N/A
Category 2 Pressure Ulcers (Community)	65		Jul 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1		Jul 2023		N/A
Category 3&4 Pressure Ulcers (Community)	16		Jul 2023		N/A
Medication Incidents	122		Jul 2023		N/A
Medications Reconciled Rate %	56%	80%	Jun 2023		
Omitted Critical Doses (%)	4.7%		Jul 2023		N/A
C-Difficile (YTD)	45	36	Jul 2023	N/A	N/A
MRSA (YTD)	0	0	Jul 2023	N/A	N/A
E-Coli (YTD)	46	44	Jul 2023	N/A	N/A
Klebsiella (YTD)	16	16	Jul 2023	N/A	N/A
Pseudomonas (YTD)	5	4	Jul 2023	N/A	N/A

### Pressure Ulcers

The rate of hospital-acquired pressures ulcers is within expected variation, with an observed reduction in category 3 and 4 pressure ulcers in both the acute and community setting. The PURPOSE T tool and SSKIN assessment are now live in all inpatient hospital wards at the FHN, JCUH and community hospitals. Education is currently being undertaken in SDEC with a go live date planned in September. 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. Extensive education and training continues in clinical areas where themes for improvement are consistently emerging. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. This includes a pilot whereby immediate multi-professional reviews will occur at the time of pressure ulcer reporting for new or deteriorating category 2,3 and 4s on identified wards. The team has reviewed how incidence of community pressure ulcers can be more meaningfully reported and intend to report PUs per 1000 in relation to caseload. This has been progressed manually – a longer term solution is being sought.

### Medications

Medication incidents reported in July were within expected variation. Omitted doses have started to reduce and the interactive dashboard is now complete and being placed on the trust intranet for staff to access. This is going to be demonstrated at the nursing forums within the next month. The information is being used to support targeted improvement work for omitted dose compliance. Medicines reconciliation continues to remain an area of focus with an on-going review of data received from Camis to validate accuracy.

### Healthcare acquired infections

There were no new MRSA reported in July. C. difficile rose slightly in July with clear local, regional and national action plans in place. IPC precautions for isolating patients with C. difficile continue to be prioritised, followed by additional cleaning with Hydrogen Peroxide vapour. Structured case reviews continue timely, providing assurance that appropriate measures are in place. Gram negative organisms including E-Coli are addressed through a planned programme of ANTT (Aseptic Non-Touch Technique).

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	403		Jul 2023	N/A	N/A
Breast feeding initiated (48 hrs)	57.6%	74.5%	Jul 2023		
Preterm birth rate <26+6 wks	0.5%	6%	Jul 2023		
Preterm birth rate 27 - 36+6 wks	6.3%	6%	Jul 2023		
Induction of Labour (%)	36.6%	44%	Jul 2023		
Number of 3rd/4th degree tear (%)	1.9%	3.5%	Jul 2023		
PPH > 1500ml (%)	2.42%	2%	Jul 2023		
Still Births (YTD)	2	17	Jul 2023	N/A	N/A

### Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data has been cross checked with other similar units via national maternity dashboard. All pre-term births are reviewed by Consultant and midwife and all regional guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife. We work closely with the NENC Preterm Birth Group.

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

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. A working group is reviewing the IOL pathway which will include introduction of mechanical balloon catheter inductions.

















Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. We are consistently below the national average. These are monitored via 3rd/4th degree audit database.

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. PPH is covered in the annual MDT obstetric emergency training and simulations also occur on a regular basis to ensure staff are well prepared for any emergency situation. We are in line with national average as per national maternity dashboard. The LMNS dashboard also shows us below NE average over quarter 1 (average 3.9%) and we are at 2.1%. We have completed a lookback review of Q3 PPHs and have extended this to include all deliveries to date. This is being undertaken to identify any themes and commonalities which will help us to reduce PPH.

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



# EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.3%		May 2023		N/A
Sepsis - Oxygen delivered within 1hr	98.1%	95%	Jun 2023		
Sepsis - Blood cultures within 1hr	71.2%	95%	Jun 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.2%	95%	Jun 2023		
Sepsis - Serum lactate within 1hr	73.1%	95%	Jun 2023		
Sepsis - IV fluid resuscitation within 1hr	71.2%	95%	Jun 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Jun 2023		
Summary Hospital-Level Mortality Indicator	110	100	Mar 2023		
Comorbidity Coding	3.1		May 2023		N/A

## Readmission rates

The emergency readmission rate remains within current expected variation.

## Sepsis

Urine output and oxygen delivery remain above target levels.

Actions:

- Compliance targets for acutely ill patient courses finalised.
- Benchmarking through DePASCCO group. Regional survey on educational delivery of acutely ill patient courses.
- Acutely ill patient tool embedded within clinical noting.
- The Sepsis antimicrobial guidance and screening poster change request submitted to graphic design.
- Digital sepsis screening introduced to two community hospitals.
- Digital Paediatric sepsis tool completed - achieved >90% compliance in training.
- NICE guidance is currently under review nationally.

## Mortality

SHMI 110 for the latest official reporting period, Apr2022 to Mar 2023 and is 'as expected'. The data processing anomaly with the volume of spells used to calculate SHMI November 2022 remains in the data but has not recurred.

Currently 4.0% of spells in England are removed because they have a COVID code and spells included in SHMI are at 88% of pre-pandemic levels. Both metrics are stable.

Reports to the Trust's governance committees show that Medical Examiner (ME) scrutiny remains at >95%, with approximately 10% referred for further review. Learning from ME and mortality reviews included end of life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	82.9%	78%	Jul 2023		
Inpatient Experience (%)	96.5%	94%	Jul 2023		
Maternity Experience (%)	93.2%	92%	Jul 2023		
Outpatient Experience (%)	96.8%	93%	Jul 2023		
Community Experience (%)	100%	94%	Jul 2023		
New Complaints	30		Jul 2023		N/A
Closed Within Target (%)	76%	80%	Jul 2023		

## Patient experience

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

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

## Closed within target

The timeframe for response remains an area of focus, however, there has been a significant increase in complaints closed in target for July. Complaint timeframes continue to be a priority and the action plan implemented in April 2023 is continuing. A rapid review of the complaints process commenced in July 2023 and includes key stakeholders. This work is overseen by the Patient Experience Steering Group.

## Learning from complaints

Aspects of clinical care continues to be the main theme coming from upheld complaints. Learning and themes from complaints are systematically shared with clinical colleagues.

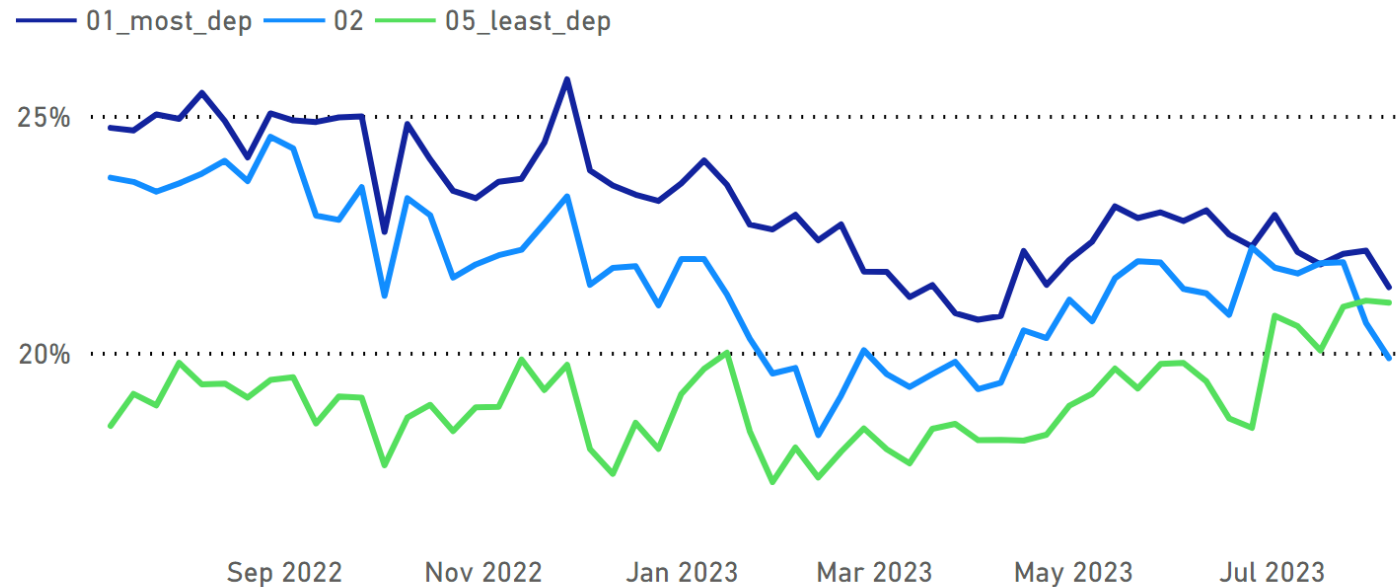
# EQUITABLE

## Elective inpatient PTL Inequalities: Deprivation

### Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2077	565	21%	2642
02	1269	315	20%	1584
03	1228	312	20%	1540
04	1824	459	20%	2283
05_least_dep	1297	346	21%	1643
N/k	841	108	11%	949
<b>Total</b>	<b>8536</b>	<b>2105</b>	<b>20%</b>	<b>10641</b>

### 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

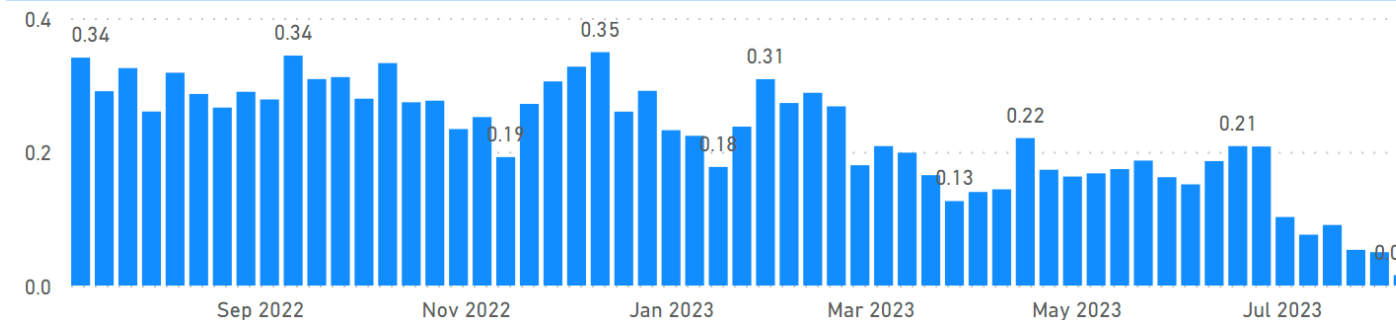
P3 > 3 months

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

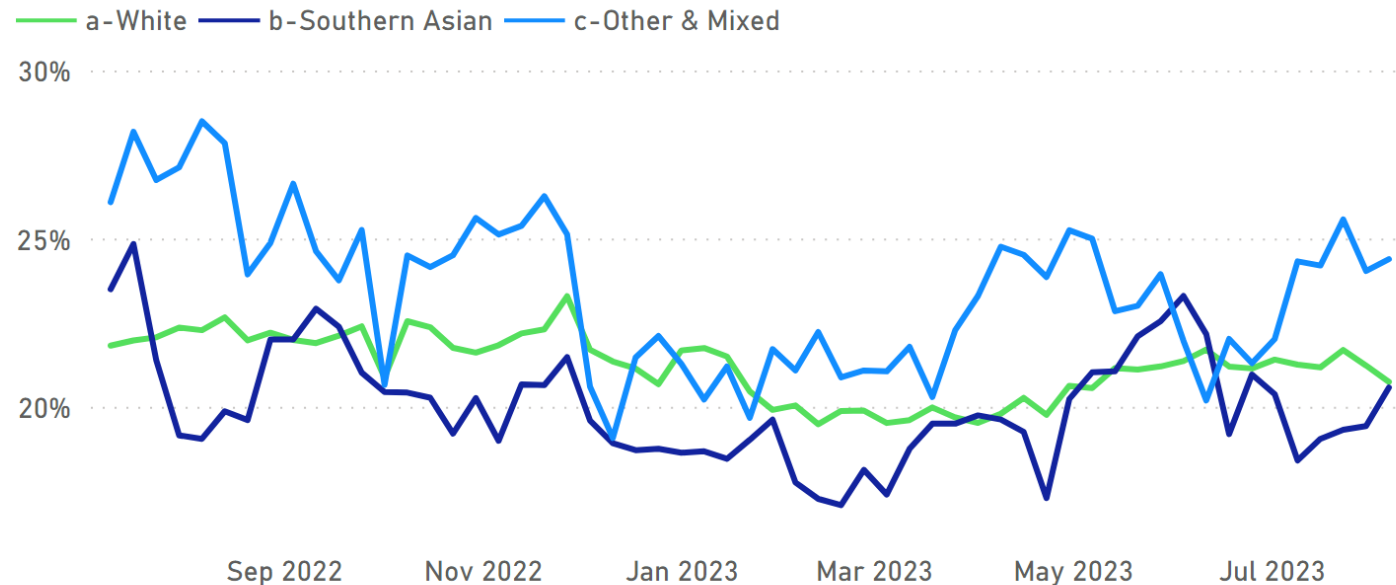
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6596	1726	21%	8322
<input checked="" type="checkbox"/> b-Southern Asian	139	36	21%	175
<input type="checkbox"/> c-Other & Mixed	155	50	24%	205
Black	26	9	26%	35
Mixed	30	14	32%	44
Other	99	27	21%	126
<input checked="" type="checkbox"/> N/k	1646	293	15%	1939
<b>Total</b>	<b>8536</b>	<b>2105</b>	<b>20%</b>	<b>10641</b>

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

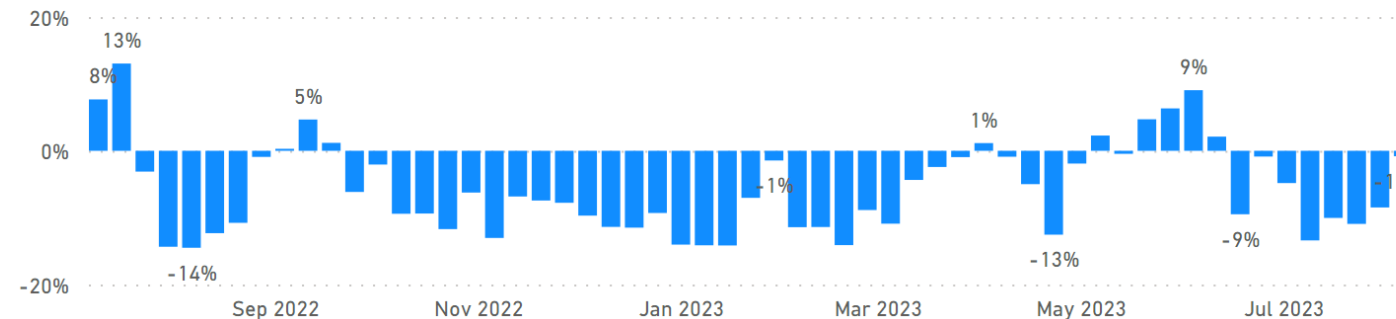
In Standard: All others

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

### Long waits as % of total PTL by Ethnic groups



### Variance of Southern Asian % long waiters to White



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

# RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10693	11091	Jul 2023		
A&E Attendances - Type 3	5560	6076	Jul 2023		N/A
Handovers - Within 30 Mins (%)	84.3%	95%	Jul 2023		
Handovers - Within 60 Mins (%)	95.5%	100%	Jul 2023		
4-Hour A&E Standard	71.3%	76%	Jul 2023		
12-Hour Waits from Decision to Admit	17	0	Jul 2023		
12-Hour A&E Breaches	99	0	Jul 2023		
RTT Incomplete Pathways (%)	64.5%	92%	Jun 2023		
RTT List Size within 52 weeks (%)	96.3%		Jun 2023		N/A
RTT 52 week waiters	1976	1240	Jun 2023	N/A	N/A
RTT 65 week waiters	405	297	Jun 2023	N/A	N/A
RTT 78 week waiters	16		Jun 2023	N/A	N/A
RTT Waiting List Size	52731	48751	Jun 2023		
Diagnostic 6 Weeks Standard (%)	72.9%	99%	Jun 2023		
Cancer 14 Day Standard (%)	82.5%	93%	Jun 2023		
Cancer 31 Day Standard (%)	93.4%	96%	Jun 2023		
Cancer 62 Day Standard (%)	50%	85%	Jun 2023		
Cancer >62 Day Backlog	145	156	Jul 2023	N/A	N/A
Cancer Faster Diagnosis Standard (%)	80.3%	75%	Jun 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	45	0	Jul 2023		

## Urgent and emergency care

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

The volume of A&E attendances in July were lower than expected, mainly at Friarage and Redcar sites. There has been significant reduction since March for numbers of patients experiencing 12 hour waits in A&E, which are now close to 2021/22 levels. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% by end 2023/24 and ensuring all Ambulance handovers take place within one hour. Observational work is ongoing to drive out process issues that can hinder patient handover.

## Elective, diagnostic and cancer waiting times

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

Compliance with the 6-week diagnostic access standard has stabilised. Following positive improvements for endoscopy, cardiology echo and audiology waits, increased pressure from MRI and Ultrasound demand have counter-balanced the overall Trust position.

For cancer, the faster diagnosis standard made further gains rising to 80% compliance in June, above the national 75% target. The accumulation of patients waiting 63+ days has reduced again and is now tracking the recovery trajectory. 93% of urgently referred, suspected cancer patients were progressing with their investigations within 62 days. The cancer 62-day standard performance is affected as the longest waiting patients are treated.

A pathway review of Radiotherapy / Oncology cancer services is currently underway with final report expected end of October. Cancer Action Plans continue to be reviewed and 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	17342	18114	Jul 2023		
Outpatient Follow Up Attendances	44458	43987	Jul 2023		
Day Case admissions	5914	6598	Jul 2023		
Ordinary Elective admissions	922	1017	Jul 2023		
NEL admissions with 0 LOS (excluding Maternity)	1787	1758	Jul 2023		
NEL admissions with 0 LOS	3111	1970	Jul 2023		
NEL admissions with 1+ LOS (excluding Maternity)	3122	2782	Jul 2023		
NEL admissions with 1+ LOS	3655	3557	Jul 2023		
G&A Occupied Beds (%)	89.8%	92%	Jul 2023		
Length of Stay - Elective	4.8		Jul 2023		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.5		Jul 2023		N/A
Not Met Not Discharged	75	90	Jul 2023		
21 Day Stranded Patients (%)	12.1%	12%	Jul 2023		

## Activity

Total outpatient activity was close to planned levels in July but clinical teams are working to ensure the right ratio of first and follow up capacity is in place so that more patients can attend their first appointment. Day Case and Ordinary Elective admissions were lower than plan. Industrial action has continued to impact on elective activities shown in non-achievement of plan for Outpatient new and elective activity.

Excluding maternity, non-elective same day admissions registered just over plan, with patients staying for 1 or more nights 12% higher than expected.

## Length of Stay

The number of patients who no longer meet criteria to reside in an acute bed is at its lowest levels for the last 2 years. The Trust proactively reduces delays within its span of control and has embedded a Home First service. However, there are ongoing pressures across the social care sector that impact timely discharge of patients who have ongoing care and support needs.

Non-elective length of stay (excluding maternity) was consistently high during 2022/23 at around 5 days and since April, it has been improving to 3.5 days most recently for July.

These improving patient flow indicators demonstrate the capability of the Trust to meet the needs of patients with increased acuity in July whilst maintaining G&A average bed occupancy to within planned levels at 90% and reduce the proportion of patients admitted for 21 days or more to target levels.

The overall percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, we are focusing on appropriate repatriation for care closer to home.



Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£10.41m	-£10.419m	Jul 2023	N/A	N/A
Annual Appraisal (%)	80%	80%	Jul 2023		
Mandatory Training (%)	89.7%	90%	Jul 2023		
Sickness Absence (%)	5.4%	4%	Jul 2023		
Staff Turnover (%)	11.6%	10%	Jul 2023		

## Finance and use of resources

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

At the end of Month 4, the Trust's financial position is a deficit of £10.4m which is line with the year-to-date plan. The year-to-date position assumes full delivery of activity associated with elective recovery targets.

## People

Sickness absence across the Trust is 5.4% for the month of July 2023 an increase from June. Both short term sickness and long-term sickness have increased slightly. KPI clinics with managers and HR continue, to focus on the management of sickness absence and with the support of the Trust's Wellbeing team for long-term absence. The review of the Trust's Sickness Absence Policy is continuing, working with Staff Side colleagues, and there have also been discussions with North Tees about their Policy.

The Trust is starting to prepare for the 2023 NHS Staff Survey with a fieldwork period from 2nd October to 24th November 2023. The survey will mainly be electronic and question areas are linked to the NHS People Promise. Through August and September HR teams are sharing at Trust, Collaborative and Directorate meetings a presentation of the updated Trust People Plan.

Trust turnover has reduced to 11.6%. Nursing turnover has fallen to 8.5% and AHP turnover to 9.3%. HR teams continue to review exit data and promote the Trust's retention strategy.

Mandatory Training reporting has changed with effect from July2023. The compliance rate now includes all of the Core 10 modules. The additional reported elements are Conflict Resolution, Manual Handling and Resuscitation.

# APPENDICES

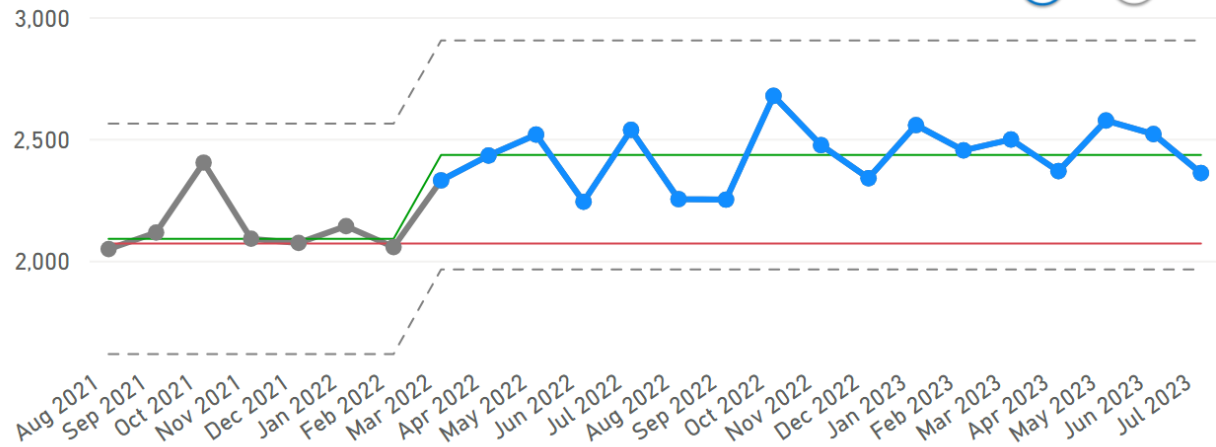
SPC charts for the metrics summarised above, by domain.



# SAFE

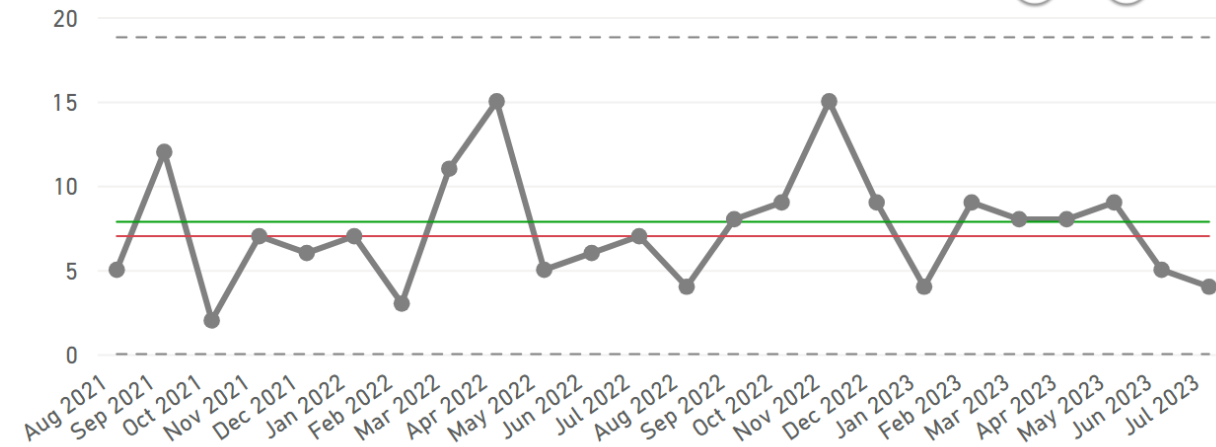
## DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jul 2023	2359	2070		



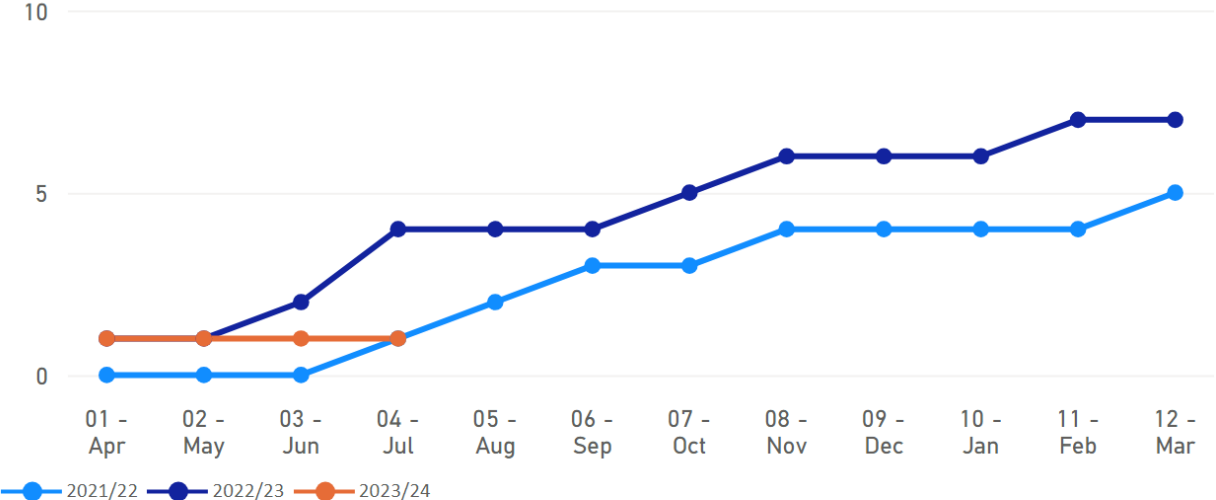
## Serious Incidents

Month	Performance	Target	Trend	Assurance
Jul 2023	4	7		



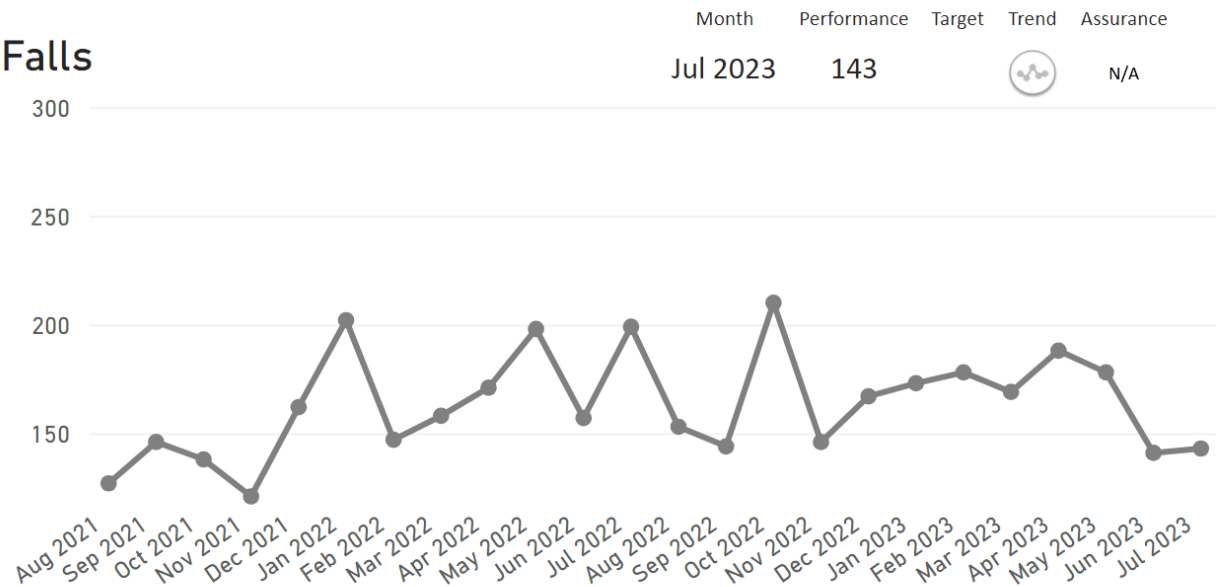
## Never Events (YTD)

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

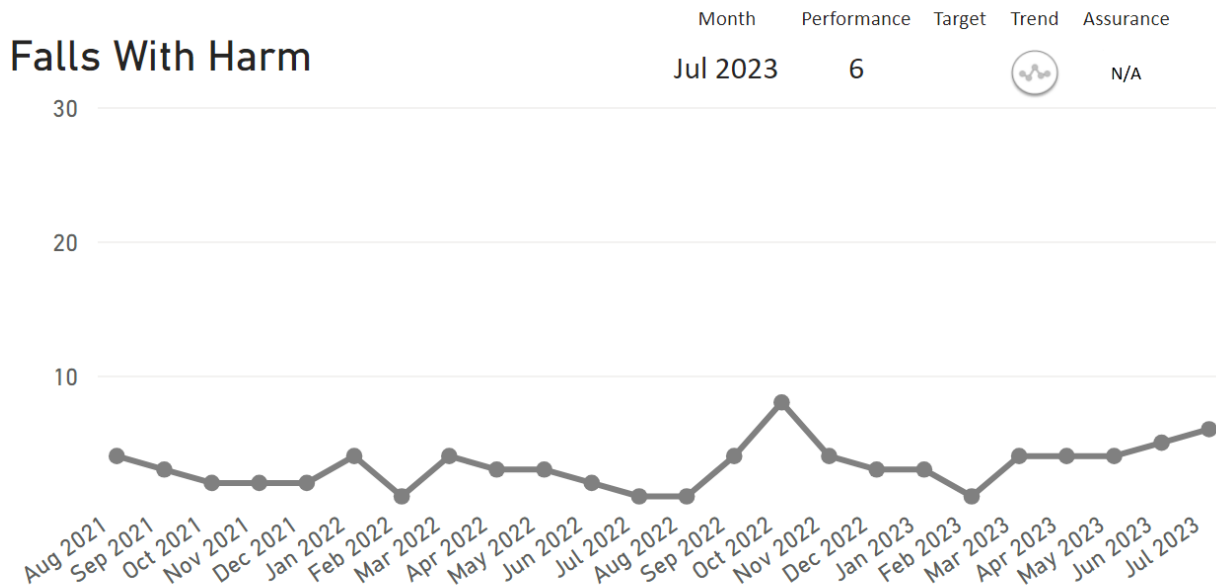


# SAFE

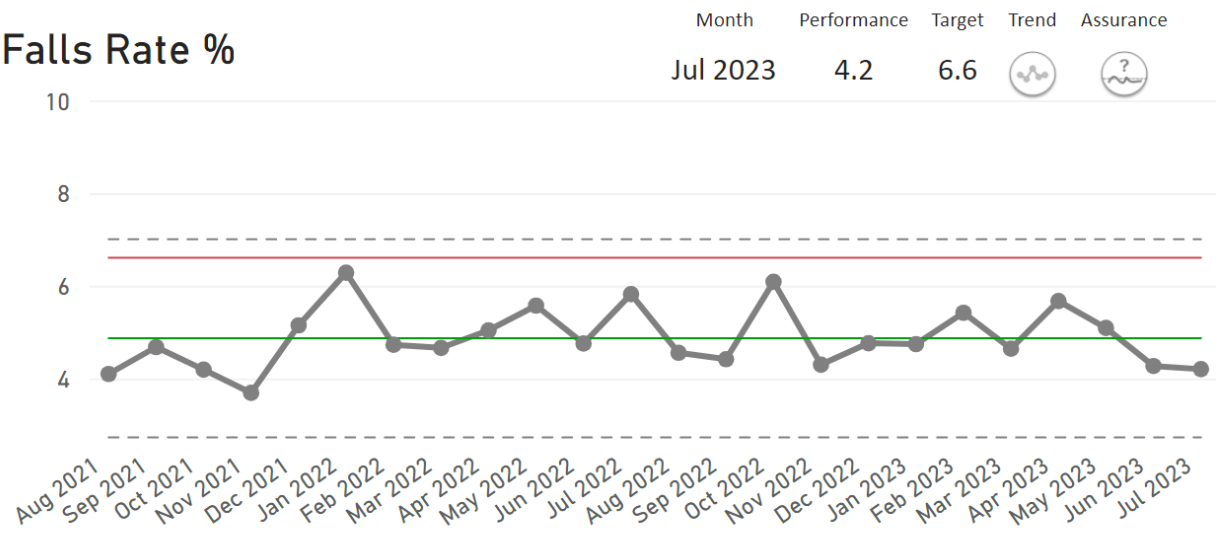
## Falls



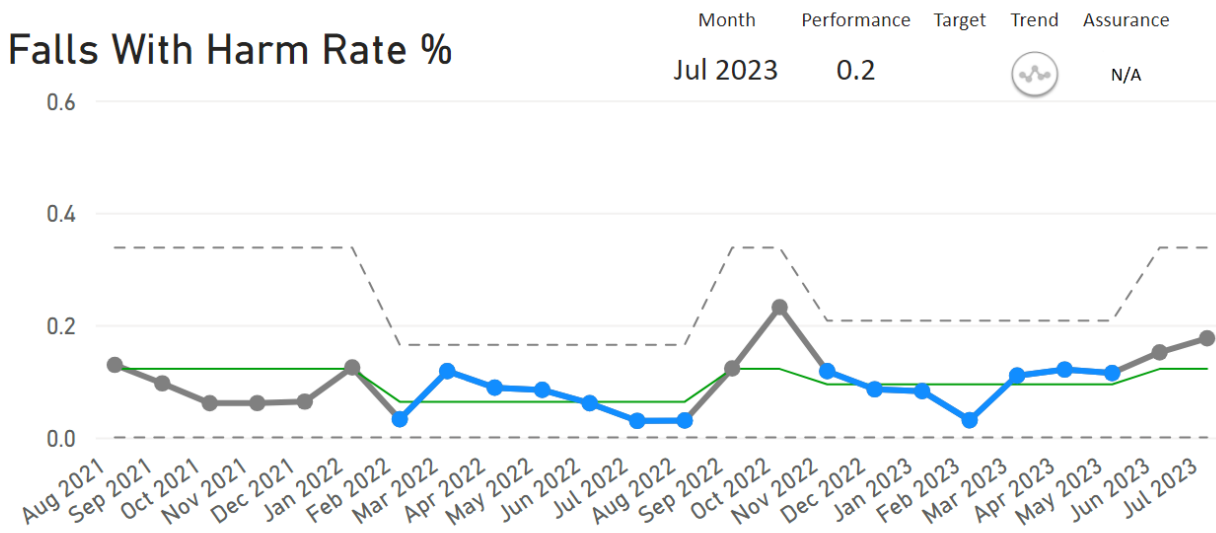
## Falls With Harm



## Falls Rate %



## Falls With Harm Rate %




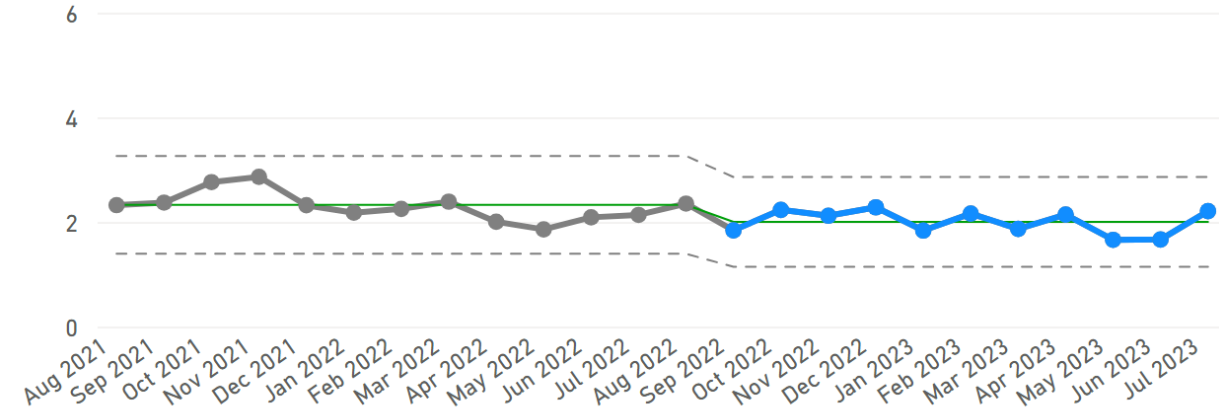
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

# SAFE


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

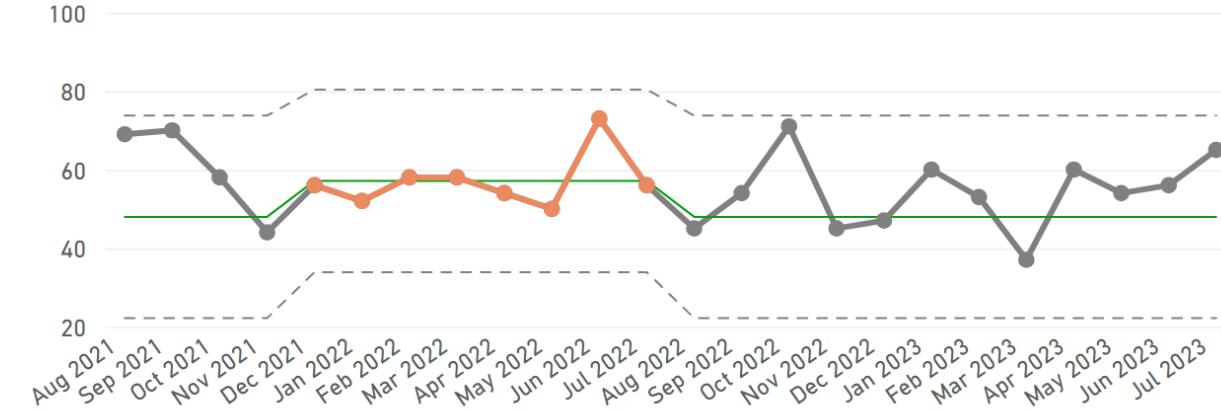
Month	Performance	Target	Trend	Assurance
Jul 2023	2.2			N/A



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


### Category 2 Pressure Ulcers (Community)

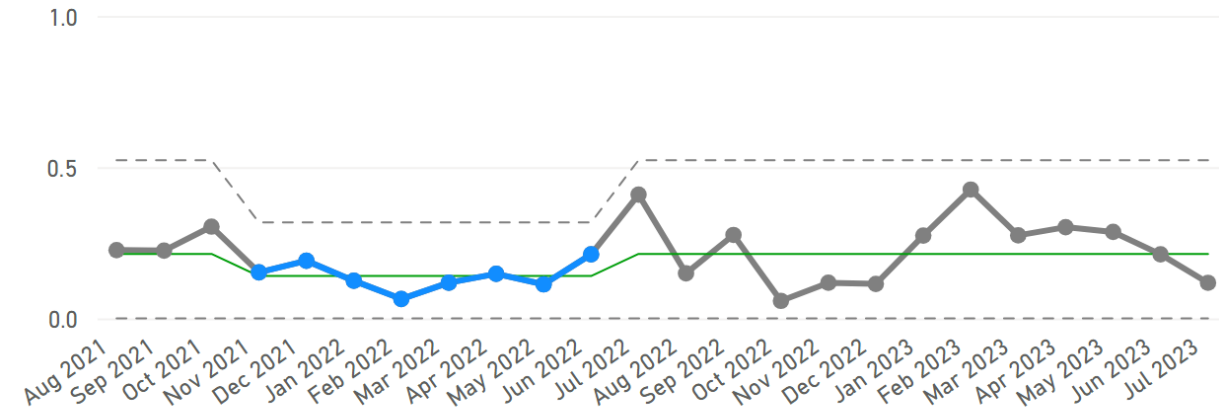
Month	Performance	Target	Trend	Assurance
Jul 2023	65			N/A



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


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

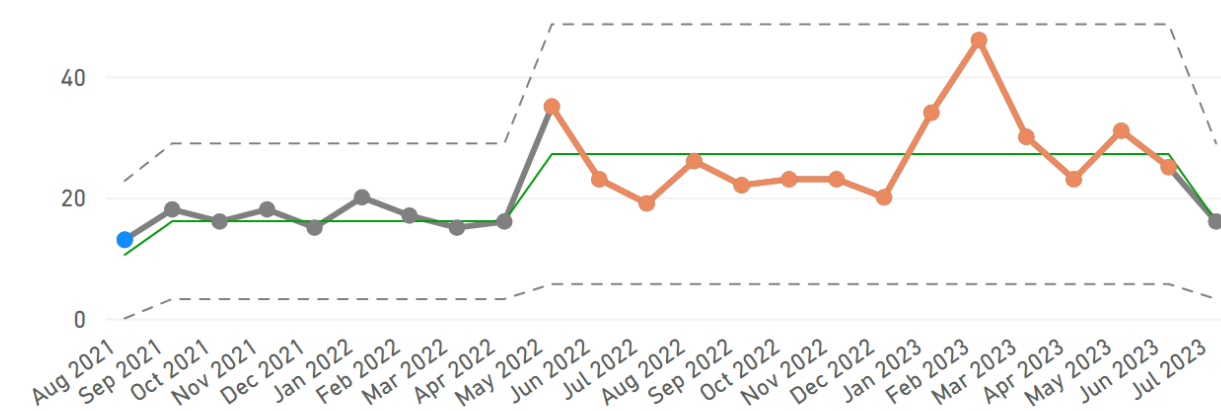
Month	Performance	Target	Trend	Assurance
Jul 2023	0.1			N/A



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

### Category 3&4 Pressure Ulcers (Community)

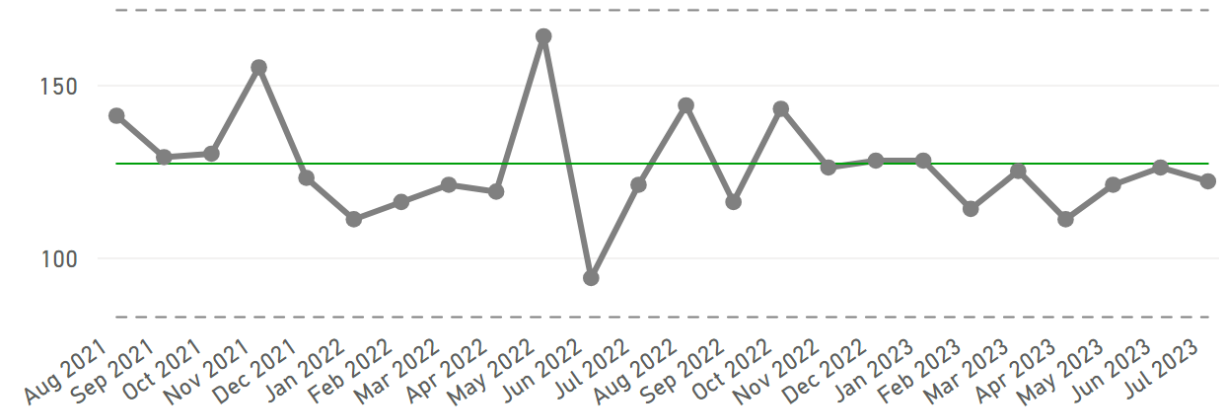
Month	Performance	Target	Trend	Assurance
Jul 2023	16			N/A



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

## Medication Incidents

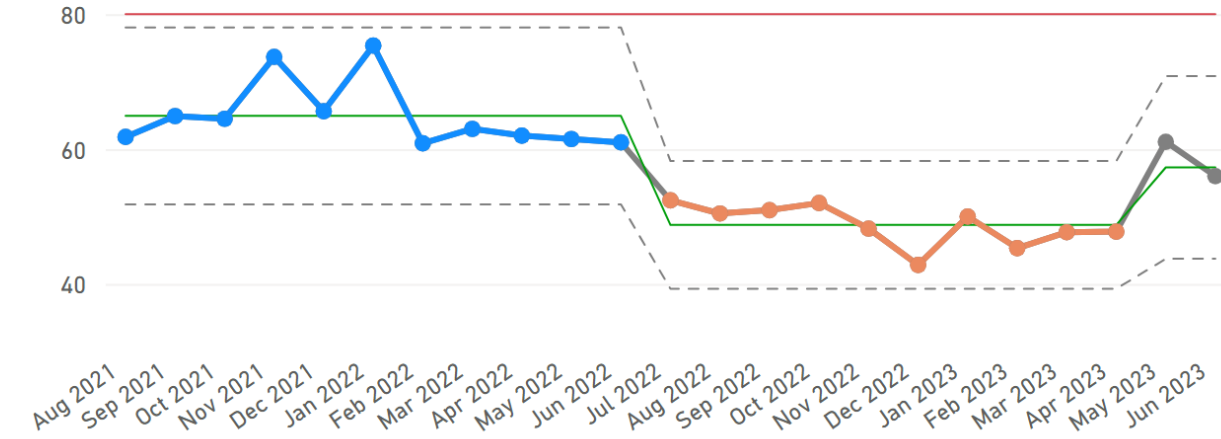
Month	Performance	Target	Trend	Assurance
Jul 2023	122			N/A



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

## Medications Reconciled Rate %

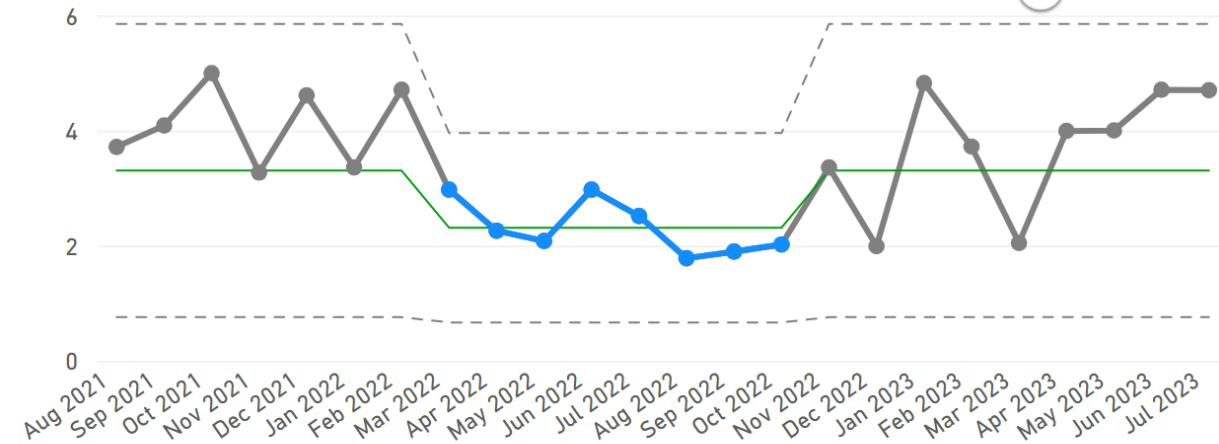
Month	Performance	Target	Trend	Assurance
Jun 2023	56%	80%		



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

## Omitted Critical Doses (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	4.7%			N/A

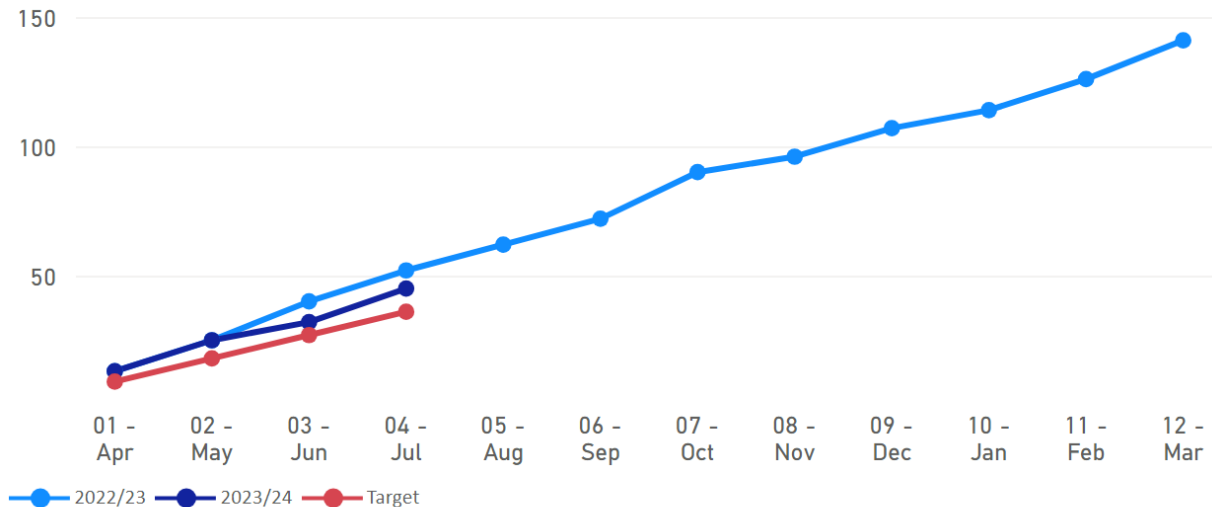


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# SAFE

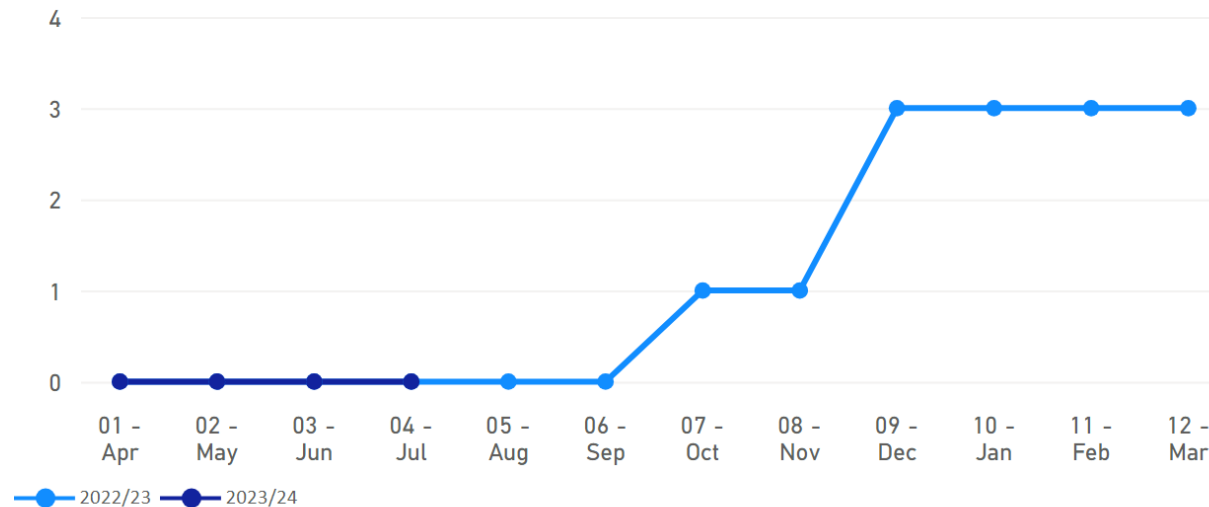
## C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2023	45	36	N/A	N/A



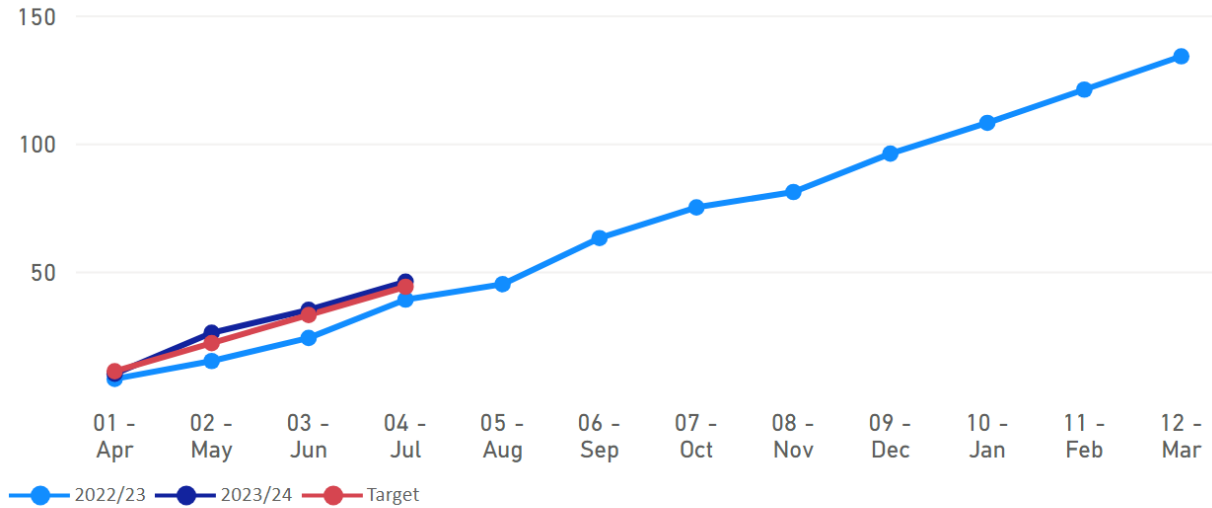
## MRSA (YTD)

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



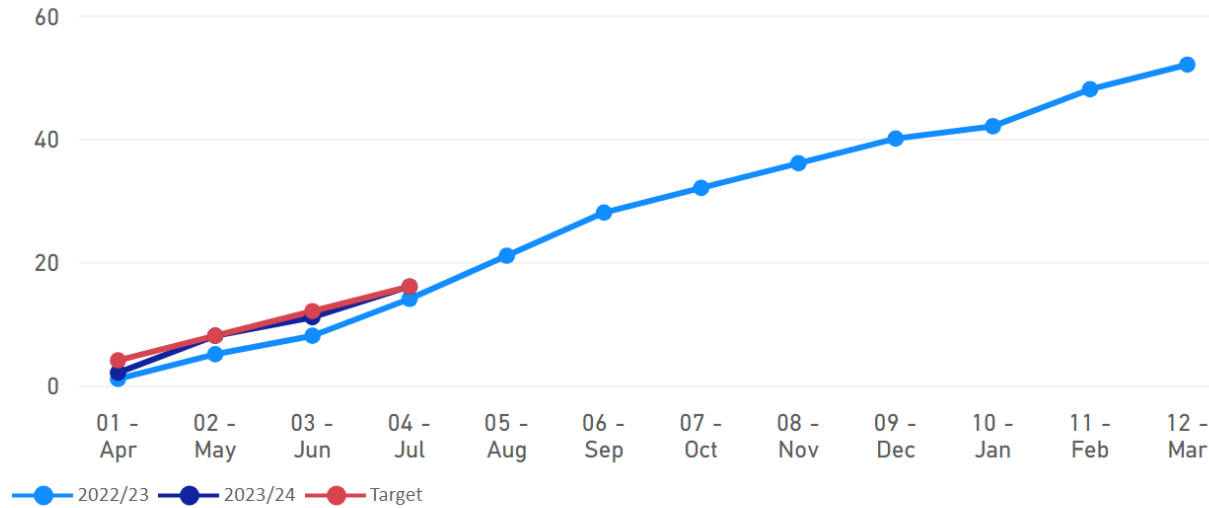
## E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2023	46	44	N/A	N/A



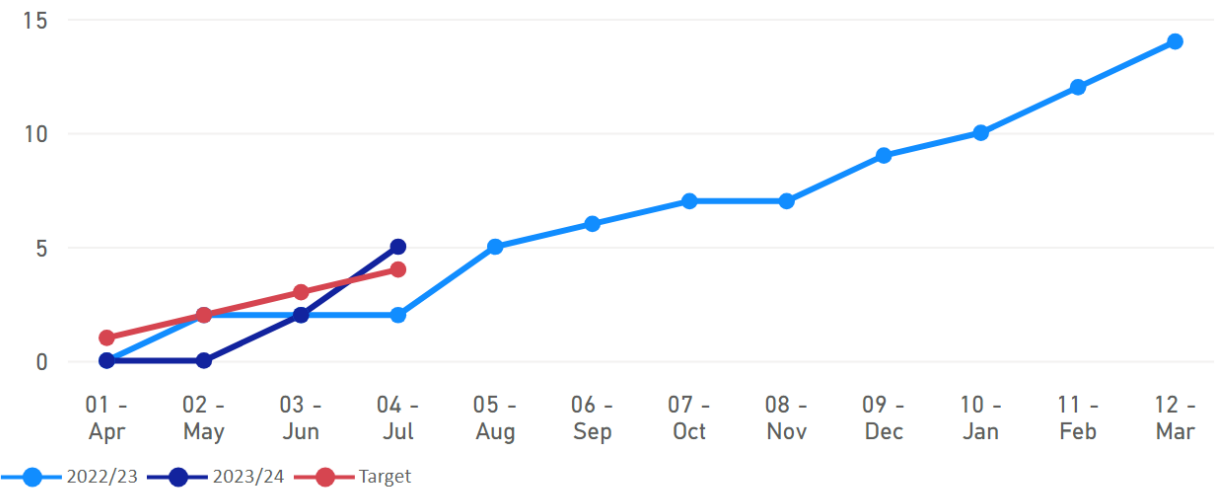
## Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2023	16	16	N/A	N/A



## Pseudomonas (YTD)

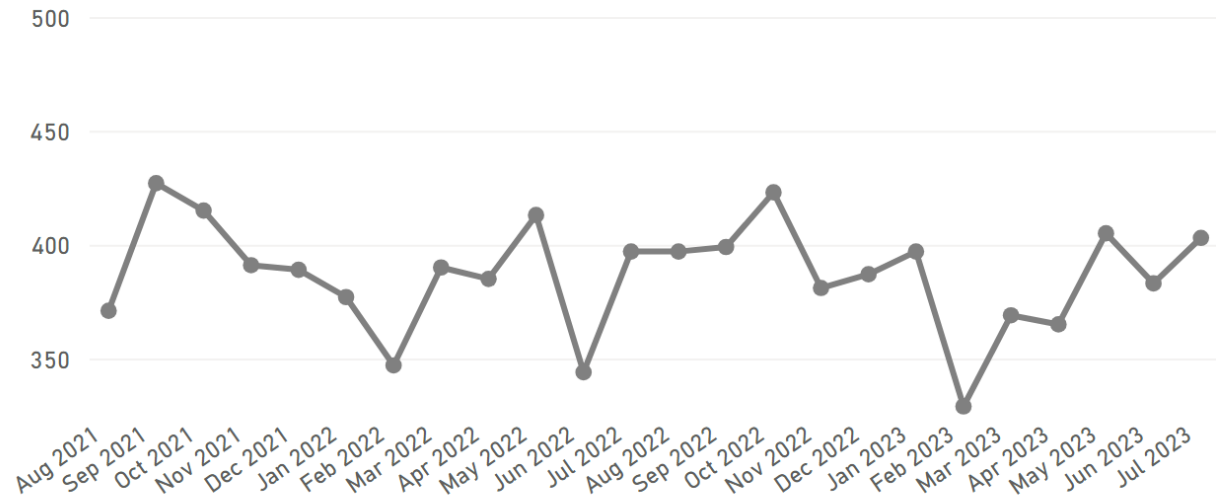
Month	Performance	Target	Trend	Assurance
Jul 2023	5	4	N/A	N/A



# SAFE

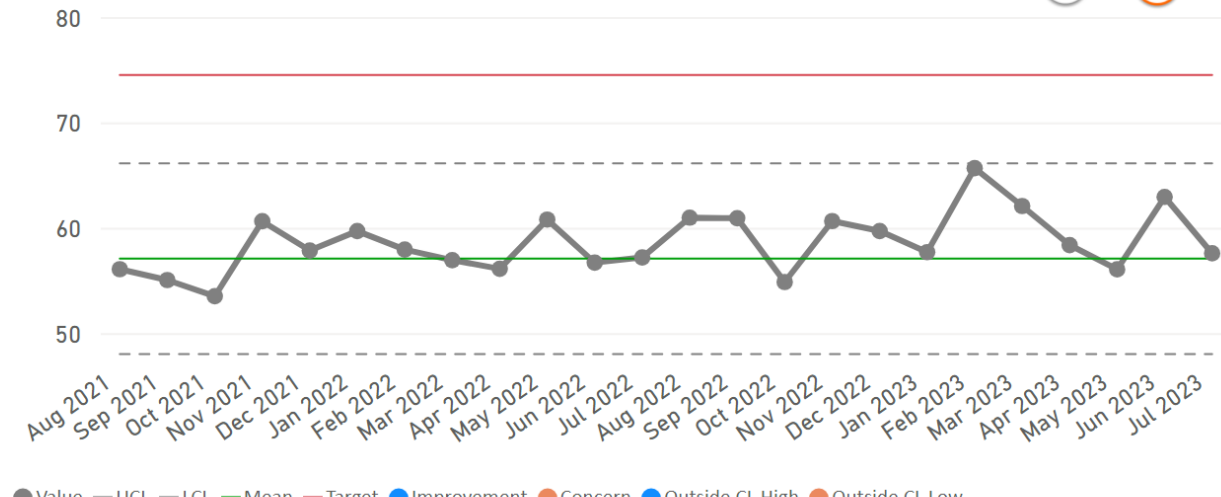
## No. of babies born

Month	Performance	Target	Trend	Assurance
Jul 2023	403		N/A	N/A



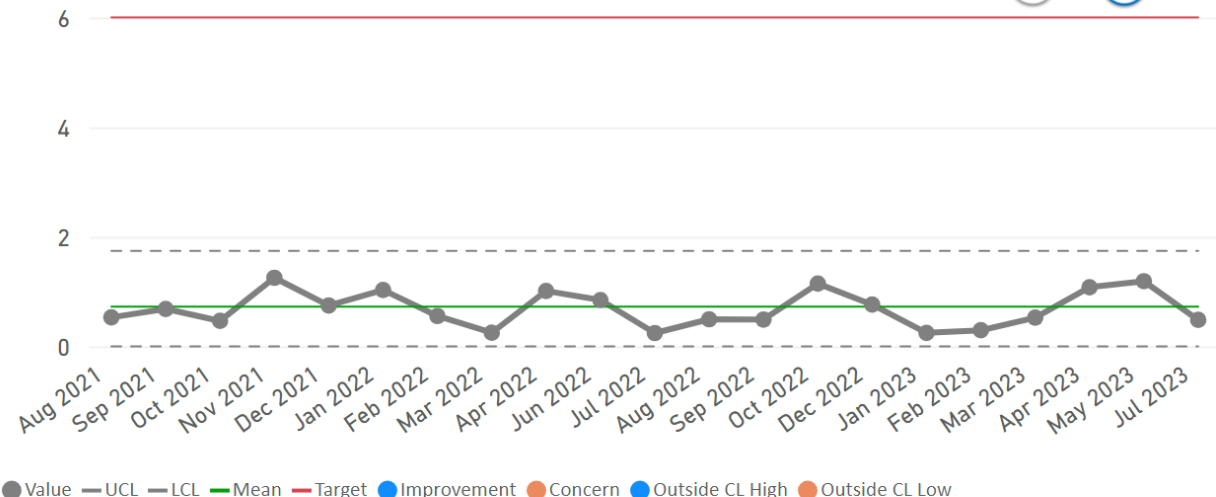
## Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Jul 2023	57.6%	74.5%		



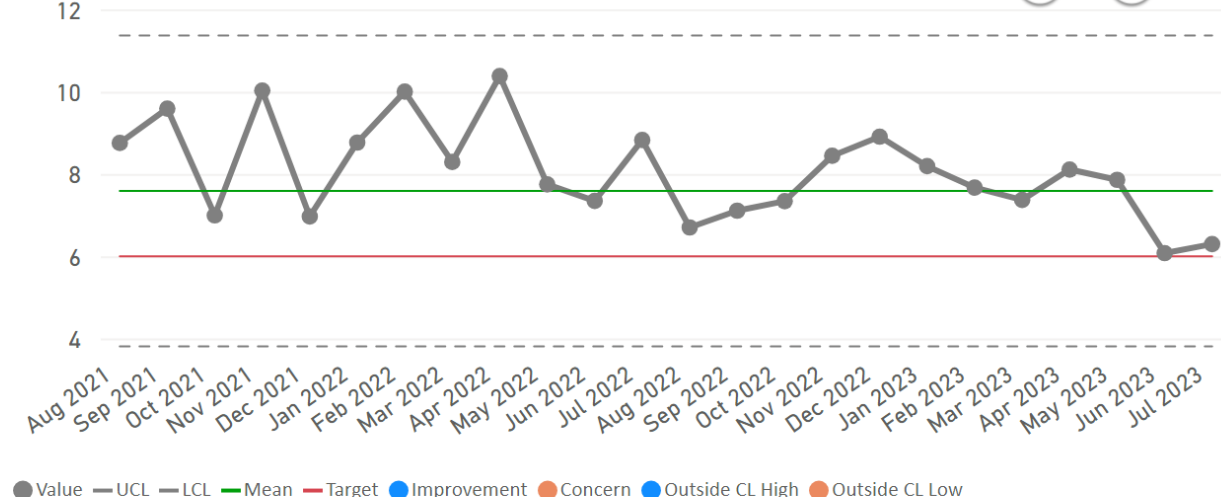
## Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Jul 2023	0.5%	6%		



## Preterm birth rate 27 - 36+6 wks

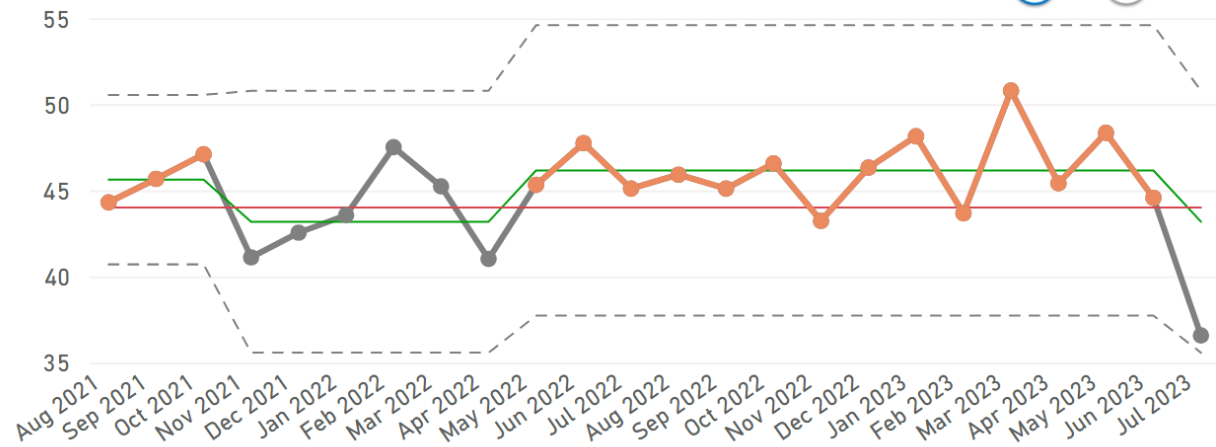
Month	Performance	Target	Trend	Assurance
Jul 2023	6.3%	6%		



# SAFE

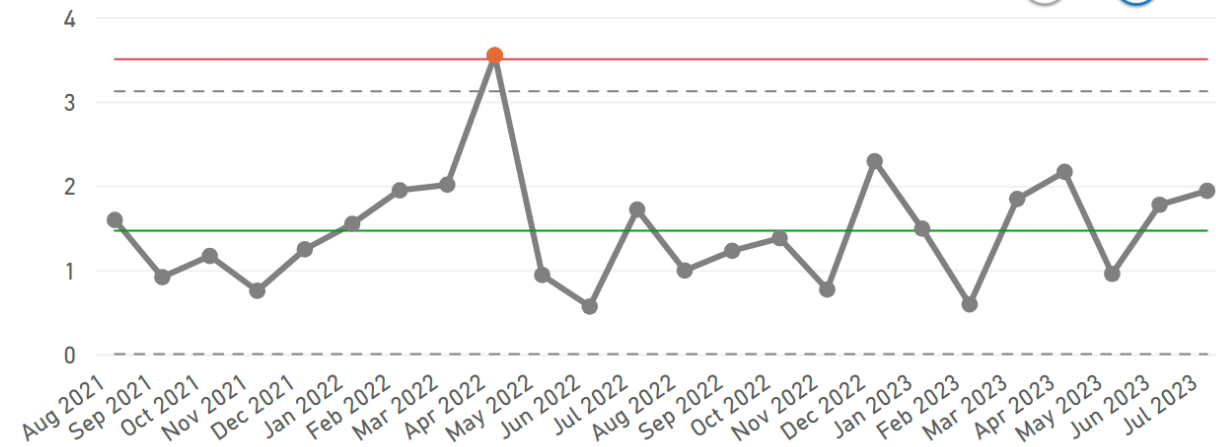
## Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	36.6%	44%		



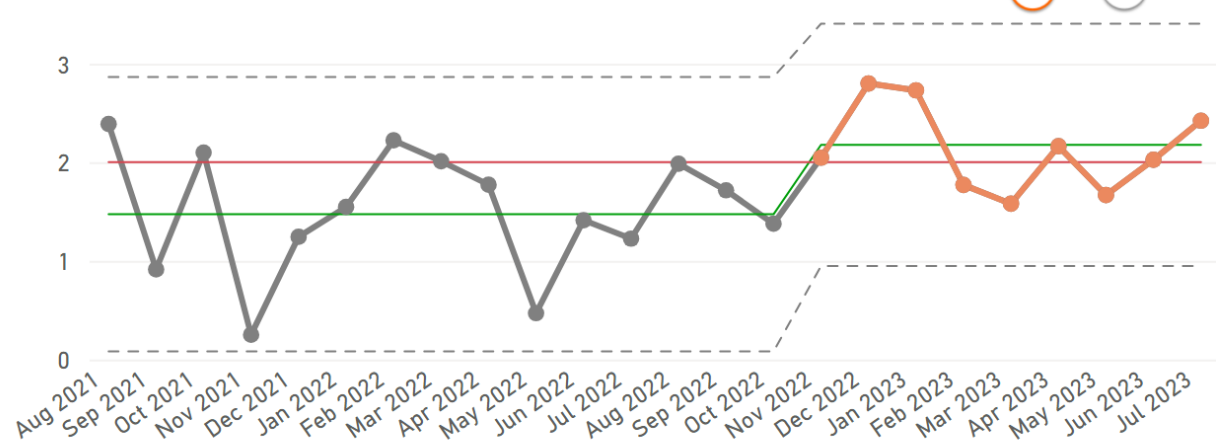
## Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	1.9%	3.5%		



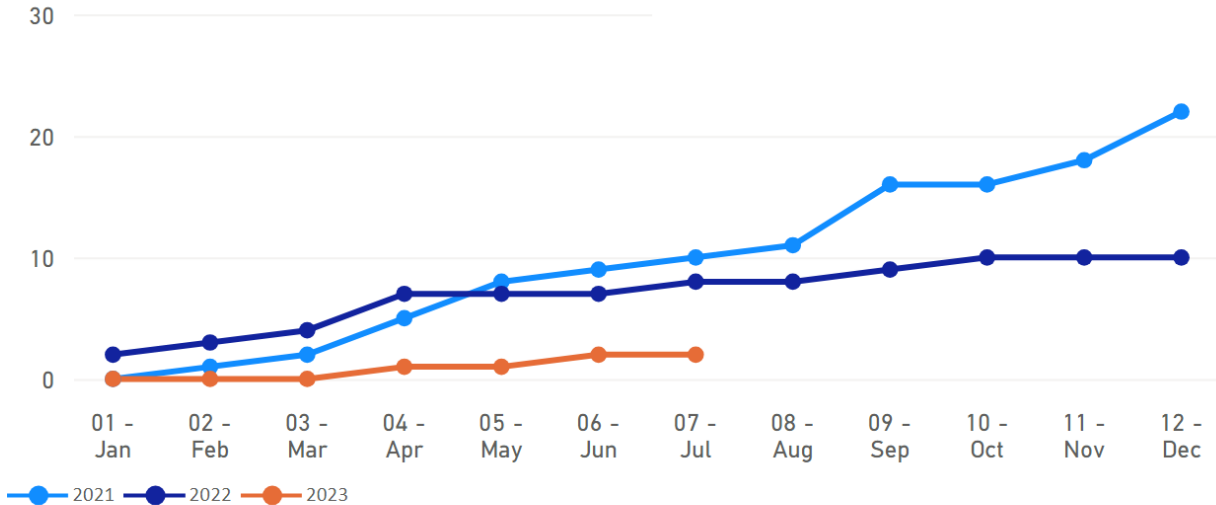
## PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	2.42%	2%		



## Still Births (YTD)


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

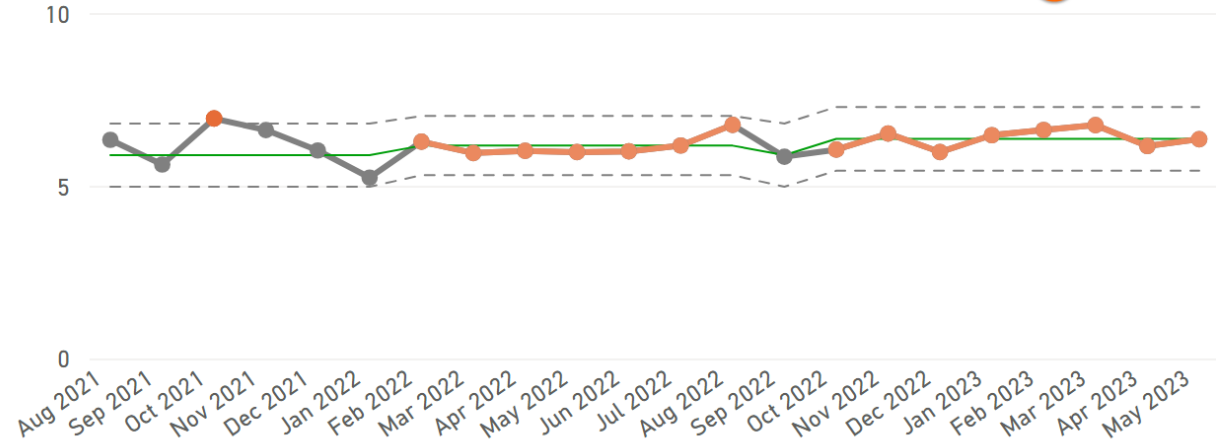




# EFFECTIVE

## Readmission Rate %



Month: May 2023  
Performance: 6.3%  
Target:   
Assurance: N/A

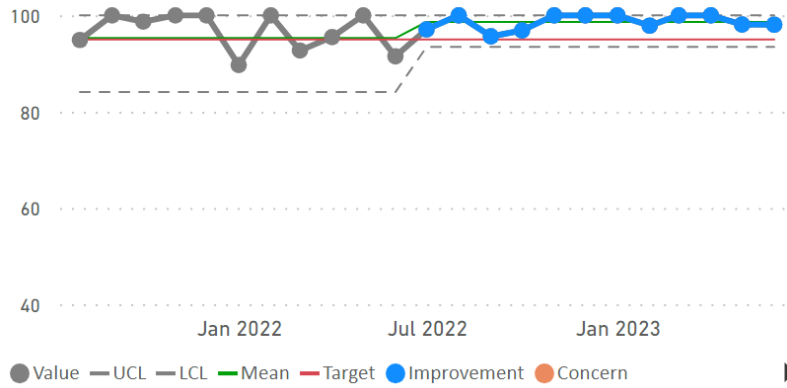


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# EFFECTIVE

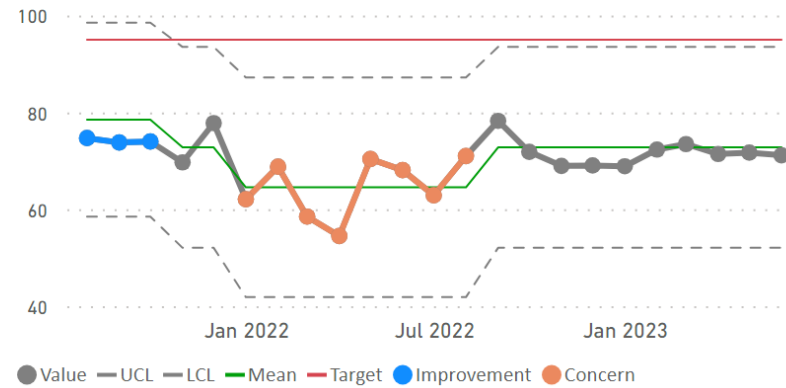
## Sepsis - Oxygen within 1hr

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





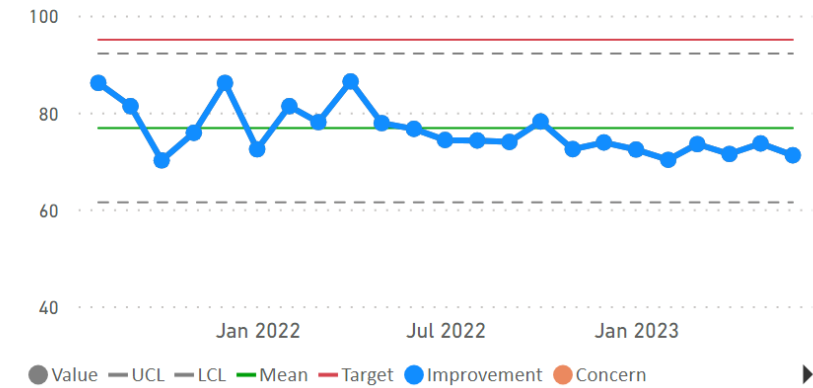
## Sepsis - Blood cultures within 1hr

Month: Jun 2023  
 Performance: 71.2%  
 Target: 95%  
 Trend:   
 Assurance: 





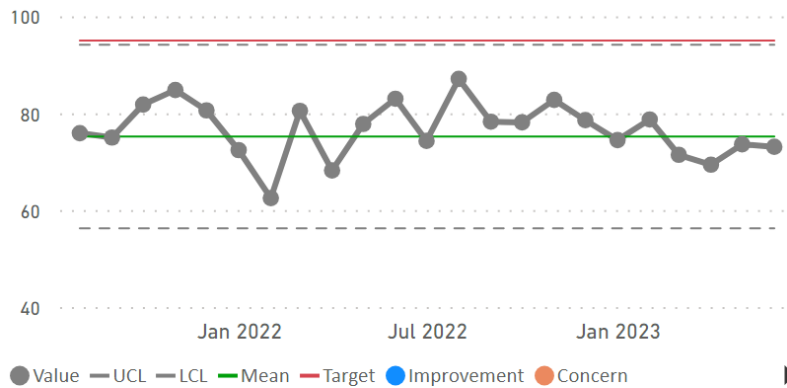
## Sepsis - IV antibiotics within 1hr

Month: Jun 2023  
 Performance: 71.2%  
 Target: 95%  
 Trend:   
 Assurance: 





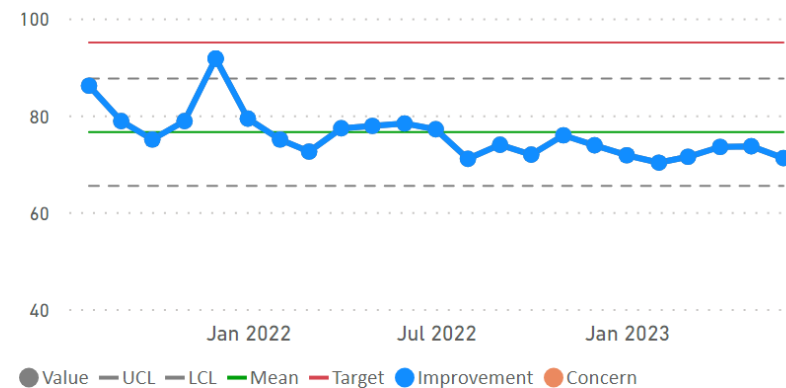
## Sepsis - Serum lactate within 1hr

Month: Jun 2023  
 Performance: 73.1%  
 Target: 95%  
 Trend:   
 Assurance: 





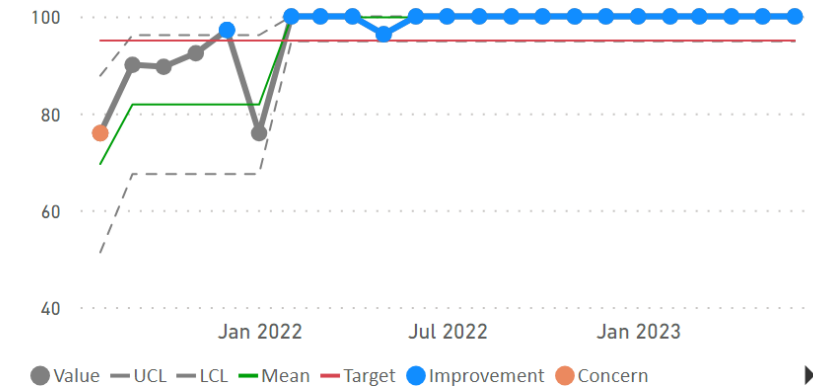
## IV fluid resuscitation within 1hr

Month: Jun 2023  
 Performance: 71.2%  
 Target: 95%  
 Trend:   
 Assurance: 



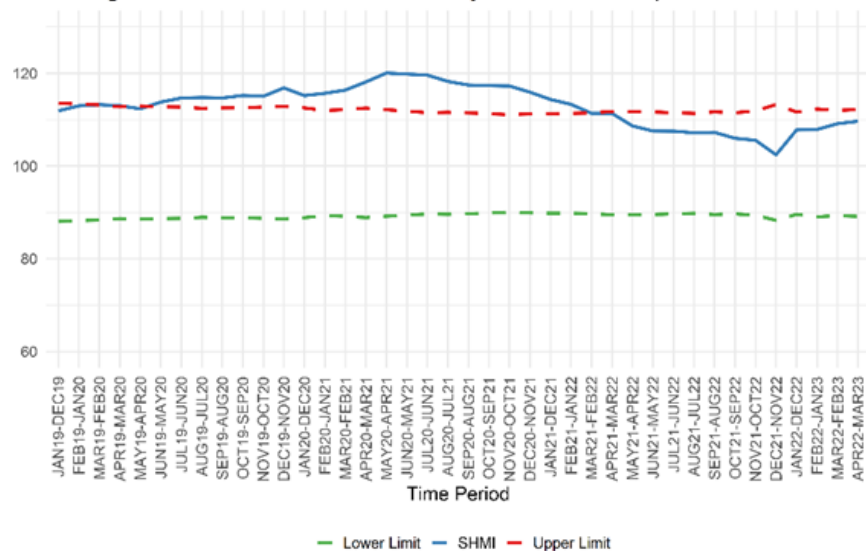
## Sepsis - Urine measurement within 1hr

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

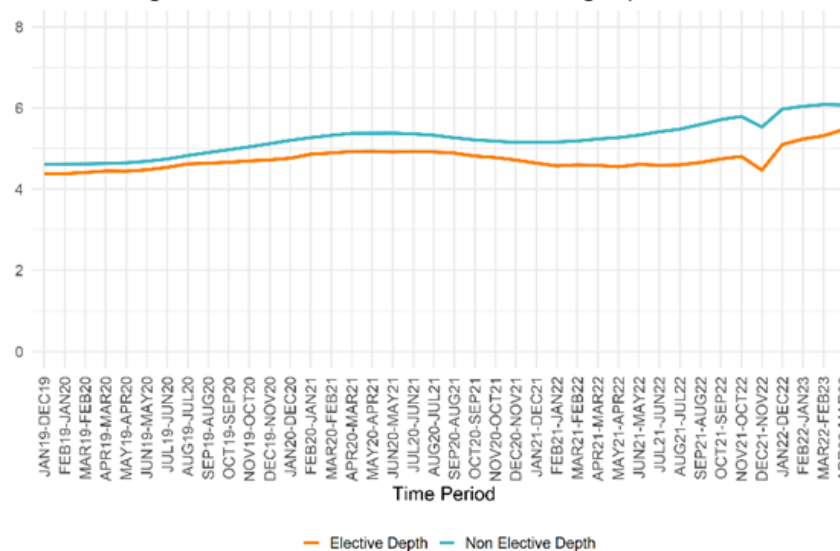


# EFFECTIVE

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



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



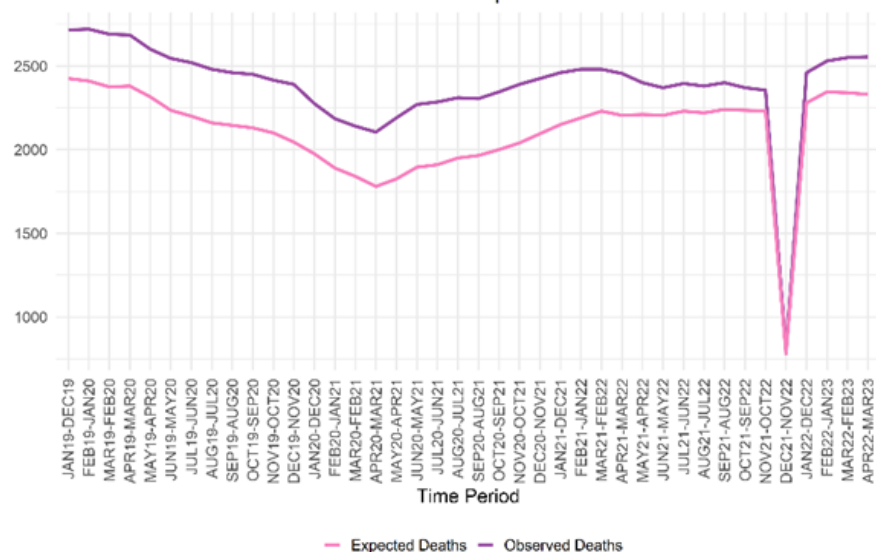
**Latest SHMI = 109.7**  
(April 2022 – March 2023)

Observed deaths = 2555  
Expected deaths = 2330

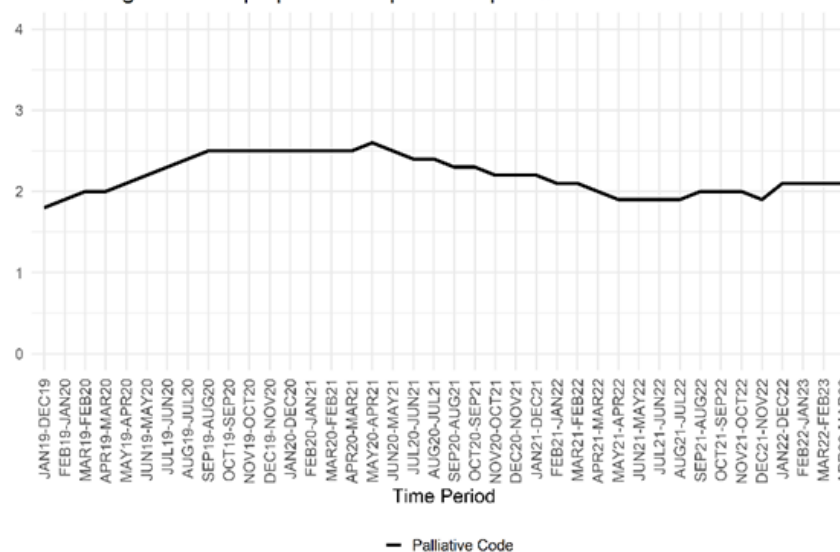
Coding depth (codes / spell)  
Elective = 5.5  
Non-Elective = 6.1

Palliative care (%) = 2.1

Count of SHMI Observed and Expected deaths - South Tees



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



Latest SHMI is:  
'as expected'

COVID-19 impact for England  
Excluded spells = 4.0%  
Spells as a % pre-pandemic  
(2019 spells) = 88%

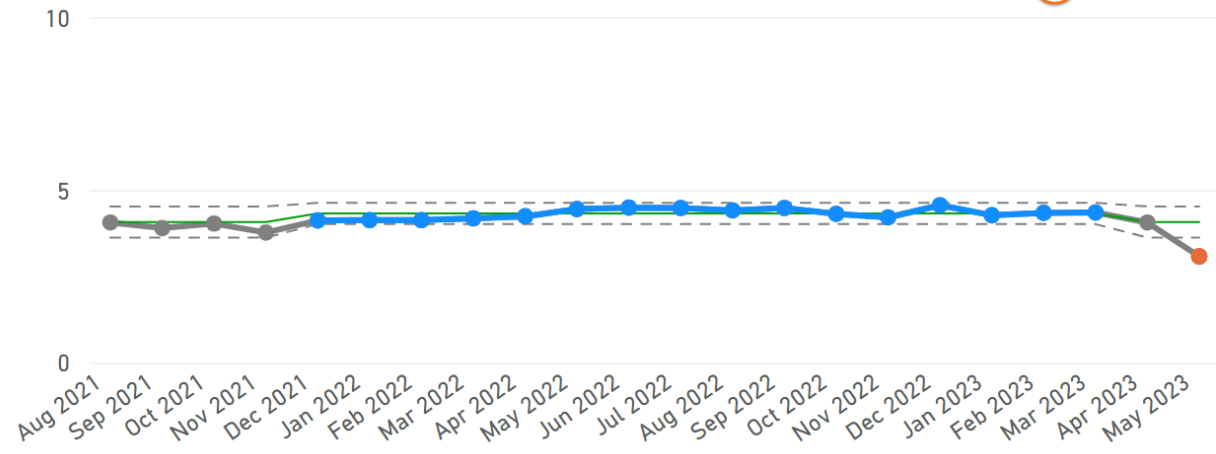
Data source: NHS Digital  
Monthly SHMI publication

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

# EFFECTIVE

## Comorbidity Coding

Month	Performance	Target	Trend	Assurance
May 2023	3.1			N/A

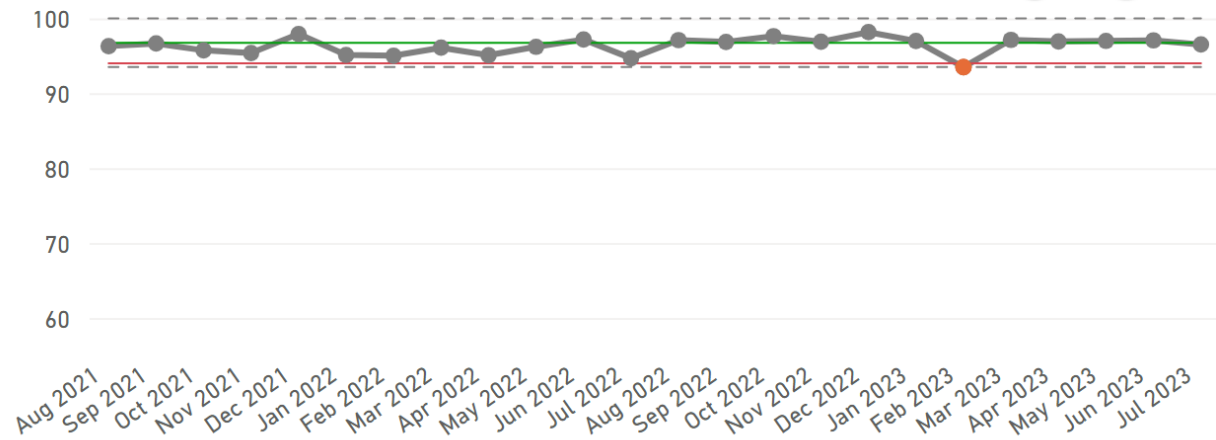


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# CARING

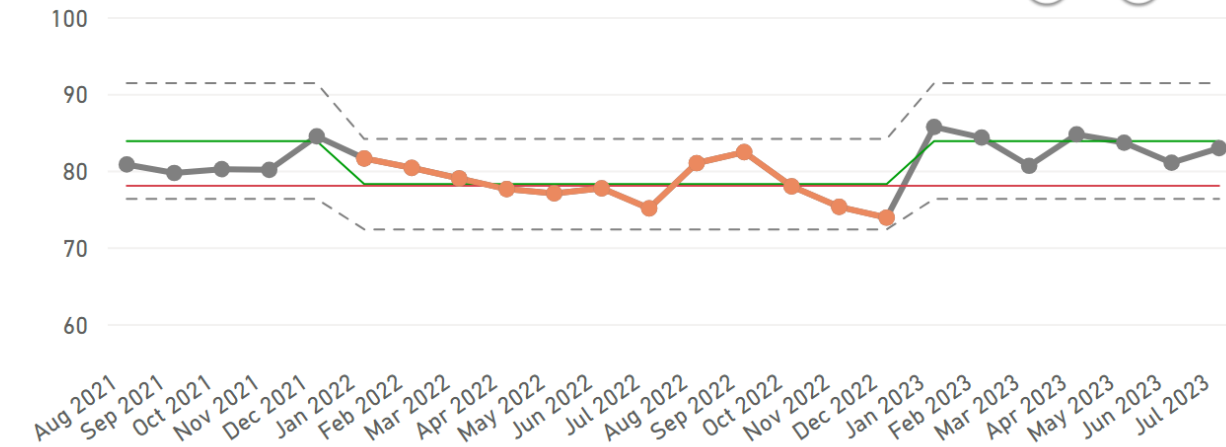
## Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	96.5%	94%		



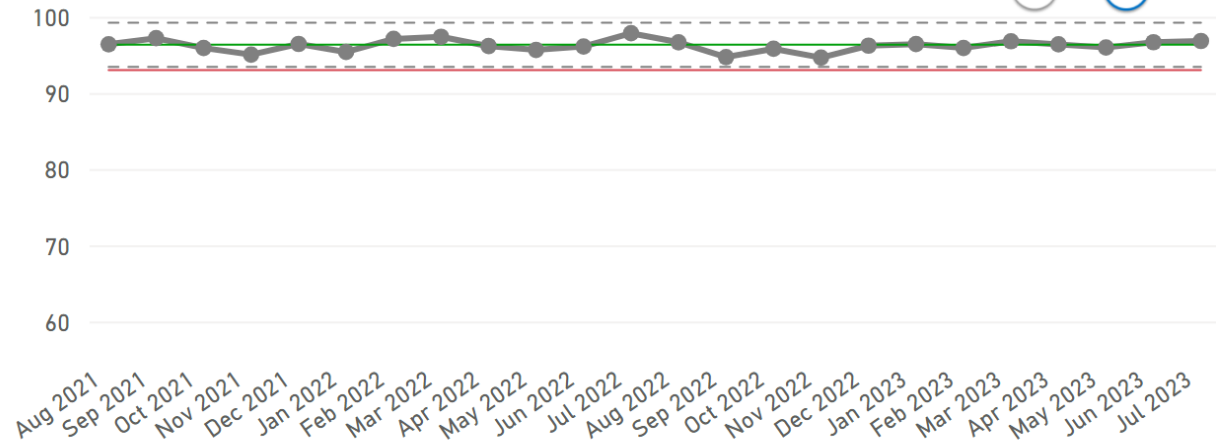
## A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	82.9%	78%		



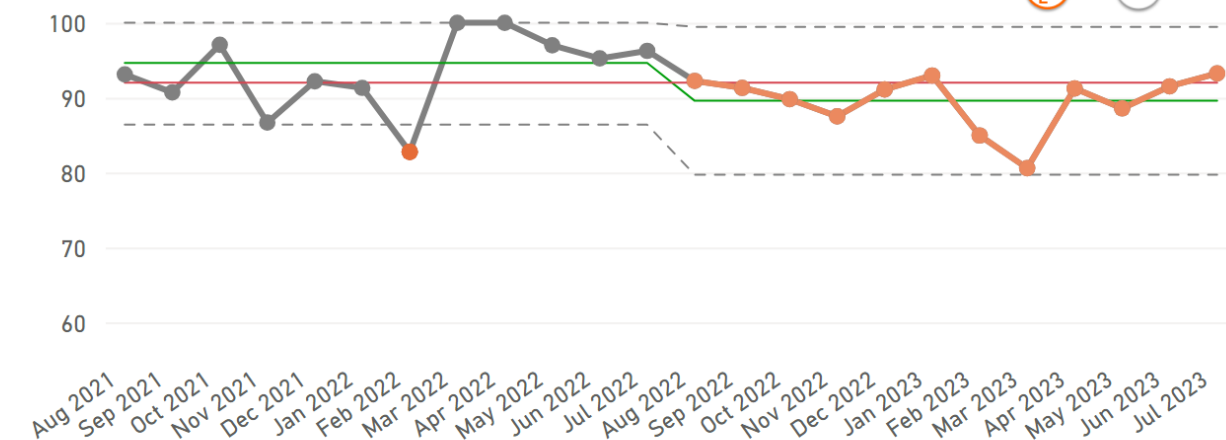
## Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	96.8%	93%		





## Maternity Experience (%)

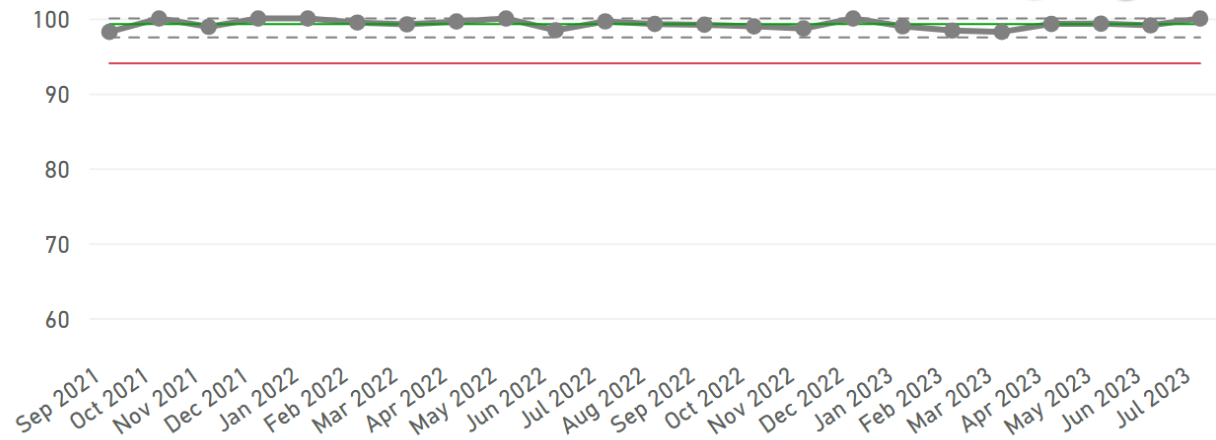
Month	Performance	Target	Trend	Assurance
Jul 2023	93.2%	92%		



# CARING

## Community Experience (%)


Month: Jul 2023  
Performance: 100%  
Target: 94%  
Trend:   
Assurance: 

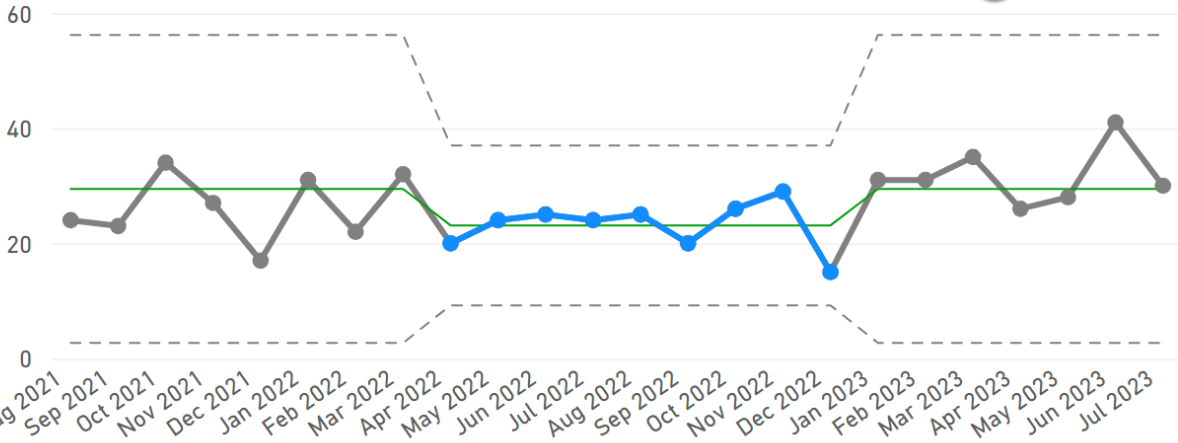


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# CARING

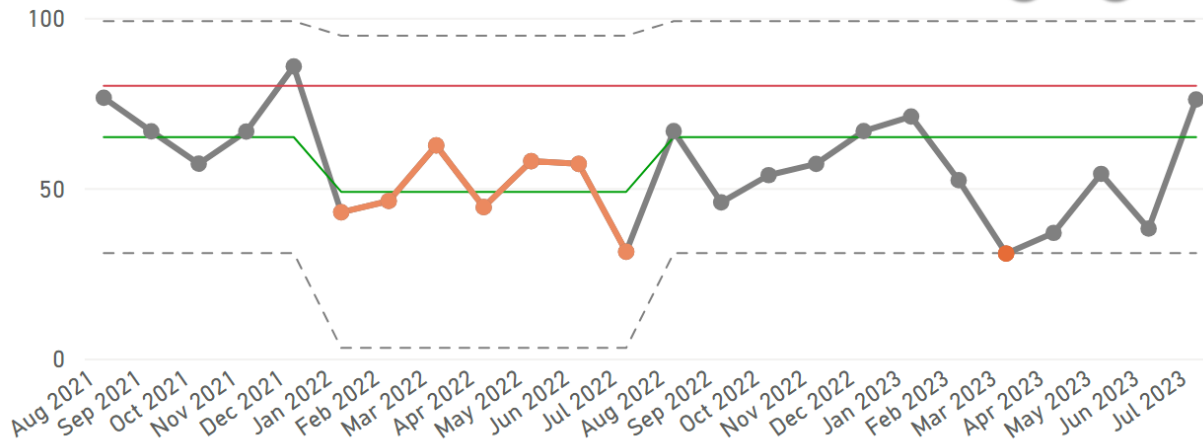
## New Complaints

Month: Jul 2023  
 Performance: 30  
 Target:   
 Assurance: N/A



## Closed Within Target (%)

Month: Jul 2023  
 Performance: 76%  
 Target: 80%  
 Trend:   
 Assurance: 



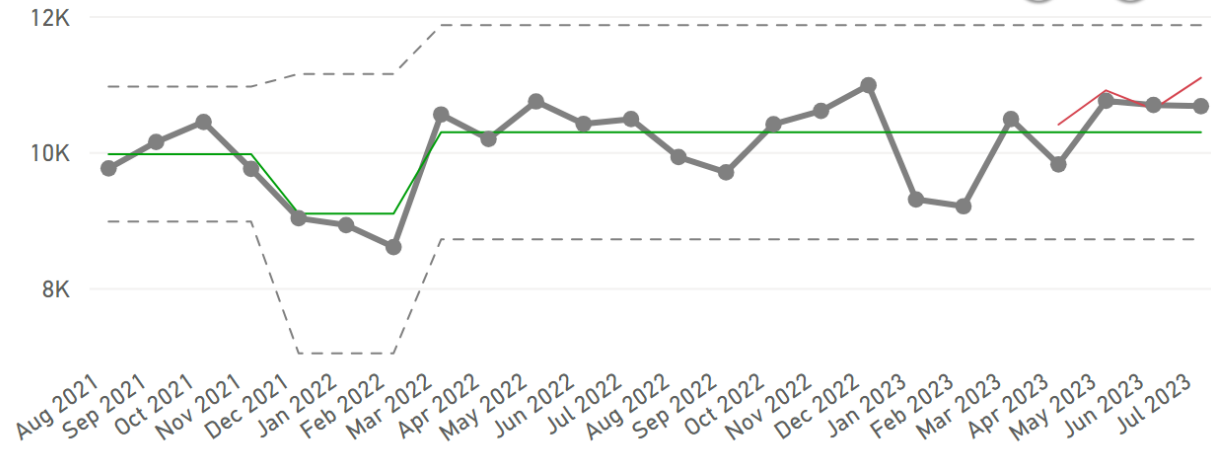
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

# RESPONSIVE

## A&E Attendances - Type 1

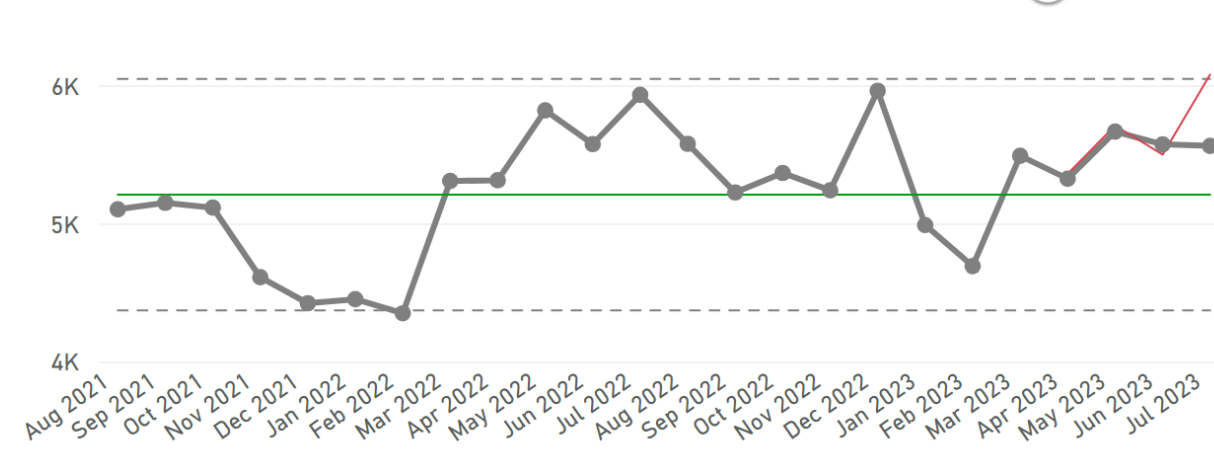
Month	Performance	Plan	Trend	Assurance
Jul 2023	10675	11091		



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

## A&E Attendances - Type 3

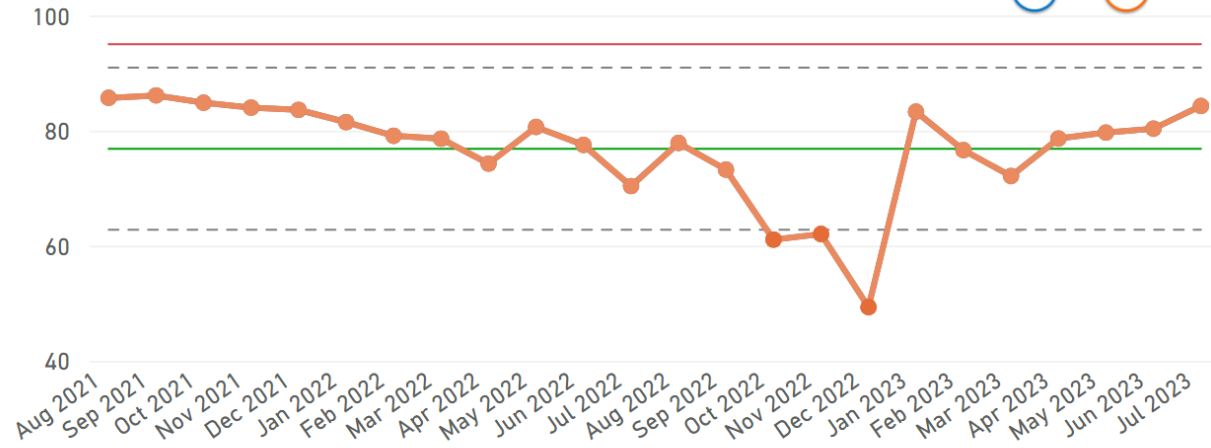
Month	Performance	Plan	Trend	Assurance
Jul 2023	5560	6076		N/A



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

## Handovers - Within 30 Mins (%)

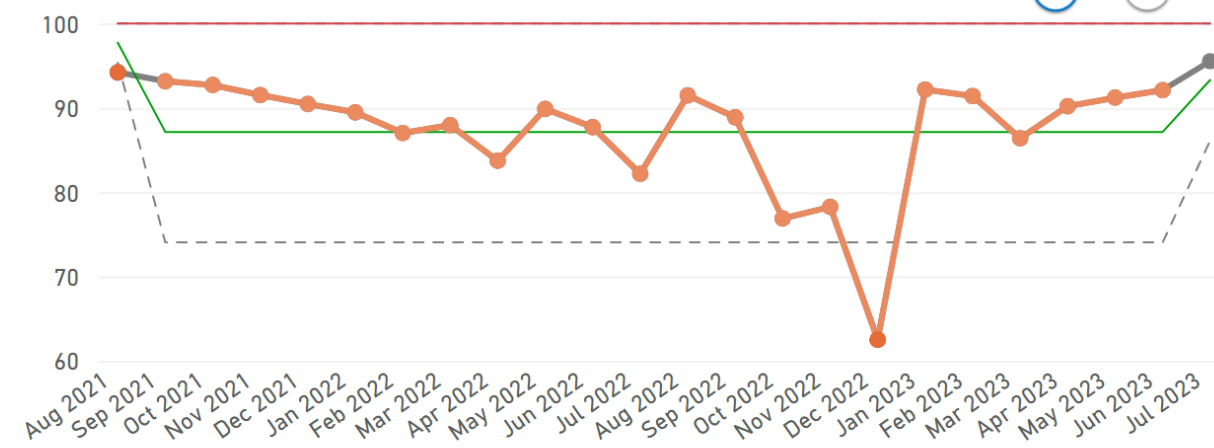
Month	Performance	Target	Trend	Assurance
Jul 2023	84.3%	95%		



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

## Handovers - Within 60 Mins (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	95.5%	100%		



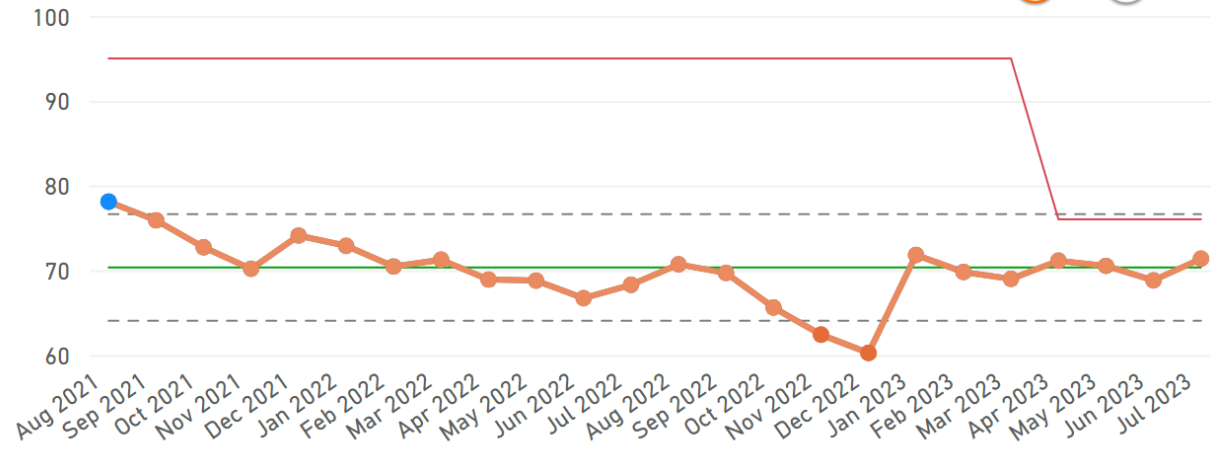
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# RESPONSIVE

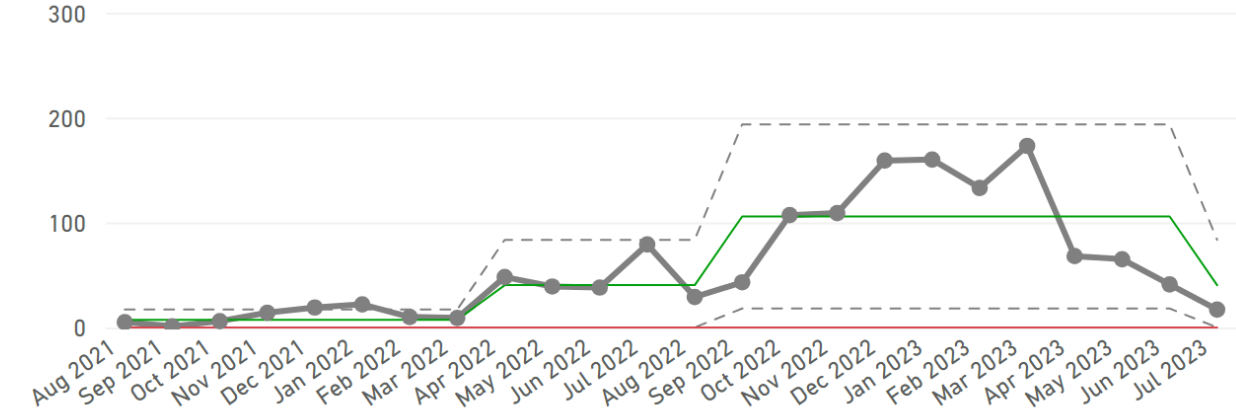
## 4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Jul 2023	71.4%	76%		



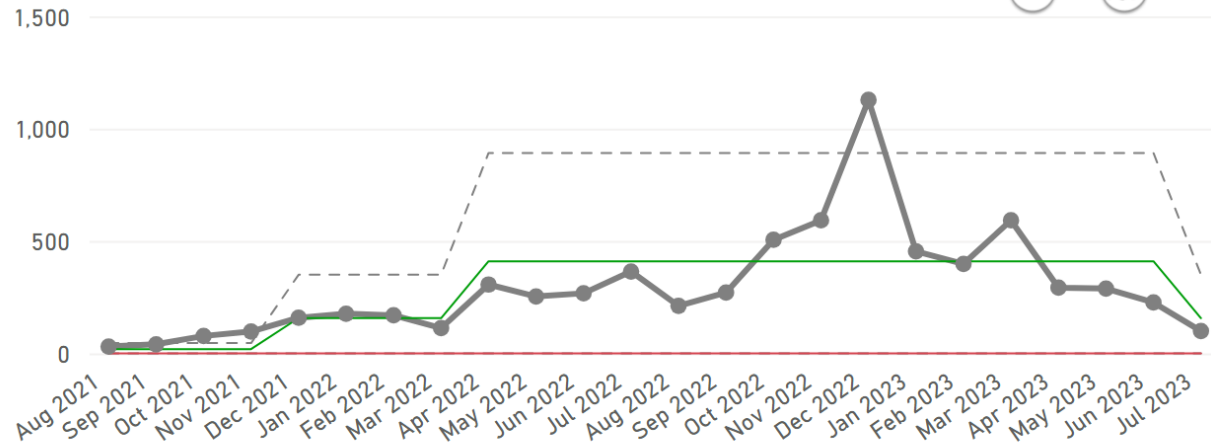
## 12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Jul 2023	17	0		



## 12-Hour A&E Breaches

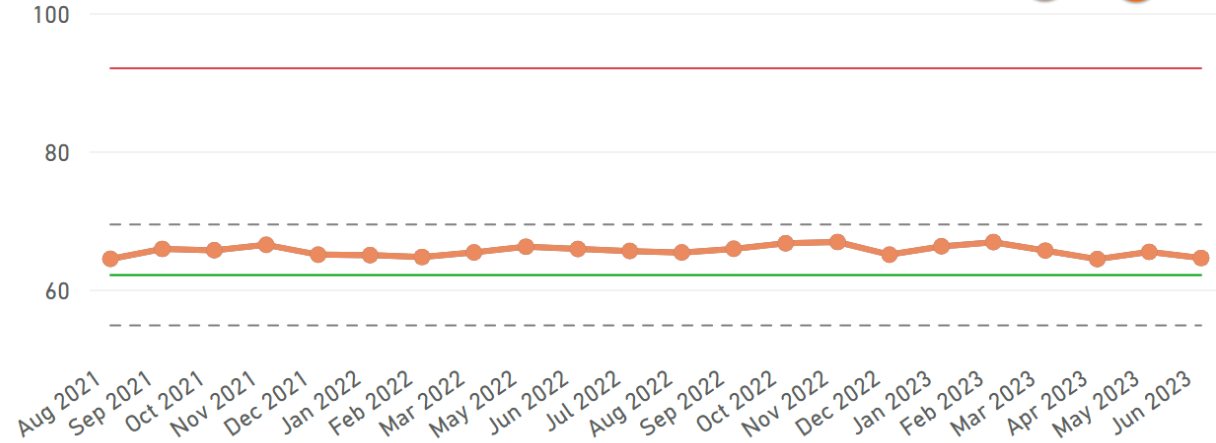
Month	Performance	Target	Trend	Assurance
Jul 2023	99	0		



# RESPONSIVE

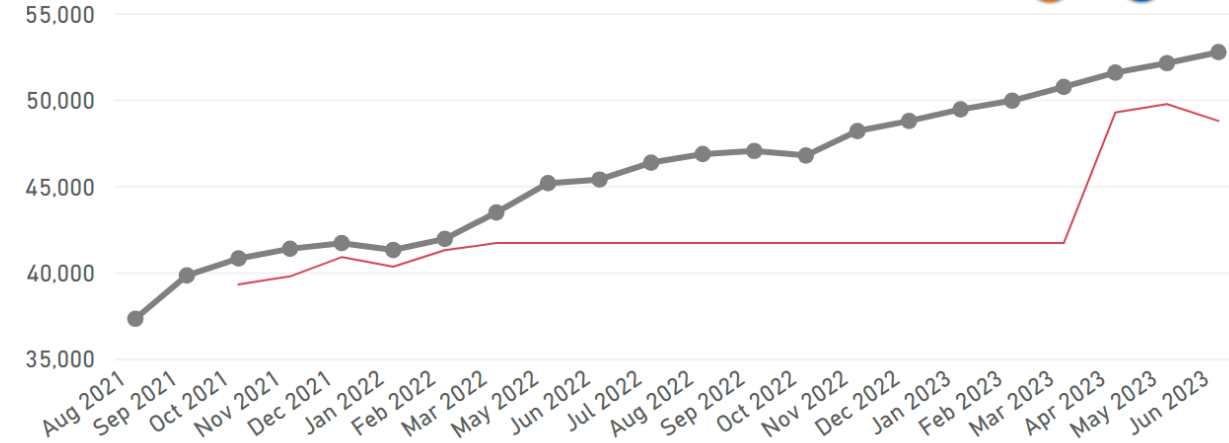
## RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jun 2023	64.5%	92%		



## RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jun 2023	52731	48751		



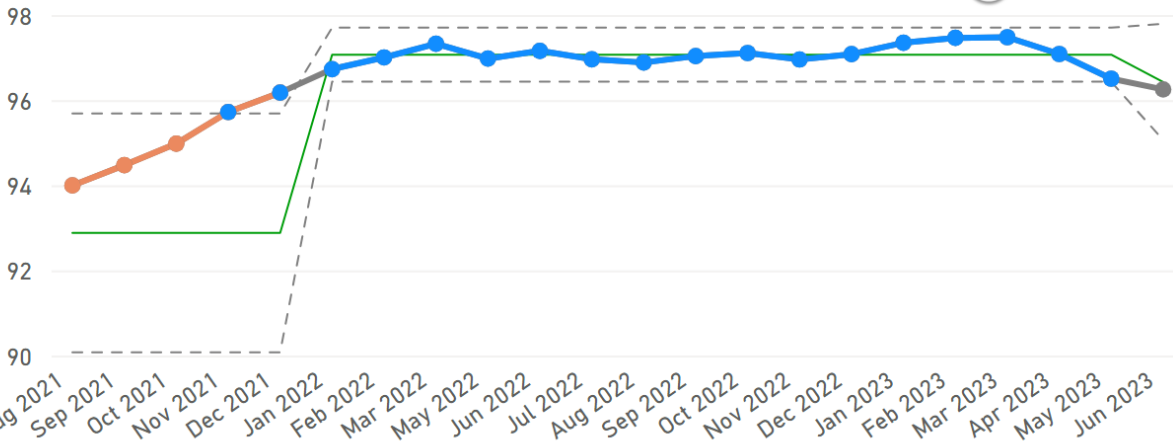
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — Target

# RESPONSIVE

## RTT List Size within 52 weeks (%)

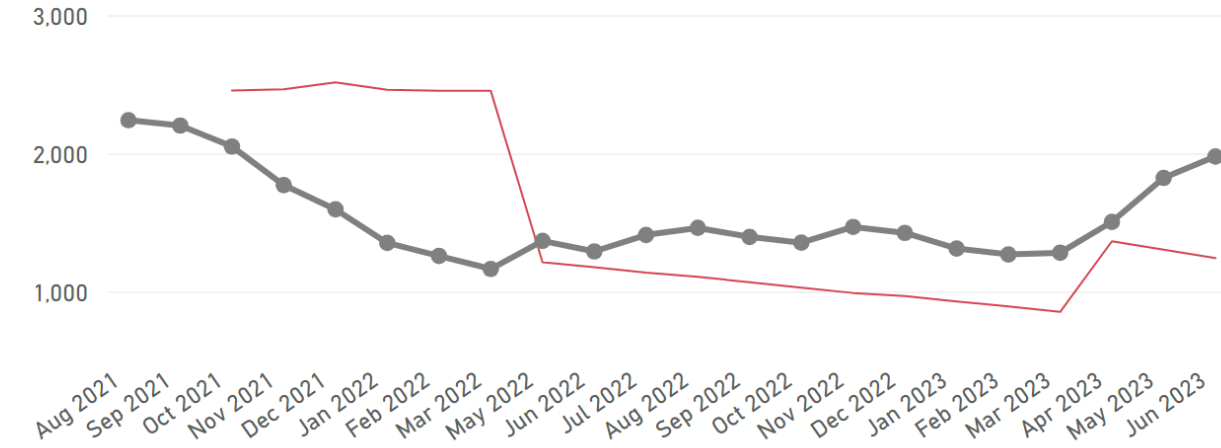
Month	Performance	Plan	Trend	Assurance
Jun 2023	96.3%			N/A



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

## RTT 52 week waiters

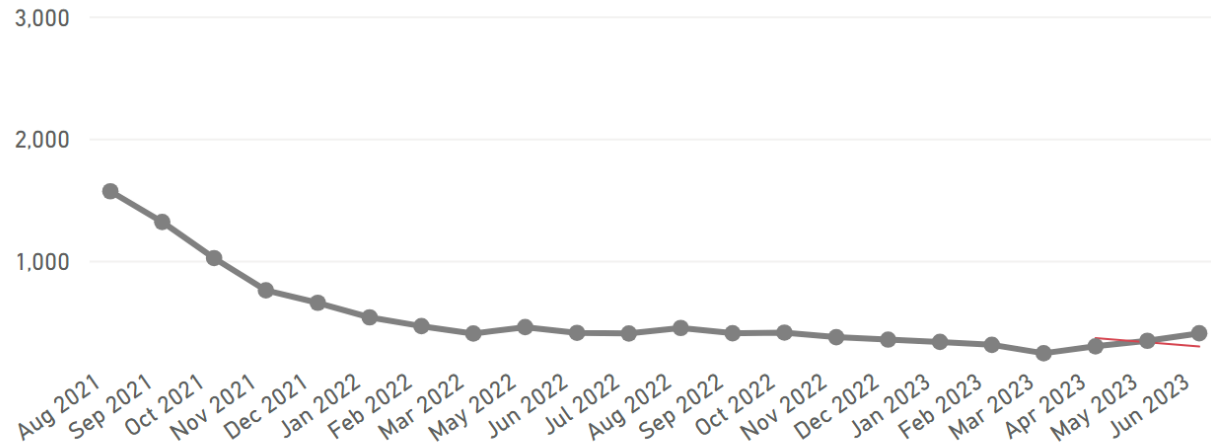
Month	Performance	Plan	Trend	Assurance
Jun 2023	1976	1240	N/A	N/A



● Value — Target

## RTT 65 week waiters

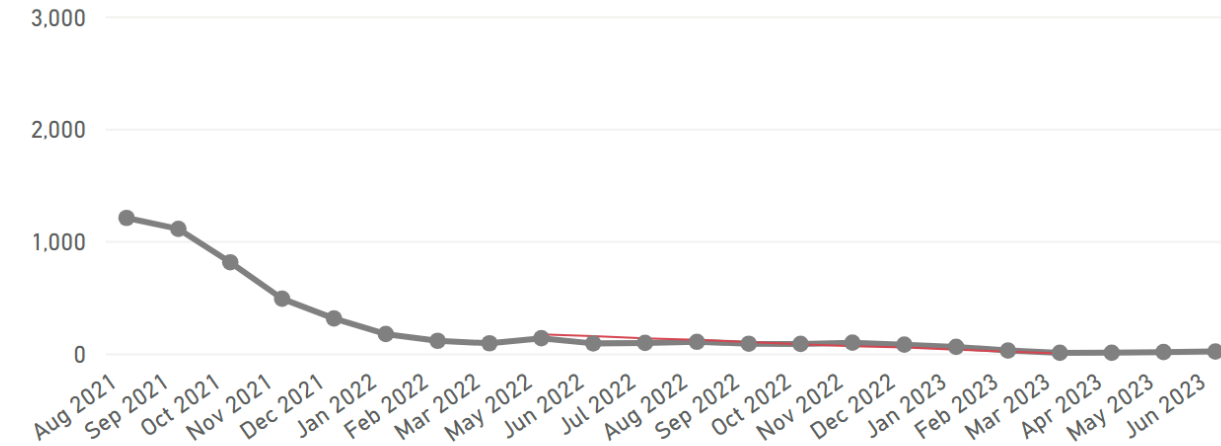
Month	Performance	Plan	Trend	Assurance
Jun 2023	405	297	N/A	N/A



● Actual — Plan

## RTT 78 week waiters



Month	Performance	Plan	Trend	Assurance
Jun 2023	16		N/A	N/A

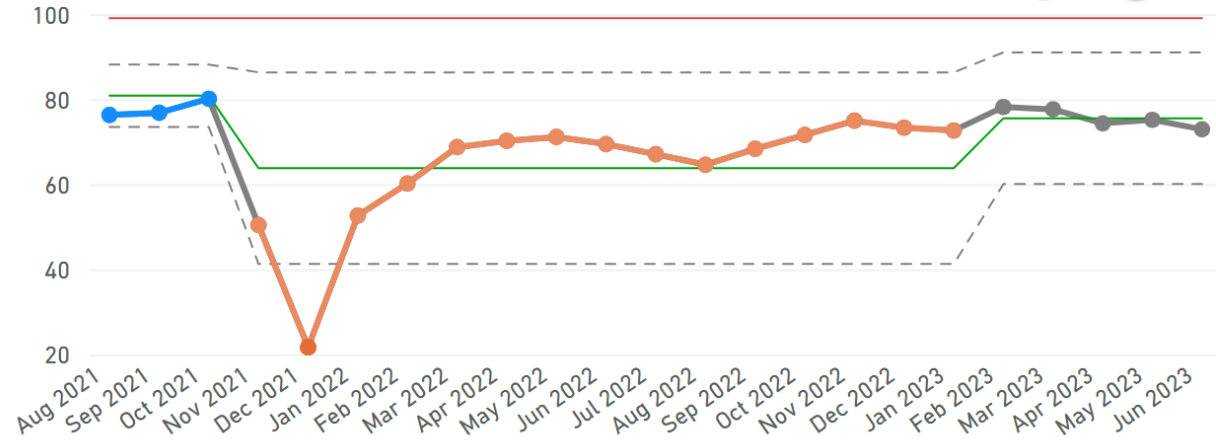


● Actual — Plan

# RESPONSIVE

## Diagnostic 6 Weeks Standard (%)

Month: Jun 2023  
Performance: 72.9%  
Target: 99%  
Trend:   
Assurance: 

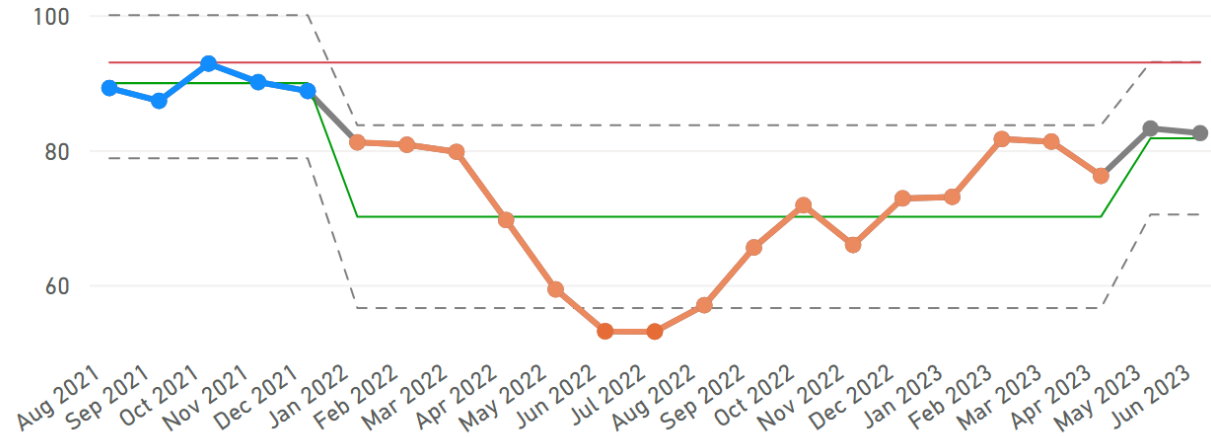


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Cancer 14 Day Standard (%)

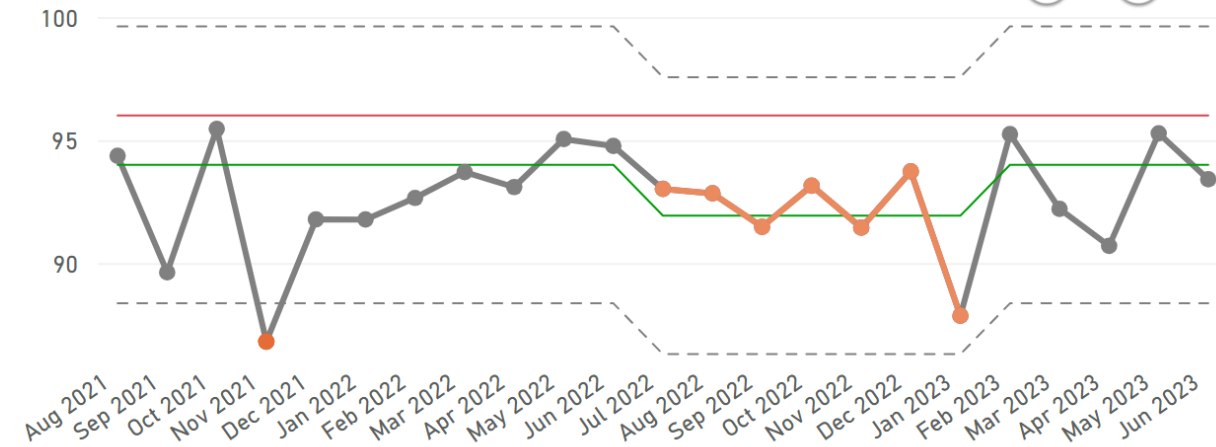
Month	Performance	Target	Trend	Assurance
Jun 2023	82.5%	93%		



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

## Cancer 31 Day Standard (%)

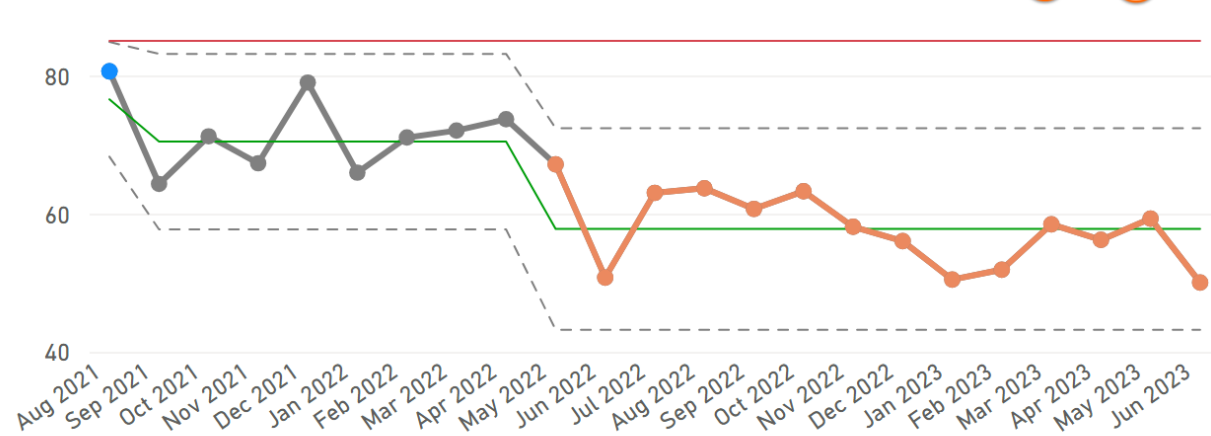
Month	Performance	Target	Trend	Assurance
Jun 2023	93.4%	96%		



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

## Cancer 62 Day Standard (%)

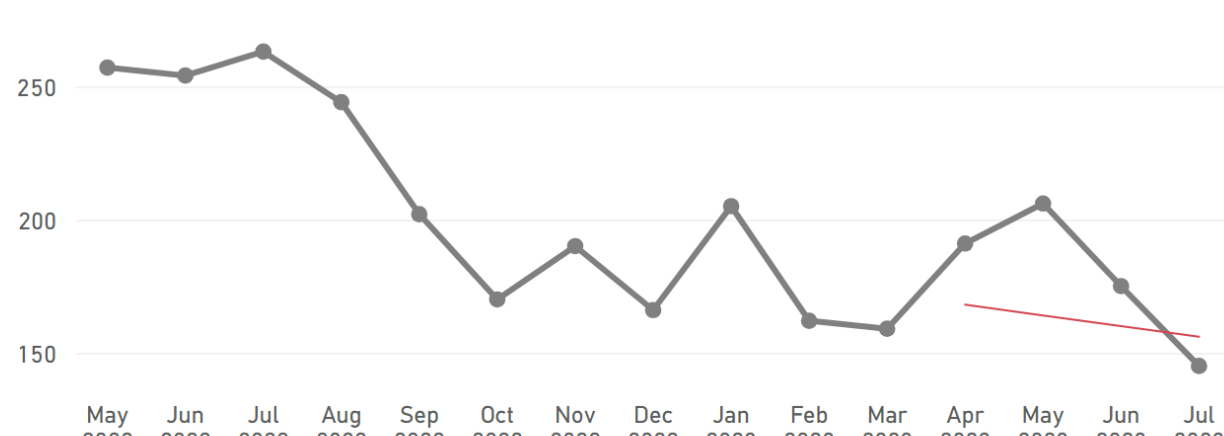
Month	Performance	Target	Trend	Assurance
Jun 2023	50%	85%		



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

## Cancer >62 Day Backlog

Month	Performance	Target	Trend	Assurance
Jul 2023	145	156	N/A	N/A

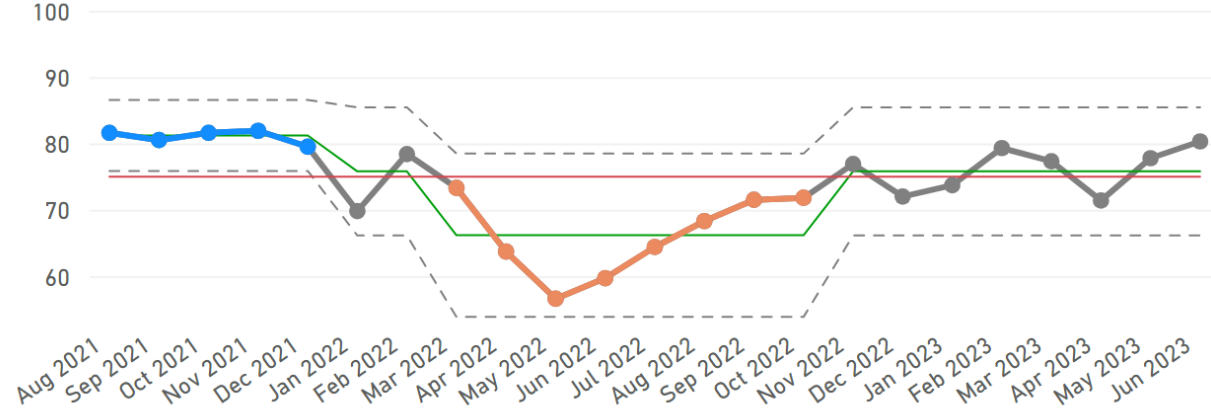


● Value — Target

# RESPONSIVE

## Cancer - Faster Diagnosis Standard (%)

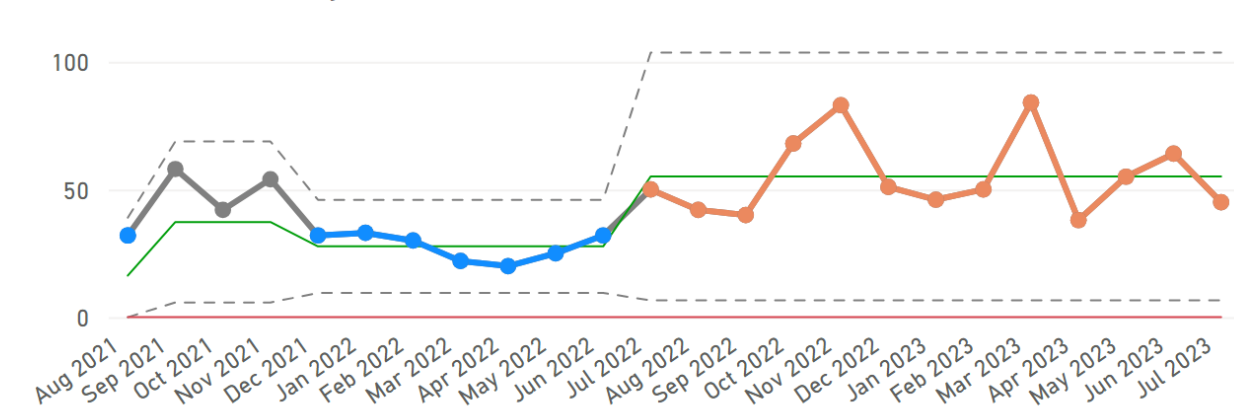
Month: Jun 2023  
 Performance: 80.3%  
 Target: 75%  
 Trend:



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

## Cancelled Ops - Non-Urgent Cancelled On Day


Month: Jul 2023  
 Performance: 45  
 Target: 0  
 Trend:

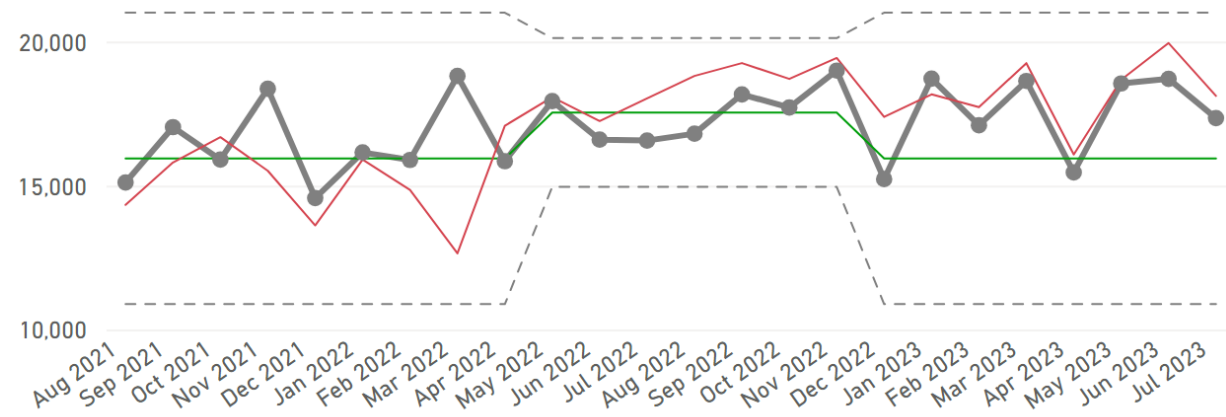


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Outpatient First Attendances

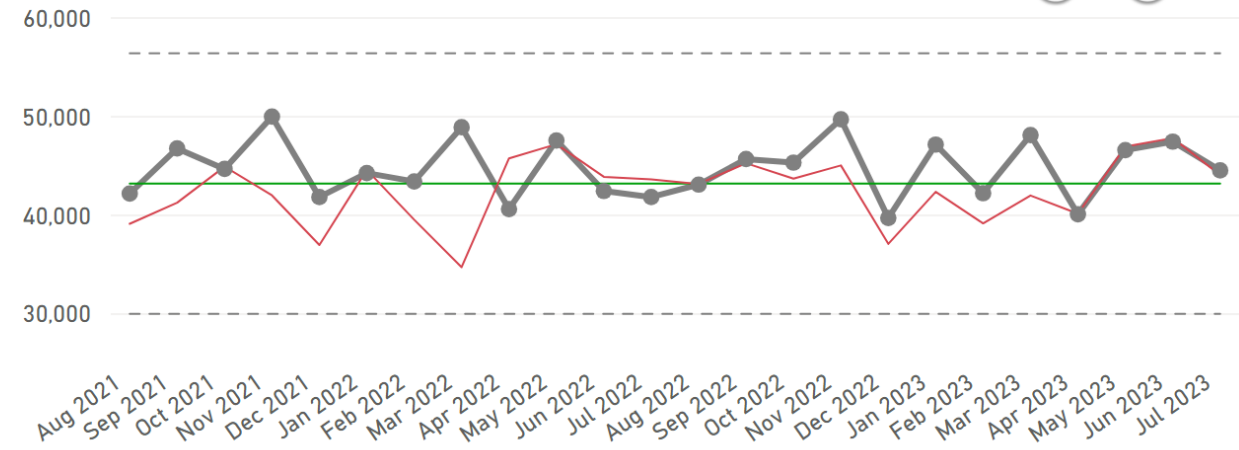
Month: Jul 2023  
Performance: 17342  
Plan: 18114  
Trend:   
Assurance: 



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

## Outpatient Follow Up Attendances



Month: Jul 2023  
Performance: 44458  
Plan: 43987  
Trend:   
Assurance: 

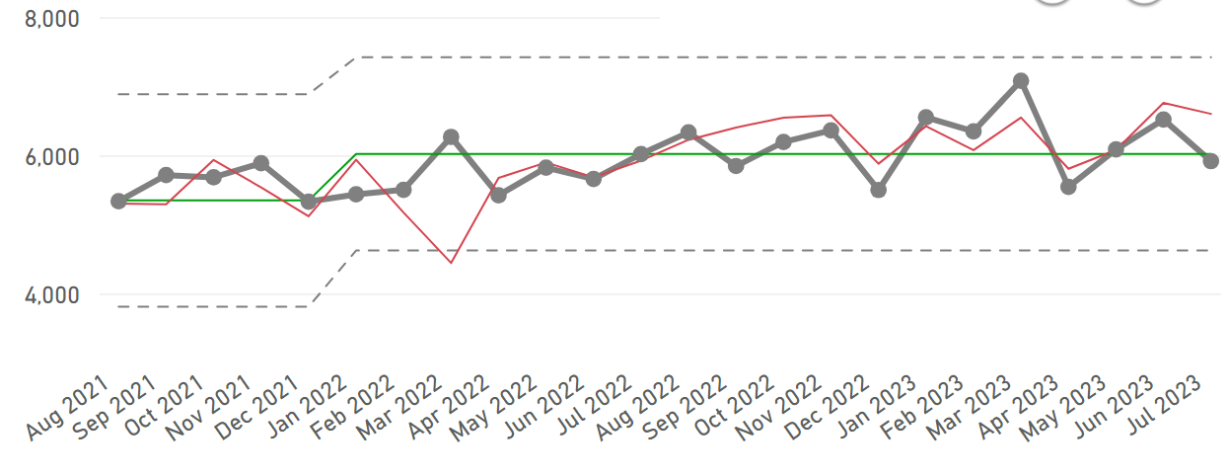


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Day Case admissions

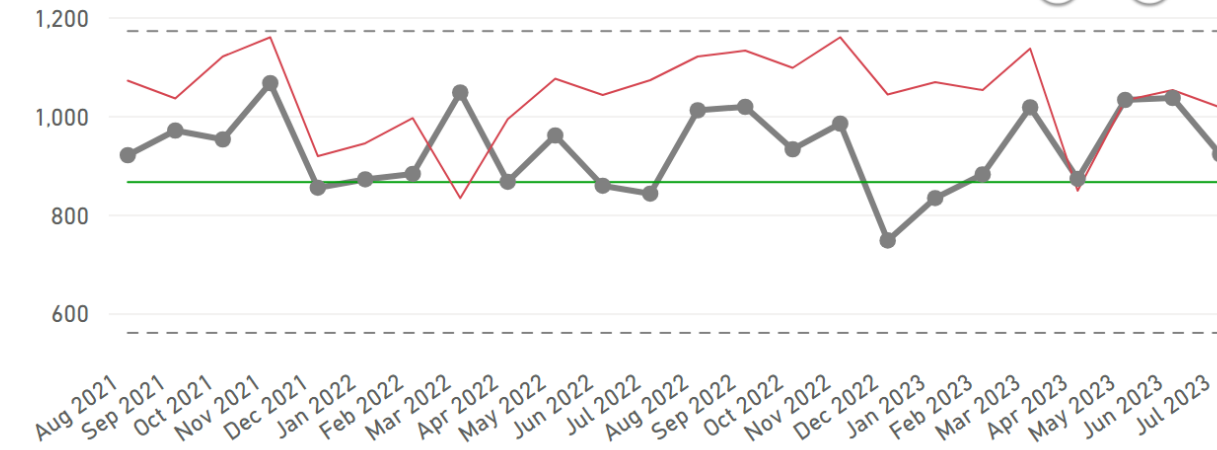
Month: Jul 2023  
 Performance: 5914  
 Plan: 6598  
 Trend:   
 Assurance: 



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

## Ordinary Elective admissions

Month: Jul 2023  
 Performance: 922  
 Plan: 1017  
 Trend:   
 Assurance: 



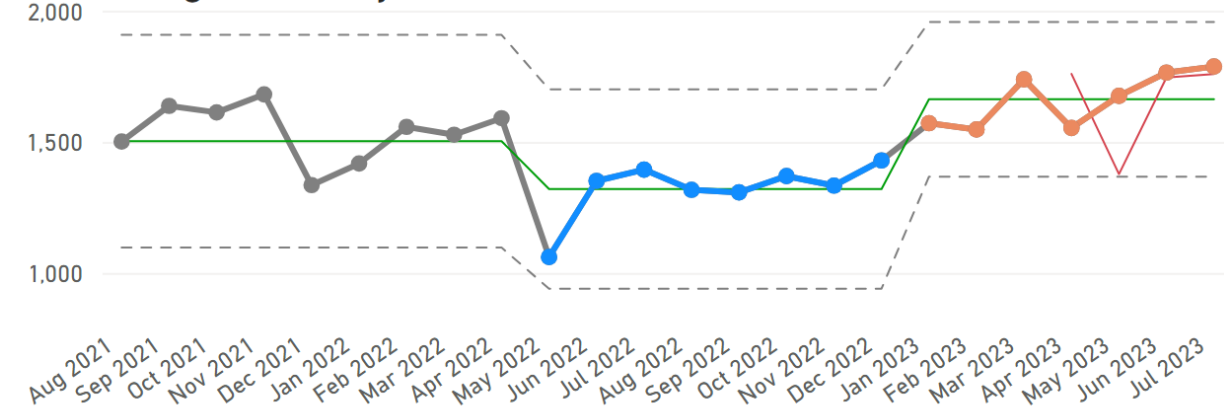
● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# RESPONSIVE

## NEL admissions with 0 LOS (excluding Maternity)

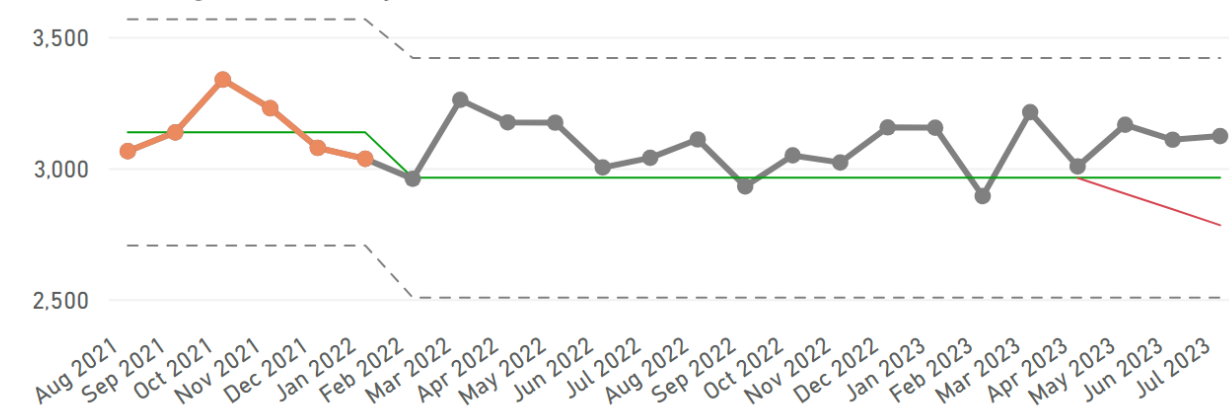
Month	Performance	Plan	Trend	Assurance
Jul 2023	1787	1758		



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

## NEL admissions with 1+ LOS (excluding Maternity)

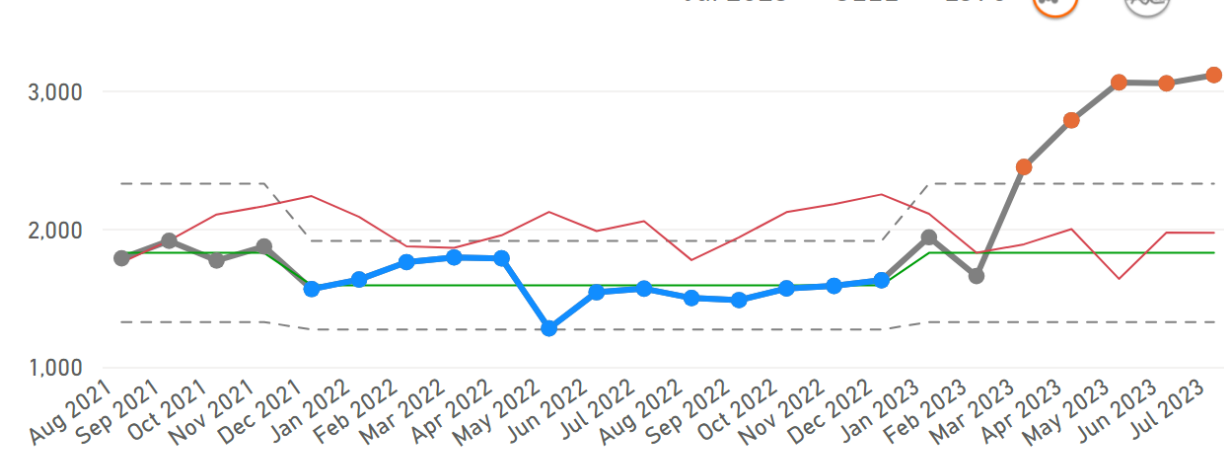
Month	Performance	Plan	Trend	Assurance
Jul 2023	3122	2782		



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

## NEL admissions with 0 LOS

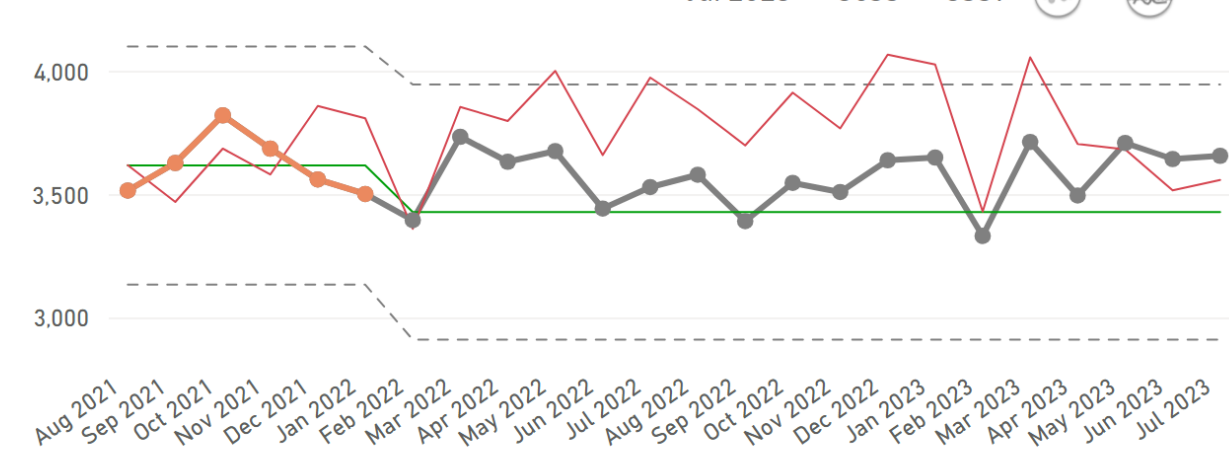
Month	Performance	Plan	Trend	Assurance
Jul 2023	3111	1970		



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

## NEL admissions with 1+ LOS



Month	Performance	Plan	Trend	Assurance
Jul 2023	3655	3557		

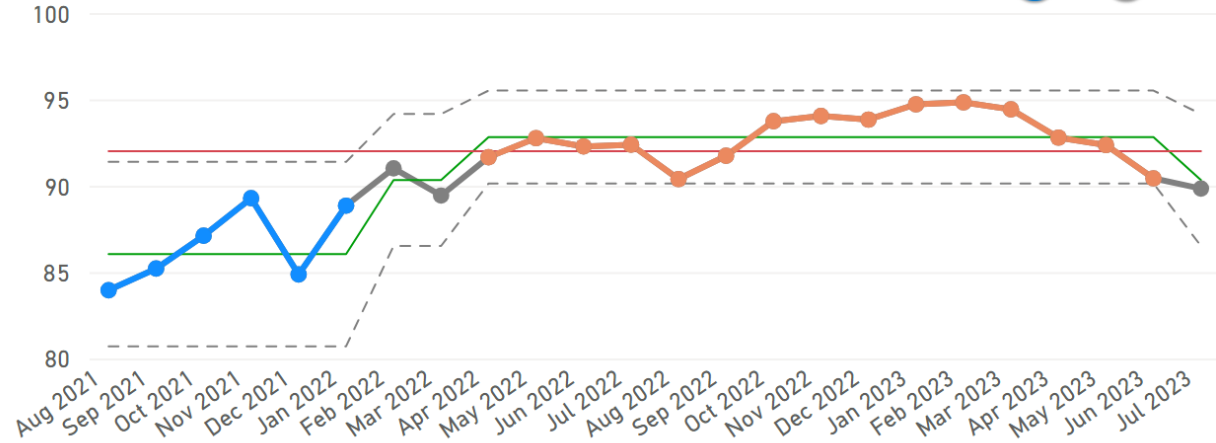


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## G&A Occupied Beds (%)

Month: Jul 2023  
Performance: 89.8%  
Target: 92%  
Trend:   
Assurance: 

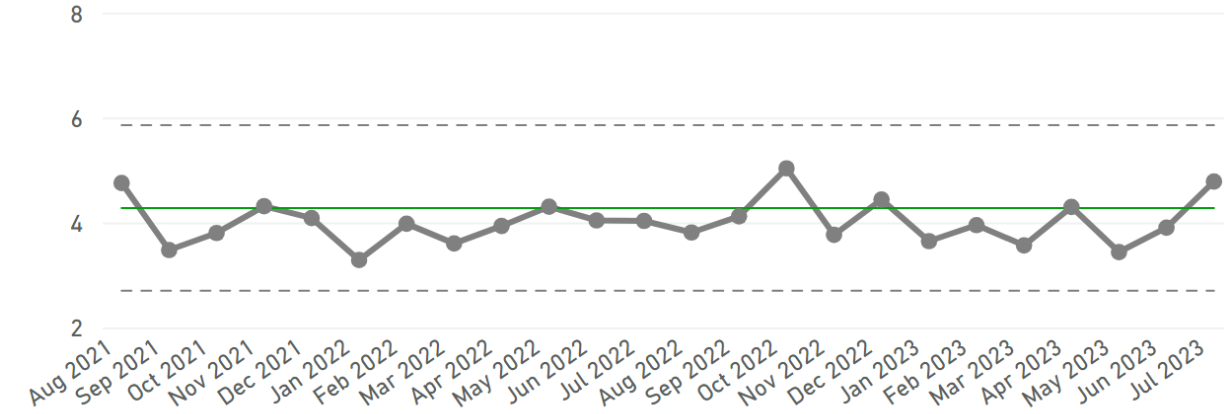


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Length of Stay - Elective

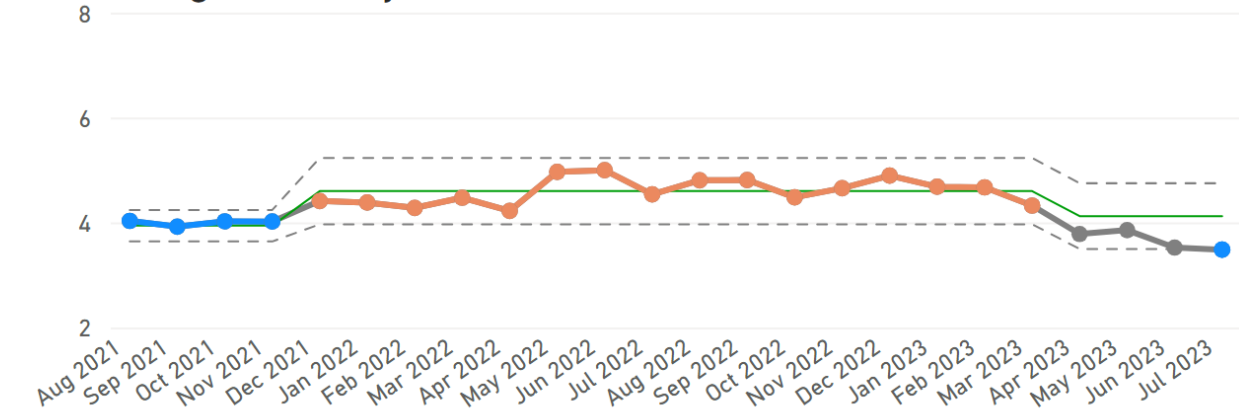
Month	Performance	Target	Trend	Assurance
Jul 2023	4.8			N/A



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

## Length of Stay - Non-Elective (excluding Maternity)

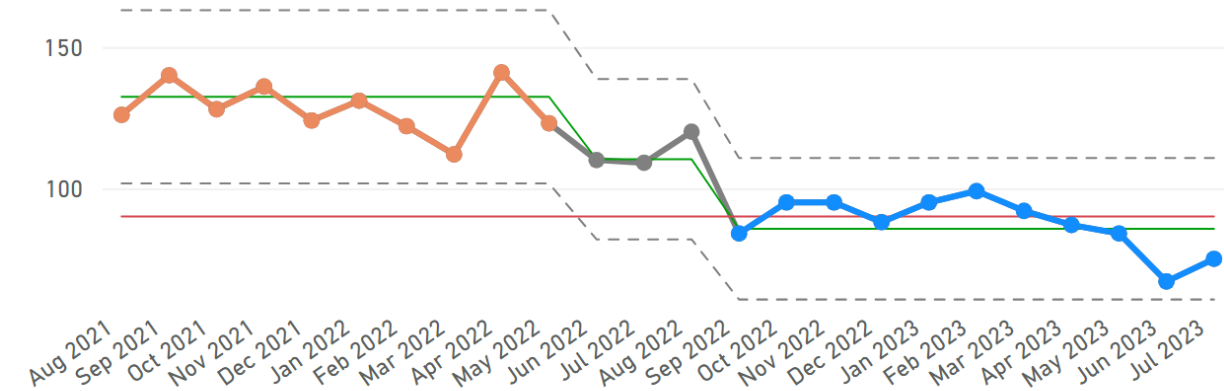
Month	Performance	Target	Trend	Assurance
Jul 2023	3.5			N/A



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

## Not Met Not Discharged

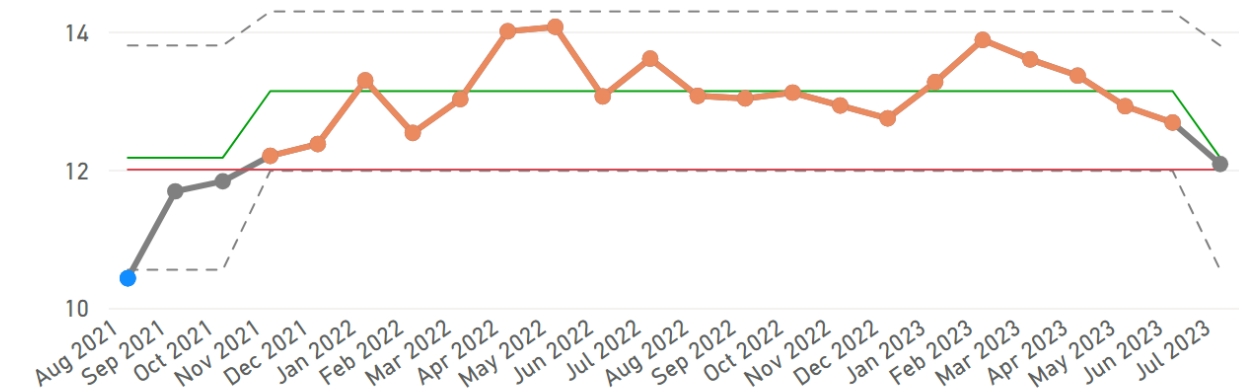
Month	Performance	Plan	Trend	Assurance
Jul 2023	75	90		



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

## 21 Day Stranded Patients (%)

Month	Performance	Plan	Trend	Assurance
Jul 2023	12.1%	12%		

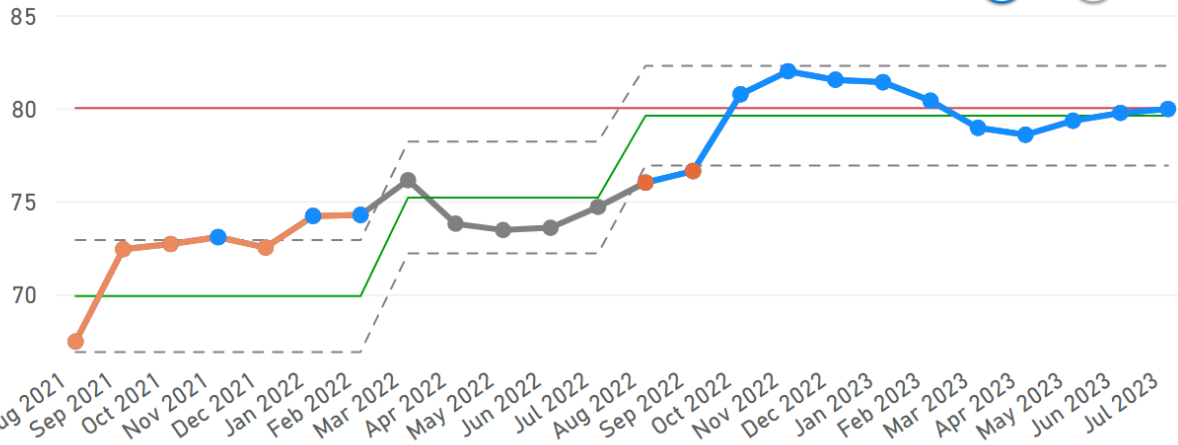


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# WELL-LED

## Annual Appraisal (%)

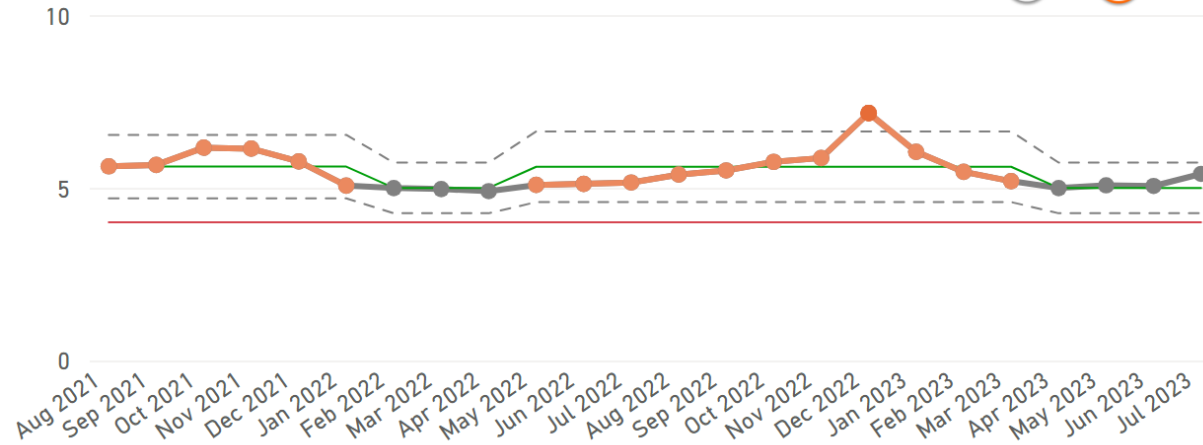
Month	Performance	Target	Trend	Assurance
Jul 2023	80%	80%		



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

## Sickness Absence (%)

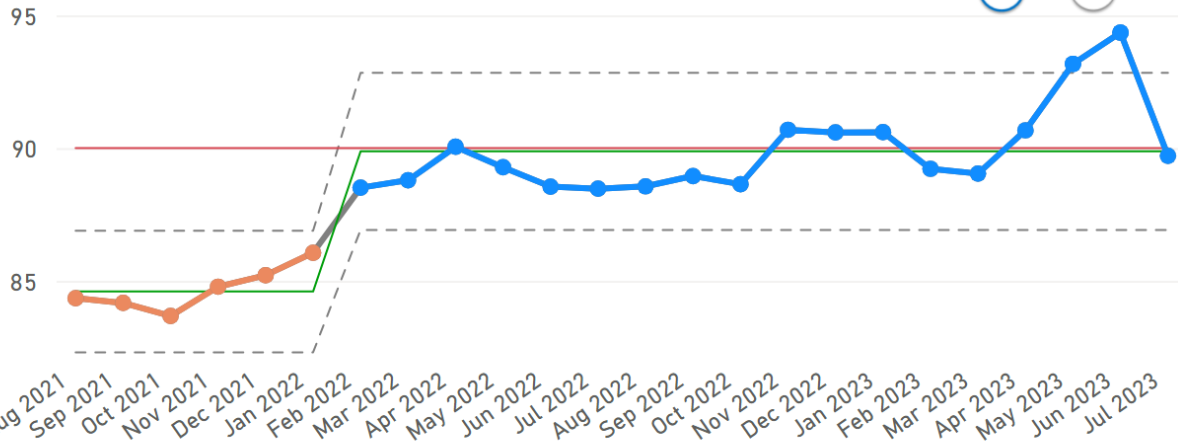
Month	Performance	Target	Trend	Assurance
Jul 2023	5.4%	4%		



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

## Mandatory Training (%)

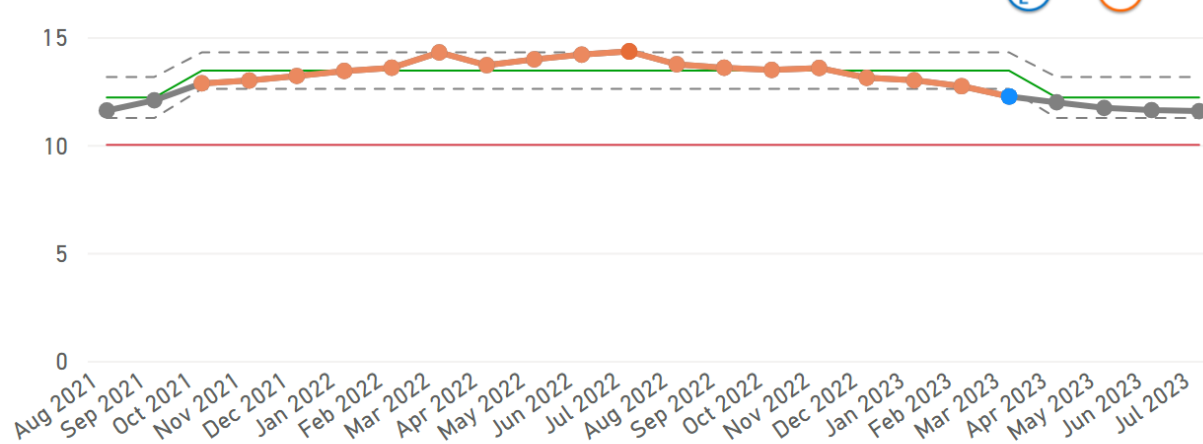
Month	Performance	Target	Trend	Assurance
Jul 2023	89.7%	90%		



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

## Staff Turnover (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	11.6%	10%		

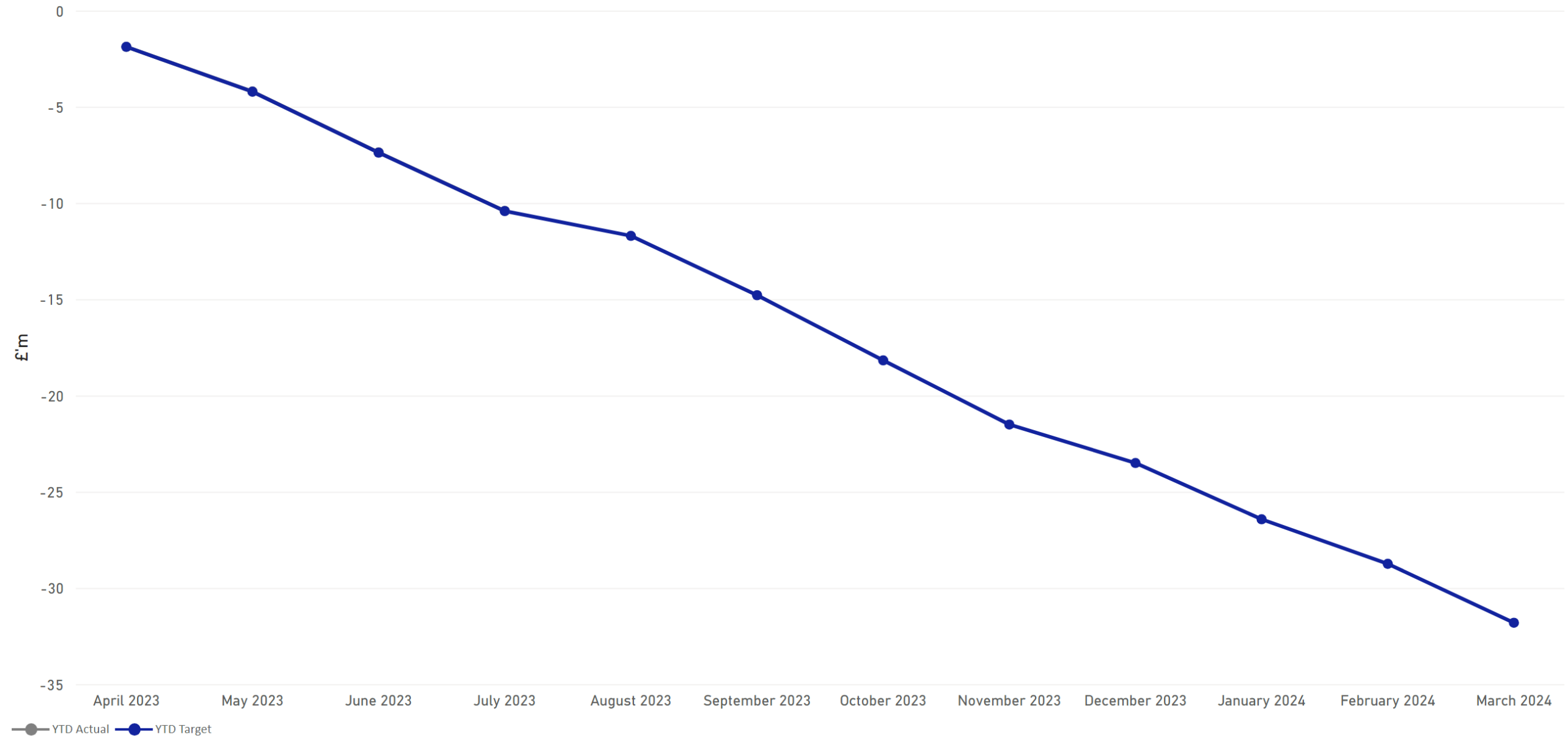


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# WELL-LED

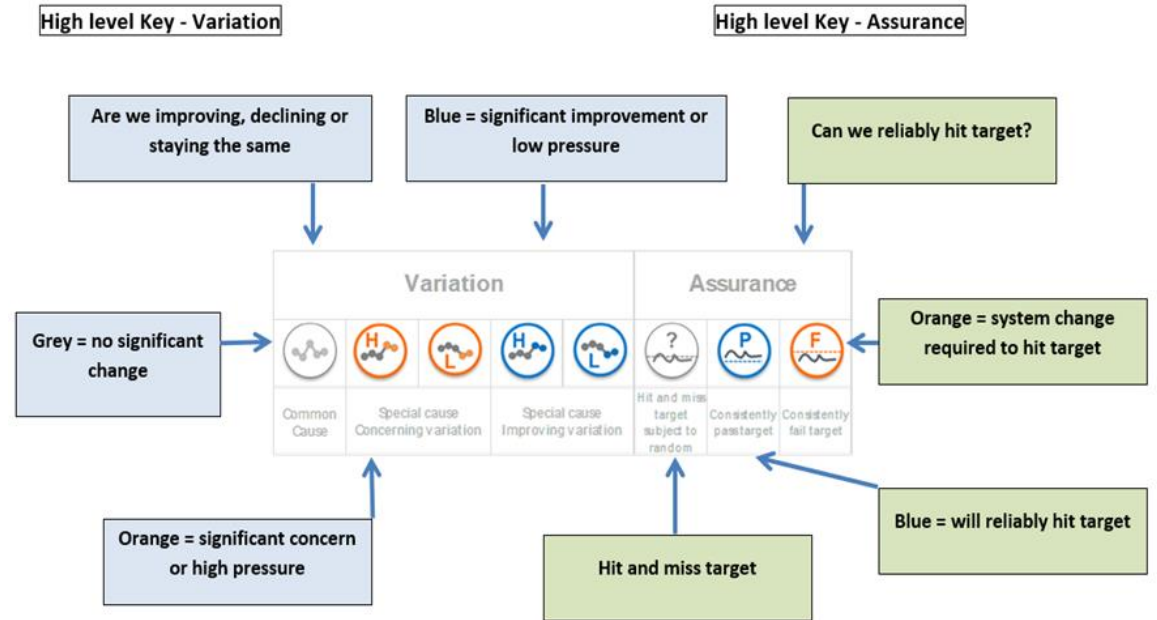
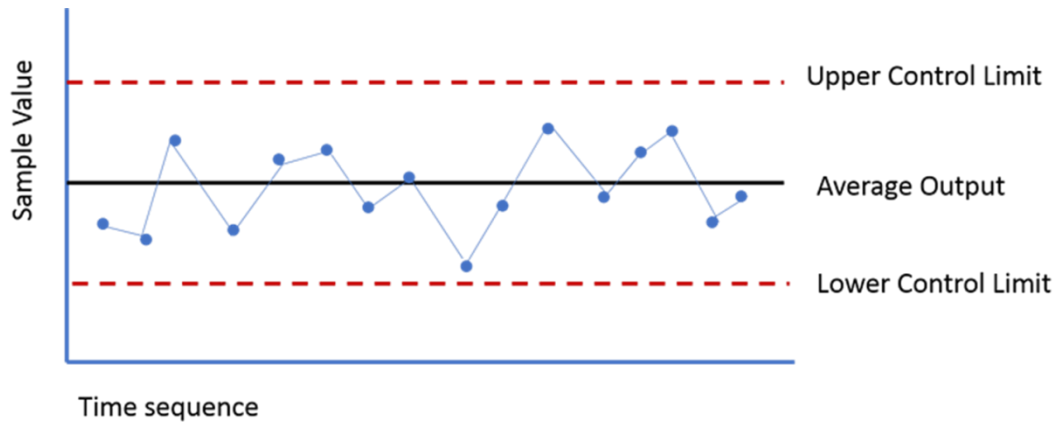
Month	Performance	Target
Jul 2023	-£10.41m	-£10.419m

## 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*.



<b>Meeting: Quality Assurance Committee</b>	<b>Date of Meeting:</b> 26 th July 2023
<b>Connecting to: Board of Directors</b>	Chair.. M Davidson
<b>Key topics discussed in the meeting</b>	
<p>The Quality Assurance Committee agenda is structured under the domains of “ Well Led” , “ Safe”, “ Responsive “ and “Effective” with room for other assurance and Chairs Logs of the sub groups reporting to this/committee.</p> <p>KEY TOPICS. ( for the full agenda see QAC papers)</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• CQC new framework outline</li> <li>• Two reports on Safeguarding Children and Adults ... Annual Report and Q1 report .. the work of the teams continues to increase in case numbers, complexity and requirements to deliver training</li> <li>• Safer Medication Monitoring report , a 6 monthly report, providing moderate assurance that safe medication practices are in place and that there are action plans to address any areas of non compliance</li> <li>• Outcomes of a review of the Patient Safety Ambassadors role ..the role is one element of a range of ways in which the Trust shares the lessons learned from incidents ..ie the role is to give additional support to patient safety</li> <li>• Cancer pathways/ breaches report for Q3 ..a full discussion took place at QAC about the Cancer Waiting Times standards and the range of actions in place to improve the responsiveness of services</li> <li>• STAQC report , ( South Tees Accreditation for Quality of Care ) providing assurance that the accreditation process is driving continuous improvement in patient outcomes , increase in patient satisfaction and staff experience at ward and unit level. QAC thanked the team for the continued progress in delivering the programme.</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
Cancer pathways , further update on 2WW referrals	S Peate, COO , report back tomQAC as per cycle of business





## July Resources Committee Chair's Log

<b>Meeting:</b> Resources Committee	<b>Date of Meeting:</b> 27/07/2023
<b>Connecting to:</b> Main Board	Chair David Redpath
<b>Key topics discussed in the meeting</b>	
<p><b>Financial position for Month 2</b></p> <p>The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level.</p> <p>This year-to-date financial position is on plan. At Month 3 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year.</p> <p>The Trust has reported year-to-date CIP delivery of £7m, which is 92% of the target to the end of Month 3 2023/24. The current forecast year-end delivery is £29.9m, which is 76% of the annual target. Additional schemes being developed will continue to increase the forecast and as at 20/7/2023 the forecast had increased to £31.6m (80% of target).</p> <p>The finance team continue to monitor the impact on industrial action on the budget and will keep the committee updated monthly.</p> <p><b>Digital</b></p> <p>The committee was taken through the details as per agreement made at the June resources committee – this included;-</p> <ol style="list-style-type: none"> <li>a. A complete view of the financial implications including capital expenditure and operational costs expected in year and in subsequent years (relates to the specific investment schemes in the plan in relation to revenue consequences for future years and not a full budget analysis).</li> <li>b. A plan / overview of how the £500k cost improvement plan target will be achieved for 2023/24. This is the additional £500k relating to digital transformation, not the IT corporate target.</li> </ol> <p>A further paper will be provided to the September 2023 Resources Committee:</p> <ol style="list-style-type: none"> <li>a. An updated digital report that will be used going forward including risks and issues management.</li> <li>b. An update from the Digital director on current and future organisation structures, capabilities and capacity to deliver the digital agenda.</li> <li>c. A full and comprehensive benefits realisation plan - both quantitative and qualitative benefits.</li> </ol> <p><b>Procurement Activity Update</b></p> <p>The committee was presented with an overview of the procurement activity to date and noted its thanks for the efforts which are in line to break the target savings of £3m – currently the team are looking to deliver savings or around £4.3m</p>	

Actions	Responsibility / timescale
<p>Business case on Medicine Reconciliation, Cellular Pathology and Patient Engagement Portable Business Case to be brought back to this Committee</p> <p>Update the RAG rating for financial assumptions</p> <p>Include in procurement report cost saving for in house transport; separate our risks and issues, include benefits analysis</p>	
Escalated items	
<p><b>Key Issues/ Concerns for escalation:</b></p> <ul style="list-style-type: none"> <li>Reporting / financial implications of the digital programme – remedial actions have been agreed and are now in progress.</li> </ul>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<p>No Additional Risk Identified</p>	

# People Committee Chair's Log

<b>Meeting:</b> People Committee	<b>Date of Meeting:</b> 26.07.2023
<b>Highlights for:</b> Council of Governors	<b>Date of Meeting:</b> 19.09.2023
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• People               <ul style="list-style-type: none"> <li>○ Leadership &amp; Improvement</li> <li>○ Leadership Development</li> </ul> </li> <li>• Organisational Capacity               <ul style="list-style-type: none"> <li>○ Serco Update</li> </ul> </li> </ul>	
Actions to be taken	Responsibility / timescale
<p><b>Leadership &amp; Improvement</b></p> <p>Committee dedicated quality time to review plans for leadership and improvement.</p> <p>Leadership capability is a key enabler for change, incl. organisation development, education (as a core organisational enabler) and EDI.</p> <p>The contribution of competent leadership to the 'good' CQC rating was recognised and, future facing, there exists greater demands as we progress to outstanding. Leadership development has a long lead time with numerous interdependencies.</p> <p>An excellent presentation from Dan Fawkes (Head of Learning &amp; Development) with open discussion on detailing the assurance requirements at CQC outstanding, i.e. clarity on future direction/demands.</p> <p><b>Leadership Development</b></p> <p>Update on Cohorted Senior Leadership Development Programme</p>	<p>Presentation in Q4 on leadership talent demand, pipeline and delivery evaluation.</p> <p>People Committee to be updated on progress</p>

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



# Audit & Risk Committee Chair's Log

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